ASSISTED DYING DEBATES IN TRANSITION: IMPLICATIONS FOR NIGERIA IN A SHIFTING GLOBAL CONTEXT

Oluseyi OLAYANJU
Faculty of Law, Lagos State University, Ojo, Lagos, Nigeria
seyiolayanju@gmail.com

Abstract

Debates on assisted dying remain persistent and complex globally. Recent developments, including support for assisted dying legislation in jurisdictions traditionally opposed—such as United Kingdom—indicate a significant shift in legal and ethical discourse. These evolving trends have implications for countries like Nigeria, which cannot remain insulated from global developments. The paper aims to revisit the concept of assisted dying and critically examine the competing arguments that shape global debates, with a view to informing Nigeria's potential future position on the issue. The study adopts a doctrinal and analytical review approach. It presents and compares the arguments of both proponents and opponents of assisted dying, examining them side by side to assess their relative strengths and implications. The analysis demonstrates that neither proponents nor opponents possess a monopoly over persuasive arguments. Both perspectives present valid and competing ethical and legal considerations, with no single position carrying definitive superiority. Although Nigeria currently maintains a position against assisted dying, the absence of decisive superiority in the competing arguments suggests that this stance cannot be sustained with absolute certainty. There is a need for Nigeria to reconsider its position and engage more critically with the perspectives advanced by advocates of assisted dying.

Keywords: Assisted suicide debates, Euthanasia, Medical ethics, End of life care decision making, Palliative care, Nigeria

1.0 Introduction and History

In the world of diseases and sicknesses, one of the most divisive issues which has taken centre stage in recent times, is assisted dying (AD). Recently, some countries held referenda and passed laws legalising some form of assisted dying, while keenly contested parliamentary debates and court challenges are ongoing in several other countries, such as the United Kingdom and the Republic of Ireland.[524] Studies also suggest that everywhere in the world, even in countries where euthanasia or physician-assisted suicide are not legalised, patients request that their life be ended, indicating the ubiquity of the subject.[525]

The conundrum of assisted deaths is probably as ancient as healthcare although, 'euthanasia,' the most popular term in the assisted dying discourse is believed to have first appeared in the 17th century as a description of a painless and easy death or a good death.[526] It was used to refer to an act that seeks to provoke death which is carried out to eliminate the suffering in the person who is dying.[527] It could also describe not preventing death in case of terminal illness or irreversible coma.[528] The viewpoints of historic figures such as Plato and Hippocrates the physician, have transited through the ages, forming bases for contemporary arguments. Plato, in his writings, articulated that those whose lives were marred by illnesses and medicines or who were suffering intolerable physical pain should be left to die by avoiding excessive prolongation of their lives.[529] On the other hand, Hippocrates through his famous code, committed physicians to the protection of life in their medical practices.[530]

Other philosophers of their time such as the Pythagoreans and Aristotelians, also disapproved of the practice of encouraging suicidal death in order to avoid agony.[531] There is however, evidence

[524] Carson McDowell Healthcare, 'Recent Legal Developments on Assisted Dying in Ireland: A Comparative Analysis with the UK'(3 June 2025, Carson McDowell) <Recent Legal Developments on Assisted Dying in… | Carson McDowell> accessed 02 February 2026
[525] L Radbruch and others, 'Euthanasia and Physician-Assisted Suicide: A White Paper from the European Association for Palliative Care (2015) 30(2) Palliative Medicine. 104-116. doi:10.1177/0269216315616524
[526] Ajay Kumar and Aseem Mehra and Ajit Avasthi, 'Euthanasia: A Debate—For and Against' (2021) 55(2) J Postgrad Med Edu Res 91–96 < https://doi.org/10.5005/jp-journals-10028-1437 > accessed 02 February 2026
[527] Y A Picón-Jaimes and others, 'Euthanasia and Assisted Suicide: An in-depth Review of Relevant Historical Aspects' (2022)75:103380. Ann Med Surg, doi: 10.1016/j.amsu.2022.103380>accessed 02 February 2026
[528] ibid
[529] Michael Stolberg, 'Active Euthanasia in Pre-Modern Society, 1500–1800: Learned Debates and Popular Practices' (2007). 20 (2) Social History of Medicine. 206–07. <doi:10.1093/shm/hkm034>accessed 02 February 2026
[530] Hippocratic Code
[531] Y A Picón-Jaimes (n4)

that euthanasia, especially in its suicidal form, was repeatedly carried out among the Greeks, Romans and Epicureans until the intervention of the Catholic Church in the middle ages.[532] The Catholic Church threatened anyone who engaged in euthanasia, suicide or attempted suicide with excommunication, deprivation of property and lack of access to religious rites both for themselves and their lineage.[533] The contemporary history of assisted dying, starting from the 17th Century through to the 19th Century, features influential physicians, medical historians, scientists, theologians and so on.[534] On the side of preserving life irrespective of the state of the life were Johann Adrea and Karl Friedrich Marx. Francis Bacon, Thomas Moore, Robert Ingersoll, Felix Adler, and S.D. Williams supported euthanasia to relieve the suffering of the seriously and incurably ill.[535] Williams is 'famously' credited with suggesting the use of chloroform or other anaesthetic agents to painlessly end the life of patients.[536] The concept of eugenics as a means to improve the human race was proposed at this time, although it gained traction in the 20th Century and is infamously associated with the evils of the 2nd World War, where hundreds of thousands of criminals, disabled and chronically ill patients were killed under the guise of euthanasia.[537]

