The case against euthanasia in Europe

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The bureaucratic control of life and death

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Against legalised euthanasia in Europe: the bureaucratic control of life and death

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Executive summary

Euthanasia advocates claim it gives individuals greater autonomy and control. In reality, legalising euthanasia extends the bureaucratic control of life from the cradle to the grave. Acts of profound personal, moral and cultural significance are reduced to an administrative process, normalising and destigmatising suicide and medical killing.

This report examines campaigns to legalise euthanasia across Europe and their implications in terms of the devaluation of human life.

Key findings

- **Language games** • Euthanasia is often discussed euphemistically, with advocates using phrases such as 'death with dignity' in order to prejudice public discussions in their favour. This deliberate obfuscation deflects attention from the profound moral, cultural and ethical implications of the debate.
- **Cross-national manoeuvres** • Advocates of euthanasia strategically target states where they have a greater chance of changing the law. They then frame success in these areas as a result of a 'sea change' in European public opinion and use it to press other countries to follow suit.
- **Foot-in-the-door strategy** • Euthanasia advocates often begin by promising that legalisation will be strictly limited, with stringent safeguards to prevent abuse. However, this is a deliberate foot-in-the-door strategy from those pursuing far more radical changes. They soon seek to expand the domain of legislation to offer euthanasia to new groups, including those suffering from less-severe conditions. The result is to normalise and destigmatise suicide, encouraging euthanasia as a routine option, perhaps even the preferred one.

- **The empowering of bureaucracy, not people** • Legalised euthanasia transforms the power to make decisions over life and death into a bland administrative process. Far from empowering individuals, euthanasia laws normalise a framework in which life-ending decisions are made under the control of state apparatuses – not as acts of personal freedom, but as bureaucratic procedures. When death becomes a box-ticking exercise, we find ourselves distanced from the profound moral magnitude of suicide and death.
- **Devaluation of human life** • The legalisation and expansion of euthanasia policies in Europe reflect a growing misanthropic outlook. This makes it difficult to defend the value of all human life in the face of veiled (and sometimes naked) claims that some lives are unworthy and burdensome. This further erodes the value of human life as a cornerstone of democratic societies.
- **Suicide should be stigmatised** • Legalisation of euthanasia removes the stigma surrounding killing and suicide. These stigmas are not simply arbitrary judgments. They reflect the profundity of issues of life and death. Normalising euthanasia fundamentally changes society's attitude to death. We should uphold the stigma surrounding suicide and oppose state-approved killing.
- **The importance of sovereignty** • Any moves in the European Union toward top-down impositions and convergence or harmonisation of legalised euthanasia undermine national sovereignty and cultural diversity. Imposing legalised euthanasia can also lead to ethical disasters in places where such policies are incompatible with local values.

Note

In discussions of legalisation, what is usually being referred to is voluntary active euthanasia – direct action to cause a patient's death taken at the patient's request. We use the term 'euthanasia' throughout this report to denote the intentional termination of a patient's life by a physician, either directly or through the provision of life-ending drugs (physician-assisted suicide). This is not to be confused with passive euthanasia, which is the withholding of life-prolonging treatments to allow the person to die naturally.

Introduction

Euthanasia has quickly become a contentious policy issue across Europe. Seemingly from nowhere, many countries have rapidly begun legalising or taking steps toward legalisation of euthanasia, often euphemistically referred to as 'assisted dying'. Leaders of this crusade promise that euthanasia heralds a new era for autonomy and the relief of suffering. However, the reality is that legalised euthanasia reflects a society that is becoming increasingly subject to bureaucratic and expert control, from the cradle to the grave.

In this report, we argue that the legalisation of euthanasia is less about expanding individual choice than it is about subjecting death to the oversight of bureaucratic systems. The steady cascade of legislation allowing euthanasia, not just in Europe but around the world, has revealed a stark reality: once legalised, euthanasia becomes a state-sanctioned process that shifts decision-making from the individual to bureaucratic institutions. In countries like Belgium and the Netherlands, euthanasia has expanded rapidly beyond its original scope, applying to groups not originally intended – including the elderly, the disabled and individuals suffering from non-terminal illnesses. It becomes, increasingly, urged as the ideal way to die. Such moves must be dissected and opposed.

In what follows, we explore how language games distort public perceptions, the historical trajectory of euthanasia, and the expansionist tendencies inherent in euthanasia legislation. We focus on how euthanasia

normalises and even morally validates state-sanctioned suicide and the ways this contributes to the ongoing devaluing of human life. We emphasise the need to preserve national sovereignty when it comes to euthanasia and warn of the need to oppose efforts to impose policies from the top down and across borders.

To these ends, this report puts forward three key arguments:

1. **Euthanasia policy is about the bureaucratic control of death**
   Euthanasia legislation hands control of suicide and medical killing to bureaucratic institutions, transforming once profoundly consequential acts into mere administrative tasks.
2. **Euthanasia policies undergo a process of domain expansion**
   Lobby groups tend to bid for limited euthanasia policies as an initial foundation on which future advocacy can be built. Consequently, over time, euthanasia policies extend horizontally to include new groups and vertically to include less-severe conditions. The result is to normalise and destigmatise suicide, allowing euthanasia to become a routine option, perhaps even the preferred one.
3. **Euthanasia policies reflect the ongoing devaluation of human life**
   Euthanasia advocacy inevitably frames some lives as worth living and others as burdensome and expendable. The erosion of the equal valuation of all human life is evident and risks further eroding an already jeopardised cornerstone of democratic societies.

1 Language games

The debate about euthanasia is difficult to capture because advocates and critics alike tend to deploy a variety of terms. It has long been recognised that 'language is not neutral, especially in the euthanasia debate'.[1] Terms can be loaded and designed to elicit or reduce strong responses, depending upon the objectives of the speaker. Different terminologies can frame the issue in a particular light and even obscure the true nature of the practices being discussed.

