

# A systematic review of euthanasia-related research and development in China

**Weilan Ma**

Medical and Political School, Nanjing Medical University, Nanjing, 211166, China

2302547398@qq.com

**Abstract.** With the development of the economy, education, modern medicine, etc, China's average life expectancy has been greatly improved. The older the age, the incidence of diseases such as senile diseases and malignant tumors also increases correspondingly. The inviolability of the "dignity of life", which includes the "dignity of death". In addition to the current measures to strengthen medical security, drug research and development, hospice care, palliative care, and other measures, insight into the public's cognition and attitude toward euthanasia is also helpful to improve the quality of life, deepen the research on the legalization of euthanasia, and establish a rational view of life and death. As a special deathbed treatment, euthanasia has not been fully legalized in China, but it is being accepted by more and more people. At the same time, there are a series of relevant supporting policies, such as hospice care and advance directive in our country.

**Keywords:** euthanasia, death with dignity, hospice care, legislate, legalization.

## 1. Introduction

According to the National Bureau of Statistics of China, the national average life expectancy in 2020 is 77.93 years old, and first-tier cities such as Beijing and Shanghai have reached over 80 years old, of which in 2022, the proportion of people over 65 years old in China reached 14.9%, which has reached the standard of an aging society. In the age of aging society, chronic diseases of the elderly increase, and some diseases cannot be cured by modern medicine. In the last stage of life, such as cancer, people live without dignity due to pain, inability to eat, incontinence, etc. Under the social background of the development of education level and human rights awareness, people are more eager to live with dignity. Euthanasia has been paid more and more attention to and accepted by the public in our country. China has experienced nearly 30 years of exploration of euthanasia, during this period, the country has successively introduced a series of hospice care and advance directive-related supporting policies, which undoubtedly has significantly changed legislation and public cognition.

## 2. Overview of euthanasia

### 2.1. Definition of euthanasia

The term euthanasia comes from the Greek word "euthanasia", meaning "beautiful death", "happy death" and "painless death". The volume of Law, Encyclopedia of China has three preconditions for the implementation of euthanasia: modern medical evaluation is irreversible, dying patients, and their

authorization. After meeting the three premises, to reduce the patient's pain, doctors can end the patient's life early through medical means [1]. The Webster University Dictionary describes euthanasia as the act or practice of letting them die, or in a relatively painless method to kill the sick or injured who have no hope of treatment, as an act of mercy [2]. But all these definitions have certain limitations.

Currently, there is no unified concept definition of "modern euthanasia" in academic circles at home and abroad, but there are usually the following common points: The patient is physically or mentally suffering from unbearable or extreme pain and is nearing death. The patient's voluntary request or consent to hasten death. Patients have Medical self-determination capacity; Be able to correctly understand and accept the consequences of the medical treatment; Some explicit rules are enforced by doctors [3].

## *2.2. Classification of euthanasia*

In the academic dimension, euthanasia can be divided into "passive euthanasia" and "positive euthanasia" two categories. "Positive euthanasia" refers to the process of actively ending a patient's life or hastening the patient's death. And "Passive euthanasia" refers to the process of natural death when a patient is dying of a disease that cannot be cured by modern medical technology, to avoid further extreme suffering, the patient or his guardian gives up the use of life support equipment or treatment [4].