Following the trials of the Nazi crimes, the new phase in the euthanasia paradigm took off in the 1960s as a result of medical advancements which could prolong life and invariably, the terminal trajectory of illnesses.[538] The refusal of hospitals to refrain from pointless life prolongation surgeries or to shut down life support machines or ventilators of vegetative patients led to court cases where patients and their legal representatives asserted rights to autonomy and self-determination.[539] While the positive outcomes of some of these challenges for the pro-euthanasia movement have led to the recognition and legalisation of varying forms of assisted death, it remains a deeply divisive issue due to the conflicts between law, ethics and the general population's beliefs, which is often shaped by culture and religion.

[532] Kumar, Mehra and Avasthi (n 3)
[533] Bright Oniha and Mabel Oniha, 'Euthanasia and Assisted Suicide as Basic Constitutional Rights Under The 1999 Constitution of Nigeria' (2000) NigeriaLawGuru< Microsoft Word - Document1NIGLAWGURU
[534] Humanist Heritage, 'Assisted Dying: A History of Humanist Advocacy for Reform' (Humanist UK 2026) Assisted Dying: a history of humanist advocacy for reform | Humanist Heritage - Exploring the rich history and influence of humanism in the UK> accessed 02 February 2026
[535] ibid
[536] EJ Emanuel, 'Euthanasia: Historical, Ethical, and Empiric Perspectives' (1994) 154(17) Arch Intern Med. 1890–1901. doi: 10.1001/archinte.1994.00420170022003
[537] YA Picón-Jaimes and others, (n 4)
[538] ibid
[539] *Re Quinlan,* 70 N.J. 10, 355 A.2d 647; *Re Jobes* 210 N.J. Super. 543,510 A.2d 133

Debates in support of assisted deaths though complex, are persistent and, in recent times, states traditionally hostile to assisted deaths such as the United Kingdom,[540] have unprecedentedly backed an assisted dying law and more states are holding debates on the matter. These are indeed uneasy times, and as a country, Nigeria cannot be immune to the current global developments and ongoing debates in the end-of-life care /assisted dying field. Therefore, the aim of this review is to revisit this controversial concept of euthanasia in the current context. In revisiting the issue, this paper brings up some of the arguments that have animated opinions on the issue worldwide and which may shape Nigeria's future course of actions on the issue.

In this paper, the views of the proponents and opponents of assisted dying on each argument are presented together. These arguments in support and against assisted death presented here are in relation to the right to life; to the slippery slope argument; to the role of the physician under biomedical ethics; to the right to dignity; to right to freedom from cruel and degrading treatment; to palliative relief of suffering; to preservation of scarce economic or healthcare resources; stance of medical professionals and; the adequacy of safeguards and regulatory frameworks.

Presenting the opinion of both sides on each point is aimed at showing that no side has a monopoly on the arguments. It also shows that no side's perspective has a greater weight than that of the other. Consequently, although Nigeria is holding on to its non-support for assisted dying, it cannot continue to exhibit absolute certainty, but must acknowledge that there is now a need to reconsider the perspective of the assisted dying advocates.

2.0 Clarification of Some Assisted Dying Terms

In this paper, assisted dying is understood to be a term comprising euthanasia and assisted suicide.[541]

[540] Rob Picheta, 'Britain's Lawmakers Vote to Legalize Assisted Dying, a Landmark Move after a Fraught National Debate' CNN (June 20, 2025) <Britain's lawmakers vote to legalize assisted dying, a landmark move after a fraught national debate | CNN>accessed 02 February 2026

[541] Jones explains that the US is the only country in the world that restricts the term 'assisted dying' to assisted suicide of terminally ill adults. David Albert Jones, 'Assisted Dying' is Assisted Suicide and/or Euthanasia' (January 31 2025) Journal of Medical Ethics blog <'Assisted dying' is assisted suicide and/or euthanasia - Journal of Medical Ethics blog> accessed 02 February 2026

a. Assisted Suicide is the act of deliberately assisting another person to kill themselves.[542] It can be in the form of physician-assisted suicide (PAS), that is, the process by which a person, with the assistance of a medical professional, takes actions to end their life. In this situation, a suffering and /or terminal patient is assisted by a physician to gain access to a lethal substance which the patient themselves takes or administers. If the patient is incapable of administering the substance, the physician, upon the patient's request, administers the lethal substance which ends the patient's life.[543]

b. Euthanasia is the practice of ending someone's life usually to relieve their suffering. Medical rules and legal prescriptions could however prescribe the context of the intervention.[544] Most discussions on euthanasia usually set euthanasia out as being either active or passive and also voluntary, involuntary or non-voluntary.

   i. Active euthanasia involves taking deliberate steps to end a patient's life, this includes administering a lethal injection or overdose of medication. It is an intentional cause of death and generally prohibited in most countries.

