Symposium

Sun. Sep 28, 2025 10:40 AM - 12:10 PM JST | Sun. Sep 28, 2025 1:40 AM - 3:10 AM UTC Session Room 5 (Conference Room A)

[Symposium 88] Euthanasia and Mental Illness: Ethical Dilemmas at the Intersection of Suicide Prevention and Rights Protection

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-88]

Euthanasia and Mental Illness: Ethical Dilemmas at the Intersection of Suicide Prevention and Rights Protection

Itsuo Asai[1], Yumi Matsumura[2], Norichika Horie[3], Sonu Gaind[4], Stephanie SJWM Leijten[5] (1.Heart Clinic Medical Corporation(Japan), 2.Kyoto University(Japan), 3.University of Tokyo,(Japan), 4.University of Toronto(Canada), 5.GGZ Oostbrabant(Netherlands))

[SY-88-01]

From DNR to Psychiatric Euthanasia: Ethical Asymmetries and Cultural Normalization

*Itsuo Asai (Heart Clinic Medical Corporation(Japan))

[SY-88-02]

Safeguarding Lives: Integrating Patient Safety and Clinical Ethics in Euthanasia

*Yumi Matsumura (Department of Patient Safety, Kyoto University Hospital(Japan))

[SY-88-03]

Mental Vulnerability, Suicidal Ideation, and Euthanasia: The Slippery Slope in Post-COVID Japanese Society

*Norichika Horie (The University of Tokyo(Japan))

[SY-88-04]

Euthanasia in the Netherlands: 20 Years of Experience

*Stephanie Leijten (GGZ Oostbrabant(Netherlands))

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Keywords：Euthanasia、Mental Disorders、Suicide Prevention、Patient Rights、Ethics

This symposium explores the complex ethical, clinical, and societal dilemmas that arise where suicide prevention intersects with the right to die, particularly in the context of psychiatric euthanasia. It confronts the paradox that while suicide among individuals with mental illness is broadly prevented, euthanasia for physical illness is increasingly legalized.Dr. Itsuo Asai (Heart Clinic Medical Corporation, Japan) will open the session with a brief comparative overview of DNR (Do Not Resuscitate) policies and legal frameworks for euthanasia in physical and psychiatric illness, highlighting global disparities and key ethical tensions.Professor Yumi Matsumura (Kyoto University, Japan) will present a clinical case encountered in ethics consultation, illustrating Japan's limited engagement with euthanasia and associated cultural and institutional constraints.Professor Norichika Horie (University of Tokyo, Japan) will share data from an online survey revealing a strong correlation between depressive symptoms and support for euthanasia, raising questions of vulnerability and informed consent.Professor Sonu Gaind (University of Toronto, Canada) will critically examine Canada's delayed expansion of Medical Assistance in Dying (MAiD) to psychiatric disorders, emphasizing the particular difficulty in assessing irreversibility and long-term prognosis in mental illness, compared to physical conditions. He will also discuss the influence of social risk factors, oversight limitations, and equity concerns.Finally, Professor Stephanie SJWM Leijten (GGZ Oostbrabant, Netherlands), a member of the euthanasia committee of the NvVP (Dutch Association for psychiatry) , will present an in-depth analysis of the Netherlands' psychiatric euthanasia system, including procedural safeguards, clinical criteria, and ongoing ethical debates informed by over two decades of practice.This symposium aims to foster international dialogue on reconciling suicide prevention with respect for patient autonomy and human rights in mental health care.

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[SY-88-01] From DNR to Psychiatric Euthanasia: Ethical Asymmetries and Cultural Normalization

*Itsuo Asai (Heart Clinic Medical Corporation(Japan))

Keywords：Euthanasia、Active、Mental Disorders/therapy、Cultural Characteristics、Ethics、Clinical、Biopolitics

