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EUTHANASIA – THE MACEDONIAN VIS-À-VIS THE CANADIAN LEGAL CONCEPT IN LIGHT OF THE POST-COVID ERA: ARE WE REDEFINING THE VALUE OF LIFE?

Abstract

If the right to live is a fundamental human right, should the state grant the individual a right to die? If yes, to what extent should the government let people have free will over the termination of their own lives? Society nowadays, is far from reaching a consensus regarding these moral, ethical and legal dilemmas. This also explains the variety of legal solutions regarding euthanasia (generally defined as deliberately ending one's life, usually to relieve suffering) around the globe, ranging from ultra-liberal, to absolutely strict which do not differentiate an act of euthanasia from murder. Bearing in mind that, on one hand, the most widely-practiced religions in the world strongly condemn the voluntary termination of one's own life, and on the other, the modern fundamental human rights jurisprudence is oriented towards widening the scope of "right to private life", states are still very careful in regulating highly sensitive matters like the "right to die". However, few countries, such as Canada, are pioneering in liberalization of their euthanasia legislation in the past couple of years. This work concentrates on the comparative analysis on two different legal approaches towards this question – the Macedonian restrictive legal solution, vis-à-vis the wide positioning of Canada's euthanasia legal framework which is currently receiving a lot of public notice, while simultaneously shedding a light on the challenges which were imposed on countries by the COVID-19 outbreak, in attempt to answer the question: are the latest liberalization trends trivializing human life?

Keywords: Euthanasia, Physician Assisted Dying, Canada, Covid-19, Crisis, Right to Die, Mental Health

INTRODUCTION

The progressive development of human rights, together with medical science, establishes a continuous discussion on the question of euthanasia. Progress in modern medicine allows us a longer and healthier life expectancy. However, prolonging life in this way does not necessarily provide a better or more acceptable death. (LawTeacher, 2013)

On the other hand, the COVID-19 health and economic crisis that struck the world, shed a new light on the concepts of healthcare, access to healthcare, healthcare costs, mental health, as well as death and value of life itself. Governments were put in a position to manage the gap between decreasing hospital capacities and the increasing number of patients. Serious ethical questions arose: should the COVID-19 hospital treatments be free of charge or should patients be left to die if they cannot afford the treatment, should hospitals stop admitting elderly patients if they become overwhelmed, etc. Simultaneously, countries like the Netherlands[1], Belgium, Canada, Switzerland[2], which pioneered in legalizing euthanasia, are nowadays loosening the euthanasia legal framework, especially Canada. But are these debates suitable for the post-covid era when countries are still recovering?

In order to determine a position towards these issues, the first chapter of this article gathers general definitions of euthanasia. The second chapter analyses the latest reforms in the Canadian euthanasia law while the third contains a summary of the Macedonian legal provisions prohibiting euthanasia. The fourth chapter draws attention to the most challenging issues that occurred during the pandemic, in context of the wide positioning of euthanasia law.

1 Netherlands was the first country to legalize euthanasia (Wise, 2001). A legal case has defined the limits within which doctors in the Netherlands can agree to a patient's request for mercy killing (Sheldon, 2001, p. 1384). That was the Brongersma case, which posed the question of whether euthanasia is lawful in the absence of a clinical illness that causes the patient to suffer hopelessly and unbearably (Vries, 2004, p. 384). The case involving Dr Sutorius began in 1998 when he gave 86-year-old former Dutch senate member Edward Brongersma a lethal cocktail of drugs, which the patient administered to himself. Mr Brongersma, although physically well, had said he did not want to go on living. The Dutch Supreme Court has ruled that a doctor who helped an elderly man "tired of living" to die was guilty of assisted suicide (BBC NEWS, 2002). However, the court imposed no punishment, recognizing that he had acted out of great concern for his patient (Sheldon, 2003, p. 71)

2 Switzerland's assisted suicide laws have allowed it to become very prominent in recent years due to what has affectionately been termed "death tourism," led by the company Dignitas (Perper & Cina 2010, 164-165 as cited in Hoffman, 2013). The company helps terminally-ill foreign nationals travel to Zurich (Perper & Cina 2010, 164-165 as cited in Hoffman, 2013). Despite terminally ill patients, patients with diseases such as incurable bipolar disorder or schizophrenia may use the company's services as well (Perper & Cina 2010, 165 as cited in Hoffman, 2013).

