

Cardinal Stefan Wyszyński University in Warsaw
Institute of Philosophy
Center for Ecology and Ecophilosophy

STUDIA
ECOLOGIAE
ET BIOETHICAE



21/1 (2023)

Ethical and Legal Aspects of the Dispute Over the Legalization of Assisted Suicide in Italy in 2017–2022

Aspekty etyczno-prawne sporu o legalizację wspomaganego samobójstwa we Włoszech w latach 2017–2022

Andrzej Kobyliński

Cardinal Stefan Wyszyński University in Warsaw, Poland

ORCID <https://orcid.org/0000-0003-2252-8634> • a.kobyliński@uksw.edu.pl

Received: 15 Dec, 2022; Revised: 10 Feb, 2023; Accepted: 16 Feb, 2023

Abstract: The main purpose of the study undertaken in this paper is a synthetic presentation of the major stages of the dispute over the legalization of assisted suicide in Italy as well as an analysis of selected ethical and legal aspects related to this issue. Assisted suicide is medical and administrative aid provided to a person who has decided to take their own life. It differs from direct euthanasia in the fact that the final act of taking one's own life, involving deliberate administration of the necessary substances, is performed entirely by the patient themselves without interference of any third parties. In 2017, the institution of the living will was introduced in Italy, which allows to make a declaration of intent for potential future loss of consciousness and ability to make decisions regarding one's treatment and saving one's life. In 2019, the Constitutional Court obliged the parliament to draft a law regulating the termination of life on request. In March 2022, the relevant provisions were voted in the Chamber of Deputies. They were then forwarded to the Senate. Ultimately, this bill was not passed, due to the collapse of the government in July 2022 and the dissolution of the parliament. The conducted analyses showed that the Italian ethical and legal dispute regarding the legalization of assisted suicide is an important element of the contemporary global debate, concerning, among others, medical ethics, value and quality of human life, conscience clause, ethical aspects of suffering and death.

Keywords: euthanasia, medical ethics, assisted suicide, conscience clause, living will

Streszczenie: Głównym celem dociekań podjętych w tym opracowaniu jest syntetyczna prezentacja najważniejszych etapów sporu o legalizację wspomaganego samobójstwa we Włoszech oraz analiza wybranych aspektów etyczno-prawnych tego zagadnienia. Wspomagane samobójstwo to pomoc medyczna i administracyjna udzielana osobie, która zdecydowała się na samodzielne skrócenie własnego życia. Różni się ono od bezpośredniej eutanazji tym, że ostatecznego aktu odebrania sobie życia, samodzielnego i dobrowolnego podania niezbędnych substancji, dokonuje w całości sam pacjent, a nie osoby trzecie. W 2017 r. we Włoszech została wprowadzona instytucja testamentu życia, która umożliwiła składanie oświadczenia woli na wypadek utraty w przyszłości świadomości i zdolności do podjęcia decyzji dotyczącej leczenia i ratowania własnego życia. Natomiast w 2019 r. Trybunał Konstytucyjny zobowiązał parlament do przygotowania ustawy regulującej przerywanie życia na życzenie. W marcu 2022 r. odpowiednie przepisy zostały przegłosowane w Izbie Deputowanych. Następnie zostały one przekazane do Senatu. Ostatecznie nie uchwalono tej ustawy, ponieważ w lipcu 2022 r. doszło we Włoszech do upadku rządu i rozwiązania parlamentu. Przeprowadzone analizy wykazały, że włoski spór etyczno-prawny dotyczący legalizacji wspomaganego samobójstwa jest ważnym elementem współczesnej debaty

o charakterze globalnym, dotyczącej m.in. etyki medycznej, wartości i jakości życia ludzkiego, klauzuli sumienia, etycznych aspektów cierpienia i śmierci.

Słowa kluczowe: eutanazja, etyka medyczna, samobójstwo wspomagane, klauzula sumienia, testament życia

Introduction

On June 16, 2022, 44-year-old Federico Carboni died in the city of Senigallia, Italy. Information about this death was widely commented not only in his homeland, but also in many other countries, because it was the first case in the country on the Tiber of legally conducted assisted suicide also termed as assisted dying, assisted death, voluntary medically assisted dying, medically assisted suicide, termination or shortening of life on request. Assisted suicide is medical and administrative aid provided to a person who has decided to shorten their life. Helping a patient to take their own life (at their explicit request) consists in providing them with a medical preparation which has to be prescribed by a physician, and obtaining of which is preceded by an appropriate procedure. Assisted suicide differs from direct euthanasia in the fact that the final act of taking one's own life, administering the necessary substances, is voluntary and performed entirely by the patient, and not by any third parties (Prokofieff and Selg 2019; Savarino 2021).

