

# Philosophical Problems in Euthanasia: Classical Foundations and Contemporary Dilemmas

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## *Abstract*

Euthanasia, derived from the Greek *eu* (good) and *thanatos* (death), signifies the act of intentionally ending a life to relieve suffering. While the practice has existed in various forms throughout history, it is only in recent decades that euthanasia has become a central topic of ethical, legal, and philosophical debate. The increasing complexity of modern medicine, the extension of human life through technological means, and the rise of individual autonomy as a moral and legal principle have all converged to bring euthanasia to the forefront of contemporary philosophical inquiry.

**Keywords:** euthanasia, medical ethics, autonomy, suffering, human dignity, cross-cultural ethics, end-of-life decisions, philosophical ethics, compassionate death.

## 1. Introduction: Euthanasia as a philosophical challenge

Euthanasia, derived from the Greek *eu* (good) and *thanatos* (death), signifies the act of intentionally ending a life to relieve suffering. While the practice has existed in various forms throughout history, it is only in recent decades that euthanasia has become a central topic of ethical, legal, and philosophical debate. The increasing complexity of modern medicine, the extension of human life through technological means, and the rise of individual autonomy as a moral and legal principle have all converged to bring euthanasia to the forefront of contemporary philosophical inquiry.

The debate over euthanasia is not merely a matter of medical policy or legal regulation—it is fundamentally a philosophical problem. At its core lie questions about the meaning and value of life, the nature of suffering, the legitimacy of personal autonomy, and the boundaries of moral responsibility. When, if ever, is it morally permissible to end a human life? Is the relief of suffering a sufficient justification for such an act? Should individual choice override cultural, religious, or professional ethical norms?

These questions are made even more complex by the variety of forms that euthanasia can take. Distinctions are often drawn between active and passive euthanasia, between voluntary, non-voluntary, and involuntary euthanasia, and between physician-assisted suicide and direct life-ending interventions. Each of these scenarios presents its own unique set of ethical and philosophical tensions, demanding careful analysis and moral discernment.

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This paper seeks to examine the philosophical foundations and implications of euthanasia, drawing upon both classical and contemporary theories. From Aristotle and Kant to contemporary figures such as Peter Singer and Michel Foucault, the ethical terrain surrounding euthanasia is deeply rooted in broader conceptions of human nature, moral duty, and the role of the state or medical authority. By exploring these perspectives, this study aims to illuminate the enduring and unresolved dilemmas that define euthanasia as not just a medical or legal issue, but a profound moral and existential question.

In what follows, we will begin with classical philosophical theories that have shaped our understanding of life and death, move through modern ethical frameworks such as utilitarianism and deontology, and engage with more recent developments in phenomenology, postmodern theory, and cross-cultural ethics. Through this multidimensional exploration, we hope to reveal the complexity and importance of sustained philosophical reflection on euthanasia—an issue that continues to challenge our deepest values and societal commitments.

## 2. Classical ethical theories and the value of life

Philosophy in the classical world provides an early and fundamental framework for ethical attitudes about life, death and moral agency. The writings of ancient and medieval philosophers, although composed well before the current discussions on euthanasia, still offer readers timeless advice grounded in theories reflective of contemporary ethical debates. These traditions are rooted in different understandings of human nature, of virtue, and of the intrinsic value of life itself.

The philosopher Aristotle, in his *Nicomachean Ethics*, argues that the highest good for humans is *eudaimonia*, commonly understood as “flourishing” or “well-being.” One attains this state via the exercise of reason and the cultivation of virtue in line with one’s nature (Aristotle, 2009). For Aristotle, there is much more to “life” than mere biological existence: there is a teleological journey that each individual has ahead of them, in the direction of achieving excellence. Suicide, or intentional life-ending, would be marginalized as not reaching potential, and therefore, a failure of the virtuous path. Nevertheless, Aristotle admits that death by unbearable suffering might pose an insurmountable barrier to living a flourishing life, allowing for a reasonable alternative space for debate.