CHAPTER I
DEFINITION AND TYPES OF EUTHANASIA

The term "euthanasia" derives from the Greek words "eu" meaning "good" or "well" and "Thanatos" meaning "death". The single term translates as "good death", "mild death" or "mercy death" (Tupancheski, et al., 2012, p. 94).

According to Tupancheski et al. (2012) in theory there are various types of euthanasia. It may be classified as active, passive euthanasia and assisted suicide. The active euthanasia may be further divided into two subtypes: active direct euthanasia and active indirect euthanasia. The first occurs when a terminally ill patient whose suffering is perceived as "unbearable" or "hopeless" is given a certain substance which causes his or her death (e.g. lethal injection). This type of euthanasia is the most controversial and forbidden in most countries. The second, active indirect euthanasia, occurs when the patients are given medications which relieve their pain (e.g. Morphine) but at the same time, hasten their death (Tupancheski, et al., 2012, p. 97). This so called "double effect" usually occurs in situations where the patient is in so much pain that an effective dose of pain-relieving medication exceeds what his/her physical condition will allow. (Hoffman, 2013)

In contrast, "passive euthanasia" occurs when the physician allows or does not prevent death by refusing to act or by withholding life-sustaining treatment. This includes denying medically necessary or useful medications, artificial nutrition and hydration ("ANH"), or refusing to perform cardiopulmonary resuscitation ("CPR"). (Hoffman, 2013).

And while most countries prohibit the active euthanasia, the passive euthanasia is widely spread in the legal systems, as well as in the medical communities. This approach has its justification mostly in ethical sense - it is more wrong, from a moral aspect, to kill someone rather than to let someone die. (Tupancheski, et al., 2012, p. 98)

CHAPTER II
MEDICAL ASSISTANCE IN DYING (MAID) LEGISLATION IN CANADA

The vague and open-ended nature of the terms "medically hopeless situation" as well as a very subjective interpretation of the term "constant and unbearable physical or mental suffering" have clearly opened the door to many instances of euthanasia that are controversial if not outright problematic (Lemmens, 2018, p. 296). Canada, with its latest legal solutions and debates in regards the euthanasia, legally defined as Medical Assistance in Dying (MAiD) in the federal legislation, is an apt example of that.

MAiD is legal throughout Canada from June 17, 2016. Amendments to the MAiD legislation came into force on March 17, 2021 (Health Law Institute, Dalhousie University, 2022).

There are 2 types of medical assistance in dying available to Canadians. They each include a physician or nurse practitioner who: directly administers a substance that causes death or provides/prescribes a drug that the person takes themselves, in order to cause

their own death (Government of Canada, 2022b). The key differences between Canada and other places that allow MAiD are:

- unlike anywhere else, nurse practitioners are allowed to provide MAiD
- unlike the American states, provider-administered MAiD is allowed
- unlike the American states, access to MAiD is not limited to those who are terminally ill
- unlike the European countries, whether suffering is intolerable is assessed entirely by the person (Health Law Institute, Dalhousie University, 2022)

The revised law modifies MAiD eligibility criteria in response to the Superior Court of Québec's 2019 *Truchon* decision (Government of Canada, 2022b). That decision declared that the Criminal Code requirement that a person could be eligible for MAiD only if natural death was "reasonably foreseeable" was contrary to the Canadian Charter of Rights and Freedoms (Nicol & Tiedemann, 2020) meaning that the law no longer requires the individual to have a fatal or terminal condition (reasonably foreseeable death) (Government of Canada, 2022b).

As of March 17, 2021, persons who wish to receive MAiD must satisfy the following eligibility criteria:

- be 18 years of age or older and have decision-making capacity;
- be eligible for publicly funded health care services; (generally, visitors to Canada are not eligible for MAiD)
- make a voluntary request that is not the result of external pressure
- give informed consent to receive MAID (Government of Canada, 2022a);
- have a grievous and irremediable medical condition (Government of Canada, 2022b)

To be considered as having a grievous and irremediable medical condition, the individual must meet all of the following criteria:

- have a serious illness, disease or disability (excluding a mental illness until March 17, 2023);
- be in an advanced state of decline that cannot be reversed;
- to experience unbearable physical or mental suffering from his/her illness, disease, disability or state of decline that cannot be relieved under conditions that the individual considers acceptable;