Terms and phrases such as 'death with dignity' or the 'end-of-life option' favoured by Californian legislation,[2] intentionally equate euthanasia with less morally fraught forms of (non-) interventions, such as the withdrawal of life support, which allow a patient to die naturally. This uncertainty surrounding language can influence both public opinion and policy, introducing ambiguity and confusion into the debate – often intentionally. The Danish Council on Ethics recognised this when its report rejecting euthanasia legalisation remarked:

> *The words that are used to describe a given phenomenon can be of great importance, as they pre-guide thoughts on what is noteworthy and what is insignificant. If others begin to think about a subject using the words that you yourself want, it helps to increase the likelihood that they will think the same as you do.*[3]

When particular terms are used to conduct research and polling, or even in resolutions from medical associations, they can elicit widely variable and confused results. For instance, the Danish Council goes on to note: '[S]upport for the legislation [in Oregon] fell by 10% and 12%, respectively, when the process was described as "suicide" or as "euthanasia" rather than "a dignified death".'[4] A 2021 survey carried out on behalf of the UK All-Party Parliamentary Group for Dying Well (itself a euphemism-laden name) found that more than half of UK adults misunderstood the term 'assisted dying', confusing it with already-legal medical practices such as refusal of life-prolonging treatment (43%), and providing hospice-type care for those who are dying (10%).[5]

The confusion extends to the media and even medical professionals. In 2002, the Australian Medical Association passed a resolution whose ambiguous wording made it unclear whether it had moved from opposition to euthanasia to approval.[6] The resolution, which supported doctors offering pain relief even if it hastened death as a secondary consequence, was interpreted by the media as clearing doctors to 'hasten death'. But the majority of the doctors present had interpreted it as a reaffirmation of the existing stance on pain relief and against euthanasia.[7] Margaret A Somerville, a professor of ethics, concluded that the ambiguous wording was intentional. It was a conscious attempt on the part of campaigners 'to work for the acceptance and legalisation of euthanasia by intentionally creating multiple confusions between it and other conduct that is ethically and legally acceptable in treating terminally ill patients'.[8]

Vigilance is needed in the face of these language games. Advocates have long argued that euthanasia already occurs in clandestine ways, such as in palliative-care settings, and legalisation will provide the opportunity to regulate and control the practice.[9] However, as this report argues,

regulation actually opens the door to the transformation of death into a box-ticking exercise, reducing responsibility rather than strengthening it. Besides the fact that such regulation often fails (and without legal consequence),[10] there is a clear world of difference between offering forms of pain relief to terminally ill patients that may have the secondary, but not intended, consequence of shortening life and the intentional ending of life for a wide range of conditions.

We must not forget that, at base, what is at stake is killing and suicide – terms that offer clarity.[11] Perhaps sensing the justified stigma attached to such terms, advocates seeking to soften perceptions of their proposals opt instead for euphemisms, carefully avoiding the language of 'killing', 'suicide' and even 'euthanasia' in favour of phrases like 'assisted dying' and 'dignified death'.[12] Such euphemistic language intentionally obscures the profound legal, ethical, social and cultural ramifications of legalisation. It allows medical professionals and policymakers to distance themselves from the ethical implications of ending a life. It stops them from considering that such proposals risk nothing less than overturning the foundational obligation of a civilised society to value and protect human life.

Importantly, language games are precisely what enable the transformation of killing and suicide into a mere bureaucratic process. They distance the individual from the gravity of the decision being made. Far from enabling autonomous decision-making, medico-political jargon actually diminishes autonomy by obscuring the moral weight of the decision, framing it as a mere 'medical choice' like any other.[13] Scholars and ethicists have repeatedly drawn attention to this issue,[14] arguing that these linguistic shifts can undermine genuine autonomy and ethical accountability in end-of-life decisions,[15] whereas 'suicide' and 'killing' leave little doubt as to the gravity of the acts involved.

Unfortunately, advocates have until now been successful in defining the parameters of the debate and such attempts to reintroduce clarity are likely to be dismissed as 'catastrophising' and 'fear-mongering', which might itself be read as an indictment of the proposal to legalise euthanasia. If clarity of language elicits fear, perhaps this should give the public and policymakers pause.

In contemporary discussions of legalisation, what is usually being referred to is voluntary active euthanasia. That is, the direct action to cause a patient's death taken at the patient's request.[16] We have opted therefore to use the term 'euthanasia' throughout this report to denote the intentional termination of a patient's life by a physician either directly or through the provision of life-ending drugs (physician-assisted suicide). This is not to be confused with passive euthanasia, which is the withholding of life-saving or life-prolonging treatments to allow the person to die naturally. From the Greek for 'good death', the term euthanasia avoids (unwarranted) criticisms of fear-mongering while also avoiding coinages like 'death with dignity', which have been intentionally constructed to soften perceptions and elicit support. Euthanasia also remains true to the historical roots and results of the movement in the late nineteenth century and darkest moments of the twentieth, a history that most will wish not to repeat.

It should be noted, nonetheless, that this issue is not simply about death – good, dignified or otherwise. As historian Kevin Yuill writes, 'The real issue at the heart of the debate', which is obscured by various language games, 'is suicide, not dying'.[17]

2 Euthanasia on the European agenda

Euthanasia is not only a powerful national issue in European states, but is also beginning to affect the political agenda at the European Union (EU) level. Advocates and observers have argued that with medical and other advancements that prolong life, it is inevitable that euthanasia will become a major concern in affected countries.[18] However, while it is true that the lengthening of life has come with increased rates of disability, chronic and age-related illnesses, it is not inevitable that the question of whether and when to euthanise people should automatically top the political agenda. Instead, euthanasia has become a powerful issue because of advocates seizing political opportunities in a climate where the value of human life is increasingly called into question – a point to which we will return.

Persistent euthanasia lobbyists are currently pushing for legalisation on many fronts. To date, institutions at the European level have rightly demonstrated reluctance. Those opposing euthanasia must ensure that pressure is applied to keep things that way.

For example, in 2017, Italian MEP Mara Bizzotto asked the European Commission to consider offering recommendations to member states on euthanasia and inquired as to whether this would exceed its authority.[19] The Commission responded, correctly, that healthcare, including healthcare ethics, falls under the jurisdiction of member states. It reiterated that it has no plans to issue recommendations on the matter.[20] Accordingly, the

European Union does not at present have standardised guidelines nor directives on euthanasia. Responsibility for citizens' healthcare, including decisions about the legality of euthanasia, remains the responsibility of member states. More recently, Hungarian lawyer Daniel Karsai, who has a neurodegenerative condition, brought a case against Hungary to the European Court of Human Rights (ECtHR) arguing that criminalisation of euthanasia (as physician-assisted suicide) violates the European Convention on Human Rights.[21] However, the court ruled that there is 'no basis for concluding that the member states are thereby advised, let alone required, to provide access to PAD [physician-assisted dying]'.[22]

While more centralised forms of policymaking offered by EU institutions offer the most opportunity for the rollout of an Europe-wide euthanasia policy, they have so far wisely heeded cautionary warnings against centralising control over policies that could be deeply mismatched with local cultures and preferences.[23] However, this remains a vulnerable position as healthcare is multi-faceted with crisscrossing ethical, legal, geographic and economic aspects that can be exploited by advocacy groups to press for change and undermine the sovereignty of European Union member states, as well as signatories to bodies like the ECtHR.

