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**The Value of Human Life a Divine Right in the
Judicial European Space Pros and Cons of Euthanasia**

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Abstract: Respect fullness for every person's right to life and human dignity can be found in most of the great religions and ideologies throughout the world. The right to life is a fundamental human right, for it is a divine gift, which, by its importance, surpasses the sphere of personal interest, making it relevant for the whole society. Euthanasia or the recognition of the right to death is considered a very delicate subject, with many pros and cons opinions and which requires an approach on multiple directions: religious, medical, social and judicial. Therefore, in this article I will try to show that life is of utmost importance to humans and also why christianism saw death as a normality, like a part of life, that death represents a moment and not a final stage. Moreover, we will assess the position of a European legislator regarding the right to die, knowing that the Romanian legislator is in the position of absolute rejection towards euthanasia practices, and the new Criminal Code – Law nr. 287/2009 stipulates the act of murder upon the victim's request as a lesser form of murder, so resubmitting the tradition existing in our national law, this conduct being criminalized by prior art. nr. 468 of the 1936 Criminal Code.

Keywords: human life; euthanasia; European Court of Human Rights; palliative care

1. The Human Life – Gift of God

The human life has an intrinsic value. The human was created in God's image and as a result, human life has dignity, sanctity and is inviolable.

Christian teaching and especially the orthodox one, defines the man as starting from the purpose for which he was created by God, namely to reach the likeness of God, or more briefly deification. (Losky, 1993, p. 95).

The human has a unique position in the Universe and sits between two worlds, the spiritual and unbodied world on one side, and the material world of nature, on the other. But what makes the man differ from those two is that he englobes both of them in himself. (Evdokimov, 1996, p. 89).

The human is a person, and when we say this, we refer to the fact that he is just a fragment of material, an individual element of nature, like the individual elements of nature are, an atom, a wheat ear, a fly, an elephant. The man is truly an animal and an individual, but not like the others. A man is an individual who is guided by his own intelligence and will, through knowledge and through love. In philosophical terms we can say that in the human flesh and bones there is a soul which is worth more

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than the entire Universe. Besides, the man is named by the Holy Parents a micro cosmos. That means the soul is the root of a person. (Ică, 2003, p. 58).

The topic of the beginning and the end of a human person's life has always aroused the human mind, being it from either a scientific, philosophic, teologic or cultural point of view. The birth and the death represent the frontiers between which the whole human journey takes place and the importance of these two moments is confirmed by the fact that they have always been perceived as two mysterious moments of human life. (Popescu, 2009, p. 37).

The human person is biophile, life loving. It would be abnormal for the human to hate life and to wish to escape from it. The human life must be received with joy and gratitude, that's why the man rejoices greatly when a baby is born. The life needs to be cherished, conserved and protected, as being the sublime expression of God's creative activity, Who brought us to the world, from non-being to being and not only for the biological existence. (Breck, 2007, p. 15).

2. The Human Right to Life

The right to life of a person is a fundamental and inviolable right in a civilized society in which the man is born and has some purposes, until he dies, naturally or accidentally, without his or other people's will, but only through God's will, the One who gave the life.

After the atrocities of World War II, the United Nations (founded in 1945) took the issue of human rights seriously. Thus, in the meeting made on 10th of December 1948, it adopted the famous Declaration of Human Rights in which there are proclaimed the fundamental human rights like: freedom, equality of the right to life, respect towards family, inviolability of home, of a person, of correspondence, of honour, of reputation, the right to property etc. This declaration didn't appear without taking into account the evolution of an entire concept, which lasted for millennia, about the human personality and the fundamental human rights.

The declaration of Geneva, adopted on 1948 by the World Medical Association, states: "I will pay the utmost respect to human life from the beginning"

Two years later, in 1950, the Council of Europe adopted in Rome the European Convention on Human Rights, which at Title 1 art. 2, stipulates: "The right to life of every person is protected by law. Death cannot be caused to anyone intentionally except in the execution of a capital sentence handed down by a court when the crime is sanctioned with this legal punishment."