In October 2010, Federico Carboni had a tragic road accident. As a consequence of this unfortunate event, he suffered from tetraplegia, which is a type of paralysis involving all four limbs. This severe form of disability is associated with the loss of the ability to perform any movement with the limbs and loss of sensation. Unfortunately, tetraplegia is irreversible. It is directly caused by the damage to the spinal cord in the cervical section, which very often occurs during traffic accidents. Incurable tetraplegia and loss of sensation made Carboni physically disabled, completely dependent on the care of relatives and

friends, while he maintained full awareness and intellectual abilities. Several years before his death, the patient made a voluntary decision to commit assisted suicide. His desire to die, expressed publicly, soon became the subject of interest of those social, medical, legal and political circles that strive to legalize in Italy termination of life on request, a medical procedure currently allowed in countries such as Belgium, the Netherlands, Canada, Luxembourg or Switzerland (Fornero 2020).

A particularly active role in this respect was played by the Luca Coscioni Association for Research Freedom, established in 2002. The main objectives of this organization include promotion of research freedom and of the principle of individual self-determination of all citizens. One of the postulates put forward by this association is legalization of various forms of termination of life on request. In 2013, activists of this organization submitted a citizen bill to the Italian parliament to legalize euthanasia. In recent years, they have also taken various actions to use the case of Federico Carboni to change Italian public opinion in the area of ethical and legal issues related to the final phase of human life. The Luca Coscioni Association – after obtaining the appropriate consent of the court – prepared the patient with the necessary means to commit suicide. Eventually, the patient self-injected the lethal drug into his vein using a special infusion pump.

The suicide committed by a paralyzed man in the city of Senigallia constitutes an important element of a long-running public debate in Italy on legalizing termination of life on request. What role did the judgment of the Constitutional Court of November

22, 2019, play in this discussion? How was the bill on “voluntary assisted dying” proceeded in the Italian Parliament? Why did the dispute over the legalization of assisted suicide cause deep divisions among Catholics in the country on the Tiber? What elements of the conscience clause of health-care professionals should be considered in the context of various forms of termination of life on request?

The main purpose of the study undertaken in this paper is to synthetically present the most important stages of the dispute over the legalization of assisted suicide in Italy in the years 2017-2022 as well as analysis of selected ethical and legal aspects of this important and topical issue.

1. Consequences of the Constitutional Court judgment of 2019

On November 22, 2019, the Italian Constitutional Court passed Judgment No. 242 in the case concerning the compliance of Art. 580 of the Penal Code with the Constitution of the Italian Republic, as regards its provision stating that always, and in all cases, all those who incite to suicide or cooperate in the taking of life by a given person, regardless of the state of health of that person, are subject to appropriate punishment. One of the most important elements of this decision was the commitment of the parliament to introduce legal regulations for assisted suicide, by preparing a comprehensive act on the principles and circumstances of ending life on the patient’s request.

The case was referred to the Constitutional Court by one of the courts in Milan, which conducted criminal proceedings against the politician and social activist Marco Cappato, accused of facilitating the suicide of Fabiano Antoniani – known in public as DJ Fabo – by organizing his trip to the Swiss clinic “Dignitas” in order to terminate his life. It is worth adding here that this controversial medical facility was established in 1998 by lawyer, Ludwig Minelli, thus making Switzerland a country of the so-called suicide tourism. A large number of this

clinic’s “patients” are residents of countries where termination of life on request is against the law. One of the most debatable activities of the “Dignitas” Swiss clinic is aiding depressed and mentally ill people in committing suicide.