Lobbyists continue to push across several fronts. Some advocates target freedom of movement as a potential means to make inroads, pressing for legislation that would require the mutual recognition across member states of living-will declarations and the establishment of an EU database for these directives.[24] More successful lines of attack have come through creating a 'domino effect' across countries. To these ends, claims-makers often engage in 'venue shopping',[25] or the strategic targeting of jurisdictions with favourable political opportunities to achieve early policy wins. Success in these areas can then be used to push others to follow suit.

For instance, claims-makers may target regions with decentralised decision-making, such as a devolved area of the United Kingdom like Scotland, where elites can more easily lead legislative revision to change public attitudes[26] (rather than be led by them) as well as bypass public debate and scrutiny in larger and more diverse population areas such as England. Success in some devolved regions, in turn, can be used to pressure the country as a whole to 'fall in line'.

We can see this process at work currently across Europe. For instance, when the Danish prime minister, Mette Frederiksen, made favourable comments towards euthanasia in 2023, campaigners in nearby Finland and Sweden piggybacked on these statements to push the issue onto the agenda in their own countries.[27] Similarly, key events and legal cases, such as the case of British pensioner David Hunter – who killed his terminally ill wife and was found guilty of manslaughter in Cyprus – were used by lobby groups like Dignity in Dying to push for euthanasia legislation in other countries.[28] This successive strategic targeting of political opportunities can allow claims-makers to frame their demands as a sea change in public consciousness. For example, Dignity in Dying says of the Cyprus case:

> *More and more countries in Europe and around the world are concluding that legislating on assisted dying is far safer than banning it: for dying people, for their loved ones and for the whole of society. With proposals being considered in Scotland, Jersey and the Isle of Man, and an inquiry underway in Westminster, it is increasingly clear that the damage caused by the blanket ban can be ignored no longer, and that doing nothing is simply not an option.*

If successful, the presence of many countries with disparate euthanasia policies could end up providing a mandate for harmonisation (though campaigners have cautiously opted for the more passive language of

'convergence')[29] at the European level. Therefore, opponents must remain vigilant in relation to the diffusion of euthanasia campaigns within and between European countries and member states.

The story of how we got here is complex and will be revisited toward the end of this report. However, the history of euthanasia is controversial, with well-known dark episodes whose legacy and influence on contemporary debates is uncertain. During the early twentieth century, euthanasia movements had seen themselves as progressive and liberal, viewing euthanasia as a necessary part of the scientific management of society along with eugenics and population control.[30]

To these early elite advocates, euthanasia represented a progressive expansion of medical control over society and was key to solving its problems. In Germany, figures such as Ernst Rüdin began by advocating counselling of the 'unfit' to undergo voluntary sterilisation, gradually moving toward oversight of the active killing of those deemed 'defective'.[31] These trends culminated in the horrors of the Nazi regime, where initial arguments for the 'right' to suicide and 'mercy killing' became justifications for the killing of all those 'unworthy of life'.[32] As late as 1943, the Euthanasia Society of America organised to draft a bill legalising involuntary euthanasia for 'idiots, imbeciles and congenital monstrosities'.[33] In 1946, its president argued that since states oversee the killing and maiming of individuals in wartime, it only makes sense that they should have the 'power to end life that is not worth living' in peacetime, too.[34]

However, as more and more evidence regarding Nazi atrocities trickled into public consciousness, euthanasia movements fell out of favour. Many of these groups simply rebranded themselves in the postwar years. By the 1970s, the euthanasia movement had almost entirely shifted from a focus on beneficence and mercy killing toward a frame emphasising individual rights

and dignity.[35] As Yuill writes: 'At this stage, a cranky group of euthanasia advocates found, for the first time, popular support for their message.'[36]

The legalisation in the Netherlands in 2002 marked a significant milestone in these efforts, followed by Belgium, Luxembourg and, more recently, Spain and Portugal. Lobby groups such as EUmans, led by leading euthanasia advocate and former Italian MEP Marco Cappato, frame an eventual victory, at least across individual countries if not at the European level, as inevitable. In April 2024, a coalition presented a petition to the European Parliament. The petition made the following demands:[37]

- The inclusion of euthanasia as a fundamental right in the Charter of Fundamental Rights of the European Union
- EU legislation to enforce individual rights to decide how they will end their lives as well as the provision of 'proper professional assistance to end-of-life decisions'
- Mutual member-state recognition of living-will declarations and advanced directives and the creation of an EU database to access national living-will directives
- Creation of a European Citizens' Assembly to develop approaches to euthanasia

While EUmans focuses this attack at the supranational level, the more successful strategy has been to focus on individual countries as part of a broader push by international advocacy organisations. The table overleaf summarises the state of legalisation and debate in EU member states. This table uses a traffic-light system to show those countries that have currently rejected proposals to legalise euthanasia (red), those in which legislation is currently being considered or proposed (yellow), those that have legalised euthanasia (green), and those that have legalised the practice and have since expanded its applicability or are considering further expansion (light green).

Table 1. Legal status of euthanasia in EU member states

Country	Legal Status	Details
Austria	Legalised	Euthanasia (as assisted suicide) legalised in 2022
Belgium	Legalised	Euthanasia legalised in 2002; since expanded to include 'competent minors'[38] and allowance of advance directives (ie, advanced permission, eg,in anticipation of reduced capacity)[39]
Bulgaria	No current debate	No significant public/political discussion since rejection of draft bill in 2011[40]
Croatia	No current debate	No significant public/political discussion currently
Cyprus	Proposals currently debated	Proposal for a law currently being tabled[41]
Czech Republic	Legislation rejected	Three unsuccessful attempts to legalise euthanasia in 2004, 2008 and 2020[42]
Denmark	Currently debating	Discussions on legalisation have recently gained political traction;[43] key groups advise against legalisation[44]
Estonia	Passive euthanasia as gateway to active euthanasia discussions	Lobbyists are taking steps toward priming the public for future active euthanasia legislation through end-of-life treatment plans that emphasise passive euthanasia (DNR) directives[45] [46]
Finland	Currently debating	Previous attempts to legalise voted down in 2018; renewed attempts in 2024 face long history of opposition from Finnish medical associations.[47] Lobbyists actively attempting to reopen discussions by linking to events in Scandinavian countries[48]
France	Currently debating	President Emmanuel Macron expressed support in March 2023 with a Bill presented in April 2024.[49] Bill on hold due to snap elections in June 2024
Germany	Physician-assisted suicide legalised	Previous rulings effectively prohibiting euthanasia (as assisted suicide) overturned in 2020; current legislative debates concern regulation
Greece	No current debate	No significant public/political discussion currently
Hungary	Currently debating	Hungarian President Tamás Sulyok promised to consider legalisation in 2023.[50] Recent failed attempt to force Hungary to allow euthanasia via strategic litigation

