

A law on the end of life, emerging from ideological conflicts

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Abstract. After years of debates, the Chamber of Deputies approved in Italy the possibility of accepting, under certain conditions, to assisted suicide. The issue of physician-assisted suicide is considered among the most controversial of the current bioethical debates in our Country. Efforts are needed to overcome ideological extremisms, to welcome the different sensitivities that exist in the country and to reconcile the various options.

Key words: assisted suicide, euthanasia, end of life issues, assisted dying, self-determination, religious ethics

The request to be able to decide to interrupt one's life, if one finds oneself in unsustainable conditions and with no possibility of recovery, has for years been at the center of an ethical debate that has linked many faces and painful stories.

Human dramas that brutally place us in front of our precariousness and, inevitably, disturb consciences, have often become occasions to polarize the debate in an irremediable and sterile conflict that sees neither losers nor winners (1).

On March 10th, 2022, the Chamber of Deputies approved in Italy the draft law on the "Provisions relating to medically assisted voluntary death".

This text establishes the rules for exercising, in compliance with specific requirements and conditions, the right to ask for medical assistance in order to voluntarily and autonomously end one's life. The **pivot** of the draft law is the value of individual autonomy which gives reason for the free and conscious choice of a suffering person who cannot die alone (2). The text expressly provides for the exclusion of the punishment for health and administrative personnel as well as for anyone who facilitates the suffering person in carrying out this procedure. From a pluralist point of view is also recognized, as for other ethically divisive areas (3), the right to exercise conscientious objection. Thus the text provides for the right not to take part in the procedures for medically assisted voluntary death.

It is not yet law since the text must also be approved by the Senate. It took many years to approve the law on the so-called "living will" (today called Advance Treatment Directives) which sets out the consolidated constitutional principles of consent, dissent and suspension of treatment, enhancing the will of the person.

The path is perhaps still long. However, it is an important step towards a comparison that takes into account the different sensitivities and, also, the possibilities of a medicine capable of prolonging human life and suffering.

Certainly there are many critical issues: on the basis of the growing autonomy of the minor, can we foresee an expansion of the operation of this faculty also to minors? (4) Will people with psychiatric pathologies also have access?

In this regard, there are those who evoke possible abuses: that the law becomes the tool with which to get rid of fragile people or who are a burden for the health or social service. Critical nodes that do not have, and perhaps cannot, have correct and absolute answers. But when confronting with the infinite facets of reality, a good law is not one that imposes absolute answers, but one that identifies mechanisms and guarantees to welcome and contemplate the different sensitivities that exist in the country.

A good law is one that arises from a confrontation without slipping into irreconcilable ideological

positions and into the severe judgments of opinion leaders ready to weigh, judge and condemn painful choices that affect the life and suffering of others.

A good law is based on that wisdom to which Aristotle attributed so much importance in moral deliberations in the awareness that for the person who “is faced with the euthanasia option can only realize his own impotence as a man, since, whatever the choice, it will always be wrong”(5).

A good law shuns ideological extremisms to hold together self-determination, collective health and ethics, approaching on tiptoe the bed of those who choose to die (6).

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