In the Cappato-Antoniani case, judges of the Constitutional Court ruled that Art. 580 of the Criminal Code does not comply with the Italian constitution. In their opinion, under certain conditions, assisting in suicide should not be considered a prohibited act. They stated that the right to assisted suicide should be guaranteed especially in the cases of terminally ill people and those suffering from various forms of disability asking for termination of their life. In this way, assisted suicide entered the Italian legal system not through a parliamentary act, but through a judgment of the Constitutional Court, which ruled that a person who facilitates a spontaneously and voluntarily formulated suicidal intention by a patient is not punishable. Such a patient should be fully capable of making their own free and informed decisions, while this type of choice may be justified, above all, on the grounds of an incurable disease, which is a source of physical and mental suffering that the patient considers unbearable. The criteria for terminating life on demand and the method of assisted suicide should be verified by the public health service system, after prior consultation with the relevant ethics committee (Stajano 2021; Beguinot 2022).

The judgment of the Constitutional Court of 2019 is, in a sense, a legal continuation of the law on the living will adopted in Italy in autumn 2017. According to this legal regulation, patients can make declarations of intent for potential future loss of consciousness and ability to make decisions regarding one’s treatment and saving one’s life. A living will is a declaration of intent, in which a person indicates the medical services they want to receive and those they refuse to receive from the moment when they are no longer able

to express their will in a sufficient way. The patient can indicate in the living will, specific pathological situations and make preventive choices, both in a positive and negative sense, as well as indicate a trusted person who will be responsible for actually making the decisions in a situation when the patient can no longer make them on their own.

The Act of 2017 enables terminally ill people to refuse treatment at the end of their lives, including artificial life support, when they are unable to eat or drink themselves. No medical assistance may be initiated or continued without the patient's informed consent, and if a sick person is unable to communicate, physicians will have to refer to decisions set out in the patient's living will. The 2017 Act also provides for deep sedation, i.e., a medical procedure that allows an incurable patient to ask for a dose of morphine that relieves pain, gradually depriving the sick person of consciousness and leading to the termination of life. However, in deep sedation, death is not the result of the drug, but is ultimately caused by the disease that the individual suffers from. The principles set out in the 2017 Act correspond to the solutions introduced two years later by the Constitutional Court. Why? Because if it is lawful to hasten the moment of death of a patient by interrupting artificial feeding, hydration and respiration, it is difficult to maintain a legal prohibition on using other methods leading to the death of a sick or elderly person, such as administering a deadly preparation by injection or drip.

This type of argumentation was referred to in the public debate in June 2022 by the supporters of the decision taken by Luca Carboni. His dramatic death was also commented on the Vatican Radio by Laura Palazzani, professor of philosophy at LUMSA University in Rome and member of the Pontifical Academy for Life. In her opinion, in such cases like this, which need to be respected and understood, more needs to be done to ensure that patients feel supported and can choose

life over death. Palazzani stated that Luca Carboni's health situation did not meet the conditions set out in the Constitutional Court's judgment of 2019. It established, as an exception to the rule, that in the case of assisted suicide "the person must be able to understand and have a free will, must suffer from an incurable disease causing unbearable suffering and be kept alive by life-sustaining therapies. There were no such therapies in this case" (Masotti 2022).

According to Palazzani, society should provide appropriate care to people who are terminally ill or suffer from other serious disabilities. Therefore, various initiatives of support, help and accompanying should be promoted for those people who are unable to accept their own illness or upcoming death. Palazzani believes that psychological and psychosocial accompanying is a very noble activity that should be pursued alongside all other normative, deontological and bioethical initiatives. The latter initiatives exist in theory but are not implemented as practical activities – it is necessary to accompany patients, not abandoning them in suffering and loneliness.

2. Bill on voluntary medically assisted death

On May 10, 2021, the first reading of the draft law on "medically assisted voluntary death" (Italian *morte volontaria medicalmente assistita*) took place in the Italian Chamber of Deputies. In this way, the commitment imposed in 2019 by the Constitutional Court on the Parliament to introduce legislation in Italy regulating the use of assisted suicide in public health facilities was fulfilled. The bill was presented by two parliamentarians: Alfredo Bazoli from the left-wing Democratic Party as a representative of the Justice Committee and Nicola Provenza from the left-wing populist Five Star Movement as a representative of the Social Affairs Committee. After the first reading, the Bazoli-Provenza document was referred for further work in the relevant parliamentary committees.

On December 13, 2021, the second reading of this bill took place. The document was finally adopted on March 10, 2022 (Camera dei Deputati 2022). The next day it was sent for further processing in the Senate.