Article 2 of the European Convention guarantees the right to life of every person and defines the circumstances in which state-competent institutions may legitimately use lethal force. This article is one of the main articles of the Convention and does not allow any derogation. The constant jurisprudence of the European Court of Human Rights has stated that without the protection of this right, the exercise of any other rights or freedoms guaranteed by the Convention would be illusory. The European Convention was drafted at a time when many of the founding states of the Council of Europe regulated the death penalty.

Nowadays, Article 2 needs to be analyzed in the light of the additional Protocol No. 6 at European Convention through which the death punishment was abolished. This Additional Protocol is currently in effect, being ratified by all member states of the European Council with the exception of the Russian Federation. Romania has approved the Additional Protocol no. 6 on 16th of April 1997. (Apador, 2008)

3. Euthanasia and Medically Assisted Suicide - Legal Aspects of Romanian Legislation

Certainly, one of the most controversial topics of all time, the legalization of euthanasia and of medically assisted suicide even today shake the foundations of traditional concepts according to which life is the most precious gift of a human received from God and the most valuable consecrated in the documents that are situated at the base of modern societies, documents mentioned above: Universal Declaration of Human Rights (art. 3) and the European Convention of Human Rights (art. 2).

Etymologically, the word *euthanasia* comes from the combination of two words of Hellenic origin *I*, which means, *good* and *Thanatos* which means *death*, i.e. *good death* or *easy death*.

Euthanasia is the deliberate act of ending the life of a patient with the intention of putting an end to his suffering. Medically assisted suicide is a different procedure of euthanasia and represents the self-induction of a patient's death with the direct help of a doctor.

Euthanasia is an extremely complex procedure, which is situated at the confluence between life and death, between free will and religious canons, between therapy and deliberate medical intervention to cause death. It is in fact a crime committed in the name of compassion. (Stănilă, 2019).

There are currently three opinions regarding euthanasia:

1. **The vitality** according to which biological life must be maintained at all costs and by all means.
2. **Dignified death**, according to which patients in agony must be left to choose the time and manner in which they want to die with dignity.
3. **The haste of the death process**, represents the third current which proposes that, in a certain moment in the death process to stop the treatment (withdrawal or stoppage of the machines that keep the patient alive) thing which is considered fully moral, allowing the patient to die naturally.

In the Romanian legislation regarding euthanasia, the Transylvanian Criminal Law Code provided in art. 282 that the one who, by serious desire of a person, determined to kill that person, will be punished with imprisonment for up to 3 years. Between 3 and 8 years also applies to one who causes another to commit suicide or strengthens the decision to commit suicide or facilitated his execution in any way, if the suicide took place. (Rotar, 2020).

The Criminal Code Carol II adopted in 1936 provided in art. 468 para. (1) that the one who kills a man following his insistent and repeated plea, commits the crime of murder at requests and is punished with heavy imprisonment from 3 to 8 years; according to par. (3) of the same article, the penalty is correctional imprisonment from 1 to 5 years, when the act was committed under the conditions of the preceding paragraphs, under the impulse of a feeling of pity, to put an end to the physical torments of a person suffering from an incurable disease whose death was inevitable. Therefore, in the view of the legislator since 1936, euthanasia and suicide assistance were seen as mitigated variants of murder, the punishment being much lower than the limit maximum of 25 years of forced labor that art. 463 provided for the typical act of murder.

The 1968 Criminal Code no longer provided for the attenuated act of murder at the request of the victim, incriminating at art. 174-176 the acts of simple, qualified and particularly serious murder and the act of determination or facilitation of suicide, at art. 179. (Constantin, 2016, pp. 8-11).

The new Criminal Code - Law no. 287/2009 provides for the crime of killing at the request of the victim, as an attenuated form of murder, thus rewriting the regulation not only on the line of tradition

existing in our law (art. 468 of the Criminal Code of 1936), but also in the tradition of most European codes [art. 216 German pen.C., art. 77 Austrian pen c., art. 143 para. (4) Spanish Criminal Code, art.134 Portuguese pen.C. , art. 114 Swiss pen c., art. 235 Norwegian Criminal Code].