The Stoics, by contrast, take a more permissive view of death. Philosophers like Seneca and Epictetus argued that living according to nature also involves a rational choice to terminate one’s existence under appropriate conditions. Furthermore, if life cannot be lived per virtue because of intense physical suffering (e.g., terminal illness), loss of autonomy, or moral violation suicide can be a rational and even honorable choice (Long, 2002). From this perspective, death itself isn’t evil; the moral quality of life is determined by how it is lived of its duration.

In profound opposition, Thomas Aquinas, writing from a Christian theological perspective, believes murder and consequently, euthanasia is wrong. In his *Summa Theologica*, Aquinas argues that life is a divine gift and that intentionally taking life, even to relieve suffering, constitutes a grave moral error (Aquinas, 1947). From this perspective, human beings do not ultimately own their bodies; life belongs to God, and the intentional taking of life — either one’s own or someone else’s — violates natural law and divine will. Thomas Aquinas still is highly influential in modern Catholic bioethics and is influential in maintaining religious opposition against euthanasia.

Even Immanuel Kant, writing during the Enlightenment period, confirms some of these moral absolutes. In his *Groundwork for the Metaphysics of Morals*, Kant argues that rational beings have intrinsic dignity and must be treated at all times as ends-in-themselves (Kant, 1964).

But strangely, even as Kant defends the autonomy of the rational will, he condemns suicide, and therefore euthanasia, with great passion. For Kant, using reason to justify one's own destruction is a contradiction because it reduces the rational self to a means of attaining relief from suffering and thus violates the categorical imperative.

From these classical perspectives, euthanasia is therefore seen as a foundational moral tension between the sanctity of life, the pursuit of virtue, and the exercise of reason. Whereas Aristotle and the Stoics permitted greater situational moral reasoning, Aquinas and Kant offered absolute proscriptions based on theology and deontological ethics. These ideas remain ideological landmarks for contemporary discussions, supporting as well as resisting modern pleas for euthanasia.

### 3. Utilitarianism and the morality of consequences

Utilitarianism offers a consequentialist framework for evaluating the morality of actions based on their outcomes precisely, their contribution to overall happiness or reduction of suffering. Within debates on euthanasia, utilitarian reasoning has often served as a central justification for permitting the intentional ending of life, particularly in cases involving intense and incurable suffering. The moral legitimacy of euthanasia, from this perspective, depends not on adherence to absolute rules or metaphysical doctrines but on the delicate balance of pleasure and pain it produces, underscoring the weight of ethical decisions.

Jeremy Bentham, the founder of classical utilitarianism, proposed that the rightness or wrongness of any action should be measured by its capacity to produce "the greatest happiness for the greatest number" (Bentham, 1781). From this standpoint, euthanasia could be considered morally permissible or even obligatory if it alleviates extreme suffering and does not lead to more significant harm. Bentham's hedonistic calculus invites a rational assessment of intensity, duration, certainty, and proximity of pleasure and pain. A patient enduring unbearable pain, with no prospect of recovery, might justifiably choose to end their life if doing so would bring about greater net utility.

While maintaining Bentham's consequentialist logic, Mill placed a greater emphasis on individual liberty and qualitative distinctions in the pursuit of pleasure. In *On Liberty*, Mill defends the right of individuals to act according to their judgments, provided they do not harm others (Mill, 2001). Applied to euthanasia, Mill's principle of autonomy implies that a competent individual should be free to choose death as a rational response to intolerable suffering. Mill also distinguished between higher and lower pleasures, suggesting that preserving mere biological existence is not necessarily preferable to death if life has lost its dignity or meaning.

Contemporary utilitarian thinkers have extended these arguments into the field of bioethics and medical decision-making. Peter Singer, for instance, has significantly influenced the field with his advocacy for a preference utilitarianism that prioritizes the satisfaction of rational preferences over mere life preservation (Singer, 1993). He argues that if a patient clearly and voluntarily expresses a desire to die and if continued existence offers no net benefit, euthanasia may be the most ethical course of action. Singer's controversial stance has had a profound impact on legal and ethical reforms across several countries.