Country	Legal Status	Details
Ireland	Currently debating	Legislative proposals to legalise both assisted suicide and physician-administered euthanasia currently being tabled[51]
Italy	Physician-assisted suicide effectively decriminalised	Numerous attempts to legalise through strategic legal manoeuvres by activists;[52] ruling effectively decriminalised assisted suicide in 2019 though legislative process remains ongoing[53]
Latvia	No current debate	At least two movements to legalise in past decade, most recent voted down in 2021[54]
Lithuania	No current debate	Draft law introduced in 2014 failed to pass in 2016[55]
Luxembourg	Legalised	Euthanasia legalised in 2009; current debates surrounding abolition of age limits and expansion of provision.[56]
Malta	Currently debating	Debate ongoing; Labour Manifesto in 2022 promised a debate to end the discussion[57]
Netherlands	Legalised	Legalisation took effect 2002, since expanded to adolescents and due to expand to below 12s;[58] available to elderly with 'normal degenerative conditions' and proposals now tabled for all over age 75[59]
Poland	No current debate	Strong opposition; no significant public/political discussion currently
Portugal	Legalised	Bill rejected several times before passing in May 2023[60]
Romania	No current debate	Strong opposition; no significant public/political discussion currently
Slovakia	No current debate	No significant public/political discussion currently
Slovenia	Currently debating	Referendum held in June 2024 in which majority voted in favour (55-45). Result is non-binding, but signals legislation should be developed. Palliative care poor in country with strong opposition from the medical profession[61]
Spain	Legalised	Euthanasia legalised in 2021
Sweden	Currently debating	Remains illegal, though advocacy organisations are active in the country

The table above demonstrates some key characteristics of the campaign to legalise euthanasia in the EU. First, that countries standing firm in opposition are in the minority (10 of 27). Second, that attempts to legalise euthanasia often recur even after repeated failure. Advocates demonstrate remarkable persistence, seemingly lying in wait until a better political opportunity arises. Third, successful legalisation is very often followed by campaigns to expand the legislation to include new groups and situations not promised and even outright denied in initial legalisation efforts.

It is therefore imperative to contest claims that euthanasia legislation should be acceptable because it will be tightly controlled. These controls become weakened over time as advocates push for the wider extent of legalisation that they actually desired from the start. Success in one country is also piggybacked on to promote legalisation in neighbouring countries. The initial policies that set the agenda rarely reflect the full extent of the legal changes that advocacy groups are seeking – starting small is often a conscious strategy on the part of advocacy groups and opponents must not give an inch.

3 Worse than a ‘slippery slope’

The foot-in-the-door strategy for expanding euthanasia legislation

Critics of euthanasia often invoke a ‘slippery slope’ argument, which some might think is implied by the discussion in the previous section. However, talk of a ‘slippery slope’ risks mischaracterising the evolution of euthanasia policy. It is not an accidental slide nor incidental erosion of moral norms, but rather a process through which claims-makers intentionally build on initial successes to expand policies into new domains.

The ‘slippery slope’ argument is often formulated as a prediction that once the first steps are taken, additional steps toward, for example, non-voluntary euthanasia are inevitable. As Wright summarises:

> *Typically, ‘slippery slope’ arguments claim that endorsing some premise, doing some action or adopting some policy will lead to some definite outcome that is generally judged to be wrong or bad. The ‘slope’ is ‘slippery’ because there are claimed to be no plausible halting points between the initial commitment to a premise, action or policy and the resultant bad outcome. The desire to avoid such projected future consequences provides adequate reasons for not taking the first step.*[62]

While these arguments are often dismissed as a tired trope, Lewis attempts to distinguish between logical and empirical slippery-slope arguments, the latter being measurable and potentially carrying more weight.[63] Critics argue

that as more countries adopt euthanasia policies, the slippery slope has become more empirically observable. For example, Canada has seen rapid increases in the number of euthanasia deaths, expanding eligibility and the weakening of initial safeguards.[64]

However, what invocations of the slippery-slope analogy miss is that initial moves toward legalisation represent a first step in a deliberate process of gradual policy expansion. This process, sometimes referred to as 'domain expansion', describes the tendency for definitions of a social issue such as euthanasia to expand their boundaries to encompass more and more individuals and experiences.[65] As sociologist Joel Best observes, this may form 'the basis for a long-term strategy, in which advocates initially define the problem in terms calculated to attract widespread support, so that the campaign's success may, in turn, create an opening for later claims that the domain should be expanded'.[66] In the case of euthanasia policy, initial restricted legislation serves as a foundation on which claims-makers attempt to build in future advocacy work.

In short, 'slippery slope' implies an accidental slide, where people just lose their moral bearings. But domain expansion is an intentional strategy. Claims-makers start small and claim that changes are 'no big deal' and 'nothing will really change'. But the reality is that the initial small policy is an intentional foot in the door. It's a 'slow education process' where what is actually desired is too radical to advocate for from the get-go. So, they start with a small, incremental change. They know that once something is in law, the tendency is not to remove the law, but to expand it. And that is what they intend to do.

To begin this process, euthanasia advocacy typically proposes policies focusing on the most extreme and emotive cases – terminally-ill patients

in severe pain at the very end of life. This is a common strategy, whereby advocates seek more significant social changes incrementally. For instance, in Donna Maurer's study of advocacy groups' attempts to end meat-eating, she writes that claims-makers are aware that the changes they ultimately wish to affect are too radical to enact wholesale, so they adopt a 'slow educational process', beginning with moderate, more widely palatable claims.[67] A familiar tactic is to begin by claiming that proposed legislation will 'not change much' or simply 'clarify' existing laws. Euthanasia advocacy is a paradigmatic case in this regard. For example, Daniel Finkelstein argued in *The Times* in 2021:

> *The argument for a new law is that it would resolve this irregular legal position. It is a very small, moderate step to ensure what is already possible becomes legally clear. It puts in place proper safeguards and involves formal means of consent and the involvement of qualified medical personnel.*[68]

Advocates promise stringent safeguards and minimise the effect of legislative change on society. Australian advocates claimed that: 'The reality is that very few people will ever use voluntary assisted dying when it comes into effect.'[69] Another physician argued that euthanasia is just a 'simple legislative change' in Australia that would ensure that doctors prescribing medication to ease patients' pain would be protected from prosecution.[70] However, once legislation was passed, this same physician was among those decrying the law as 'too restrictive' and arguing for its expansion to other groups, including dementia patients.[71]