Euthanasia is also divided into "active euthanasia" and "negative euthanasia", active euthanasia is obtained in the intentional and direct pursuit of some measure to accelerate the death of the patient. And "negative euthanasia" is obtained indirectly or unintentionally, which means that the patient is allowed to die without giving or withdrawing a life support system. "Negative euthanasia" is also called "Resigned to death". Chinese expert Dr. Qu Xiaomei proposed to exclude negative euthanasia, she believes that doctors have the responsibility to provide treatment for patients to recover, but not to provide ineffective treatment for patients. "Without giving or withdrawing life support system" is an extraordinary treatment for patients who are in the process of dying. Meanwhile, the patient has the right to decide whether to accept a certain treatment or whether to refuse a certain treatment. When the patient chooses not to give or withdraw a certain life support measure, such practice does not mean that he adopts euthanasia, nor does it mean that the doctor adopts euthanasia to end the life of the patient. In cases where life support is not given or withdrawn, the patient's death is the result of the natural course of his disease, rather than the result of the physician's intervention. Because "at least in terms of the intention of the doctor, the direct causal relationship between the doctor's action and death, and the type of death," euthanasia is different from the absence or withdrawal of life support measures, thus proposing that negative euthanasia should be abandoned [5].

## **3. Overseas and domestic research status of euthanasia**

### *3.1. Overseas euthanasia present situation*

At present, the Netherlands, the United States, Japan, Australia, Spain, and other countries have explored and practiced the legislation, policy, and judicial aspects of euthanasia, providing a reference precedent and basis for the legalization of euthanasia in different countries and regions. And states in the United States also have different legislation on euthanasia.

The Netherlands was the first country in the world to legalize euthanasia. In terms of legal text, the provisions of Dutch law are clear and detailed, which avoids the abuse of euthanasia[6]. The social background of the Netherlands, such as high welfare, low crime rate, and family doctor system, is the catalyst for the legalization of euthanasia [7]. Later, Belgium and Luxembourg also passed bills legalizing euthanasia, becoming the first three countries in the world to officially legalize active euthanasia. And Canada, Spain are the next countries to formally enact euthanasia laws.

In 1994, Oregon's Death with Dignity Act, which allows assisted euthanasia for terminally ill patients, became the first law in the United States to legalize euthanasia. Several states have passed similar laws to give terminally ill patients the chance to die with dignity [8].

So far, there is no clear law that legalized euthanasia in Japan, however, the Nagoya Judgment in 1962 and the Yokohama Judgment in 1995 tend to legalize euthanasia [9]. In Japanese law, there is no legislation on euthanasia, but it tacitly legalizes active euthanasia within reasonable conditions. Meanwhile, positive euthanasia also carries a lighter penalty [10].

### *3.2. Development of domestic euthanasia legislation*

The development of euthanasia in our country is relatively late and the first case of euthanasia occurred in Hanzhong City, Shaanxi Province, in 1986 [11], which caused a great uproar in the judicial and medical circles and marked the beginning of the discussion of euthanasia in our country. It was not until 1991 that the case was decided: the circumstances were significantly minor and the harm was not serious enough to constitute a crime [12]. After that, a series of similar cases appeared, and the political and legal organs sentenced him to intentional homicide, which shows that the judicial organs of our country have not recognized the legality of active euthanasia [13,14].

In 1995, more than 60 delegates at the Eighth National People's Congress proposed a motion to speed up the process of euthanasia legislation [15]. At the National Euthanasia Symposium in 1997, most experts believed that the process of euthanasia legislation should be accelerated. At the same time, the former National Health and Family Planning Commission issued three documents including guidelines on hospice practice (trial), which clarified the basic standards, management norms, and practice requirements of hospice care. In 2017 and 2019, the first and second batches of national hospice pilot work were launched, respectively. In 1998, Zhu Shina and other scholars put forward the Interim Regulations on Euthanasia (Proposed Draft) and its legislative explanation [16]. In 2003, Wang Zhongcheng, a deputy to the National People's Congress at the time, proposed at the meeting: First a trial euthanasia law in Beijing. And in 2019, Li Jie and Ma Yide, representatives of the Standing Committee of the 13th National People's Congress, proposed that "euthanasia" be written into the personality rights of the Civil Code. Then the Civil Code of the People's Republic of China, adopted in 2020, emphasizes the inviolability of "the dignity of life". Not long ago, in 2022, Shenzhen successfully enacted an "advance directive". In the euthanasia legislation, through nearly 30 years of efforts, our country has taken a great step forward, but there is still a long way to go.