The parliamentary debate was publicly commented on by, among others, Alfredo Mantovano, Italian lawyer and politician, from October 2022 Undersecretary of State in the government of Giorgia Meloni, in 2015-2022 vice-president of the Rosario Livatino Centre for Studies, composed of justices of peace, lawyers, notaries and teachers of legal subjects, whose aim is an in-depth analysis of issues concerning, among others, life, family, religious freedom. Mantovano described the Italian dispute over the legalization of assisted suicide as follows: "It is a race who comes first to guarantee death, be it the Luca Coscioni Association with the referendum or the Parliament with the Bazoli bill. But the solution is not to be found in the sphere of death, but in the sphere of life" (Dovico 2021).

In December 2021, a book was published in Italy titled *Eutanasia, le ragioni del no. Il referendum, la legge, le sentenze* [Euthanasia, arguments against. Referendum, law, judgments] (Mantovano 2021). The book is a collective work containing studies by twelve authors who focus their attention on cultural, legal, ethical and political issues. The scientific editor is Alfredo Mantovano. This collective work can be treated as a kind of compendium of knowledge on the Italian dispute over the legalization of medically assisted suicide. An important element of the study is the proposal to adopt appropriate legal regulations supporting "informal carers", i.e., those (primarily) family members who help a person in need of care. The book also presents the consequences of legalizing various forms of the termination of life on request in countries such as Switzerland, Belgium and the Netherlands.

The Bazoli-Provenza bill refrains from using the term "suicide" but speaks of "medically assisted voluntary death".

This term is understood as death caused by individual, self-performed act, as a result of which – in accordance with the law – the patient ends their life in a voluntary, dignified and conscious manner, with the support and control of public health care facilities. A request for medically assisted death must be valid, conscious, voluntary and explicit. The request must be in writing and in the form of a public deed or a certified private deed. The request may be revoked at any time without formal requirements and using any means appropriate to reveal the will.

Where a person's circumstances do not allow it, the request may be made and documented by video or other appropriate means of communication and unambiguous expression of will, in the presence of two witnesses and one state official who certifies the authenticity, i.e., the date and place of expressing the will of the interested party. A request for medically assisted voluntary death should be made to the GP or the physician treating the patient. After receiving the request, the physician presents to the patient – if the patient agrees, also to his family members – their own position and draws attention to the consequences of the decision made. The official should also present possible alternatives, e.g., activities supporting the patient, including the use of psychological help. Termination of life should be done with respect for the dignity of the patient and in such a way as not to cause further suffering and avoid abuse. The sick person has the right to indicate who of their relatives and friends should be informed of their decision and who may be present at the time of their death (Camera dei Deputati 2022).

Some comments on the Bazoli-Provenza bill emphasize that in the whole Italian debate on shortening life on request, the subject matter of the dispute is not consistent with the definitions and semantic terms used. The term euthanasia or suicide is not used, but it is clear that the aim is to introduce assisted suicide into the Italian

legal system. According to the Bazoli-Provenza bill, unnatural termination of life is not punishable if it is practiced by the patient themselves. Termination of life on request and in accordance with the law, would be possible in the case of irreversible pathology, poor prognosis, unbearable physical or mental suffering. However, above all, the terminally ill must be kept alive by appropriate medical treatments. The patient must be kept alive by life-sustaining medical procedures, the interruption of which would cause their death. The authors of the Bazoli-Provenza bill argue that the use of life-sustaining therapies draws the line between assisted suicide and euthanasia. The latter means termination of the life of a patient who has not been subject to palliative life-sustaining therapies.

An important element of the law is the provision concerning the clinical evaluation committee. The possibility of using ethical or bioethical committees, which deal with e.g., the evaluation of medical experiments, the criteria for persistent therapy, the benefit-risk relationship of taking a new drug or using a new medical procedure, etc. Clinical evaluation committees, on the other hand, would only have to say “yes” or “no” to a proposal to end a person’s life. Such committees would be established by regulation of the Minister of Health. In this way, de facto state power would indirectly decide whether a person deserves to continue to live or die. If the physician or clinical review board opposes the request for death, the patient can appeal against the decision to the court. In such situations, final decisions on medically assisted suicide would be made during court hearings (Camera dei Deputati 2022).