The explanatory memorandum on the adoption of the new Criminal Code states that the reintroduction however of this text was required, above all, as a result of the new regime of mitigated circumstances consecrated by the general part.¹

If in the regulation of the Criminal Code from 1968, the circumstance considered in art. 190 could be capitalized as a judicial mitigating circumstance, thus leading to the application of a penalty below the special minimum, in the new regulation, even retaining a judicial mitigation, the punishment applied will no longer be situated below this minimum. Therefore, in order to allow the application of a punishment corresponding to the degree of social danger of this deed, a separate legal regulation was necessary. Regarding the name of that offense, **it was opted for killing at the victim's request and not of murder at the request of the victim**. We believe that this name is correct because it illustrates that in the author's psyche is an altruistic motive, the suppression of the person's life is done out of pity and compassion, to avoid unnecessary prolongation of mental and physical suffering caused by an incurable disease, physical disability or severe mental illness, medically certified.

According to art. 190 of the Criminal Code, the crime of killing at the request of the victim consists in the explicit, serious, conscious and repeated killing of the victim who suffered from an incurable disease or a medically attested serious disability, causing permanent and unbearable suffering, and shall be punished by imprisonment from one to five years. This crime has a special passive subject, a person suffering from an incurable disease, severe disability, causing permanent and unbearable suffering. Both the disease and the infirmity must be medically attested. For the existence of the crime, a series of essential requirements related to the conduct and condition of the victim are required to be met.

If the deed is not typical in the sense of fulfilling all the conditions provided in the incrimination norm, it will be qualified as murder (art. 188 Criminal Code) or qualified murder (art. 189 Criminal Code).

Although euthanasia can also be passive, and in terms of the material element, the killing activity can also be committed by inaction, the doctor who no longer administers a drug that has the effect of prolonging a patient's life or no longer performs a resuscitation procedure, will be criminally liable for committing the crime of murder at the request of the victim if the other conditions regarding the conduct and condition of the passive subject are met. If such a repeated request has not been made previously, or even if there has been such a request, the person did not suffer from an incurable disease or infirmity or the impossibility of personal tolerance of the sufferings by the victim could not be established, then the doctor will be liable for simple or aggravated murder.

If the doctor's action is not a direct one, at the repeated request of the incurable patient's suffering providing information on how he can commit a suicidal act (eg. shows him how to stop a medical device or explains the effects of a substance and how he can procure it), and the patient tries or succeeds in committing the suicidal act the doctor will answer as the perpetrator of the crime of determining or facilitating suicide (art. 191 Criminal Code). (Streteanu & Moroşanu, 2010, p. 73); (Cioclei, 2019, p. 55).

However, with regard to the content of the crime of murder at the request of the victim, we note that this consent of the victim, repeatedly expressed, is a positive condition in the content of the

¹*Expunere de motive privind proiectul noul Cod penal*, www.just.ro, accessed 04.05.2020.

criminalization norm, its existence depending on the criminalization of the act. The presence of the victim's consent with all the characteristics of his request for the suppression of his own life (explicit, serious, repeated, conscious) determines the typicality of the concrete deed. The lack of this element - the consent - determining another legal qualification of the deed - murder or qualified murder. (Streteanu & Moroşanu, 2010, pp. 74-78); (Cioclei, 2019, p. 55)

4. Euthanasia in the Jurisprudence of the European Court of Human Rights

The Strasbourg Court has been extremely cautious in dealing with such a sensitive issue as euthanasia or assisted suicide, so that decisions over time have been both for and against them. The main reason for the Court's precautionary interpretation is the lack of uniform legislation in EU member states regarding the criminalization or decriminalization of euthanasia.