### *3.3. Public attitudes towards euthanasia in China*

Since the 1980s, surveys of all sizes on euthanasia have been carried out across the country. According to the euthanasia survey of Luzhou people published in 1998, only 7.4% of people have a profound understanding of euthanasia and support it, and there is no difference in gender. The older the age, the smaller the proportion of people who support euthanasia, and the educational level is positively correlated with it [17]. He Nong, etc., investigated the recognition of euthanasia among rural residents in Zhejiang from 2007 to 2008, and a total of 1056 valid questionnaires were obtained. 76.4% of the residents knew or had heard of euthanasia, of which 48% agreed with euthanasia. Meanwhile, 88.4% of residents agreed to euthanasia for "patients who are unconscious, dying and have no hope of treatment". And this survey found differences among age, sex, and education groups [18]. According to the 2019 public opinion poll data, a total of 776 valid questionnaires were received, showing that 94.2% of the respondents had heard of euthanasia, of which 55.2% agreed with euthanasia, 7.1% disagreed with euthanasia and explicitly opposed it, and 37.7% held a neutral attitude. The public is more likely to approve of euthanasia for themselves (88%) than for their parents (57%), their children (54.1%), and their friends (39.6%). Most people regard euthanasia as an important part of realizing the right to life, improving the quality of death, and maintaining the dignity of life. Passive euthanasia or humane and gentle positive euthanasia performed by doctors for terminal cancer patients is more recognized at the request of the patients themselves or their families. Compared with women, men are more in favor of euthanasia, people with higher education levels are more in favor of euthanasia, and people who accept death are more in favor of euthanasia than those who reject death [19].

It can also be seen that with the development of the economy, education, modern medicine, etc., the public's understanding and awareness of euthanasia are getting higher and higher, and their acceptance

is getting higher and higher, especially the highest approval of their own decisions. The public is inclined to euthanize incurable patients and terminally ill patients. The public with different individual characteristics has significant differences in their attitudes toward euthanasia.

#### **4. The prospect of euthanasia in China**

With the acceleration of China's aging society and the limitation of medical treatment, hospice care has been paid more and more attention by the public. Some relevant studies have found that 10% of people who die each year experience extreme pain before they die. With the increase in the public's understanding and awareness of euthanasia, the acceptance of euthanasia is also higher, and the understanding and approval of euthanasia is gradually increasing, what is more, the calls for euthanasia legislation are also getting louder.

In the meantime, there are still some studies based on Chinese tradition that suggests that people should bravely challenge the disease rather than choose euthanasia, which they see as an escape. Euthanasia is contrary to a wide range of traditional moral, medical, and ethical concepts in our country, so it is still a great challenge to legalize it in China [20].

“Dignity of life” in the Civil Code includes “dignity of death”. Just as the National Health Commission replied to the proposal of “promoting legislation on death with dignity”, the content and form of legislation on euthanasia or death with dignity, as well as the implementation conditions of legislation, require a lot of scientific research and multi-party demonstration, and the existing hospice care can solve some people's needs for legislation on death with dignity. With the increasingly prominent problem of an aging society and the guidance of public opinion, the theoretical research and legislative process of euthanasia will continue to be deeply explored. How to refine and promote the actual procedures of legislation is also a problem that scholars and experts need to discuss and solve.

#### **5. Conclusion**

This review starts with the concept and classification of “euthanasia”, and focuses on the domestic legislation process of euthanasia and the current situation of Chinese citizens' acceptance, legislative needs, and possibilities by comparing the current legislation of euthanasia abroad. The research shows that with 30 years of effort, China has made remarkable progress in euthanasia legislation, such as the improvement of hospice care and other related policy systems. Also, the citizens are more and more accepting of euthanasia.