It is worth adding here that on February 15, 2022, the Constitutional Court rejected the possibility of holding a referendum in Italy on the partial removal of Art. 579 of the Penal Code, which prohibits the murder of a person accepting their own death. The planned referendum referred to legal euthanasia, but in fact it was about

the partial repeal of the law punishing the murder of a person accepting their own death. The promoters of the referendum collected 1 million 200 thousand signatures in support of this initiative. They proposed that in the referendum question, citizens should express whether they support the abolition of the penalty of 6 to 15 years in prison for causing the death of a person with their consent. The Constitutional Court rejected such a possibility out of concern for guaranteeing the constitutionally necessary minimum protection of human life in general, with particular emphasis on the weak and defenceless.

In the summer of 2022, work in the Senate on the Bazoli-Provenza bill was interrupted due to a deep political crisis in Italy, which ultimately led to the collapse of Mario Draghi’s government on July 21, 2022. As a consequence, President Sergio Mattarella dissolved the Parliament. The date of the new elections was September 25, 2022. During the election campaign, bioethical or ideological issues were pushed into the background by topics related to Russia’s war against Ukraine, the energy crisis, inflation, job protection, etc. However, this does not mean that they disappeared. Legalization of assisted suicide was one of such issues discussed publicly during that period. Representatives of the centre-right parties expressed their opposition to the bill adopted by the Chamber of Deputies in March 2022, while the politicians of the centre-left camp who were advocates of the bill maintained their strong support. The parliamentary elections were won by a coalition of centre-right parties. Consequently, further processing of the Bazoli-Provenza bill was definitively discontinued.

In 2022, the last stage of the dispute over assisted suicide in Italy was an attempt to adopt legal regulations in this area at the level of regional authorities. In August 2022, a draft of the relevant document was presented by a group of members of the Apulia Regional Council, while in November 2022 a similar initiative was

presented by one of the representatives of the Umbria Regional Council. Further processing of these motions was stopped because the creation of legal regulations concerning, among others, termination of life on request is not the responsibility of local governments but falls within the competence of the Parliament of the Italian Republic.

3. Stefano Fontana against Carlo Casalone

On January 15, 2022, an Italian biweekly “La Civiltà Cattolica” published a widely commented article titled “Parliamentary Discussion on ‘Assisted Suicide’” (Casalone 2022). The author of this study is an Italian Jesuit Carlo Casalone, professor of moral theology at the Pontifical Gregorian University in Rome and associate of the scientific section of the Pontifical Academy for Life. In turn, “La Civiltà Cattolica” is considered extremely prestigious among Catholic magazines due to its close ties with the Holy See. The journal was established in 1850 and is edited by Italian Jesuits. Since 2017, the magazine has been published in Italian, English, French, Spanish and Korean. The magazine deals with current philosophical, theological, political and cultural issues from the Catholic point of view, and every issue of this magazine is formally approved for publication by the Vatican Secretariat of State and the pope’s inner circle.

Casalone stated in his study that, on the one hand, the proposals of the Bazoli-Provenza bill are contrary to the teaching of the Catholic Church, on the other hand, he concluded that the bill is acceptable, because in the current cultural and social situation, support for it does not interfere with the responsible pursuit of common good. The Italian Jesuit examines the bill in various aspects and shows how it differs from the position on the inadmissibility of assisted suicide, which the Magisterium of the Catholic Church has also confirmed in documents published in recent years. Casalone argues that the assessment of state law – guided by the principle of the common good

– requires considering a complex set of elements. In democratic societies, on the one hand, it is necessary to take into account diverse outlooks, ethical beliefs and religious affiliations, in the atmosphere of mutual listening and acceptance, and on the other hand, the state must not renounce the protection of all actors involved, defending the fundamental equality according to which everyone is legally recognized as a human being living together with others in society.

The article on assisted suicide sparked an extremely lively public debate in Italy and led to a very sharp clash among Italian Catholics. The liberal wing of Italian Catholicism, which advocates radical changes in Catholic doctrine, defended the statements proposed by Carlo Casalone, while conservative Catholics, emphasizing fidelity to Tradition and the immutability of the deposit of Christian laws of faith and morals, strongly criticized the study. More than 50 different Catholic organizations signed a formal protest in this regard. One of the strong critics of the views represented by Casalone, is an Italian philosopher and journalist, Stefano Fontana. On January 15, 2022, a conservative magazine “La Nuova Bussola Quotidiana” published his article titled *Euthanasia and the Jesuits: The Depressing Lesser Evil Returns* (Fontana 2022).