In **Pretty v. United Kingdom**, the Court stated that the right to life guaranteed by Art. Article 2 of the Convention could not be interpreted as implying a negative aspect, in the sense that it would also confer a diametrically opposite right, that of dying. The paralyzed accuser was in an advanced stage of an incurable neurodegenerative disease. She argued that the general prohibition on assisted suicide under English law was a violation of her right to life. The Court specified that it is not "convinced that art. 2 could, without a distortion of the language, be interpreted as granting a diametrically opposite right, namely the right to die, and that it is not possible to infer from art. 2 of the Convention the right to die, either at the hands of another person or with the assistance of a public authority. As the applicant could not commit the suicide herself, she persuaded her husband to help her end her days. However, in so doing, the applicant's husband was at risk of a criminal charge." The Court also pointed out that art. 3 of the Convention does not imply a positive obligation for it to require the defendant state to give assurances to the applicant that her husband will not be prosecuted or to provide her with a legislative solution acquitting him of criminal liability.¹

In another case **Haas v. Switzerland**, the applicant, suffering from a severe bipolar disorder for almost twenty years, committed two suicide attempts and was hospitalized several times in a psychiatric clinic. He became a member of an association that, in order to provide its members with a life and death that respects human dignity, it proposed suicide assistance. Considering that he could no longer live in dignity due to the difficult-to-treat illness, the applicant requested this assistance from the association. In order to obtain the necessary substance, pentobarbital sodium, for which a prescription was required, he turned to several doctors, but in vain. He then asked the various authorities for permission to receive this substance from the pharmacy without having a prescription, also without success, against these refusals, he appealed to the Federal Court, arguing that the obligation to submit a prescription to obtain the necessary suicide helping substance and the impossibility of procuring such a prescription, due to the threat of withdrawing the doctor's practice license, by the authorities, if they prescribed this substance to the mentally ill, constituted a disproportionate interference with the applicant's right to privacy.

The Federal Court dismissed his appeals on the ground that, according to the law, pentobarbital sodium could only be obtained on prescription and that the applicant had not obtained such a prescription. Moreover, this case was not an exceptional case, such as the one provided by law, in which a medicine could be dispensed on prescription. Moreover, the court responded negatively to the

¹*Pretty v. UK*, no. 2346/02, judgment from 29th of April 2002, in European Court of Human Rights – Research Report – Bioethics and the case-law of the Court, Council of Europe/European Court of Human Rights, 2012, www.echr.coe.int, accessed on 04.05.2020.

object of the controversy which was to know whether, pursuant to art. 8 of the Convention, the State was to provide the applicant with the opportunity to die painlessly and without risk and therefore to obtain pentobarbital sodium without prescription, by derogation from the law, in the end, the problem of prescribing and releasing pentobarbital sodium was delicate, especially when talking about a mentally ill person.

Therefore, the plaintiff sent a letter to 170 doctors asking each of them if they would agree to receive him for a psychiatric examination, with the possibility of receiving a prescription for pentobarbital sodium. No doctor responded positively to his request.

The plaintiff invoked the violation of art. 8 alleging that his right to end his life in a safe and dignified manner had been violated in Switzerland by the fact that no legal or medical authority had given his consent for him to obtain the substance necessary to be used to commit suicide. The Court noted that the Council of Europe's member states were far from reaching a consensus on the right of the individual to choose when and how to end his or her life. It also stated that the risk of inherent abuse in a system that would facilitate assisted suicide could not be underestimated, concluding in favor of the Swiss Government that the restriction on obtaining pentobarbital sodium was intended to protect public health and safety and prevent crime. Therefore, in this case, the Court found that there was no violation of art. 8 of the Convention.¹

In **Koch v. Germany**, the applicant, a German national, appealed to the Court, claiming that his wife, who was suffering from almost complete paralysis and who therefore needed artificial ventilation and constant care, had decided to end her life, by suicide. In November 2004, she applied to the German Federal Institute for Medicines and Medical Devices, for a permission to obtain a lethal dose of pentobarbital sodium, which would allow her to commit suicide at home. The institute refused to grant her this authorization, finding that her desire to commit suicide was contrary to German law, which ensured the state of health of the population. The applicant and his wife appealed against the above decision. However, on 12th of February 2005, his wife committed suicide in Switzerland, assisted by Dignitas organization. On 3rd of March 2005 the Institute upheld its decision and, in April, the applicant brought an action for a declaration that the Institute's decisions had been unlawful.