   ii. Passive euthanasia is the withholding of treatments necessary for the continuance of life. This involves discontinuing or refraining from starting life-sustaining treatment**,** such as resuscitation, ventilators, feeding tubes and so on. Where the physician administers increasingly strong but necessary medication like toxic doses of opioid analgesia, with the aim of alleviating the patient's suffering, which may have the secondary effect of shortening the patient's life, it is also considered passive euthanasia.[545]

   Because death occurs as a result of the underlying illness rather than a direct intervention by medical personnel, passive euthanasia is sometimes considered

[542] NHS, 'Euthanasia and Assisted Suicide' (NHS 12 July 2023) <Euthanasia and assisted suicide - NHS> accessed 02 February 2026

[543] Anton van Niekerk, 'We Have a Right to Die with Dignity. The Medical Profession has a Duty to Assist'**.** The Conversation, October 25, 2016 **<**We have a right to die with dignity. The medical profession has a duty to assist > accessed 02 February 2026

[544] For instance, The UK House of Lords Select Committee on Medical Ethics, defines euthanasia as 'a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering'. UK Parliament, <Medical Ethics: Select Committee Report (Hansard, 9 May 1994)>accessed 02 February 2026
In the Netherlands, it is defined as the administration of drugs with the explicit intention to end life at the explicit request of a patient. Belgian law defines euthanasia as intentionally terminating life by someone other than the person concerned, at the latter's request.

[545] N Harris, The Euthanasia Debate (2001) 147 BMJ Military Health, 367-370.

more acceptable and good professional practice, particularly in palliative care contexts where treatment is medically pointless.[546] One may however question, the moral and legal significance of the distinction between active and passive euthanasia. How credible, especially from a legal viewpoint. is the argument that administering a lethal drug is 'active'; while withdrawing life-sustaining support or increasing doses of palliative, though potentially lethal medication is 'passive'? It is submitted that it is a case of 'acting' by commission or omission. Both the action or inaction were clearly carried out with the same aim and can both be recognised as direct causes of the patient's death.

iii. Voluntary *euthanasia* occurs when a competent individual makes an informed request to end their life, usually due to terminal illness or unbearable suffering.

iv. *Involuntary euthanasia,* on the other hand, is carried out without the express consent of the patient and sometimes against their will. It is often associated with historical abuses, such as the eugenics-based killings under the Nazi regime, and is universally condemned as unethical and criminal, and in fact, some supporters of euthanasia refuse to accept termination by a physician without a request as a form of euthanasia.[547]

v. *Non-voluntary euthanasia* arises in circumstances where the patient is incapable of providing consent**,** such as in the case of minors, patients in a coma, or individuals with severe mental disabilities. In such cases, decisions are usually made by legal guardians, relatives, or medical professionals presumably in the best interests of the patients or where the patients have previously expressed a desire for assisted dying. Non-voluntary euthanasia raises profound legal and ethical concerns about substituted consent and the value placed on life that lacks cognitive capacity. Non-voluntary and involuntary euthanasia are more controversial because they challenge the limits of consent and highlight the potential for abuse under any legalised euthanasia regime. As articulated by

[546] ibid
[547] Anton van Niekerk (n 20)

> the European Association of Palliative Care, any form of euthanasia that is not voluntary is 'murder'.[548]

Implicit in the definitions above is the fact that euthanasia is an intentional action taken by one person to end the life of another separating it from the situation where the individual carries out the final act themselves.

3.0 Global Legal Frameworks on Assisted Dying

Assisted dying has received different levels and forms of legal attention in countries. In this paper, assisted dying is considered legalised where assisted dying is legalised or decriminalised. That is, specific laws have been enacted to make it lawful, or the laws are silent about the activity or, it is not a criminal offence. Globally, a few countries, mainly in Europe, North and South America and Australia have formally legalised some form of assisted dying. In Europe, the Netherlands, Switzerland, Belgium, Luxembourg, Austria, Spain and Portugal have legalised assisted dying with varying degrees of permissiveness.

In Switzerland, assisted suicide is allowed under Article 115 of the Swiss Penal Code. Under this provision, a person may assist another to end their life if the person assisting does not have selfish motives, the individual choosing to die has decision making capacity and has the ability to perform the final act that culminates in the death. Additionally, non-Swiss citizens can visit Switzerland for assisted dying. Spain allows both euthanasia and assisted suicide in private and public institutions upon the request of the patient who is suffering from a serious, chronic and disabling or incurable disease.[549] The Netherlands' assistance in dying is regulated by the Termination of Life on Request and Assisted Suicide Procedures Act 2001. Conditions to be met for euthanasia or assisted suicide include a voluntary well-considered request from the patient, unbearable suffering with no prospect of improvement and prior consultation with an independent physician. Belgium probably has one of the most liberal assisted dying laws in the world. Upon written request by the patient, the law allows physician-assisted suicide for the terminally ill, persons with incurable psychiatric

[548] L Radbruch and others, 'Euthanasia and Physician-Assisted Suicide: A White Paper from the European Association for Palliative Care (2015) 30(2) Palliative Medicine. 104-116. doi:10.1177/0269216315616524> accessed 02 February 2026

