

	ARGUMENTS FOR EUTHANASIA	ARGUMENTS AGAINST EUTHANASIA
SELF- DETERMINATION	Self-determination	God disposes of life and death How voluntary is a 'voluntary request'?
SUFFERING/ DIGNITY	Alleviates current suffering Contributes to a good and dignified death Do not abandon people (by denying euthanasia) Prevents horrible suicides Not all suffering can be alleviated by other means Prevents future suffering Prevents medicalisation of dying	Suffering should be alleviated by better care Suffering should be prevented Suffering can be meaningful Suffering is subjective and difficult to measure Abrupt death (euthanasia) is an awful way of dying for patient or relatives Suffering can pass Unclear whether future suffering (as a reason for euthanasia) will occur
REGULATION / PRACTICE / RESPONSIBILITIES	Regulation enhances carefulness It happens anyway so it might as well be regulated According to the law, people have a right to euthanasia	Performance of euthanasia disturbing for the physician It is difficult to regulate A physician should never decide about someone else's quality of life It is outside the scope of physicians' responsibilities It is a poorly performed practice It is outside the scope of normal medical practice Suicide (without physician involvement) is better
SOCIETY	Solution for aging of the population/ scarcity of resources /costs It is a marker of a civilized society It is what the majority of the society wants (democracy)	Society should protect the vulnerable Social pressure on older or sick persons burdens them with an 'option' Too individual an approach, no attention for broader context The personal wish to reach a good death should not be made political
NON-INTERFERENCE		Human life in general should be preserved A natural death is better than a non-natural death Sign of disrespect for disabled people It is murder
UNDESIRABLE CONSEQUENCES		Euthanasia is final, there is no way back Impossible to prevent misuse when review takes place after performance Provokes impulse decisions by patients Leads eventually to less attention for palliative care