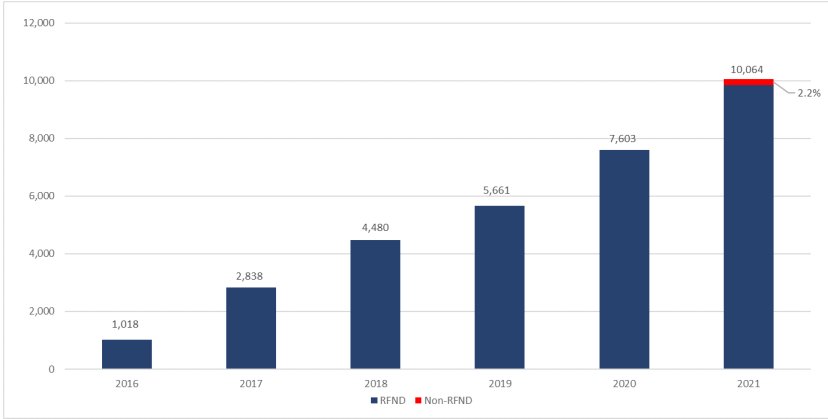
ELIGIBILITY FOR PERSONS SUFFERING FROM MENTAL ILLNESS

Canadians whose only medical condition is a mental illness (this includes conditions that are primarily within the domain of psychiatry, such as depression and personality disorders), and who otherwise meet all eligibility criteria, will not be eligible for MAID until March 17, 2023 (Government of Canada, 2022a).

STATISTICS

In 2021, there were 10,064 medically assisted deaths in Canada, a significant increase from 1,018 medically assisted deaths in 2016 (Elflein, 2022) (see: G-1) The total number of medically assisted deaths reported in Canada since the Parliament passed federal legislation in 2016 is 31,664 (Health Canada, 2022).

G-1: *Total MAID Deaths in Canada, 2016 to 2021*



Cancer (65.6%) is the most commonly cited medical condition in the majority of MAID provisions during 2021 (Health Canada, 2022).

As the new legislation removes the requirement for a person's natural death to be reasonably foreseeable (RFND) in order to be eligible for MAID, in 2021, 2.2% of the total number of MAID provisions (219 individuals), were individuals whose natural deaths were not reasonably foreseeable (non-RFND). The most commonly cited medical condition for this population was neurological (45.7%). Examples of some of the conditions cited under non-RFND provisions included Parkinson's disease, multiple sclerosis, and chronic pain (Health Canada, 2022).

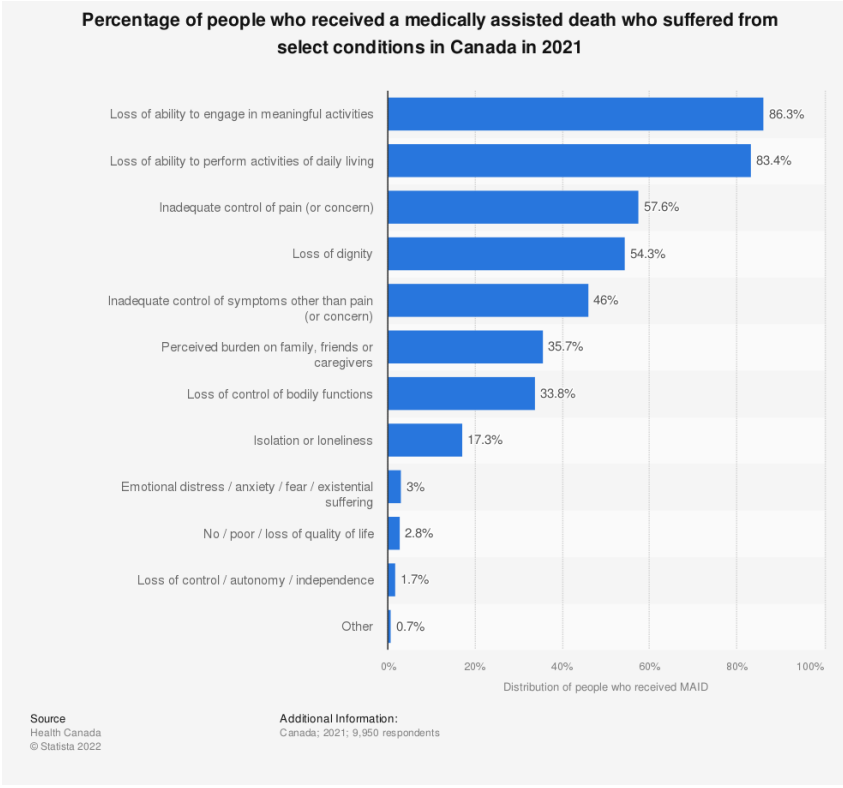
These statistics show concerningly rapid growth of the number of medically assisted deaths since the loosening of the euthanasia legal provisions in Canada. Consequently, they raise the question whether it is the number of cancer patients (the most commonly

