

Country: Democratic People's Republic of Korea

Committee: WHO

Topic: Legalisation of Euthanasia

Delegate: Sila Türkan



Euthanasia has long been a contentious subject across the world. Currently, the DPRK does not have euthanasia legislation, although collisions are not infrequent. Every form of suicide, even physician-assisted ones, is prohibited, not because, as represented in Western media against the DPRK, "it is seen as an act of rebellion against the Korean state," but because, at the moment, euthanasia legislation in the DPRK is insufficient given the country's ongoing and prospective issues with moral and ethical misuse.

The opposing arguments for euthanasia include:

Physicians are supposed to save people, not kill them;

- Life is invaluable, therefore no criteria could justify death;
- Euthanasia pre-empts attempts of finding medicine for geriatric diseases;
- Three fallacies render applying euthanasia mistaken or unnecessary: the patient could have improved unexpectedly if no euthanasia had been applied, the diagnosis may have been incorrect, or new cures could appear after the patient is euthanised; and,
- euthanasia encourages killing the elderly, which 'does not tally with the Chinese tradition of filial piety.

Arguments and statements in support of euthanasia include :

- a good death is a patient-right;
- euthanasia benefits the family of the patient if it relieves the family from financial and social burden;
- It befits the good of society, as it prevents wasting of human and material resources; and,
- the phenomenon of euthanasia belongs to the realm of highly evolved civilisations, together with other concepts, such as eugenics, good education, health, and a long and high quality life.

There are many fallacies and misinformation about euthanasia, a state-planned scheme with further regulations could foster people, or offer individuals with different conditions a

prospect. Humanitarian aspects should move in with no absence of rational considerations. Given the nature of critical care, difficult decisions often need to be made about the usefulness of life-supporting treatments, in terms of not only the probability of survival but also the quality of life associated with survival . It is an inescapable fact that limiting life support is sometimes necessary and acceptable in patients who are hopelessly critically ill . Indeed, with advances in medical technology allowing the seemingly limitless maintenance of life, the exact time of death of an individual patient is often determined by the decision to limit life support.

References:

*https://www.researchgate.net/profile/Margaret-Sleeboom-Faulkner/publication/6679559_The_limitations_of_the_Dutch_concept_of_euthanasia/links/6165beee66e6b95f07b4b13e/The-limitations-of-the-Dutch-concept-of-euthanasia.pdf

*<https://link.springer.com/content/pdf/10.1186/cc13140.pdf?pdf=button%20sticky>