Fontana stated that the acceptance of the legalization of assisted suicide – expressed in the magazine “La Civiltà Cattolica” – is destructive and stands in direct contradiction to the existing official moral teaching of the Catholic Church, which unequivocally opposes any form of euthanasia, assisted suicide or termination of life on request. Fontana does not agree to question the traditional understanding of moral norms. He rejects legal positivism when it comes to creating new laws and draws attention to natural law as the foundation of statutory legislation. In his opinion, constant and objective moral norms that uphold the values and dignity of human life should also apply in pluralistic democratic societies.

Fontana claims that the statements contained in the article published in “La Civiltà Cattolica” does not only mean opening of Catholic circles to dialogue and search for new forms of compromise with the left-liberal culture dominating in the Western world, but they are a manifestation of currents penetrating the interior of the Catholic Church leading to profound changes at the doctrinal level. In his opinion, one of such currents of thought is the theology of the death of God, developed in the 20th century by such Christian intellectuals as German Lutheran theologian Dietrich Bonhoeffer (1906-1945) or American Episcopal thinker Paul Matthews van Buren (1924-1998). The theology of the death of God grew out of liberal Protestant and Anglican theology and developed very intensively in some Christian circles in the 1960s and 1970s.

According to Fontana, the theology of the death of God justifies a new understanding of religion *tout court* and causes deep secularization of Christian morality. Bonhoeffer and van Buren argued that God can only be useful to the cause of the world when remaining outside the world (Van Buren 1963). If the word “God” has lost its basic meaning, new forms of expression should be sought to define the essence and tasks of Christian religion in the modern world. Proponents of the theology of the death of God were convinced that there was a gulf between science and religion, scientific and theological language. The transcendent and vertical vision of man and the world has been replaced by an immanent and horizontal understanding of the whole reality.

Fontana notes that one of the consequences of accepting such views is deep secularization of understanding the meaning of human life, suffering, old age and dying. Thus, human nature loses its metaphysical foundation. In the perspective of the theology of the death of God, true human nature has no internal structure,

and self-determination becomes the ultimate criterion for moral evaluation. As a consequence, human nature changes along with the constant and inevitable change in the self-understanding of man in both individual and social dimension. Fontana calls such a vision moral horizontalism, which questions the stable anthropological foundations of an objective moral order. The problem of moral horizontalism is a serious intellectual challenge in Italy, also concerning the presence of Catholics in politics and the creation of law regulating bioethical issues (Introvigne 2018; Scaraffia 2018).

4. The problem of conscience clause

One of the very important elements of the Italian debate on the legalization of assisted suicide is the problem of the conscience clause of healthcare professionals (Kobyliński 2015). The conscience clause, also known as the principle of conscientious objection, means the right to refuse to take those actions that a particular person considers incompatible with their own worldview beliefs (Musselli and Ceffa 2017; Garasic 2018; Kućko 2020; Labbate 2020). Referring to the principle of conscientious objection, healthcare professionals do not have to meet those expectations of patients, which relate to, among others, cessation of artificial hydration and feeding or administration of an “appropriate” medical preparation, thus leading to their death. The latest episode of the dispute over the medical conscience clause in Italy was the debate on the legalization of assisted suicide.

The principle of conscientious objection of medical personnel is not included in the Act of 2017 on the living will. The legal regulations adopted at that time obliged healthcare professionals to respect the will of the patient who refused to be hydrated and nourished. Hydration and feeding were acknowledged to be medical procedures that the patient can opt out of. In this way, healthcare professionals were legally obliged to stop hydration and feeding, in accordance with the patient’s will, also in cases when no

persistent therapy is applied (Kobyliński 2020).

A change in this area was made by the judgment of the Constitutional Court of 2019. The judges of this Court stated that the ruling on the non-compliance of Art. 580 of the Criminal Code with the Italian constitution is limited to the exclusion of penalty for assisting suicide in certain cases, but without creating an obligation to provide such assistance by physicians (Scandroglio 2019). Therefore, it is up to the conscience of every physician to decide whether to agree to such patient's request. On the one hand, the Court recognized the conscience clause of medical personnel, stating that physicians were under no obligation to assist a patient in committing suicide, and therefore had no legal obligation in relation to assisted suicide. On the other hand, although an individual physician may object, the patient's constitutionally protected claim to assisted death must be met, and thus there exists a subjective patient's right to assisted suicide. Therefore, in the face of the conscientious objection of an individual physician, the hospital must still fulfil this obligation. This is the same legal situation as in the case of abortion – Italian law respects the conscience clause of health professionals, but also takes into account the woman's right to abortion. Therefore, the Constitutional Court recognized the principle of conscientious objection of medical staff, but not of health care facilities.