[549] *Ley Orgánica* 3/2021 (Organic Law for the Regulation of Euthanasia)

conditions and even children.[550] Austria does the opposite, it allows persons with serious long-term conditions to self-administer life-ending drugs, after approval by two doctors with minors and people with mental health conditions excluded.[551]

Canada's medical assistance in dying (MAID) law allows a clinician-administered death as well as a self-administered death. The patient must be over 18 and be suffering from an irredeemable medical condition.[552] In the USA, 12 states – Oregon, Maine, Washington, Delaware, Vermont, New Jersey, Colorado, Montana, Hawaii, New Mexico and District of Columbia[553] have legalised assisted deaths while others like Illinois are considering similar legislation. Generally, these states' MAID laws provide that the patient must make a written request, be over 18, have mental competence and be suffering from a terminal illness with a life limit of six months. The patient must also self-administer the drugs themselves. Four countries in South America, Cuba, Colombia, Ecuador and Uruguay have legalised assisted dying. Colombia[554]and Ecuador[555]achieved this through the judicial route, where medical euthanasia was decriminalised. In Australasia, Australia[556]and New Zealand[557] are the only two countries, where assisted death through either physician assistance or self-administration is legal. Under their respective legislations, a person would be eligible for assisted dying if they are over 18, voluntarily seeking it, possess decision-making capability, and are terminally ill with an advanced progressive condition with fewer than six months to live.

In many countries and most of the common law jurisdictions including the UK, [558] Ireland,[559] and Ghana,[560] active euthanasia and assisting a suicide is illegal. According to Humanist UK, voluntary passive euthanasia (or suicide in my opinion), is however allowed in over 60 countries, including

[550] Belgian Act on Euthanasia 2002
[551] Austrian Act on Assisted Suicide 2022
[552] Medical Assistance in Dying (Bill C-14, 2016)
[553] See for instance, The Oregon Death with Dignity Act, 1997.
[554] Decision C-164 of 2022) <Ruling C-164 of 2022> accessed 02 February 2026
[555] Ruling No. 067-23-IN
[556] In Australia, 7 jurisdictions have legalised assisted dying. An example is the Voluntary Assisted Dying Act 2017 for Victoria.
[557] End of Life Choice Act 2019
[558] Suicide Act (UK), Offences Against the Person Act (UK)
[559] Criminal Law (Suicide) Act 1993(Ireland)
[560] See generally sections 48 - 58 Criminal Offences Act 1960

Albania, Guyana, India, Israel, Jamaica, South Africa, Argentina and Kenya.[561] The means by which the right to passive euthanasia came about, and the forms it takes in the countries differ. In most of the countries, the root of their legality are outcomes of court cases but in Albania for instance, the Code of Ethics and Medical Deontology make express provision for euthanasia. Further, while countries like Argentina,[562] South Africa and India's passive euthanasia is in form of upholding the right of patients to refuse lifesaving or prolongation treatment,[563] the Albanian Code gives the doctor the right and obligation to use drugs and methods which have as a side effect the shortening of life of suffering patients.[564]

3.1 Legal and Ethical Status of Euthanasia in Nigeria

In Nigeria, active euthanasia could be treated as either murder or manslaughter[565] depending on the facts. Assisted suicide by procuring, encouraging or aiding another to kill themselves is punishable with life imprisonment.[566] In tandem with this legal stance, the Nigerian Medical and Dental Council Code of Ethics explicitly contains provisions prohibiting doctors from intervening to deliberately end life.[567]

Christianity and Islam are the two major religions in Nigeria and the two of them generally oppose any form of assisted death. Christians base their objection on the biblical injunction, 'Thou shall not kill,' one of the ten commandments which are considered fundamental to the Christian faith.[568] In the same vein, Muslims believe that Allah is the owner of life which he begins from conception and ends with natural death. Quranic verses such as '… and (Allah) is the one who gave life, then shall he ordain you to die, then shall he give you life again…'[569] undergird this belief. Cultural

[561] Humanist UK, Mapping Assisted Dying Laws Around the World (2021) <2019 02 22 v2 KM Assisted Dying Complex Map (Updated - July 2021)> accessed 02 February 2026
[562] La ley de Muerte Digna 2012 (Argentina)
[563] It was upheld as the right to refuse life prolongation in the Indian case of *Aruna Shanbaug v Union of India* (2011) 4 SCC 454.
[564] Aleksader Moiksiu 'Euthanasia in Albania' (2016) 2 (1) Academic Journal of Business, Administration, Law and Social Sciences
[565] See generally section 306 to 318 of the Criminal Code and 222, 227, and 228 and 249 of the Penal Code
Section 311 of the Criminal Code can be applied specifically to euthanasia. It states: Acceleration of death A person who does any act or makes any omission which hastens the death of another person who, when the act is done or the omission is made, is labouring under some disorder or disease arising from another cause, is deemed to have killed that other person.
[566] Sec 326 Criminal Code
[567] The Nigerian Medical and Dental Council Code of Ethics, Rule 68.
[568] Exodus 20:13 The Holy Bible King James Version (Thomas Nelson 1972)
[569] Surat Al-Baqarah [verse 2: 28]

attitudes towards suicide in Nigeria vary from acceptance to abhorrence. Among the Yorubas, sayings such as '*iku ya j'esin lo'* (death is better than disgrace/humiliation) and the presentation of a traditional empty calabash to a disgraced king to request him to kill himself[570] showed that hastened death is not a taboo among the tribe. On the other hand, the Igbos say '*mkpomkpo ndu kaonwu mma*', which means "the worst health is better than death' and as a matter of fact, an Igbo person who killed themselves would not be buried by their kinsmen.[571] Therefore, while an assisted death law may not be opposed by the Yorubas, the Igbos would kick against it, undoubtedly complicating decisions on the issue.