Despite its apparent simplicity and moral flexibility, utilitarianism faces several critical challenges in the context of euthanasia. One concern is the risk of instrumentalizing life. In this concept, individuals may be valued or devalued based solely on their utility, specifically their potential to contribute to overall happiness. This can lead to ethically troubling implications for vulnerable populations, such as the elderly, disabled, or mentally ill, who may feel pressure to choose euthanasia to avoid becoming a "burden". Critics also argue that utilitarianism lacks

intrinsic respect for human dignity and fails to account for the deeper meaning of suffering, relationships, and moral duty.

Moreover, the utilitarian emphasis on outcomes can be ethically destabilizing in borderline cases with ambiguous or unpredictable consequences. Suppose decisions are based solely on anticipated happiness or suffering. In that case, there is a risk of moral relativism, a concept in which what is considered morally right or wrong is not absolute but rather depends on the particular culture or society. This can lead to a loss of principled guidance. These tensions underscore the need to supplement utilitarian reasoning with other ethical frameworks that consider rights, virtues, and contextual factors.

Nonetheless, utilitarianism remains a powerful and persuasive approach in contemporary debates on euthanasia. Its focus on minimizing suffering and respecting individual preferences resonates in secular and pluralistic societies, providing a practical methodology for policymakers and healthcare professionals faced with complex end-of-life decisions.

#### 4. Contemporary debates: Autonomy, consent, and medical ethics

Modern discussions about euthanasia center around a fundamental tension between the rights of the individual and the moral obligations of medical practitioners and society. Where traditional moral systems rely on universal principles or metaphysical doctrines, the current debates over euthanasia and assisted suicide increasingly concern the rights of persons to make choices that affect their own lives and deaths in complex medical, legal and cultural contexts.

The idea of autonomy has become one of the cornerstones of contemporary bioethics. Rooted in Kantian moral philosophy and extended in liberal democratic theory, autonomy signifies an individual's entitlement to make informed, voluntary decisions about their body and life, free from coercion or manipulation (Beauchamp & Childress, 1994; Galily, 2023). Within this framework, the choice of a competent individual to end their life because of unbearable suffering is understood not as a failure of morality but as an expression of rational self-governance. Cases based on autonomy arguments favor legislating voluntary euthanasia and physician-assisted suicide so long as sufficient safeguards and consent procedures are set.

Over the last couple of decades, philosophers and bioethicists have revisited autonomy through the lenses of vulnerability and social context. Pesut et al. (2021) makes the case that any philosophical framework that might enable medical aid in dying must contend with not only an individual right but also the threat such a right pose to marginalized and medically dependent populations. They argue that, in the absence of attention to structural inequalities and psychosocial pressures on decisions at end-of-life, pure autonomy-based models may obscure power relationships among patients, healthcare providers, and the state.

For example, on this view, the philosopher Peter Singer, a leading voice of preference utilitarianism, carries this premise into bioethical decision-making, arguing for an external moral weight to a person's preferences and subjective evaluation of the quality of life (Singer, 2011; Schüklenk & Singer, 2021). For Singer, ethics must be about what people want for themselves rather than what institutions or traditions demand. That position continues to be significant in informing policies in countries that have legalized euthanasia, including the Netherlands and Canada.

However, critics such as Leon R. Kass and Daniel Callahan warn that an overemphasis on autonomy will erode the moral foundations of medicine. Kass (1991) argues that healing, not killing, is at the heart of medical practice and cautions against redefining death as a therapeutic option. Moreover, Callahan (2000) argues that medical institutions should prioritize preserving

life and alleviating suffering over facilitating self-destruction. Such stances hold some appeal for more conservative bioethics discourse, as in religious or communitarian traditions.

