

Challenges of Article 110 of the Criminal Code of Georgia - Active Euthanasia as a Right to a “Dignified Death“

Active euthanasia is one of the most intriguing topics in medical criminal justice, the development of which is fundamentally important for all lawyers, especially those interested in criminal and human rights. This topic is not easy to discuss and relates to the ethical and moral issues on which opponents of active euthanasia actively appeal. The topic is interesting because Georgia belongs to a state that bans the named procedure. The aim of the paper is to explore the main issues related to active euthanasia; To consider the model and legislation of different states, and to conduct a discussion on Article 110 of the Criminal Code. At the end of the paper, the author's position on the topic will be formed.

Keywords: Criminal Code of Georgia, Active Euthanasia, Morality, Law, Dignity.

1. Introduction

Euthanasia is one of the most crucial legal problems for criminal law. Euthanasia has philosophical, legal, social, scientific, and religious aspects.¹ Proponents of euthanasia argue that the law completely unjustifiably disregards the human right to death, while the right to life is exercised inviolably.²

This issue covers many aspects, each of which is the subject of a separate study and elaboration. Given the scope of the topic, for more concretization, it was considered appropriate to focus on a specific issue called active euthanasia, the legal nature of which has been debated for many centuries, but there is no agreed position used by the states of the world.

The paper aims to discuss the concept of active euthanasia, ethical, philosophical, and religious aspects; Based on the analysis of the practice of the European Court of Human Rights, the legislative regulations of several states, and the regulation of the Criminal Code of Georgia, an opinion on active euthanasia should be formed, should it be considered murder or the right to death.

2. The Concept of Active Euthanasia

Euthanasia is a word of Greek origin and literally means light, carefree death.³ The purposeful taking of another person's life at his or her own desire is known as

* Ivane Javakhishvili Tbilisi State University, Faculty of Law, BA Student. Lawyer and International Relations Manager at the NGO Young Barristers and the Law Firm Kaikatsishvili and Barristers.

¹ Hazel B., Euthanasia, Death with Dignity and the Law, Oxford, Hart Publishing, 2001, 45.

² Chelidze St., For Whom is Euthanasia Acceptable? Public-Religious Online Magazine “Ambion”, 2009, <<http://www.ambioni.ge/?s=evTanazia>> [10.04.2022] (in Georgian).

³ Lekveishvili M., Mamulashvili G., Todua N., Private Part of Criminal Law, Book I, 2019, 82 (in Georgian).

euthanasia.⁴ In the United Kingdom, euthanasia is defined as a fatal treatment administered by one person to another in order to end the latter's life.⁵ The definition of euthanasia and its concept in gen, in general, were understood by the ancient Romans and Greeks, but their perception, of course, is different from today.⁶ Debates over euthanasia, especially active euthanasia, began in the United States and Western Europe in the 19th century, and since 1960 there has been a massive increase in the number of proponents of voluntary euthanasia.⁷

There are two types of euthanasia: active and passive euthanasia. Active, voluntary euthanasia involves the use of a drug that accelerates death in a terminally ill patient, in turn, active euthanasia is differentiated in the scientific literature into the following types: murder out of compassion; Voluntary active euthanasia, and suicide with the help of a doctor.⁸ The main distinguishing mark between them is the patient's consent. In the first case, the life of a person who is suffering for a particular person is terminated by a second person, in most cases a doctor, due to progressive disease. In the case of this action, it does not matter whether it is done with the consent of the afflicted patient or not, in the second and third cases, the necessary component is the consent of the patient. At this time the doctor provides the patient with information about specific drugs that will help him to kill himself.

2.1. Arguments of Proponents and Opponents of Active Euthanasia

Proponents of euthanasia argue that all human beings have the right not only to have a dignified life but also to maintain their dignity at death. The supporters believe that the suffering from the disease should be taken when there is a possibility to cure, otherwise the person shall be allowed to die. They believe that if a person's life is characterized by continual pain as a result of incurable sickness, he or she should be entitled to make choices.⁹

The opponent believes that Euthanasia is one of the forms of murder, and that voluntary euthanasia is a suicide, they think that Euthanasia is unacceptable for the doctor, because they have a hypocritic oath, which obliges doctors to maintain life. The doctor cannot be the patient's murderer, as this is against Hippocrates' oath and

⁴ *Cohen-Almagor R.*, Euthanasia Policy and Practice in Belgium: Critical Observations and Suggestions for Improvement, *Journal of Issues in Law & Medicine*, Vol. 24(3), 2009, 188.