Nonetheless, it has been argued that on the basis of the facts of certain court cases, voluntary passive euthanasia is allowed in Nigeria. In these cases, the court upheld the rights of patients to refuse lifesaving or prolongation treatments. For instance, in *Okonkwo*'s case,[572] the right of Mrs. Martha Okorie, a Jehovah's Witness, to refuse a blood transfusion was respected by her physician. Following her death, the doctor was brought before the Medical and Dental Practitioners Council Tribunal on charges of negligence and lack of due diligence. The Supreme Court sided with the doctor, affirming the duty to respect patients' rights to refuse treatment even if patients' lives are at stake. This ambiguous recognition of euthanasia has been criticised by scholars who urge the country to either criminalise euthanasia outright or decriminalise it.[573]

4.0 Key Arguments for and Against Assisted Suicide

This section presents some of the key arguments of the assisted dying debate. As noted above, the views of the two camps on each point are presented together.

4.1 Right to Life or Sanctity of Life

The opponents to assisted dying point to the value placed on human life. The sanctity of human life is protected in all religions, cultures, common and statutory law and human rights instruments.

[570] Adedayo Emmanuel Afe and Ibitayo Oluwasola Adubuola, 'The Travails of Kingship Institution in Yorubaland: a Case Study of Isinkan in Akureland'(2009) 6 Nebula 114< Afe_Adubuola> accessed 02 February 2026 Emporium Reporters, ÀROKÒ (Yoruba communications by Symbols), (14 January, 2023) < ÀROKÒ (Yoruba communications by Symbols) - Emporium Reporters> accessed 02 February 2026
[571] Chinyere Christian Emedo, 'Hermeneutics of Suicide in Ethics of the Igbo Traditional Philosophy (2021) 19)1) Journal of Applied Philosophy, 14, 15.
[572] *Okonkwo v MDPCT* (2001) 6 NWLR (Pt 710) 2.
[573] Grace Adedoyin Oluwaleye, 'The Legalisation of Euthanasia in Nigeria, A Right to Die or a Threat to Life' (2026) SabiLaw Articles

Traditional interpretations of the human right to life emphasis the obligation of the state to protect and preserve human life including protecting vulnerable people from actions that could endanger their lives. It is a right guaranteed against arbitrary deprivation of life. Thus, it is argued that legalising assisted dying could erode respect for the sanctity of life.[574] In addition, virtually all religious and cultural beliefs regard life as sacred because God created it, and so to shorten it would be an interference with God's plans and sovereignty.

However, it has been argued back by AD supporters that the right to life is not merely a right to biological life but to live with a particular quality of life.[575] In the South African case of *Stransham-Ford*, the court held that the right to life cannot mean an individual is obliged to live, no matter what the quality of their life is.[576] As Tiensuu also argues, since the right to life argument seeks to limit a conscious individual's autonomous decisions about his own life, the value attached to life by that argument is not for the individual's benefit. It values life in a sense external to that individual.[577] And with regards to the value attached to life by culture and religion, supporters of AD have argued that beliefs and attitudes towards death vary from culture to culture and religion to religion and not all religions or cultures specifically prohibit AD. Therefore, to use the law to impose the beliefs of some religions and culture on non-adherents would not be democratic.[578]

4.2 The Slippery Slope argument

The slippery slope argument is presented by AD opposers to show that initially strict rules on eligibility for assisted dying are in danger of becoming broader.[579] That when society sanctions voluntary euthanasia, it's only a matter of time before the non-voluntary becomes accepted. And that when the initial laws are for only those who are terminally ill, it may become widened to include vulnerable people such as the elderly, disabled or mentally ill patients.[580] This latter

[574] Albu van Eeden and others, 'Assisted Suicide: Ethical Considerations and the South African Debate' (2024) 114 (6) SAMJ< https://doi.org/10.7196/SAMJ.2024.v114i6.2246 > accessed 02 February 2026
[575] Sarah Mroz and others, 'Assisted Dying Around the World: A Status Quaestionis' (2021)10(3) Annals of Palliative Medicine < doi: 10.21037/apm-20-637
[576] *Stransham-Ford v Minister of Justice and Correctional Services and Others* – CASE NO. 27401/15
[577]Paul Tiensuu, 'Whose Right to What Life? Assisted Suicide and the Right to Life as a Fundamental Right' (2015) 15 (2) Human Rights Law Review, 251–281.
[578] Anton van Niekerk (n 20)
[579] A Fontalis and E Prousali and K Kulkarni, 'Euthanasia and Assisted Dying: What is the Current Position and What are the Key Arguments Informing the Debate?' (2018) 111 (11) Journal of the Royal Society of Medicine 407–413 < https://doi.org/10.1177/0141076818803452> accessed 02 February 2026
[580] ibid

category are people who are considered vulnerable to abuse and exploitation as they may be pressured to view death as a duty to relieve their carers and society. The argument is often backed up using Belgium, the Netherlands and especially Canada,[581] whose initially restrictive requirements requiring that patients be terminally ill, have changed to require only a chronic physical condition. And in Canada, from March 2027, persons solely suffering from mental illness will become eligible for assisted dying. [582]