In the Bazoli-Provenza bill, the entire article 6 is devoted to the conscience clause. Unfortunately, it was not included in the original version of this document. It was only after firm voices of criticism that a provision on the principle of conscientious objection rule was introduced into the bill. It states that a health care professional is not obliged to participate in a medically assisted voluntary death procedure if they have lawfully made a declaration to the head of the medical facility where

they are employed that they wish to use the conscience clause. It exempts a health care professional from performing procedures and activities specifically aimed at suicide, and not from providing assistance prior to beginning the process of terminating life at the patient's request. Observance of the conscience clause should be supervised by authorized bodies of public hospitals and regional authorities of the national health system (Camera dei Deputati 2022).

Conclusions

The main contribution of this paper is a synthetic presentation of the most important stages of the dispute over the legalization of assisted suicide in Italy in the years 2017-2022 and analysis of selected ethical and legal aspects of this issue. The study carried out in this paper give rise to the following three research conclusions.

Firstly, the Italian discussion on voluntary termination of life is an important element of the debate conducted in many countries around the world on issues related to the beginning and final phases of human existence as well as to human dignity (Possenti 2012). Opponents of the legalization of assisted suicide emphasize the need to combat various forms of the "throwaway culture", which makes sick, weak and defenceless people feel increasingly discriminated against and pushed to the margins of social life. New initiatives and actions are needed to ensure respect for the life and health of every human being. In this context, palliative medicine and the hospice movement have an important role to play.

Secondly, in the countries of the Western cultural circle, we can more and more often talk about technical dominance over the fullness of human existence. This process can be exemplified by recent attempts in the Netherlands to liberalize the law legalizing euthanasia, which entered into force in 2002. In the summer of 2020, a bill was presented allowing euthanasia

of people over 75 and feeling “tired of life.” In this case, the shortening of life on request would not be justified based on a terminal illness and the associated suffering, but on an individual conviction of a person that further life has lost its meaning (Guzzo 2020). In turn, in 2021, Canada liberalized the 2016 Act regulating assisted suicide of terminally ill people. Currently in this country, medically assisted suicide can also be performed by those patients who find their own state of health “unbearable”, even if death is not imminent. The consequence of the new law will be the introduction of suicide as a standard element of mental health “treatment”.

Thirdly, the dispute over the legalization of assisted suicide reminds us of the important role that should be played by the conscience clause of healthcare professionals. An in-depth interdisciplinary analysis is now needed to identify precisely rational arguments justifying the claim that healthcare professionals should be guaranteed the right to refuse to perform medical procedures that are contrary to their moral and religious beliefs. Determining these types of arguments is extremely important not only in Italy, but also in Poland and in many other countries, because at present, various attempts are being made globally to limit the medical conscience clause.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Conflicts of Interest: The author declares no conflict of interest.