⁵ *Ost S.*, Conceptions of the Euthanasia Phenomenon: A Comparative Discussion of the Law, Individual Rights and Morality within Three Jurisdictions, *Journal of Civil Liberties*, Vol. 5, Issue 2, 2000, 159.

⁶ *Tatulashvili L.*, Murder at the Request of the Victim (Article 110) a Brief Historical Overview of the Development of Euthanasia, the Concept and Types of Euthanasia, *Journal of "Ornati"*, №2, 2009, 62 (in Georgian).

⁷ *Shengelia A.*, Euthanasia - Crime or Human Rights related to the Will of Your Own Life, *Journal of "Justice and Law"*, №3 (30), 2011, 125 (in Georgian).

⁸ *Ibid.*

⁹ *Bowyer L.*, Euthanasia, *Journal of Think: Philosophy for Everyone*, Vol. 20, Issue 38, 2021, 93.

all moral standards.¹⁰ According to the oath, euthanasia is prohibited. The oath also states: "I will strongly oppose any attempt to have an abortion."¹¹ The record regarding abortion has changed as modern legislation allows abortion, but the relevant preconditions have been defined. Just because euthanasia is explicitly forbidden in the Hippocratic oath does not mean that society and the law should not evolve because of it and be in constant stagnation.

2.2. Religious Beliefs

The Catholic Church condemned Euthanasia and its all manifestation, but in the official position we read that: "When the inevitable death is approaching it is possible to create a decision that denies treatment, which only leads to the extension of risky and severe life".¹² In view of the above, it can be said that the Catholic Church has changed its approach to passive euthanasia in about twenty years and has adapted to the challenges of modernity, but has not changed its position on active euthanasia.

Both Judaism and Christianity declared God to be the single ruler of life and death, and that suffering, and agony were the cost of purification and proximity to God. These two faiths forbid murdering a man for any reason, including relieving the sick's suffering and justifying his guilt.¹³

The Orthodox Church prohibits euthanasia and establishes a mandatory approach for persons with incurable diseases, according to which relatives should take care of the patient and provide the best palliative care. One of the speakers spoke about this issue at the 3rd conference of the Georgian Patriarchate and Tbilisi Medical University "Christianity and Medicine", who gave an example from his medical practice against euthanasia and noted: "Our patient, with his courage, bravery, endurance (despite periods of relative hopelessness and despair) allowed us to fulfill our duties as doctors. He spoke to us with extraordinarily intelligent, amazingly expressive eyes, moving his lips, often asking for help, suffering, stinging ... and there was no place for euthanasia. His possible place was filled with love, the love that was given to the patient by relatives, nurses, doctors."¹⁴ This approach, especially such a doctor's argument for the medical care provided by him, should be considered unacceptable and a violation of existing medical standards. The argument that there was no place for euthanasia because of love is totally

¹⁰ *Marshall C. D.*, *Crowned with Glory and Honor (Human Rights in the Biblical Tradition)*, Pandora Press US, Telford, Pennsylvania, 2001, 28.

¹¹ *Sakvarelidze F.*, *Euthanasia Mercy or Murder*, *Freedom Magazine*, №7 (19), 2003, 37 (in Georgian).

¹² *Shengelia A.*, *Euthanasia - Crime or Human Rights related to the Will of Your Own Life*, *Journal of "Justice and Law"*, №3 (30), 2011, 131 (in Georgian).

¹³ *Aghababaei N.*, *The Euthanasia-Religion Nexus: Exploring Religious Orientation and Euthanasia Attitude Measures in a Muslim Context*, *Journal of Death and Dying (Omega)*, Vol. 66, Issue 4, 2013, 144.