Proponents of assisted dying respond with at least two facts. One, they argue that not all AD laws have been broadened. A direct example is the Oregon Assisted Suicide law, which has existed for 25 years and never been expanded beyond terminal illness. Two, they justify changes where they have occurred. They explain that, as the world and society evolve, it is only reasonable that the laws that govern situations be developed and extended to accommodate the needs created by the changes in society.[583]

4.3 Palliative Care and the Economic Argument

It is generally recommended that palliative care should be made available as an alternative to hastened death.[584] Palliative care is care given to improve the quality of life of patients and their families facing the problems associated with the life-threatening illness.[585] Palliative care supports patients to live as actively as possible until death.[586] However, it is costly and may not be readily available to all. Both advocates and opposers of assisted dying latch on to these points about cost, limited or non-availability of palliative care to buttress their cases. According to AD opposers, if assisted suicide is legalised, palliative care provision would be further relegated, and improvements and efforts to legalise palliative measures would be undermined. But the people who support assisted suicide argue that the present unavailability or unaffordability of palliative care to everyone means some suffering people will not have access to it. Thus, there would be

[581] The changes took place not too long after its initial law unlike the other two countries.
[582] Bill C-7
[583] M.M Tlhapi, 'The Recognition of Euthanasia and Physician Assisted Suicide in South African law' (Master of Laws in Public Law and Legal Philosophy North-West University 2023)
[584] CL Sprung and others, 'Physician-Assisted Suicide and Euthanasia: Emerging Issues from a Global Perspective' (2018) 33(4) Journal of Palliative Care. 197-203. doi:10.1177/0825859718777325> accessed 02 February 2026
[585] L Radbruch and others (n 2)
[586] ibid

inequity among sufferers because some people are not allowed assisted death but can access palliative care, and others are not allowed assisted death and also cannot access palliative care.

An economic argument is also canvassed against palliative care. Proponents of AD allege a waste of the enormous financial and time resources dedicated to providing care to patients with little or no prospects of recovery. Opponents of AD in turn, acknowledge the truth about scarcity of economic resources,[587] but accuse the assisted dying supporters of a lack of empathy and the desire to normalise the illusory idea of life without suffering. They further argue that arguments about little or no chance of recovery do not take into cognisance the possibilities of unexpected recovery,[588] misdiagnosis and of technological discoveries which the patient may benefit from.

4.4 Right to Freedom from Cruel and Degrading Treatment

This argument derives from the inherent right of humans to dignity. Supporters of AD argue that the prohibition of assisted dying when palliative care is unavailable or unable to relieve intractable suffering is tantamount to forcing individuals to endure cruel, inhuman and degrading treatment. Furthermore, that, besides physical pain, the deterioration of bodily functions leading to the inability to control the most basic processes may cause mental torture for the patients as they may find it difficult to maintain their dignity in the eyes of loved ones or even nursing professionals who may equate physical impotence with senility or childishness.[589] In opposition, the opponents of AD stress that such arguments pass the message that it is better to be dead than sick or disabled.[590] This way, it not only puts the sick or disabled at risk, but also downgrades their status as human beings by stating that they do not possess the intrinsic dignity of a human being simply because they are sick or disabled.

[587] N Harris (n 22)
[588] Lois Ogunniyi, 'Exploring Medically Assisted Death in Nigeria: Ethical Considerations and Possibilities' The Guardian (Lagos 9 July 2023) <Exploring medically assisted death in Nigeria: Ethical considerations and possibilities> accessed 02 February 2026
[589] M.M Tlhapi (n 60)
[590] Adeola A. Oluwabiyi and others, 'Attempted Suicide and the Law in Nigeria: Lessons from Other Jurisdictions' (2024) 141 Journal of Law, Policy and Globalization ISSN 2224-3259 (Online)

4.5 Arguments Around Medical Ethics Principles

Justice, beneficence, non-maleficence and autonomy have come to be recognised as the fundamental concepts that underlie modern healthcare ethics and decision making,[591] and each of these principles has been implicated in the bid to interpret the effect of assisted dying on the relationship between medical professionals and their patients.

Autonomy denotes the right of competent adults to make informed decisions, free from coercion about their own medical care.[592] For a doctor, this involves respecting a patient's right to self-determination. One of the important expressions of this right - the right to refuse life-saving treatments, which has been affirmed by courts in several jurisdictions - is often cited in support of the right to assisted dying. They argue that self-determination gives adults with capacity the right to refuse any medical intervention, even if this results in harm or death. However, opponents of assisted dying raise the argument that autonomy may be compromised or may not be 'freely' exercised, for instance, where a patient is informed about palliative care/life-saving treatment, but they are not available or affordable. Thus, in the event that he chooses assisted death, he was not making a choice because he was faced with only one course.