The action was declared inadmissible by the German administrative court, which found that the applicant could not claim to be a victim of an infringement of his rights. In June 2007, the Administrative Court of Appeal of North-Rhine Westphalia dismissed the appeal. Also in November 2008, the Federal Constitutional Court declared the complaint inadmissible because the applicant could not obtain any moral right for a deceased person, even if he was her successor.

Before the Strasbourg Court, the applicant stated that the refusal to grant him permission for his wife violated his rights under Art. 8 of the Convention (right to respect for private and family life), in particular the right to a dignified death and that he was therefore forced to travel to Switzerland to allow his wife to commit suicide. The applicant also complained that the German courts had infringed his rights under Art. 13 (right to an effective appeal), in that he was not allowed to challenge the Institute's refusal to grant his wife the requested authorization. The Court noted the German Government's opposition to the applicant's request, but nevertheless held that the issue of Mr. Koch's victim status should be examined in conjunction with his complaint under Art. 13, regarding the lack of an effective appeal. Mr. Koch's complaint pursuant to art. 8 raised serious factual and legal issues

¹ Case *Hass v. Switzerland*, no. 31322/07, judged on 20th of January 2011, in European Court of Human Rights – Reserch Report–Bioethicsandthecase-law of theCourt, Council of Europe/European Court of HumanRights, 2012, www.echr.coe.int, accessed on 04.05.2020.

under the Convention and was not considered unfounded. The Court therefore declared the application admissible and would examine, in particular, whether the German courts had infringed Mr. Koch's right to an effective appeal by denying him the right to challenge the Federal Institute's refusal to grant his wife its requested authorization, but also the possible violation of the right to privacy and the right to a dignified death that is part of it.¹

In the case of **Lambert and Others v. France**, the Grand Chamber of the European Court of Human Rights ruled, by a majority, that there would be no violation of Article 2 (right to life) of the European Convention of Human Rights in the case that the decision of the Council of State would be implemented since 24th of June 2014 authorizing the termination of artificial feeding and hydration therapy of Mr. Lambert².

Those who opposed Vincent Lambert's disconnection from the devices that kept him alive are his parents, his sister and his half-brother. Lambert suffered a severe head injury in 2008, in a car accident that left him quadriplegic and in a state of total dependence. He was kept alive by tubes through which it was nourished and hydrated.

Following the consultation procedure provided in the "Leonetti Law" on patients' rights and the end of life, the doctor in charge of Lambert decided on 11th of January 2014, to discontinue, on January 13, the artificial feeding and hydration therapy of the patient. After a series of proceedings during which the implementation of the doctor's decision was suspended, the French Council of State stated, especially because of the medical report, that the doctor's decision to discontinue artificial feeding and hydration therapy was legal.

The Court noted that there is no consensus among Europe Council's member states on withdrawal of the treatment and the disconnection from devices through which some people are kept alive. In this area a margin of appreciation must be given to the States. The Court considered that the provisions of the Law from 22nd of April 2005, as interpreted by the Council of State, constituted a sufficiently clear legal framework to regulate precisely the decisions taken by doctors in situations such as the present one.

The Court concluded that, in the present case, an in-depth investigation had been carried out, in which all points of view were expressed and all relevant aspects had been taken into account, the conclusion being reached after taking into account the detailed report of a medical expert and general comments from the highest medical and ethical bodies.³

5. The Conflict between Euthanasia and the Sacredness of Human Life

As we have seen, euthanasia is the deliberate act of ending a patient's life with the intention of ending his suffering. Medically Assisted Suicide (MAS) is the death of a patient as a direct result of "help" from a medic. Whatever it is called, the ethical issue remains - it can never be good to kill, even with the intention of alleviating suffering.