cited medical condition in the majority of MAID provisions during 2021) that is alarmingly increasing, or simply it is the number of MAiD applicants, due to the latest amendments in the eligibility criteria, which made the MAID program available even for patients who are not in intolerable pain or whose death is not reasonably foreseeable.

NATURE OF SUFFERING AMONG MAID RECIPIENTS

The most commonly cited intolerable physical or psychological suffering reported by individuals receiving MAID in 2021 was the loss of ability to engage in meaningful activities (86.3%) (Health Canada, 2022). A significant percentage (54.3%) of individuals have stated loss of dignity as their main reason for suffering. Also, worth mentioning is the fact that 17.3% of the individuals were deeply affected by isolation or loneliness that they decided to apply for MAiD (see: G-2).

G-2: *Percentage of people who received a medically assisted death who suffered from select conditions in Canada in 2021*



(Statista, 2022)

As the previous section pointed out the rapid increase in MAID recipients, this section sheds a light on the nature of suffering that those recipients experienced, revealing that it extends far beyond the most widely accepted criteria for euthanasia in different legislations - that is to have a terminally ill patient whose suffering (mainly physical pain) is perceived as "unbearable" or "hopeless". The fact that applicants have stated reasons as inability to engage in meaningful activities, loss of dignity, and even isolation and loneliness, is the ultimate representation of the extremely wide positioning of Canada's legal framework. It surpasses the traditional eligibility criteria for euthanasia, making it immensely easy for patients to enroll in the program, which eventually raises serious moral and ethical dilemmas.

CONTROVERSIAL CASES

Shortly after the adoption of Canada's revised euthanasia law, controversial MAiD cases started to emerge. Christine Gauthier, a paraplegic former member of the Canadian military who competed for Canada at the 2016 Rio de Janeiro Paralympics testified before the House of Commons veterans committee that the Department of Veterans Affairs offered her, in writing, the opportunity for a medically assisted death as a response to her requests for a home wheelchair ramp that she had been making for five years (CBC News, 2022). Around five cases of military veterans being offered assisted euthanasia have been referred to Canadian police (Mail Online, 2022).

Alan Nichols had a history of depression and other medical issues, but none were life-threatening. The 61-year-old was hospitalized in June 2019 over fears he might be suicidal. Within a month, submitted a request to be euthanized stating only one health condition as the reason for his request: hearing loss. Nichols' family reported the case to police and health authorities, arguing that he lacked the capacity to understand the process and was not suffering unbearably. According to them, he was not taking needed medication, nor was using the cochlear implant that helped him hear, and that hospital staffers improperly helped him request euthanasia (NZ Herald, 2022). Another infamous case worth noting is the story of Amir Farsoud, who applied for euthanasia because of his fear of becoming homeless (Cook, 2022b). Human rights experts in Canada are alarming that some disabled people are successfully asking to die merely because they can't afford their medical bills, while others have reported pressure from health authorities to accept MAiD because their health care would cost too much[3].

These are just a few examples that justify the concern of human rights experts. Gerard Quinn, Claudia Mahler and Olivier De Schutter, in their Human Rights Council report, expressed a great concern about the expansion of the right to MAiD for persons with disabilities who are not themselves close to death, stating that:

"There is a real risk that those without adequate support networks of friends and family, in older age, living in poverty or who may be further marginalized by their racialized,

3 In an on-going case in Ontario, a severely disabled man is suing the Canadian government and local health authorities for pushing him to accept assisted dying (Cook, 2022c)

indigenous, gender identity or other status, will be more vulnerable to being included to access MAiD." (Quinn, et al., 2021).