¹⁴ Archimandrite Adam: *Akhaladze V.*, *Man in Bioethical Time and Space*, Tbilisi, 2010, 138 (in Georgian).

unacceptable because love could not alleviate the most severe physical pain a person was experiencing at that moment. At the conference, the doctor notes: "The cry of a weak, sick man, his cry when he asks for help, when he asks for an end to his suffering when he asks for death, this is not a request for euthanasia. It is a reminder that they need more love, better treatment, care, compassion, empathy!"¹⁵ Interpreting a person's condition as we see it in the quoted opinion and saying what a person feels in the most difficult moments of life goes beyond all ethical frameworks.

3. Legal Issues of Euthanasia according to Strasbourg Jurisprudence

3.1. *Pretty v. the United Kingdom*¹⁶

The complainant was a 43-year-old woman who had the neuronal disease, which was incurable and led to disruption and death of hand-foot function. Because the last stages of the illness were related to suffering and the patient being in a degrading condition, the applicant expressed a desire to set himself a time of separation from life. Since she could not have committed suicide independently and assisted in the suicide was criminally punishable, the applicant's lawyer requested the Director of Public Prosecution not to prosecute the applicant's husband if he assisted in committing suicide. This request was not granted. According to the applicant, the State had violated his right to life.

According to the European Court, Article 2 of the Convention does not deal with a decision that a person could have made in respect of his life. In the Court's view, it was impossible to interpret Article 2 of the Convention as conferring the right to die on a person. The court considered the applicant's allegations of a violation of the other articles of the Convention unfounded and held that the prohibition on assisted suicide did not constitute an unequal interference by the State with a person's private life. Such interference was "justified" as "necessary in a democratic society."

Following this decision *Pretty* fought against the said regulation in the UK but to no avail. On May 11, 2002, Ms. *Pretty* died of natural causes.

3.2. *Koch v Germany*¹⁷

A German citizen born in 1943 was diagnosed with quadriplegia in 2002, which means complete or almost complete loss of function in all four limbs. Koch's wife wanted to end her husband's miserable life with the help of suicide. Mr. Koch requested 15 grams of pentobarbital from the relevant agency, to which he refused, explaining that the drug should be issued only for the purpose of prolonging life. In

¹⁵ *Archvadze V.*, Euthanasia, Journal of "Modern Medicine", №1, 2007, 21 (in Georgian).

¹⁶ *Pretty v. the United Kingdom*, [2002] no. 2346/02, EHRR.

¹⁷ *Koch v. Germany* [2011] no. 497/09, EHRR.

2005, the couple traveled to Switzerland, where a person committed suicide with the help of suicide.

The refusal to hand over the 15-gram pentobarbital, which Koch's wife appeared in court, was declared inadmissible on the grounds that the person was an improper plaintiff. The case went to the European Court of Human Rights, where it considered the facts and found that there had been a violation of Article 8 of the Convention in the procedural part because the German court had refused to accept the application. No Place of Violation of the Right Guaranteed by the Death Convention, he explained in this regard that since states could not reach a consensus on active euthanasia, each should act at its own discretion, which is why the Strasbourg court entrusted the decision to the German Constitutional Court.

The European Court of Human Rights refrains from imposing additional regulations, which will regulate the issue relatively much. Following the court ruling, Pretty spent the rest of his life fighting to repeal regulations in the UK over active euthanasia, which made the already difficult life unbearable. States should attempt to adapt existing legislation to a person's requirements and interests, otherwise, all regulations will be useless. A few years after the case was heard, the Strasbourg court had to consider Koch's case, on which he made similar explanations, and refrained from making substantial, groundbreaking changes. In so doing, he left Koch as well as Pretty and many others in the hope of legislation in states that would force terminally ill patients, who have nothing to hope for, to suffer in anticipation of death.