¹Case *Koch v. Germany*, no. 497/09, judged on 31st may 2011, in European Court of Human Rights – Reserch Report – Bioethicsandthecase-law of theCourt, Council of Europe/European Court of HumanRights, 2012, www.echr.coe.int, accessed on 04.05.2020.

² See opinion: (Tăvală, 2017).

³Case *Lambert andother v. France*, no. 46043/14, judged 5th of June 2015, European Court of Human Rights –2015, www.ier.gov.ro, accessed on 04.05.2020.

Christian tradition holds that man was created in the image of God, and as a result, human life has dignity, holiness, and is inviolable. The secular, non-religious principle enshrined in human rights treaties that no one should kill is in fact based on the dignity and holiness of Christian teaching.

Hippocrates' oath states the same principle: "Do not prescribe a deadly drug, do not give advice that could cause death, do not cause an abortion." Hippocrates lived in the 5th century B.C., so we note from this that holiness and the value of life were a principle even before the Christian era.

The Geneva Declaration, adopted in 1948 by the World Medical Association, states: "I will pay the utmost respect to human life from its inception." The same principle was implemented in the European Convention of Human Rights: "Everyone's right to life will be protected by law. No human being should be intentionally deprived of his or her life."

The Code of Medical Ethics in force in Romania also clearly states that euthanasia and MAS are unacceptable: "Art. 121. Euthanasia is strictly forbidden, as in the use of substances or means to cause the death of a patient, regardless of the severity and prognosis of the disease, even if it has been insistently requested by a perfectly conscious patient Art.122. The doctor will not witness or urge suicides or self-harm through advice, recommendations, borrowing tools, offering means. The doctor will refuse any explanation or help in this regard."¹

The principle of the inviolability of life prohibits intentional killing, but it does not specify that life must be maintained at all costs, for example to the end in the case of invasive or aggressive treatments, such as assisted ventilation against the will of the conscious patient or in case the treatments are in vain, for example, aggressive chemotherapy for an advanced state of cancer.

Doctors must decide whether a prescribed treatment is appropriate or not. The doctor will usually find the right one by making a correct analysis of the methods used in the treatment, the degree of complexity or risk, the costs. The doctor compares these elements with the expected results, taking into account the health of the sick person and his physical and mental resources. The patient's refusal of aggressive treatment is not considered suicide.

Also, the death of a person, intentionally hastened by the omission of medical interventions - "passive euthanasia" - is completely different from the omission of futile or inappropriate treatment.

Although euthanasia and medically assisted suicide may seem, at first glance, attractive, their legalization has profound negative effects, already seen in the countries where it is practiced. For example:

1. Euthanasia, once legalized, cannot be controlled. Patients who did not want this will also be killed. Originally intended for strictly defined groups such as patients with end-stage disease, euthanasia would sooner or later be used for other groups of patients such as the elderly, patients with disabilities, patients with emotional problems, those with disabilities and even children or infants with disabilities. This will lead to a disregard for human life, in general for vulnerable members of a society. The Netherlands is a bad example of this: initially, the law was intended to end the unbearable suffering associated with incurable diseases. It is now allowed to euthanize the elderly, the disabled, the depressed, as well as newborns with malformations.

2. Legalization of euthanasia or MAS would put pressure on the sick and those who feel that due to illness, disability or old age, they have become useless or a burden to society and especially to

¹*Codul de Deontologie Medicală al Colegiului Medicilor din România/ Code of Medical Deontology of the Romanian College of Physicians*, on www.smlugoj.ro, accessed on 06.05.2020.

relatives. They feel morally constrained to accept euthanasia, which costs much less than cancer treatment, for example.

3. Patient autonomy will decrease once euthanasia or MAS is legalized. The desire to die is rarely a truly autonomous decision. It is the expression of depression, of pain or poor control of symptoms, rather than a genuine desire. The desire to die and live changes frequently over time, especially if the pain or depression have been treated.