Similarly, author Tim Stainton expresses concerns that any safeguards can fully protect disabled persons from an unwanted death as a result of subtle pressure, despair at living in a world where their daily existence is seen as one of inevitable suffering or, exhaustion from fighting for the accommodations required to live a life of dignity (Stainton, 2019). He even draws a parallel between the use of euthanasia in Nazi Germany[4], and the Canadian MAiD program describing it as "probably the biggest existential threat to disabled people since the Nazis' program in Germany in the 1930s." (Cook, 2022d)

COST ANALYSIS OF MEDICAL ASSISTANCE IN DYING IN CANADA

Recent studies show that providing MAiD in Canada could reduce annual health care spending across the country by between $34.7 million and $138.8 million, exceeding the $1.5–$14.8 million in direct costs associated with its implementation (Trachtenberg & Manns, 2017). These estimations, in correlation with the implications that the COVID-19 pandemic had upon health systems, as well as impact of the current energy crisis, inevitably pose the questions: how can we be sure that governments are not misusing euthanasia laws to save money in times of crisis? Are the latest trends of loosening the euthanasia rules sending a message that patients are burden to the society and dying is a "cost-effective alternative"?

CHAPTER III
EUTHANASIA LAW IN THE REPUBLIC OF NORTH MACEDONIA

Opposite from Canada, euthanasia in the Republic of North Macedonia is illegal, as it is in the majority of the jurisdictions worldwide. The legal provisions which prohibit euthanasia are placed in Chapter 14 of the Criminal Code - Crimes against the life and body, in Article 124, named "mercy killing", and defined as taking another person's life out of noble motives. The imposed sentence for this criminal offense is imprisonment from six months to five years (Criminal Code, 1996, art. 124). As seen from the imposed sentence, the mercy killing which covers cases of euthanasia, is considered a priviliged form of the crime murder, for which the imposed sentence is imprisonment of at least 5 years (Criminal Code, 1996, art.123).

4 During World War II, the term euthanasia had been used as euphemism for covering murders of people, whose lives were considered worthless by the Nazis in order to achieve "racial hygiene". In 1939, Hitler signed a decree approving the killing of people declared as incurably ill. The purpose was not put an end to people's suffering, but rather to kill those who were considered inferior to the "Aryan" race (Tupancheski, et al., 2012, p. 96).

CHAPTER IV

The COVID-19 impact on society and individuals

The recent COVID-19 pandemic gravely affected the functioning of the entire healthcare systems, but also, the mental health, as well as the overall well-being of the people.

Although Canada is the world's ninth-largest economy (Silver, 2022), each wave has challenged its health systems to find the balance between caring for COVID-19 patients and patients with other health issues. From March 2020 to June 2021, approximately 560,000 fewer surgeries were performed, and hospitals admitted 11% fewer inpatients, compared with the pre-pandemic. (Canadian Institute for Health Information, 2021)

In North Macedonia, COVID-19 has had a relatively high health impact. As of 26 May 2021, the economy counted the second highest number of COVID-19 deaths in the region with 5 337 registered deaths (or 2 570 per million inhabitants) (OECD, 2021). Prior to the crisis, social assistance programs were small in scale, poorly targeted and only reduced the risk of poverty by 3.7% in 2016 (OECD, 2021). As regards the quality of life and well-being, even before the COVID-19 pandemic, life satisfaction was much lower in North Macedonia than in the average OECD country. (World Bank, 2018 as cited in OECD, 2021).

Apropos the impact on individuals, the COVID-19 widespread outbreaks triggered adverse mental health consequences. Anxiety, depression and stress were common psychological reactions to the pandemic (Rajkumar, 2020). Furthermore, the pandemic provided perfect conditions for exacerbating emotional and social loneliness. Individuals were feeling aimlessness and boredom, as well as anxiety of loneliness because of solitary living, or loss of loved ones (Ash & Huang , 2022, p. 99). Authors like Laura I Appleman even argue that there was a hidden eugenic thinking supporting the mistreatment of disabled, captive, and vulnerable individuals during the pandemic (Appleman, 2021). According to her, long-term adult care facilities, psychiatric hospitals, as well as group care homes for people with developmental or intellectual disabilities have been notoriously deadly hubs during the pandemic (Appleman, 2021, pp. 132, 142, 144).