States will not have a consensus on active euthanasia for many years, but the trend in modern times is that an increasing number of pro-active euthanasia states are already giving individuals the right to a dignified death in accordance with strictly defined regulations. The European Court of Human Rights has a duty to protect the rights of all human beings, and not just those whose case concerns issues that are the result of a common consensus between states. I believe that the Court could more boldly highlight the important aspects of active euthanasia in both Koch and Pretty's cases and make recommendations to states to develop flexible legislation in this regard, as the European Court of Human Rights is the last Instance for signatory states and the last. It is critical that it be given more authority in regulating complex cases. States will not have a conciliatory position on active euthanasia for many years to come. The trend in modern times shows that an increasing number of pro-euthanasia states are giving individuals the right to a dignified death on the basis of strictly defined regulations at the legislative level. The court is obliged to protect the rights of all human beings and not only those whose case concerns issues that are the result of a common consensus between states. It can be considered that the court could have highlighted important aspects of active euthanasia in both Koch and Pretty cases and made recommendations to states to develop flexible legislation. The European Court is the signatory states' final option and the people's last hope, and it holds greater duty in resolving problematic cases.

4. Legal Regulation of Euthanasia according to the Legislation of the Countries

4.1. Countries where Euthanasia is Prohibited by Law

Both active and passive euthanasia was banned before changes were made to French law. Under French law, this act is usually qualified as premeditated murder. Following the changes, doctors in France were given the opportunity to undergo passive euthanasia, which should be considered a step forward.¹⁸

According to French legislation, a doctor has the authority to administer medicines at the request of a patient, even if they hasten death, although active euthanasia is not permitted in all circumstances.¹⁹

The debate over active euthanasia has been going on in France for many years. A bill was even drafted, but the French Senate refused to pass the bill.²⁰ The issue became more urgent in 2008 when a French court heard a case involving active euthanasia. A 53-year-old female teacher was sued in 2000 for being diagnosed with a rare form of tumor called esthesioneuroblastoma, of which only 200 cases have been reported worldwide. Shortly after diagnosis, the tumor covered a large part of a woman's face, resulting in facial numbness, loss of vision, loss of taste, and sense of smell. The woman appealed to French President Nicolas Sarkozy, who said it was desirable for the French parliament to pass a law that would give a legal right to life imprisonment to a patient suffering from an incurable disease.²¹ Parliament has not made any legislative changes despite the current situation. The court did not allow euthanasia. Two days after the judgment, the woman was found dead in her home. Examination revealed that he died not of natural causes but of an overdose of phenobarbital. This case is similar to Koch's case, with a similar case composition and similar outcome, but the result was achieved differently. The woman who was already suffering from severe physical and spiritual pain was forced to commit suicide because she could not reach the altar under legal regulations. This is the flaw and the great injustice we face in the legislation of particular states.

There was talk of active euthanasia in Portugal in 2018, a bill was prepared. MPs with 115 votes against 110 did not pass the bill. The bill was preceded by rallies against euthanasia, with people calling for "palliative care for all." The rally was attended by people who did not experience severe suffering, they did not feel the

¹⁸ *Sadradze T.*, Euthanasia and Problems of Criminal Protection of Fetus, Dissertation, Ivane Javakhishvili Tbilisi State University, Tbilisi, 2012, 45 (in Georgian).

¹⁹ *Adams M., Griffiths J., Weyers H.*, Euthanasia and Law in Europe: with Special Reference to the Netherlands and Belgium, Oxford, Hart Publishing, 2008, 102.

²⁰ *Shengelia A.*, Euthanasia - Crime or Human Rights related to the Will of Your Own Life, Journal of "Justice and Law", №3 (30), 2011, 127-128 (in Georgian).

²¹ <<http://www.time.com/time/world/article/0,8599,1724062,00.html>> [26.11.2020].

physical or spiritual pain experienced by the French teacher.²² This is why the people who spoke on behalf of all Portuguese citizens were likely unaware of the idea of active euthanasia and its function in current times.

4.2. Countries where Euthanasia is Permitted by Law

In the Netherlands, the Law on Promotion of Life and Assistance to Suicides came into force in 2002, according to which criminal liability would not be imposed on a physician acting within the law who used euthanasia in the following cases: 1. Patient suffering is unbearable and there is no prospect of improvement; 2. The patient himself/herself should request euthanasia for a certain period of time (without the influence of others or the influence of drugs); 3. The patient should have complete information about his condition, capabilities, and choice; 4. It is necessary to consult at least one independent doctor who will prove that the above situation actually exists; 5. Death must occur by a method accepted in medicine; 6. The patient must be at least twelve years old (from twelve to sixteen years the patient needs parental consent).²³ From the listed criteria we learn that the doctor is obliged to attend the euthanasia procedure to make sure that the poison was not accidentally taken by another person and to control the process by performing the necessary procedures. In the Netherlands in 2016, 6,091 persons were actively euthanized, which is 4% of the total number of deaths in that country in 2016.