However, there are still some limitations in this review. In terms of citizens' attitudes towards euthanasia, this article mainly uses the method of consulting domestic and foreign literature, which has a certain lag in time and cannot obtain citizens' real attitudes towards euthanasia at present. Based on the above limitations, we should conduct in-depth visits and surveys or make questionnaires, to obtain the true attitude of Chinese citizens towards euthanasia, and at the same time provide a certain scientific basis for the legislation of euthanasia in our country in the future.

#### **References**

- [1] Wang Yanan. Comments on Life Dignity and Euthanasia[J]. Legal System and Society, 2021(1):180-181.
- [2] Zhai Xiaomei. Euthanasia: Conceptual Issues[J]. Journal of Dialectics of Nature, 2000,22(3):86-93.
- [3] Zhang Jiao, Sun Yanning, Fang Liyi, etc. Research on Euthanasia Legislation Progress at Home and Abroad [J]. Medicine and Jurisprudence, 2022,14(4):65-68.
- [4] Wang Yong. On the legalization of euthanasia and the legislative conception of euthanasia in China -- a comparison of the cognition of euthanasia in Japanese law[D]. Shandong:Shandong University, 2014.
- [5] Zhu Hongmei. Passive Euthanasia and Its Ethical Problems[J]. Medicine and Society, 2006,19(7):34-37.

- [6] Li Qian. A doctrinal study of "interrupted medical" euthanasia in German criminal law[J]. Northern Legal Science, 2017,11(5):61-71.
- [7] Jiang Zichao. The Decriminalization Basis of Euthanasia -- Misfeasance Elimination under the Stratum System[J]. Medicine and Jurisprudence, 2023,15(1):97-104.
- [8] Chen Meijuan. Euthanasia movement in the United States[D]. Chongqing:Southwest University, 2010.
- [9] Jing Tianliang. The theoretical construction of the general theory of criminal law[M]. Qin Yihe, Translate. Beijing:China University of Politic Science and Law Press, 2021:172-173.
- [10] Zhu Bin, Jiang Baisheng. Investigation and research on euthanasia legislation in Japan[J]. Medicine and Philosophy, 2006,27(19):38-40.
- [11] Wang Honglin. About the first case of euthanasia in our country[J]. People's Justice, 1990, (9):38-40.
- [12] Wang Honglin. The judgment of the first euthanasia case in China -- Hanzhong City Court acquitted the two defendants[J]. Chinese Medical Ethics, 1991(03).
- [13] Liu Jianli. Self-decision and Social decision in death: A comparative study of euthanasia in China and Japan[J]. Legal Science: Journal of Northwest University of Political Science and Law, 2013,31 (05).
- [14] Zhao Hengyan. On the legalization of active euthanasia[J]. Journal of Mudanjiang University, 2021,30(2):78-85,119.
- [15] Wang Bingfu, Gong Peihua. Important progress in the study of euthanasia legislation[J]. Medicine and Philosophy, 2000,21(7):36-38.
- [16] Zhu Shine, Feng Xiuyun, Liang Zhongtian. Some clarifications on the Interim Regulations on Euthanasia (Proposed Draft)[J]. Medicine and Philosophy, 1999(10):24.
- [17] Meng Junhong. Social investigation and analysis of 378 people's willingness to euthanasia in Luzhou[J]. Shanxi nursing journal, 1998(3):118.
- [18] He Nong, Lu Haifeng. Investigation and analysis of euthanasia recognition among rural residents in Zhejiang[J]. Social Sciences Review, 2009(9):72-73.
- [19] Wang Zhuo, Li Shasha. An analysis of Chinese public attitudes towards euthanasia and its influencing factors -- based on 2019 public opinion survey data[J]. Population Journal, 2021,43(2):20-32.
- [20] Zeng Chunyan, Liu Chanjuan. Research on the current situation of social will of euthanasia in China and the path of legalization from the perspective of ethics[J]. Zhejiang Social Sciences, 2017(3):148-152,154.