Non-maleficence or the idea of 'do no harm' is an ethical ground for opposing assisted suicide. The opposers of assisted dying argue that legitimising assisted death would bring about a distortion of the essence of the medical profession, which is comfort, healing and nursing to recover.[593] Supporters of assisted dying on the other hand, draw on the ethical principle of beneficence where a doctor must act for the good of the patient, contending that it depends on how harm is defined because, intense pain, severe mental anguish, where there is clearly no hope of attenuation may be more harmful in the long run and so ending the patient's life is doing good.[594] Again, AD supporters argue that harm is not confined to physical pain and extends to other aspects of well-being, like the patient's sense of dignity, which is eroded by the debilitating effects of diseases.[595]

[591] TL Beauchamp and JF Childress, *Principles of Biomedical Ethics*, (7th edn. Oxford: Oxford University Press, 2012).
[592] Fontalis and Prousali and Kulkarni (n 56)
[593] CL Sprung and others (n 61)
[594] J. Pereira and others, 'Legalizing Euthanasia or Assisted Suicide: the Illusion of Safeguards and Controls (2011) *18*(2) Curr. Oncol 38-45 <https://doi.org/10.3747/co.v18i2.883> accessed 02 February 2026
[595] M.M Tlhapi, (n 60)

Furthermore, some supporters of AD argue that the primary aim of physicians is to relieve suffering and not prolong life especially when prolongation brings unnecessary and pointless suffering.[596]

According to those who oppose AD, the ethical principle of justice is implicated by the plight of vulnerable persons who may be unequally protected when assisted suicide is legalised.[597] They argue that permitting the vulnerable population to have the same AD option as the terminally ill pushes the idea that vulnerable people are unwanted and a burden to society. But supporters of AD argue that other ethical issues such as the futility of care, beneficence and autonomy, have to be balanced with protecting vulnerable persons.[598] Additionally, since justice indicates that every person should be treated equally and impartially, to deny vulnerable people the right to assisted dying being granted to others, can be discriminatory.

4.7 Arguments about Safeguards and the Adequacy of Regulations

All assisted dying laws include substantive and procedural regulations, which both sides have opinions about. Generally, the regulations include:

a. Eligibility: Most patients must be over 18years of age and mentally competent, although Belgium, Spain and Luxembourg permit assisted dying for patients less than 18 years old. The presence of a terminal illness with a life expectancy of less than 6 months is a condition in the USA, Australia,[599] and New Zealand.
b. Competence and consent: Most countries require the patient to be a competent adult with the capacity to express consent. Countries like Spain, Canada, Belgium, USA require the patient to make repeated requests in writing and in the case of Austria, it must be notarised. The USA also insists on the patients having the ability to take the drugs themselves.
c. Medical Safeguards: Medical professionals are given strategic roles to play in the determination of eligibility as well as the final act, and in fact, some countries restrict administration of assistance to clinicians. In terms of determining eligibility, the USA for example, involves two doctors: a consulting doctor who verifies that the individual is

[596] Anton van Niekerk (n 20)
[597] Fontalis and Prousali and Kulkarni (n 56)
[598] Alexandra Mullock and Jonathan Lewis, 'Assisted Dying, Vulnerability, and the Potential Value of Prospective Legal Authorization, (2025) 33(2) Medical Law Review, < https://doi.org/10.1093/medlaw/fwaf014> accessed 02 February 2026
[599] Extended to 12 months for neurodegenerative conditions in most Australian states.

mentally competent to make decisions and indeed has a terminal illness with 6 months left to live. He informs the individual of alternative options, including palliative care and end-of-life care services, to alleviate symptoms and available psychosocial and emotional support. The second doctor, the attending doctor, provides the medication.

d. Procedural safeguards: Mandatory waiting periods are also enforced in some countries. The waits may be between requests, as in the USA, or between requests and the provision of the death assistance. A reporting procedure or a system of reviewing cases is put in place to ensure compliance with laid down safeguards. Some reviews are carried out before the act is completed,[600] while in some countries like Belgium and the Netherlands, it is carried out retrospectively. There, the reviews are carried out by boards or committees to check or consider whether administrative, legal, ethical or operational standards have been complied with. In the Netherlands, all assisted deaths are reported to a municipal coroner, from whom the cases are forwarded to a regional committee comprising ethicists, doctors and lawyers.