Hence, the 'slide' into potentially non-voluntary euthanasia for those with reduced capacity at the time of death is not accidental, but part of this process of gradual domain expansion. In Canada, ministers simply disregarded the preamble of the initial MAID (Medical Assistance in Dying)

law that 'robust safeguards, reflecting the irrevocable nature of ending life are essential to prevent errors and abuse in the provisions of medical assistance in dying', recasting safeguards as 'barriers to access'.[72]

This is why, as Yuill observes, advocacy groups do not simply disband once initial legislation is passed.[73] Their aims are much broader than are initially presented to the public, and once there is a 'foot in the door' in the form of restrictive legislation, they turn their attention toward expanding it. What were once promised as stringent protections are decried in the next phase as 'discriminatory' and a deprivation of rights.[74]

Domain expansion occurs both horizontally to encompass new groups and vertically to capture less severe cases.[75] For example, soon after the initial passing of euthanasia legislation in Canada in 2016, discussions began to focus on broadening the criteria. Initial expansion occurred vertically downward to encompass less severe and potentially life-ending illnesses in 2021, with the removal of the criterion that death should be 'reasonably foreseeable'.[76] Now, one's affliction should be 'grievous and irremediable',[77] which in practice is interpreted highly liberally, with people being approved for MAID for ailments such as 'hearing loss'.[78] Rollout to those suffering mental-health conditions is currently paused, though advocacy groups continue to press to fast-track the removal of the 'mental-health exclusion'.[79] Expansion is also occurring sideways, with a parliamentary committee recommending its extension to include 'mature minors' in 2023.[80] As Table 1 in the previous section makes clear, these trends are also observable in Europe, with similar trends toward horizontal and vertical expansion in Belgium, the Netherlands and Luxembourg.

This process of domain expansion occurs because the end goal is not a restrictive and 'minimal' euthanasia policy, but the normalisation of euthanasia. As Yuill observes, the horizon for many euthanasia advocates

is a broadly permissive policy in which any and all suicides can be subjected to medical and governmental assistance and approval.[81] As the EUmans petition detailed above makes clear, advocates wish for euthanasia to be a 'human right' with few, if any, restrictions. Safeguards are simply an incremental step on this path, which will inevitably be decried as intolerably restrictive on the way to a normalisation and destigmatisation of government-assisted death.

4 How bureaucracy normalises euthanasia

In late 2023, a conversation on Luxembourg's RTL Radio featuring euthanasia advocates was revealing in terms of the broader outlook behind the creeping legalisation and expansion of euthanasia.[82] Participants pointed out that Luxembourg, unlike other European countries which have legalised the practice, has experienced low uptake of its euthanasia policy. Given many advocates' initial claims that euthanasia would affect only extreme cases and attempts to downplay the extent of likely uptake, it is interesting that this observation was portrayed as a problem, rather than a rare success story for the policy behaving as it 'should':

> *The prevalence of euthanasia procedures in Luxembourg remains relatively low, particularly when compared to other countries. Dr Romain Stein highlighted that in 2022, 28 euthanasia procedures were carried out in the nation, accounting for just 0.6% of total deaths. By contrast, Belgium reports a rate of 2%, and the Netherlands 4%.*[83]

Advocates continued by suggesting that low uptake speaks to a 'reluctance to discuss death', which 'emanates from the fear of the unknown, leading people to suppress this vital conversation'.[84] One claims-maker is described as emphasising 'the importance of such discussions in order to prepare oneself and one's loved ones for this important life event'.[85] Yet the focus of such 'discussions' is exclusively positioned around passive and active euthanasia, as though the option to simply die without such directives is

unthinkable. Similarly, two members of a Danish 'Committee for a More Dignified Death' resigned, citing concerns the group was too narrowly focused on developing models of a 'dignified death' defined solely in terms of active euthanasia and assisted suicide.[86] It is as though other deaths are inherently 'undignified' and do not represent how death should, ideally, transpire.

These examples speak to the interplay between bureaucracy, normalisation and destigmatisation at the heart of the euthanasia issue. In *The Taming of Chance*, his 1990 history of probability, Ian Hacking explains how the concept of normality gradually took on a prescriptive edge.[87] As social statistics became a more powerful force in making social life more predictable and governable, what had once been a statistical agglomeration of differences became a prescriptive statement about how people 'should' be. The statistical average came to define not just what is common or typical, but what is desirable and good. In other words, to normalise something came to mean to 'make it good'.

This increased focus on making life more predictable by coaxing it along new moral 'norms' transpires within an increasingly bureaucratised system of state and institutional structures,[88] governed by expert-led rules for the conduct of living – and now, dying. As tradition has begun to lose its sway over how people understand right and wrong, bureaucratic rules, laws and legal frameworks have become a stand-in for moral values. When people can no longer agree on right and wrong, good and bad, the law offers a go-to for the affirmation of one's lifestyle, values and choices as 'moral', 'normal' and 'good'.

This motor explains much of the thrust of social movements at present, which focus less on the material questions that once animated politics and more on pushing governments and institutions to adopt agendas and

frameworks that 'normalise' an array of identities and choices. Once affirmed by governing institutions, bureaucratic frameworks create standards that frame state-controlled processes as inherently morally superior and beneficial. When applied to euthanasia, this has potentially profound implications for how society views and manages death.

The shift in language surrounding euthanasia reflects this process of bureaucratic normalisation, with terms such as 'assisted dying' and 'medical aid in dying' sanitising the act of suicide and normalising it as a desirable, even beneficial, way to die. With the oversight of bureaucracy, suicide is severed from its heavily stigmatised cultural attachments. Once promised as something rare and extreme, legislative pathways move more and more toward permissiveness and even the implicit sense that it is the correct way to die because it is an adequately controlled way to die.

Sociologists have long argued that more and more of everyday life is becoming subject to bureaucratic control.[89] In a world increasingly driven by efficiency and risk management, unpredictable life processes become singled out as problematic. Medicalisation has long played a role in controlling these risks, pressing life into predictable frameworks and offering guidelines for behaviour.[90] So too, now, for death. Of the trend toward increasing euthanasia uptake in the Netherlands, Dutch psychiatrist Sisco van Veen remarked, 'as healthcare becomes more managed overall, the idea of managing death doesn't seem illogical'.[91] Now the messy, potentially expensive and fundamentally unpredictable nature of the length of the human lifespan can be similarly controlled.