It should be mentioned that the Netherlands implemented the original system in 1993-1994, under which a physician was obliged to submit a "peaceful enforcement" promotion form in order to seek court review. The form was delivered to the municipal legislature, which then forwarded it to the local prosecutor's office. At his or her option, the prosecutor's office chief informed the Assembly of Prosecutors of the case, or analyzed the circumstances and made a decision. A method like this was created to avoid arbitrariness.²⁴

In 2020, a referendum was held in New Zealand to legalize euthanasia. 65.2% of the population supported the legalization of active euthanasia. New Zealand lawmakers are working on a law that would regulate this area, at this stage it is known that, along with other, strictly defined preconditions, the consent of at least two doctors will be required for a person to qualify for active euthanasia.²⁵

²² *Sadradze T.*, Euthanasia and Problems of Criminal Protection of Fetus, Dissertation, Ivane Javakhishvili Tbilisi State University, Tbilisi, 2012, 48 (in Georgian).

²³ *Lekveishvili M., Mamulashvili G., Todua N.*, Private Part of Criminal Law, Book I, 2019, 62 (in Georgian).

²⁴ *Griffiths J., Bood A., Weyers H.*, Euthanasia and Law in the Netherlands, Amsterdam University Press, 1998, 41-42.

²⁵ <<https://www.bbc.com/news/world-asia-54728717>> [26.11.2020].

Before active euthanasia was legalized in New Zealand, a court convicted Sean Davison guilty in 2010 of assisting an 85-year-old terminally sick mother with cancer to terminate her life through active euthanasia.²⁶

The first case of active euthanasia was reported in Colombia in 2015. A 79-year-old man suffering from cancer was given the right to engage in active euthanasia. Colombia is the first Latin American country to enforce a 1990 law allowing active euthanasia. Despite years of struggle and church resistance, the Colombians achieved what they desired and were able to obtain a dignified death right for those in the terminal condition who were experiencing severe physical pain.²⁷

There are many people in the world who commit suicide because of unbearable pain²⁸ because the state has taken away the right to a dignified death. We can name many famous people who ended their lives with active euthanasia. In 2019, the Belgian Paralympic champion, who won gold and silver medals at the 2012 London Olympics and the 2016 Rio Olympics, suffering from degenerative muscle disease, and suffering from excruciating pain, ended his life in active euthanasia in Belgium.²⁹ Renowned Austrian psychiatrist and psychologist Sigmund Freud, who was diagnosed with malignant cancer, asked his friend and personal physician to help him perform euthanasia. The doctor gave him a triple dose of morphine, which resulted in Freud dying. Active euthanasia was also addressed by Belgian writer and director Hugo Klaus, who suffered from Alzheimer's disease.

5. Active Euthanasia according to Georgian Law

Article 110 of the Criminal Code of Georgia provides for murder at the request of the victim. This article was amended in 2000, 2006, and 2017 to focus on the legislator's approach to active euthanasia. The current wording of Article 110 deals with euthanasia in general. Without direct reference to active and passive euthanasia. There is an impression that any form of euthanasia is punishable, which is in direct contradiction with “the Law of Georgia on Patients' Rights” and “the Law of Georgia on Protection of Health”.³⁰ If we teleologically explain this norm and review the general regulations in Georgian legislation regarding euthanasia, we will see that the purpose of this norm is to criminalize active euthanasia and not passive euthanasia. None of the amendments to Article 110 have touched on the descriptive part of that article, which is unjustified. The refinement of the descriptive part would dispel all ambiguity regarding this norm. The changes affected the sentence component. The 2006 regulation stipulates imprisonment for

²⁶ *Sumner L. W.*, *Physician-Assisted Death: What Everyone Needs to Know*, Oxford University Press, 2017, 140.

²⁷ <<https://www.bbc.com/news/world-latin-america-33392195>> [26.11.2020].