CONCLUSION

The COVID-19 pandemic severely damaged national economies and health systems, spearing neither developed nor poor countries. It diminished the quality of life, pushed people into poverty, loneliness and isolation, while causing various mental health problems such as depression and anxiety, and exposed the most vulnerable individuals to additional risks of marginalization. In this regard, Canada's new approach towards loosening the euthanasia law legitimately raises concerns because it primarily targets the exact groups of vulnerable individuals which were most affected by the COVID-19 pandemic. The drastically increased number of MAiD recipients, the widening of the eligibility criteria for those how are not terminally ill, and eventually for mentally ill patients, the significant percent of applicants who have stated loneliness or poverty as a main reason for suffering,

draws the conclusion that profoundly vulnerable patients are being offered the cheapest, but most dramatic and irreversible final solution to their suffering: death.

In the Republic of North Macedonia there are no current debates on loosening the euthanasia law. However, we must carefully observe the global tendencies on this topic because if we decide to follow the pattern, the country risks facing devastating consequences. That is mainly because its recovery from the pandemic is slow and insufficient, the health system is disrupted, social policies are substandard, the steady income flow is endangered and population's mental health is gravely affected. Thus, legalizing euthanasia shall become a slippery slope towards the debasement of human life. In times of ongoing energy crisis and inflation, the last thing society needs is a moral inflation diminishing the value of human life.

BIBLIOGRAPHY

Appleman, L. I., 2021. Pandemic Eugenics: Discrimination, Disability, & Detention during COVID-19. *Loyola Law Review,* p. 86.

Ash , O. & Huang , P. H., 2022. Loneliness in COVID-19, Life, and the Law. *Health Matrix: The Jurnal of Law-Medicine,* 32(1).

BBC NEWS, 2002. *Dutch court upholds euthanasia rules.* [Online]
Available at: http://news.bbc.co.uk/2/hi/europe/2603709.stm
[Accessed 01 December 2022].

Canadian Institute for Health Information, 2021. *COVID-19's impact on hospital services.* [Online]
Available at: https://www.cihi.ca/en/covid-19-resources/impact-of-covid-19-on-canadas-health-care-systems/hospital-services
[Accessed 01 December 2022].

CBC News, 2022. *Former paralympian tells MPs veterans department offered her assisted death.* [Online]
Available at: https://www.cbc.ca/news/politics/christine-gauthier-assisted-death-macaulay-1.6671721
[Accessed 12 December 2022].

Cook, M., 2022a. *Marketing Canadian euthanasia as a soft and comforting choice.* [Online]
Available at: https://bioedge.org/end-of-life-issues/euthanasia/marketing-canadian-euthanasia-as-a-soft-and-comforting-choice/
[Accessed 13 December 2022].

Cook, M., 2022b. *Canadian man applies for euthanasia because he fears becoming homeless.* [Online]
Available at: https://bioedge.org/end-of-life-issues/euthanasia/canadian-man-ap-

plies-for-euthanasia-because-he-fears-becoming-homeless/
[Accessed 10 December 2022].

Cook, M., 2022c. *Disabled Canadian man complains about pressure to accept assisted suicide because his care costs too much.* [Online]
Available at: https://bioedge.org/end-of-life-issues/euthanasia/disabled-canadian-man-complains-about-pressure-to-accept-assisted-suicide-because-his-care-costs-too-much/
[Accessed 02 December 2022].

Cook, M., 2022d. *Disability rights activists slam Canada's euthanasia regime.* [Online]
Available at: https://bioedge.org/disability/disability-rights-activists-slam-canadas-euthanasia-regime/
[Accessed 12 December 2022].

Criminal Code (Official Gazette of the Republic of Macedonia 37/96, 80/99, 4/02, 43/03, 19/04, 81/05, 60/06, 73/06, 7/08, 139/08, 114/09, 51/11, 135/11, 185/11, 142/12, 166/12, 55/13, 82/13, 14/14, 27/14, 28/14, 41/14, 115/14, 132/14, 160/14,... (n.d.).

Elflein, J., 2022. *Number of medically assisted deaths in Canada from 2016 to 2021.* [Online]
Available at: https://www.statista.com/statistics/1189529/total-reported-number-medically-assisted-deaths-canada/
[Accessed 02 December 2022].

Government of Canada, 2022a. *Canada's new medical assistance in dying (MAID) law.* [Online]
Available at: https://www.justice.gc.ca/eng/cj-jp/ad-am/bk-di.html
[Accessed 14 December 2022].

Government of Canada, 2022b. *Medical assistance in dying.* [Online]
Available at: https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html
[Accessed 14 December 2022].