4. Legalization of euthanasia or MAS will bring profound changes in social attitudes towards disease, infirmity, death, old age and the role of the medical profession. Once euthanasia is legalized, it will increasingly become a “treatment option” among other common medical and surgical treatments. Fundamental human values such as patience, compassion, solidarity, devotion are meaningless. Also, based on the widespread perception that “what is legal is also moral” can have particularly serious consequences by accepting the idea that killing is a solution that can work in many other situations.

5. The legalization of euthanasia and MAS will undermine medical care, especially palliative care, and will seriously undermine doctor-patient relationships. The legalization of euthanasia will bring a fundamental change in the doctor-patient relationship, when patients will wonder if the doctor who enters the salon wears the white clothes of a healer or the black clothes of an executioner. (Borasio, Jox, & Gamondi, 2019, pp. 982-983).

6. Death is not as “good” as hoped. One of the main arguments in favor of euthanasia and medically assisted suicide is to give the patient a “good death.” However, the reality is completely different. Experience shows that there are some not so rare complications. Instead of dying quickly, it took some patients a few days to die!

Palliative care is an alternative to euthanasia by improving the life quality of patients and their families in the face of health problems associated with lethal diseases by preventing and alleviating the suffering, by early identification, assessment, treatment of pain, and other physical, psychological and spiritual. In Europe, palliative care is an integral and expanding part of healthcare.¹

6. Conclusions

In this paper, it could be said that euthanasia and assisted suicide create the same dilemmas for society as the other iterations of suicide. About the suicidal person, for example, it was said that he is “an inopportune person, because it disturbs the social balance and undermines even the self-confidence of society, which feels guilty or at least charged with accusations.” (Minois, 2002, p. 340)

Arguments favoring the legalization of euthanasia are in the process of shifting imperceptibly from the duty of compassion for suffering to the right of self-destruction of the hopeless. They are told about the individualistic disillusionment of isolated autonomous choice, which is the refusal to accept the reality of our interconnections and interdependence as human beings in society and in our relationship with God.

Opposition to current homicide and assisted suicide legislation provides protection for caregivers, the health care system, and the elderly and vulnerable who may fear that their lives will become worthless and a burden. Increasing public support for the legalization of assisted suicide offers an urgent

¹*Eutanasia și sinuciderea asistată medicală/Euthanasia and medically assisted suicide*, on www.provitabucuresti.ro, accessed on 04.05.2020.

challenge for the medical and legal profession, but also for the Christian community as a whole. Many people are afraid of inappropriate and burdensome medical treatment at the end of their lives, and this leads them to resort to assisted suicide. Although recent developments in the field of palliative care have transformed our ability to help those who suffer to die beautifully, this field of medicine remains one without many resources and unsustainable enough.

Unfortunately, the quality of care that the dying receive in Romania and around the world is far from what the current level of expertise could offer, and many die without adequate pain relief and proper symptom control.

The government and medical charities spend incomparably more on research and finding treatment for threatening diseases than on improving the quality and availability of palliative care. As a community, we must insist on a reorientation of priorities so that the care of the elderly, the chronically disabled and those with terminal illnesses receives the support they deserve.

In a society where millions of the elderly suffer from isolation, abandonment and abuse, could the Romanian community offer compassionate and sacrificial care as a resource or will it give up this desideratum?

If it will give up on this desideratum, the Romanian society will tacitly accept the opinion of some who show the need to legalize euthanasia in Romania and who claim that in relation to other legislations of European states, Romanian medical legislation is far from satisfying the desideratum of rigorous regulation on borderline situations like those related to terminally ill patients, artificial feeding and hydration, situations of interruption of resuscitation procedures or the performance of certain therapies that ensure survival.

But in order for these people to be well cared for, at the end of their lives, it is necessary for the Romanian legislation to be supplemented with a new law to support the terminally ill, and which, through palliative care, is much better financed and organized, to give them the opportunity to have a quiet end of their earthly life, without pain, in peace and with much faith in God and in the existence of the afterlife.

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