Euthanasia becomes normalised and medicalised as a treatment, like any other. Indeed, in many cases it is even emphasised above treatments aiming to prolong life. In Canada, for example, MAID has been criticised for being prioritised as 'a quasi-inherent beneficial practice', with 'Canada's law,

and policies by federal and provincial authorities and professional bodies, predominantly focused on facilitating access to death'.[92] Similarly, the US state of Oregon, 'explicitly rations health care to its Medicaid recipients, some of whom are unable to access life-extending chemotherapy that is not expected to extend life for a lengthy period. But assisted suicide is never rationed.'[93]

In a society in which problems have come to be medicalised, it is not surprising that the normalisation of euthanasia as a 'treatment' materialises in discussions of social problems as well. A growing number of Canadians have expressed acceptance of the notion of providing MAID to individuals whose only affliction is poverty.[94] Bioethicists have lent credence to these ideas, arguing that MAID represents a form of 'harm reduction'. One such paper argues: 'Not allowing people to access MAID because their request is driven by unjust social circumstances, when those circumstances show no short-term chance of improving, succeeds only in causing further harm.'[95] Similarly, the head of a Belgian insurance fund argued that it was necessary to extend euthanasia to the elderly to prevent a 'social care crisis'. He added: 'We must remove the stigma.'[96]

While it risks being received as cliché, this removal of the moral stigma from suicide via state-sanctioned processes is a powerful demonstration of Hannah Arendt's famous 'banality of evil'.[97] Euthanasia becomes routine, 'just another day at the office', stripped of its ethical weight as decisions are absorbed into regulatory mechanisms. While the public rhetoric continues to stress autonomy, the reality is that euthanasia laws increasingly rely on institutional processes that strip individuals of true decision-making power in favour of the expert management of life and death.

To be eligible for MAID in Canada, for example, one must first fill out a form populated by predetermined criteria. The appropriately blandly titled

Form 1632 is then passed to a coordination office and, from there, to an external 'health authority', which assesses eligibility.[98] Decisions about complex human lives are passed on to ostensible experts, but in reality reduced to an exercise in banal administrative form-filling.

In what has become an increasingly common account, a Canadian man with a history of depression and suicidal ideation was seemingly fast-tracked for euthanasia with little regard for his medical history.[99] When his son asked for a psychiatric assessment to be carried out prior to his scheduled death, the MAID provider commented that the evaluation would be little more than a formality that would provide 'cover' for her.[100] In effect, both physicians and patients are relinquishing judgment and autonomy to a bureaucratic process. When death becomes a box-ticking exercise, we find ourselves, as Arendt warned, distanced from the reality and profound moral magnitude of suicide and death.[101]

In this context, assisted dying represents the final act of control in a society increasingly dominated by institutional authority. Far from empowering individuals, euthanasia laws normalise a framework in which life-ending decisions are made under the control of state apparatuses, not as acts of personal freedom but as procedural mandates devoid of moral depth.

The dangerous destigmatisation of suicide

Normalisation goes hand in hand with destigmatisation. The creation of a controlled, regulated process also has the effect of removing the stigma traditionally associated with suicide. What was once a private, moral issue is now subjected to state-sanctioned procedures, destigmatised only within the confines of state oversight. For example, it is striking how accounts describing individuals who sought euthanasia for psychiatric disorders

express relief that their family member or patient's suicidal ideation was 'cured' – by suicide. One euthanasia advocate laments:

> [*M*]*ental health patients also grapple with substantial suffering* [...] *The suicide rate among this demographic is notably high, prompting concern over individuals resorting to self-harm when alternative options might exist* [...] *The prospect of individuals enduring multiple suicide attempts while searching for a solution to their anguish is disheartening* [...].[102]

The notion that the solution to the suicidal ideation of these patients is bureaucratically controlled suicide is stunning. But more importantly, it illustrates the way that seeking state sanction acts as a veiled form of affirmation. It attempts to give suicide a place in society as a kind of bureaucratised secular sacrament.

The rebranding of killing and suicide through the use of softer, medicalised or otherwise less morally charged language also reflects this broader attempt to destigmatise suicide. For example, the website for California's euthanasia programme states:

> *People who choose to end their lives this way are not considered to have died by suicide if they carefully follow the steps of the law. Physicians who prescribe the aid-in-dying drug are not subject to legal liability or professional sanction if they follow all the steps outlined in the law.*[103]

In other words, the reward for following the law is the absolution of guilt and stigma normally associated with suicide. However, death and suicide are stigmatised for a reason. The push to sanitise suicide through bureaucratic processes undermines the deep cultural and moral roots that have historically assigned meaning and value to life and death.

In many societies, suicide and death have been imbued with a strong cultural stigma. This is not merely a moral stance but a deeply-rooted social

mechanism that serves to affirm the value of members of a community. Death, as anthropologists like EE Evans-Pritchard have noted, is not simply a biological event, but also a deeply social and symbolic one.[104] It represents the loss of a family member, the end of kinship ties and the potential rupturing of a community's fabric. While individual rights are important, it is also important to recognise that as social creatures, a human life is never fully and solely one's own. As Marrone writes: 'Death is also an event for those who remain, for those who remember the person and his departure. Euthanasia is not only a question of individual autonomy but is closely linked to the reaction of the family and society to illness, disability and age.'[105]

Other anthropologists – like Mary Douglas in her well-known book, *Purity and Danger* – have elaborated on the ways that taboos help society navigate danger by delineating between clean and unclean, moral and immoral.[106] Death is a momentous event with a deep potential for chaos and disruption. The stigma surrounding death reflects the gravity of the potential rupture, preventing it from being reduced to the mundane. As Roger Scruton argues, some stigmas protect important values and social bonds: 'Stigma is not an act of aggression but a sign that we care about our neighbours' lives and actions. It expresses the consciousness of other people, the desire for their good opinion, and the impetus to uphold the social norms that make judgment possible.'[107] The stigma around suicide, in particular, acts as a cultural safeguard, affirming the value of our bonds with each other, and preventing it from becoming normalised or trivialised.

It is almost always possible to commit suicide if one has sufficient will to do so. However, the intense stigma associated with suicide acts as its own moral regulator. Similarly, doctors have immense power over life and death. Advocates suggest legalisation will produce consistency and regulatory scrutiny over a practice that is already occurring behind closed doors.[108]

It is, however, this very regulatory scrutiny – or in practice, the façade thereof – that opens the door to expansion and blasé attitudes toward killing and suicide. The stigma associated with these acts produces an anxiety that can compel a careful judgement about, for instance, the administration of powerful pain medications at the very end of life, let alone the intentional taking of a life.