Although, both the camp opposing AD and the one supporting AD agree that legal protections for the vulnerable must precede any discussion about enabling their deaths, they have different expectations. Opponents of assisted death expect increased access to end-of-life care,[601] and psychiatric care (both as a preventive measure and for mental evaluation), while pro-assisted dying people argue that critical safeguards such as those above are the needed precautions to ensure voluntariness, prevent exploitation and abuse of all, especially the vulnerable. Opponents of assisted dying argue further that no assisted dying law can ever make assisted dying truly safe from abuse or exploitation.[602] Indeed, these concerns by opposers about the safeguards, appear to have been substantiated by researchers who uncovered various breaches of assisted dying rules in practice.[603] But the existence of breaches may not suffice as sufficient reasons to vilify the

[600] The UK law under debate involves referral to a panel of experts comprising a voluntary assisted dying commissioner, psychologists and a social worker.
[601] Society for the Protection of Unborn Children, 'Colombia's Medical Assistance in Dying: A Cautionary Tale for Pro-life Advocates' August 5 2025 <Colombia's medical assistance in dying: A cautionary tale for pro-life advocates - SPUC> accessed 02 February 2026
[602] James Mildred, 'Assisted Suicide: Is it Really Inevitable?' – Affinity <Assisted suicide: Is it really inevitable? - Affinity> accessed 02 February 2026
[603] J. Pereira and others (n 71)

safeguards as, these experiences can undoubtedly offer a useful learning route for other jurisdictions considering assisted dying laws.[604]

4.6 The Stance of Medical Professionals

There has been an ambivalence with respect to the role of the physician in assisted dying. The attitudes of medical professionals vary widely, which is unsurprising given the conflict between ethical obligations and the moral viewpoint of the doctor and the autonomy of the patient. In recognition of this problem, doctors' right to act in accordance with their conscience is maintained, although some countries require declining doctors to refer patients elsewhere.[605] Spain even requires that such doctors register their objection with the state board. Several medical professional organisations vehemently oppose assisted dying. It is also not unusual for professional organisations that supported or were neutral to move into the opposition camp, as was the case of the UK Royal College of Psychiatrists which was initially neutral, then supportive and presently in opposition. Their fear is that an assisted dying law will undermine suicide prevention. In Nigeria, the acceptance of assisted dying amongst doctors is very poor.[606] As with other countries, their poor attitude towards assisted death is significantly influenced by religious and moral factors.[607]

However, there is a growing shift in the opinions of medical professionals in other countries. For instance, a survey found that presently 50% of medical doctors support a change in UK dying assistance law, a change from about 10% in previous surveys.[608] Canadian doctors have also been known to have described their involvement as 'rewarding' and 'an honour,'[609] and in a highly

[604] Sarah Reed and others, 'Diverging Paths: How Other Countries have Designed and Implemented Assisted Dying' 9 May 2025 Nuffield Trust< Diverging paths: How other countries have designed and implemented assisted dying | Nuffield Trust>accessed 02 February 2026 02 February 202602 February 2026
Rietjens, J.A.C., and others, 'Two Decades of Research on Euthanasia from the Netherlands. What Have We Learnt and What Questions Remain?' (2009) Bioethical Inquiry 6, 271–283 <https://doi.org/10.1007/s11673-009-9172-3>accessed 02 February 2026
[605] ibid, Sarah Reed and others
[606] TO Nwankwo and KCE Obioha, 'Physicians Disposition to Active/Passive Euthanasia in Nigeria: A Survey of Doctors in Enugu, Nigeria' (2017) 1(2) Journal of Clinical Obstetrics, Gynecology & Infertility
[607] E Acford and A Welham and S Gunn, 'Attitudes of Clinical Psychologists and Medical Doctors to Assisted Dying in the UK: A Mixed-methods Survey' (2025) Death Studies, 1–13. <https://doi.org/10.1080/07481187.2025.2556118 > accessed 02 February 2026
[608] ibid
[609] ibid

publicised Colombian assisted dying case, the attending doctor said that ending suffering could be the ultimate act of care.[610]

5.0 Conclusion

This paper set out to dispassionately revisit the arguments animating the debate on euthanasia. As a result, it does not express support for either camp but rather presents some of the most important arguments in the debate, including how some arguments are virtually being used to argue both for and against assisted dying legalisation. As against 80, even 40 years ago, when only Switzerland had allowed assisted dying, the last 30 years have seen at least 12 jurisdictions legalising variants of assisted dying. Thus, the paper stresses that in Nigeria, as with any other human society, the contemporary surge in global support for assisted death cannot be ignored, and the inevitable conversation has to take place. The arguments for and against assisted dying laid out above are not peculiar to any part of the world; therefore, notwithstanding the peculiarity of Nigeria's legal, ethical, and clinical cultural inclinations, the above fall among considerations that would be taken into account.

Essentially, each side of the debate and their concerns for key stakeholders present practical implications that need to be considered when deciding on legalisation or otherwise. Therefore, making a decision that reflects a respectful acknowledgement of the different viewpoints is the ultimate task for Nigeria's public decision makers. However, irrespective of the tilt of the decision, end-of-life care ought to be given significant attention in health care policy and medical training. Therefore, the decision recommended is not implying an obligation solely to draft appropriate laws, but for the government to also take steps to invest in end-of-life care training for medical personnel and to provide hospital facilities and robust oversight mechanisms.

[610] Per Dr Paula Gomez, reported by Stephanie Nolen, 'A Cancer Patient Chose Assisted Death', New York Times (3 August 3, 2025) <Exit International | A Cancer Patient Chose Assisted Death > accessed 02 February 2026