²⁸ *Shengelia A.*, *Euthanasia - Crime or Human Rights related to the Will of Your Own Life*, *Journal of “Justice and Law”*, №3 (30), 2011, 130 (in Georgian).

²⁹ <<https://www.bbc.com/sport/disability-sport/50145393>> [26.11.2020].

³⁰ *Sadradze T.*, *Euthanasia and Problems of Criminal Protection of Fetus*, Dissertation, Ivane Javakhishvili Tbilisi State University, Tbilisi, 2012, 93 (in Georgian).

two to five years, while the 2017 amendment stipulates imprisonment for a term of six months to two years or imprisonment for a term of three to five years.³¹

In Georgia, not only the legislature has changed its attitude towards active euthanasia, but also the population, as evidenced by the radically different results of research conducted at the beginning of the 21st century and research conducted after 17 years. According to a survey conducted at the beginning of the century, 7% of respondents in favor of active euthanasia³², and in a 2017 survey, when asked if a patient has the right to request a painless death, if he or she is in the worst condition, 69% of respondents think the patient should have the right to do so.³³ We see that the attitude of the population towards the topic under discussion has changed radically and created a completely different reality.

In order for an action to be qualified under Article 110 of the Criminal Code of Georgia, it is necessary to have the following conditions: 1. Inspiration of the perpetrator by the victim; 2. The insistent request of the mortal must be repeated several times; 3. Compliance with the will of the victim; 4. Severe physical pain experienced by the deceased; 5. The basis for a request for death must be strong physical pain and suffering caused by illness; 6. The deceased must be in a normal mental state at the time of the request, aware of the result of his request; 7. Murder should be aimed at relieving the mortal from severe physical pain.³⁴ It is also interesting to note that no matter what the preconditions for criminal liability in Georgia, the same preconditions allow a doctor to practice active euthanasia in the Netherlands.³⁵

The position of the society regarding Article 110 of the Criminal Code is interesting, whether the doctor performing active euthanasia is considered guilty. 56% of the respondents to the question posed by this wording did not consider the doctor guilty, 10% would charge him with criminal liability, and 34% found it difficult to answer the question.³⁶

6. Conclusion

Both Georgian and foreign sources were discussed in the drafting process, and the only difference between them was that foreign scholars concluded that states were obliged to take the best care and give people the right to a dignified death.

³¹ <<https://matsne.gov.ge/ka/document/view/3696184?publication=0#DOCUMENT:1>> [26.11.2020].

³² *Sadradze T.*, Euthanasia and Problems of Criminal Protection of Fetus, Dissertation, Ivane Javakhishvili Tbilisi State University, Tbilisi, 2012, 94 (in Georgian).

³³ *Mamulashvili M., Verulava T.*, Attitudes of the Orthodox Parish towards Euthanasia, Journal of "Health Policy", Economics and Sociology, №3, 2017, 28 (in Georgian).

³⁴ *Sadradze T.*, Euthanasia and Problems of Criminal Protection of Fetus, Dissertation, Ivane Javakhishvili Tbilisi State University, Tbilisi, 2012, 86-87 (in Georgian).

³⁵ *Ibid*, 69-71 (in Georgian).

³⁶ *Mamulashvili M., Verulava T.*, Attitudes of the Orthodox Parish towards Euthanasia, Journal of "Health Policy", Economics and Sociology, №3, 2017, 29 (in Georgian).

Most of the Georgian scholars emphasized the religious aspect and concluded that they were discussing a completely unjustified issue.

A terminally ill patient should be able to enjoy active euthanasia. Otherwise, no regulation, prohibition, or resistance can stop a person from living an unbearable life, suffering from a disease, a clear example of which was Koch and the French teacher Chantal Sebir.

The Member of Parliament of Georgia and all authorized persons are obliged to discuss active euthanasia and create a framework for its regulation, on the basis of which the current regulation of Article 110 of the Criminal Code should be abolished. We must remember that rapid steps in this area are not allowed, a clear example of this is Belgium, which a year after the legalization of active euthanasia created specific regulatory norms. With dingy and cautious steps, one must begin to melt the ice and create a flawless legislative space for active euthanasia.