The principle of informed consent is still core and contentious. Figuring out whether someone is capable of making a decision that is their own, especially in cases of chronic pain, terminal illness, or depression, is also tricky. In this respect, recent philosophical literature advocates for relational autonomy, in which decisions are made within the context of empathic dialogue, with an awareness of social dependencies (Gómez-Vírveda et al., 2019).

The moral agency of physicians and the healthcare system is also being examined. Should providers be required to perform euthanasia if it runs counter to their conscience or professional ethos? How can healthcare organizations strike a balance between respecting individual choice and upholding medical integrity and public trust? These are burgeoning questions in pluralistic and deliberative bioethics, in which no single value, such as autonomy, beneficence, non-maleficence, or justice, can unilaterally constrain the determination of ethics.

Outside the world of end-of-life specialists, the dominant paradigm has shifted toward shared decision-making and context-sensitive ethics, acknowledging the fluidity and complexity of end-of-life experiences. Hartling (2021) argues for breaking through what they call morally contrived barriers to physician-assisted death, suggesting that moral justification should stem from utilitarian-based, individual-person-like preferences and societal, interpersonal responsibility.

## 5. Phenomenology and the lived experience of suffering

Most discussions of euthanasia are driven by normative values, such as autonomy and utility, but phenomenology brings a more human, qualitative approach to bear on end-of-life questions. Instead, phenomenology directs our attention to the body in pain and suffering; it centers not on abstract rights or consequences, but on the body lived, suffering, and dying. It asks, What does it mean to be a suffering subject? What is death like from within rather than from without?

This approach finds its roots in the works of Maurice Merleau-Ponty, who posited that our fundamental way of being in the world is embodied. Merleau-Ponty (1962), in *Phenomenology of Perception*, speaks of the body not merely as an object, but rather as an expressive, subjective medium through which the world is experienced. In euthanasia, this perspective urges us to think not only of the biological facts, such as the illness, but of the way the patient suffers, experiences their sickness, and describes it. Pain is not just a physiological phenomenon; it is lived, situated, and imbued with meaning.

A complementary perspective is provided by Emmanuel Levinas, particularly in terms of the ethical relationship to the Other. According to his philosophy, ethics begins with responsibility for the suffering of others, a face-to-face experience that demands the self to react (Levinas, 1969). Levinas offers no rigid ethical rules, only a radical attentiveness to vulnerability. From this perspective, euthanasia may be understood not simply as a tool to be used as the ultimate expression of autonomy, the escape plan, but rather as the other's answer to the call to add to their suffering as little as possible in the face of unbearable pain. However, Levinas also warns against totalizing judgments; no one can completely know the experience of another's suffering.

Phenomenological approaches challenge many of the assumptions we incorporate into clinical language, including standardized scales for measuring pain and quality of life. These tools, although helpful for medical oversight, tend to condense complex spiritual realities into numerical figures. The phenomenological perspective argues that ethical decision-making must first

recognize situations of illness as having both narrative and affective dimensions, as well as the broader social and relational contexts of suffering.

Recent scholarships are still staking out this territory. Picón-Jaimes et al. (2021) contend that the ethical consideration of euthanasia must engage meaninglessness as a subjective experience, which cannot be reduced to either autonomy or utility. Equally, Woods and Graven (2020) emphasize the need for an account of the cultural and symbolic meanings of suffering and death, which vary across different societies and traditions. These insights speak to a more context-sensitive and compassionate ethics, rooted less in rational calculation and more in empathy and moral imagination.

This requires that we approach euthanasia more holistically and not only with an expanded moral lexicon: we must realize the limitations of autism and similarly develop an understanding of the depth of human experience for what is, at the start of life, a premature concept (phenomenology). It warns against ethical reductionism and calls for a renewed attentiveness to listening, witnessing, and dialoguing with those who suffer. It may not provide definitive answers, but it offers the moral depth and humility we need to grapple with some of life's most challenging choices.