In Oregon, where physician-assisted suicide occurs via a prescription that is then administered by the patient, approximately 30–35% of individuals either do not fill the prescription or, once filled, do not take it.[109] Cutting these last threads of personal and professional judgment is what opens the door to the banality of evil.

Legalisation of euthanasia is about the creation of a bureaucratic sacrament surrounding death that cleanses it of its stigma. This is why the attempt to destigmatise euthanasia often goes beyond mere acceptance and into the realm of celebration. Recall that normalisation via bureaucratic sanction is not about making something incidental, much less regrettable, but about making it good. This explains the disturbing trend of 'death parties', where the act of euthanasia is treated as an event to be celebrated. As an attendee recalls of her acceptance of one such invitation: 'I RSVP'd as if it were Sunday brunch. "I'm in!"'[110]

This shift from the demand to tolerate death to celebrating it reflects the unspoken moral message associated with normalisation and legal affirmation in today's society. It also underlines a much more sinister turn evidenced by the aforementioned Belgian insurance boss and those like the British commentator Matthew Parris, who looked forward to the day when euthanasia would be 'urged upon people' as a responsible, desirable 'choice'.[111]

There is a need, therefore, to preserve the stigma surrounding killing and suicide, and to oppose the rolling out of state oversight that seeks to abandon this stigma. These stigmas are not simply arbitrary social judgments, but militate against the trivialisation of something as profound as life and death. The process of legalising and normalising euthanasia is not just about giving individuals the right to end their lives, but about fundamentally changing society's relationship with death.

Celebrating and even urging death in these ways distorts existing cultural responses to mortality. Death, by its very nature, is tragic and final. It represents not just the end of life but the loss of hope and the end of possibilities. While modern societies have struggled to find new ways to give death meaning, the attempt to bureaucratise and celebrate death only further alienates individuals from its true significance. As Max Weber warned, rationalisation strips life – and death – of meaning, leaving only the hollow shell of bureaucratic procedure.[112]

5 A profound devaluing of human life

When suicide and killing are stripped of their stigma, we risk losing one of the key potentials bequeathed to us by the birth of secular society: the possibility that human life – its comfort and its extension – might be our guiding moral compass. The ease with which human life has become expendable suggests that we may finally be losing this moral sense of our humanity. Movements to legalise euthanasia are not an isolated development, but the culmination of much deeper trends through which the value of human life has been systematically eroded.

This pessimism has its roots in the late eighteenth and early nineteenth centuries. Many thinkers associated with the Age of Enlightenment had underscored a vision of humanity defined by a capacity for reason and autonomy – faculties that could be exercised to improve the human condition. Figures like the Marquis de Condorcet dreamed of a world where the human lifespan would know of no upper limit.[113] However, when humanity seemed more embroiled in war and social upheaval than in realising these ideals, a more cynical view emerged. In intellectual circles, economic and social failures were increasingly blamed not on the larger organisations of society or poor governance but on inherent flaws in individuals or groups.[114] If human beings are equal, how do we explain why so many of them fail to behave in the ways their 'betters' said they should?

It was this type of thinking that gave rise to the eugenics movement, which saw social problems as fundamentally rooted in human difference and frailty. WR Greg, one of the co-founders of the movement, criticised John Stuart Mill's conviction that Irish 'laziness' had more to do with their social position than racial makeup, writing: 'Mr Mill never deigns to consider that an Irishman is an Irishman, and not an average human being – an idiomatic and idiosyncratic, not an abstract, man.' From this perspective, social problems were caused by those who, for reasons of poor upbringing or inbuilt defect, were simply unwilling or unable to follow society's rules. These are the intellectual trends that allowed someone like Ernst Rüdin, mentioned above, to look for ways to root out society's 'unfit'. Such figures sought to solve the social question by 'improving' humanity, controlling – or eliminating – those of 'poorer stock'.

The idea that human beings were inherently flawed grew alongside concerns for managing resources and populations. Some populations were seen as burdens, and this thinking was reflected in the broader policies of social engineering that sought to reduce their numbers. Notoriously, the Nazis saw the old, ill and disabled as 'unaffordable burdens which made unmanageable demands on the healthy'.[115] Eugenics provided the ideological justification that some lives were disposable.

The threads of this thinking remain in contemporary debates about euthanasia. The rhetoric of 'lives not worth living' has given way to arguments framed in terms of choice and compassion, offering death as a solution to suffering. However, the underlying assumption remains the same: some lives are less valuable – and more costly – than others.

Mentioning Nazism and eugenics may appear as crass reductionism to some. But the point is not that today's euthanasia movements are simply continuations of Nazism, nor that they are likely to culminate in the same

brutal ends. The point is rather that our culture has never got over the misanthropy that guided scientific and social thought during some of history's darkest moments.[116] In this context, it becomes very difficult to argue for the inherent value of human life because it is human life that is so often singled out as the cause of problems at the forefront of the public imagination, from climate change to overpopulation and environmental degradation. Misanthropic views of humanity did not disappear after the Second World War, but rather have been transformed, subtly influencing public-health and social policies.[117]

Cruel calculus

The normalisation of euthanasia as a treatment, coupled with the devaluation of human life, makes it possible for economic and social pressures to enter the debate. A celebrated defender of medically assisted dying declared that it is ridiculous that a society with so much 'unaffordable' age-related illness should hesitate to accept the practice.[118] A pro-MAID tract bluntly notes: 'If you're on the fence about killing yourself, the fact that you're a burden on your family or the wider society should be taken into consideration.'

The idea that human life is a burden – whether on family members, society or the healthcare system – is a direct result of misanthropic thinking. When the value of life is measured in terms of economic productivity or the ability to avoid suffering, those who do not meet these criteria can be subtly encouraged to end their lives. The right to die risks becoming the 'duty to die', to end this burden on society. Indeed, the most common reason cited for choosing euthanasia in Oregon is not pain but the fear of being a burden.[119] As in Belgium, the Netherlands has fielded proposals that euthanasia be opened to all over the age of 75; it is already offered for the normal deterioration associated with aging.[120]

The underlying economic incentives at play in situations like this are particularly clear when considering some of the groups lobbying for legalisation. According to Alliance Vita, French insurance companies have been active proponents of euthanasia, with their professional congresses featuring prominent advocates.[121] Moving death onto a predictable timeline represents an alluring, if cruel calculus that aligns with other pressures on healthcare systems. It is out of these failing health systems that have come exasperated cries about the human hubris associated with the ideal of the indefinite prolonging of life – noted by Susan Sontag as early as the 1970s.[122] This thinly-veiled push for the more efficient, cost-effective management of death represents the dwindling of hope in humanity's indefinite improvement.