Health Canada, 2022. *Third annual report on Medical Assistance in Dying in Canada 2021,* Ottawa: s.n.

Health Law Institute, Dalhousie University, 2022. *End-of-Life Law and Policy in Canada.* [Online]
Available at: http://eol.law.dal.ca/?page_id=25
[Accessed 01 December 2022].

Hoffman, S., 2013. EUTHANASIA AND PHYSICIAN-ASSISTED SUICIDE: A COMPARISON OF E.U. AND U.S. LAW. *SYRACUSE LAW REVIEW,* 63(3), pp. 383-384.

LawTeacher, 2013. *"ANALYSIS OF EUTHANASIA LAWS IN THE NETHERLANDS AND GREAT BRITAIN".* [Online]

Available at: https://www.lawteacher.net/free-law-essays/human-rights/euthanasia.php#citethis
[Accessed 01 December 2022].

Lemmens, T., 2018. The Conflict Between Open-ended Access to Physician-Assisted Dying and the Protection of the Vulnerable: Lessons from Belgium's Euthanasia Regime in the Post-Carter Era. *Les Grands Conflits en Droit de la Santé,* Volume 1.

Mail Online, 2022. *America, be very afraid: astonishingly, Canada is now euthanizing 10,000 of its citizens a year - and some of the horrific stories of its ultra-permissive policy will horrify you… Special report by TOM LEONARD.* [Online]
Available at: https://www.dailymail.co.uk/news/article-11507875/America-afraid-Canada-euthanizing-10-000-citizens-year-TOM-LEONARD.html
[Accessed 12 December 2022].

Nicol, J. & Tiedemann, M., 2020. *Legislative Summary of Bill C-7: An Act to amend the Criminal Code (medical assistance in dying),* Ottawa: Library of the Parliament.

NZ Herald, 2022. *'Disturbing': Experts troubled by Canada's euthanasia laws.* [Online]
Available at: https://www.nzherald.co.nz/world/disturbing-experts-troubled-by-canadas-euthanasia-laws/BOGAAXWYVJIXV5C2LCEED5BFME/
[Accessed 12 December 2022].

OECD, 2021. Impact of COVID-19 in North Macedonia: Assessing Opportunities and Constraints. In: *Multi-dimensional Review of the Western Balkans.* Paris: OECD Publishing, p. 654.

Quinn, G., Mahler, C. & De Schutter, O., 2021. *Mandates of the Special Rapporteur on the rights of persons with disabilities; the Independent expert on enjoyment of all human rights by older persons; and the Special rapporteur on extreme poverty and human rights,* Geneva: United Nations Human Rights Council.

Rajkumar, R. P., 2020. COVID-19 and mental health: A review of the existing literature. *The Asian Journal of Psychiatry,* Issue 52.

Sheldon, T., 2001. "Existential" suffering not a justification for euthanasia. *BMJ,* Volume 323, p. 7326.

Sheldon, T., 2003. Being "tired of life" is not grounds for euthanasia. *BMJ,* Volume 326, p. 7380.

Silver, C., 2022. *The Top 25 Economies in the World By.* [Online]
Available at: https://www.investopedia.com/insights/worlds-top-economies/
[Accessed 01 December 2022].

Stainton, T., 2019. Disability, vulnerability and assisted death: commentary on Tuffrey-Wijne, Curfs, Finlay and Hollins. *BMC Medical Ethics,* Volume 20, p. 89.

Statista, 2022. *Percentage of people who received a medically assisted death who suffered from select conditions in Canada in 2021.* [Online]
Available at: https://www.statista.com/statistics/1189552/medically-assisted-death-recipients-nature-of-suffering-canada/
[Accessed 16 December 2022].

Trachtenberg, A. . J. & Manns, B., 2017. Cost analysis of medical assistance in dying in Canada. *Canadian Medical Association Journal,* 189(3).

Tupancheski, N., Deanoska - Trendafilova, A. & Kirprijanovska, D., 2012. *Medicinsko kazneno pravo.* Skopje: 2ri Avgust S Shtip.

Vries, U. d., 2004. A Dutch Perspective: The Limits of Lawful Euthanasia. *Annals of Health Law,* 13(2).

Wise, J., 2001. Netherlands, first country to legalize euthanasia.. *Bulletin of the World Health Organization,* Volume 79, p. 580.