## 6. Postmodern and biopolitical perspectives

While normative ethical theories aim to provide universal principles of morality, postmodern philosophy examines the diverse power functions, discourses, and institutionally sanctioned practices that shape our perspectives on life and death. Moreover, euthanasia within this critical tradition is not simply a moral choice or clinical decision, but a phenomenon viscerally embedded in relations of power, language, and control. Important thinkers such as Michel Foucault and Giorgio Agamben offer essential tools for exploring how societies administer, regulate, and delineate life through medical and legal structures.

Michel Foucault's concept of biopolitics, which involves the governance of populations through the management of bodies and life processes, offers a nuanced critique of the role of modern medicine in determining the value of life. In *The History of Sexuality* (1978), Foucault traces a shift from a sovereign power that operates to "let live or make die" toward a new kind of power that works to "make live and let die" that is, to optimize, normalize, and manage life through scientific and bureaucratic technologies. From this perspective, euthanasia is integrated into a broader strategy of biopolitical regulation, wherein decisions about death are shaped not only by ethical considerations but also by social efficiency, risk management, and institutional logic (Foucault, 1978).

The term *la nuda vita* ("bare life") in contemporary philosopher Giorgio Agamben's *Homo Sacer* (1998) builds on Foucault's insights. Agamben examines how contemporary legal regimes generate these zones of exception, wherein individuals cease to hold any political worth and are relegated to the plane of biological existence. In the case of euthanasia, this begs serious questions: What does it mean for a life to no longer have political or ethical significance? Who gets to decide when someone is pared down to "bare life"? Agamben's work implies that some vulnerable people, the elderly or disabled or terminally ill, especially, could become somehow placed beyond the mandate of ethical and legal protection under cover of this compassion.

Such liberal democratic discourse often lauds autonomy and rationality. Postmodern critiques also question this rhetoric. As Foucault cautions, appeals to autonomy can also function as a technology of domination by constituting a subject that comes to desire specific forms of life or death under social and institutional pressure (Foucault, 1988). In this light, the choice to ask for euthanasia is not always entirely free. It may be shaped as much by internalized norms of

productivity, independence, and utility, especially in societies where dependence and decline are marginalized.

These concerns are echoed in recent scholarship. According to Picón-Jaimes et al. (2021), Western societies are experiencing increasing tension between individuals' wishes to exert control over death and the collective discomfort with aging, disability, and suffering. The routine acceptance of euthanasia, he suggests, might be a goodhearted one, but it also expresses a broader cultural fear of frailty and dissolution.

However, postmodern and biopolitical approaches are not opposed to euthanasia in an absolute manner. Instead, they call us to be critically watchful about how and why certain deaths are allowed, who is included and excluded from ethical consideration, and how social norms structure perceptions of worth and dignity. They remind us that each ethical decision is mediated by historical, political, and discursive contexts that should be interrogated, not assumed.

These outlooks broaden the euthanasia conversation beyond that of individual decision or medical ethics. They compel us to examine the structural and symbolic aspects of death in modernity and to acknowledge the fractal nature of the relationship between life and death within society, as well as its connection to flows of power and life.

## 7. Cross-cultural and religious considerations

### *Christian ethics*

Most importantly, within Catholicism, life is considered a sanctified gift from God. The deliberate ending of life, whether by suicide, euthanasia, or assisted death, is considered an affront to divine authority and the natural moral order. Based on the Catholic doctrine, established by the Vatican, and teachers including Thomas Aquinas, suffering can hold a redemptive spiritual value, and it is not within human authority to preemptively end life (Catechism of the Catholic Church, 1994). This position continues to influence laws and policies in majority-Catholic societies and informs medical ethics in faith-based institutions.