References

- Beguinet, Giulia. 2022. *Il rifiuto dell'abbandono sociale della sofferenza. Eutanasia, suicidio assistito e diritto penale*. Napoli: Edizioni Scientifiche Italiane.
- Camera dei Deputati. 2022. “Disposizioni in materia di morte volontaria medicalmente assistita.” March 10, 2022. <https://www.camera.it/leg18/126?leg=18&idDocumento=3101>.
- Casalone, Carlo. 2017. “Vivere il morire con umanità e solidarietà.” *La Civiltà Cattolica* 4020(4): 533-545.
- Casalone, Carlo. 2022. “La discussione parlamentare sul «suicidio assistito».” *La Civiltà Cattolica* 4118(1): 143-156.
- Dovico, Ermes. 2021. “No al suicidio assistito, chi soffre va aiutato a vivere.” *La Nuova Bussola Quotidiana*, January 15, 2021. <https://lanuovabq.it/it/no-al-suicidio-assistito-chi-soffre-va-aiutato-a-vivere>.
- Fontana, Stefano. 2022. “Eutanasia e gesuiti: riecco il deprimente male minore.” *La Nuova Bussola Quotidiana*, January 15, 2022. <https://lanuovabq.it/it/eutanasia-e-gesuiti-riecco-il-deprimente-male-minore>.
- Fornero, Giovanni. 2020. *Indisponibilità e disponibilità della vita. Una difesa filosofico-giuridica del suicidio assistito e dell'eutanasia volontaria*. Torino: Editrice UTET.
- Garasic, Mirko. 2018. *La coscienza di Ippocrate. Vaccini, fine vita, obiezione di coscienza e altri problemi di etica e medicina*. Roma: Luiss University Press.
- Guzzo, Giuliano. 2020. “Olanda, Ddl folle: eutanasia per gli over 75 «stanchi di vivere».” *La Nuova Bussola Quotidiana*, July 29, 2020. <https://www.lanuovabq.it/it/olanda-ddl-folle-eutanasia-per-gli-over-75-stanchi-di-vivere>.
- Introvigne, Massimo. 2018. “Il voto delle periferie esistenziali.” *Il Foglio*, March 14, 2018. <https://www.ilfoglio.it/chiesa/2018/03/14/news/massimo-introvigne-elezioni-chiesa-cattolica-183989/>.
- Kobyliński, Andrzej. 2015. “Aspekty etyczno-prawne sporu o klauzulę sumienia we Włoszech w latach 2014-2015.” *Studia Ecologiae et Bioethicae* 13(3): 25-48. <https://doi.org/10.21697/seb.2015.13.3.02>.
- Kobyliński, Andrzej. 2020. “The Problem of the Conscience Clause of Healthcare Professionals in Italy in the Years 2017-2020.”

- Studia Ecologiae et Bioethicae* 18(3): 37-46. <https://doi.org/10.21697/seb.2020.18.3.05>.
- Kučko, Wojciech. 2020. "Approcci contemporanei all'etica dei farmacisti e la loro valutazione alla luce dei principi della bioetica personalista." *Studia Ecologiae et Bioethicae* 18(3): 59-71. <https://doi.org/10.21697/seb.2020.18.3.07>.
- Labbate, Marco. 2020. *Un'altra patria. L'obiezione di coscienza nell'Italia repubblicana*. Pisa: Pacini Editore.
- Mantovano, Alfredo, ed. 2021. *Eutanasia, le ragioni del no. Il referendum, la legge, le sentenze*. Siena: Edizioni Cantagalli.
- Masotti, Adriana. 2022. "Primo caso di suicidio assistito in Italia: molti gli interrogativi aperti." *Vatican News*, June 16, 2022. <https://www.vaticannews.va/it/mondo/news/2022-06/suicidio-assistito-morte-mario-associazione-coscioni-italia.html>.
- Menz, George L. 2016. "Obiezione di coscienza e relativismo morale." *Medicina e Morale* 65(1): 39-55. <https://doi.org/10.4081/mem.2016.427>.
- Musselli, Luciano, and Claudia Bianca Ceffa. 2017. *Libertà religiosa, obiezione di coscienza e giurisprudenza costituzionale*. Torino: Editrice Giappichelli.
- Possenti, Vittorio. 2012. *Il nuovo principio persona*. Roma: Armando Editore.
- Prokofieff, Sergej, and Peter Selg. 2019. *Proteggere la vita. Etica e suicidio assistito dai medici*. Milano: Widar Cantu Editore.
- Sartea, Claudio. 2017. "Obiezione vostro onore. Un problematico consensus statement sull'obiezione di coscienza sanitaria." *Medicina e Morale* 66(1): 63-81. <https://doi.org/10.4081/mem.2017.476>.
- Savarino, Luca ed. 2021. *Eutanasia e suicidio assistito. Una prospettiva protestante sul fine vita*. Torino: Editrice Claudiana.
- Scaraffia, Lucetta. 2018. "Nel dibattito francese sul fine vita. Opporsi all'eutanasia ma anche all'accanimento, e all'abbandono." *L'Osservatore Romano* 158(86): 1.
- Stajano, Attilio. 2021. *Fine vita. Un problema di tutti. Riflessioni e proposte per una legge italiana condivisa sul suicidio assistito e l'eutanasia*. Torino: Edizioni Lindau.
- Van Buren, Paul M. 1963. *The Secular Meaning of the Gospel*. New York: Macmillan Publishers.