



E1 Law and Ethics in End-of-Life Decisions: Where Italy is Going in Comparison With Other EU Countries

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After attending this presentation, attendees will gain insight into the current political and legal dispute, regarding the medical role in end-of-life decisions, giving a schematical account of some cases of deaths that highly impacted on Italian public opinion during the last five years (i.e., Englaro, Welby, Monicelli, Magri) in addition to comparing the trends of others EU countries. In particular, after attending this presentation, attendees will understand: (1) the main juridical and ethical aspects of Italian Law in ELD (End of Life Decisions); (2) the conceptual distinction between direct active and indirect active euthanasia, withdrawal of life-sustaining measures (passive euthanasia), assisted suicide and suicide; and, (3) the statistic data of Italian public opinion regarding euthanasia and the living will, including the acceptance trend in others EU countries.

This presentation will impact the forensic community by highlighting legal similarities and differences among EU countries in the provisions of ELD, stressing the complexity of the relationship between patient (both terminally ill and mentally ill) and physician and trying to enhance the international debate with recent Italian experiences. Exploring international legislation, there are no universal policies regarding ELD nor homogeneous guidelines for physicians faced with ELD issues.

The reconstruction of the examples mentioned above will be presented, taking into account Italian law. Direct active euthanasia, performed by the administration of toxic drugs to a patient with the purpose of inducing his/her death, is explicitly illegal in Italy, and thus punishable either as a homicide (Penal Code article 579) or as voluntary manslaughter (Penal Code article 575) with extenuating circumstances of mercy, even though these extenuating circumstances are not specifically provided for ELD issues. In contrast, indirect active euthanasia, performed by administration of drugs to relieve pain and which may lead to the death of the patient only as a side effect, is not clearly prohibited by the law, rather it may be included among the so-called palliative treatments. Assisted suicide is forbidden by Italian law, being considered a crime of instigation to commit suicide (Penal Code article 580). Similarly, passive euthanasia is also prohibited (Penal Code article 42), although it is perceived by public opinion to be less worthy of punishment. The ethical and legal concerns involving the debates upon ELD reflect the different laws in the other EU countries. Euthanasia and assisted suicide are forbidden in most EU countries. The Netherlands, Belgium, and Luxemburg have legalized euthanasia. Switzerland allows assisted suicide, and recently approved guidelines allow doctors to perform a sort of passive euthanasia in Sweden.

Although the deaths of *Englaro*, *Welby*, *Monicelli*, and *Magri* represent different type ELD cases, they increase public interest regarding ELD issues, in particular euthanasia and the right to decide in advance to give authorization or non-authorization for life-sustaining artificial treatments ("living will"). Those cases are all characterized by the desire to avoid physical and/or psychic pain and poor quality of life. The 2011 Eurispes (Italian Institute of Political Economical and Social Studies) report data will be show that 66.2% of Italians are in favor of euthanasia: 18 to 24-year-olds: 75.3%; 25 to 34-year-olds: 70.9%; 35 to 44-year-olds: 67.7%; 45 to 65-year-olds: 65%; and over 65 years: 53.7%). Additionally, 77.2% of Italians would like a bill that puts "living wills" in writing.

The primary and fundamental issue of ELD is the need of a unifying model that would identify the unique and critical relationship between patient and doctor, whose primary mission should be not only "to cure" but also "to care." It is recommended to focus the attention of forensic community on the relevance that the concept of "quality of life" may have in ELD issues.

End-of-Life Decision, Quality of Life, Patient-Physician Relationship