The position of opponents of active euthanasia is indeed shared, yes, every human life has a price always and, in all cases, but when life loses the characteristics that make it different in color and resembles just a colorless existence, human beings must be given a choice, he/she must decide he/she wants to live or not.

Bibliography:

1. Law of Georgia on Health Care, 10/12/1997.
2. Law of Georgia on Patients' Rights, 05/05/2000.
3. Law of Georgia on Amendments to the Criminal Code of Georgia, 01/06/2017.
4. *Adams M., Griffiths J., Weyers H.*, Euthanasia and Law in Europe: with Special Reference to the Netherlands and Belgium, Oxford, Hart Publishing, 2008, 102.
5. *Aghababaei N.*, The Euthanasia-Religion Nexus: Exploring Religious Orientation and Euthanasia Attitude Measures in a Muslim Context, *Journal of Death and Dying (Omega)*, Vol. 66, Issue 4, 2013, 144.
6. Archimandrite Adam: *Akhaladze V.*, Man in Bioethical Time and Space, Tbilisi, 2010, 138 (in Georgian).
7. *Archvadze V.*, Euthanasia, *Journal of "Modern Medicine"*, №1, 2007, 21 (in Georgian).
8. *Bowyer L.*, Euthanasia, *Journal of Think: Philosophy for Everyone*, Vol. 20, Issue 38, 2021, 93.
9. *Chelidze St.*, For Whom is Euthanasia Acceptable? Public-Religious Online Magazine "Ambion", 2009, <<http://www.ambioni.ge/?s=evTanazia>> [10.04.2022] (in Georgian).
10. *Cohen-Almagor R.*, Euthanasia Policy and Practice in Belgium: Critical Observations and Suggestions for Improvement, *Journal of Issues in Law & Medicine*, Vol. 24(3), 2009, 188.
11. *Griffiths J., Bood A., Weyers H.*, Euthanasia and Law in the Netherlands, Amsterdam University Press, 1998, 41-42.
12. *Hazel B.*, Euthanasia, *Death with Dignity and the Law*, Oxford, Hart Publishing, 2001, 45.
13. *Lekveishvili M., Mamulashvili G., Todua N.*, Private Part of Criminal Law, Book I, 2019, 62, 82 (in Georgian).
14. *Mamulashvili M., Verulava T.*, Attitudes of the Orthodox Parish towards Euthanasia, *Journal of "Health Policy", Economics and Sociology*, №3, 2017, 29 (in Georgian).
15. *Marshall C. D.*, *Crowned with Glory and Honor (Human Rights in the Biblical Tradition)*, Pandora Press US, Telford, Pennsylvania, 2001, 28.

16. *Ost S.*, Conceptions of the Euthanasia Phenomenon: A Comparative Discussion of the Law, Individual Rights and Morality within Three Jurisdictions, *Journal of Civil Liberties*, Vol. 5, Issue 2, 2000, 159.
17. *Sadradze T.*, Euthanasia and Problems of Criminal Protection of Fetus, Dissertation, Ivane Javakhishvili Tbilisi State University, Tbilisi, 2012, 45, 48, 69-71, 86-87, 93-94 (in Georgian).
18. *Sakvarelidze F.*, Euthanasia Mercy or Murder, *Freedom Magazine*, №7 (19), 2003, 37 (in Georgian).
19. *Shengelia A.*, Euthanasia - Crime or Human Rights related to the Will of Your Own Life, *Journal of "Justice and Law"*, №3 (30), 2011, 125, 127-128, 130-131 (in Georgian).
20. *Sumner L. W.*, *Physician-Assisted Death: What Everyone Needs to Know*, Oxford University Press, 2017, 140.
21. *Tatulashvili L.*, Murder at the Request of the Victim (Article 110) a Brief Historical Overview of the Development of Euthanasia, the Concept and Types of Euthanasia, *Journal of "Ornati"*, №2, 2009, 62 (in Georgian).
22. Case of *Pretty v. The United Kingdom*, №2346/02, ECtHR, 29/04/2002.
Case of *Koch v Germany*, №497/09, ECtHR, 19/07/2012.