Nonetheless, the value and centrality accorded to human life remains the cornerstone of democratic societies. This probably explains why reframing euthanasia in terms of human rights and autonomy is able to provide at least a thin veneer of respectability. But this cornerstone is eroding. As Margaret Somerville notes: 'To legalise euthanasia would damage important, foundational societal values and symbols that uphold respect for human life. In fact, the prohibition on intentionally killing is the cornerstone of law and human relationships, emphasising our basic equality.'[123] The notion that one of the core ideals of progress, the comfort and lengthening of the human life, can be so readily sacrificed in the face of the basest of economic incentives tells us that the value attributed to human life is greatly in jeopardy.

6 Sovereignty and subsidiarity: the last stand

Different European countries have profoundly different values when it comes to the centrality of human life and the willingness to accept the bureaucratic normalisation of killing and suicide. This cultural heterogeneity is sometimes singled out as a barrier to the convergence of policies such as euthanasia across Europe. One pro-euthanasia article laments that ‘most of today’s European countries are still under the strong influence of traditional (not necessarily religious) beliefs and their understanding of human life and how one should live one’s life’.[124] Far from being a drawback, this is the last stand against the creeping legalisation of euthanasia policy.

The principles of subsidiarity and national sovereignty are foundational to European governance, especially in areas that involve deeply personal, cultural and ethical issues such as euthanasia. Subsidiarity, a core EU principle, mandates that decisions should be made at the national or local level whenever possible. Meanwhile, sovereignty ensures that individual member states retain control over their own legal and cultural frameworks. Subsidiarity isn’t just a legal principle, but a cultural safeguard, allowing countries to uphold values around life and death that differ widely across Europe. By the same token, national sovereignty helps countries resist pressure to adopt one-size-fits-all policies from international organisations that may create serious problems in incompatible social and cultural contexts.[125]

However, activist campaigns and legal manoeuvres described throughout this report – including cross-national diffusion, strategic litigation and cross-border proposals such as the mutual recognition of living wills – can pose significant threats to these principles. Euthanasia campaigners are attempting to use these tactics to pressure countries to accept euthanasia in roundabout ways and lay the foundation for the establishment, spread and expansion of euthanasia policies.

To protect the diverse cultural values of EU member states, end-of-life decisions must remain firmly under national jurisdiction. Vigilance is required to ensure that advocacy groups are not successful in eroding these fundamental principles, paving the way for the broader imposition of euthanasia across Europe. At the same time, observers must be vigilant and watch for moves at the national level and organise in opposition. Any steps toward cascading legalisation of euthanasia across Europe are significant moves toward the EU assuming the bureaucratic control of death.

7 Recommendations

1. **Ensure clear and precise language**
   It is imperative to adopt clear and unambiguous language and to avoid euphemisms such as 'assisted dying' and 'death with dignity' that attempt to prejudice public debates and obscure the ethical weight of the issue.
2. **Resist attempts to diffuse euthanasia policies cross-nationally**
   Success in one jurisdiction is often used to pressure others to adopt similar policies. This is framed as an inevitable or 'progressive awakening' among the populations of those countries. In reality, it is a conscious claims-making strategy and must be recognised and resisted.
3. **Defend national sovereignty and subsidiarity in relation to euthanasia**
   Moves toward top-down impositions, EU-wide convergence or harmonisation of euthanasia policies undermine national sovereignty and risk disastrous outcomes in new cultural contexts. Such decisions must remain under the jurisdiction of individual member states in Europe.
4. **Combat the normalisation and destigmatisation of euthanasia**
   Public discourse should resist the bureaucratic normalisation of euthanasia, and the removal of the stigma associated with killing and suicide. This stigma serves as an important cultural safeguard, affirming the value of human life and preventing the trivialisation of death.
5. **Monitor and oppose domain expansion**
   Euthanasia legislation and public discussions in affected countries should be monitored for moves toward incremental expansion. In areas where euthanasia legislation has been passed as 'a foot in the door', legalised euthanasia must notbe extended to new groups and to less-severe conditions.

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About the author

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Ashley Frawley is a sociologist and author of two books, *Semiotics of Happiness: Rhetorical Beginnings of a Public Problem* (2015) and *Significant Emotions: Rhetoric and Social Problems in a Vulnerable Age*. Her expertise is in the public presentation of social problems and the increased policy focus on individuals, families and emotions as a route to solving them. She is a fervent defender of family autonomy and has campaigned to stop the policy encroachment into parental decision-making, which lowers the bar for often punitive interventions into family life. Originally from Canada and a member of Nipissing First Nation, she is the mother of two small children. Her hope for MCC Brussels is to open up a space for critical questioning of regressive policies that are dressed in the language of progressivism.

About MCC Brussels

At a time of unprecedented political polarisation, MCC Brussels is committed to providing a home for genuine policy deliberation and an in-depth exploration of the issues of our time.

MCC Brussels is committed to asking the hard questions and working with people of goodwill from all persuasions to find solutions to our most pressing problems. An initiative of MCC (Mathias Corvinus Collegium), the leading Hungarian educational forum, MCC Brussels was founded in the autumn of 2022 to make a case for celebrating true diversity of thought, diversity of views, and the diversity of European cultures and their values.

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Euthanasia is becoming a flashpoint in Europe, where countries are increasingly debating or legalizing the practice. But this report argues that the real issue is not individual autonomy – it's the expanding grip of bureaucratic control over death.

Euthanasia is promoted as a way to give people more control over their lives. But in practice, it extends the state's influence from the moment of birth to the moment of death. What were once deeply personal and moral decisions are now being reduced to mere administrative processes and, in the process, suicide and state-sanctioned killing are being normalized and destigmatized.

This report aims to shed light on the dangers of this creeping normalization.

It explores the language manipulation used to mislead the public, the troubling history of euthanasia's rise, and how policies are being pushed to expand euthanasia legislation. What is happening, it argues, is the erosion of the value placed on human life, turning life-and-death decisions into routine state functions.

Critically, euthanasia advocates push their agenda with euphemisms like 'death with dignity' to sway public opinion. They target more vulnerable states where they can push for legislative change, hoping that success will trigger a domino effect across the continent. Their 'foot-in-the-door' strategy is about expanding euthanasia to include broader groups and less serious conditions.

The legal push for euthanasia is not just about personal choice – it's about removing stigma around suicide and state-sanctioned killing. The international push for uniform euthanasia laws threatens national sovereignty and the unique cultural values of individual nations.

This report aims to expose the underlying dangers of legalizing euthanasia, arguing that the value of human life should remain a central tenet of democratic societies.

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