### *Islamic bioethics*

Islamic bioethics similarly forbids euthanasia, stressing God's absolute control of life and death. Life is a trust from God, and protecting it is a morally based obligation. Although Islam allows the withdrawal of futile treatment when certain conditions are met, active euthanasia is generally prohibited. Islamic legal theory accords great importance to the concept of intention (*niyyah*), meaning that even acts designed to alleviate suffering must remain within divinely sanctioned boundaries (Sachedina, 2005).

### *Judaism*

In Judaism, traditional rabbinic authorities have maintained for centuries that active euthanasia is forbidden, although there is debate about withholding or withdrawing life-sustaining interventions in nuanced terms. Some approaches focus on the prohibition of hastening death (euthanasia), while others emphasize the distinction between prolonging life and prolonging suffering (Steinberg & Rosner, 2003).

### *Cultural perspectives on death and dying*

In addition to formal religious doctrines, cultural attitudes toward death, aging and dependence are very different. In collectivist societies, including many in East Asia and Africa, ethical questions about end-of-life care are often resolved not by individuals who might be isolated but within family or community contexts. The radical autonomy that is the Western ideal could

seem strange or even morally problematic. Instead, filial piety, relational harmony and interdependence are the core values that structure moral reasoning (Fan, 2007).

Death, in turn, is an integral part of life; in Indigenous worldviews, life and death are normal, interconnected processes, not events to be controlled and death is sometimes seen as a natural source of ongoing life, spirit and other forms of being. Many Indigenous traditions focus on spiritual balance, connection to ancestors and well-being in its most holistic sense, as opposed to biomedical definitions of suffering or death. In such frameworks, the enforcement of Western medical ethics (whether pro- or anti-euthanasia) is perceived as either cultural erasure or ethical colonialism.

In this context, cross-cultural ethics also calls into question the neutral and universal status of the categories of Western philosophy. It calls for epistemic humility, attentiveness to lived traditions, and the crafting of pluralistic ethical models that can accommodate differing views on the value of life and the meaning of a “good death.”

#### 8. Conclusion: Between compassion and controversy

Euthanasia confronts ethical debates demonstrating the challenges of moral reasoning in human suffering, autonomy, and mortality. In all the philosophies considered in this study, the tension between idealism and inductivism, the universal and the profoundly personal, recurs repeatedly, whether in classical virtue ethics, deontological imperatives, utilitarian reasoning, phenomenological insight, postmodern critique, or cross-cultural perspectives.

Classical theories of the same era, such as those of Aristotle, Aquinas, and Kant, offer fundamental principles, whether teleological, theological, or rationalist, that convey the sacredness and moral structure of life. By contrast, relevant utilitarian thinkers include, but are not limited to, those such as Jeremy Bentham, John Stuart Mill, and Peter Singer, who are less concerned with systems of rules and more explicitly care about the results, individual choice, and the reduction of suffering at the moral level. Phenomenology urges us for this reason to listen deeply to the lived experience of suffering, not as an abstraction or a condition, but as an embodied, relational, and narrative reality.

Narratives from postmodern and biopolitical perspectives caution against uncritically embracing liberal ideals like autonomy, revealing the extent to which power, discourse, and institutional machinations underpin both the production of suffering and the perception of its alleviation. Cross-cultural and religious ethics contribute to that conversation, offering diverse perspectives on the world, critiquing Western secular norms, and underscoring the importance of ethical humility and cultural sensitivity.

Euthanasia is not just a simple yes or no, right or wrong question. It is a moral frontier where compassion, dignity and justice meet fear. As contemporary societies grapple with the medical, legal, and existential questions raised by end-of-life care, the task of philosophy is not to provide definitive answers but to help map the ethical territory, open up key questions, and assist us in thinking through our options with clarity and courage.

A just and humane approach to euthanasia must balance the individual’s right to die with dignity and autonomy with the community’s duty to protect the vulnerable, to embrace diversity, and to guarantee that decisions are made with empathy, reflection, and responsibility. In so doing, philosophy takes back its place not just as an academic discipline but as a powerful ally in one of the most human questions of all: how to live and how to let go.

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