The global expansion of euthanasia frameworks into psychiatric care raises urgent ethical and cultural questions. While jurisdictions such as the Netherlands, Belgium, Canada, Spain, Colombia, and Luxembourg now permit euthanasia for persistent psychiatric suffering, the normalization process varies across institutional and cultural settings.This presentation begins with a comparison between Do Not Resuscitate (DNR) orders and psychiatric euthanasia, highlighting ethical asymmetries. Somatic DNR is typically bounded by formal criteria and legal clarity, whereas psychiatric euthanasia often operates under vague or inconsistent standards. Drawing on official data from the Dutch Regional Review Committees and Health Canada's MAiD reports, we demonstrate that psychiatric euthanasia has increased markedly in systems where procedural clarity exists without equivalent ethical depth.Japan presents a distinct case. Despite lacking psychiatric DNR protocols, cultural patterns of institutional obedience, social harmony, and the suppression of dissenting voices may lead to the rapid routinization of psychiatric euthanasia if legalized. In such a context, procedural safeguards may function more as mechanisms of compliance than as spaces for moral deliberation. We draw on Michel Foucault's concept of biopolitics, which explains how institutions govern life "not by telling people what to do, but by defining what is normal, healthy, or valuable—and organizing life accordingly." When psychiatric suffering is processed through eligibility algorithms and legal templates, care itself risks becoming a technocratic act of exclusion.Guided also by Arendt's "banality of evil" and Kleinman's "moral listening," we argue that psychiatric euthanasia is not merely a clinical or legal issue, but a cultural and ethical one. Policymakers, review boards, and clinicians must look beyond procedural legality and engage in culturally grounded ethical reflection. What counts as care—and who decides—remains not only a clinical concern, but a global moral imperative.

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[SY-88-02] Safeguarding Lives: Integrating Patient Safety and Clinical Ethics in Euthanasia

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Keywords：Patient Safety Office、clinical ethics consultation、cancer、euthanasia

The Department of Patient Safety Office (PSO) at Kyoto University Hospital also serves as a Clinical Ethics Consultation Center. Here, we present our experience with an ethical consultation for a terminally ill cancer patient who requested to hasten death. The patient had completed treatment and was preparing for discharge when a CT scan, intended to confirm the effectiveness of the treatment, revealed that the cancer had spread. Devastated, he refused to eat or drink.Uncertain how to proceed, the attending physician consulted a psychiatrist, who, after evaluating the patient, confirmed his competence and determined that his refusal to eat was not due to delirium and that his decision-making capacity remained intact. Seeking further guidance, the physician turned to the PSO, which framed the situation as an ethical dilemma and recommended consulting an oncology psychiatrist.The oncology psychiatrist met with the patient, first confirming his wish to die, then gently encouraging him to reflect on his life journey. By the end of their conversation, the patient reconsidered his stance and expressed a willingness to accept food. Instead of choosing euthanasia, he opted to spend the remainder of his life in hospice care.This case highlighted the PSO's potential to take a more proactive role in addressing ethical issues within team-based medical care and supporting patient decision-making. Perhaps the patient did not genuinely wish to die. Through conversation, revisiting one's past provided a foundation for moving forward and embracing the time that remained. With deep knowledge of available resources within the hospital, the PSO goes beyond ethical reflection to actively promote concrete action. When combined with a clinical ethics consultation function, PSOs may effectively serve as advisory hubs for ethical concerns.

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[SY-88-03] Mental Vulnerability, Suicidal Ideation, and Euthanasia: The Slippery Slope in Post-COVID Japanese Society

*Norichika Horie (The University of Tokyo(Japan))
Keywords：euthanasia、suicidal ideation、mental illness、COVID-19、survey research

The presenter conducted the Survey of Views on Life and Death (SoVoLaD) in Japan in 2019 and 2024, each with approximately 1,000 respondents. Previous analyses have revealed a strong positive correlation between support for the legalization of euthanasia or refusal of life-prolonging treatment and suicidal ideation. The 2024 survey included new items on post-COVID mental health, the presence of suicidal ideation, and anxiety about the future. This presentation will examine the correlations between these psychological indicators and attitudes toward euthanasia.

To interpret these findings, it is important to note that psychiatric patients who contracted COVID-19 in Japan exhibited higher mortality rates than the general population. A major contributing factor was the lack of respiratory specialists in psychiatric hospitals. This phenomenon can be understood through the concept of overlapping risks: individuals already facing one form of vulnerability become further stigmatized, exposing them to additional risks and neglect.

In the wake of the pandemic, such overlapping risks appear to have intensified. Introducing Medical Assistance in Dying (MAiD) under these conditions could initiate a slippery slope, particularly for individuals with psychiatric disorders. Psychiatrists—whose role traditionally includes alleviating suicidal ideation—may instead find themselves legitimizing or even encouraging patients' desire to die. This shift risks producing consequences akin to the euthanasia programs of Nazi Germany—not in intention, but in effect.

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Keywords：euthanasia、mental disorders、patient rights、ethics

In 2002, the Netherlands passed the Termination of Life on Request and Assisted Suicide Act. According to this legislation, euthanasia remains a criminal offense unless specific due care criteria are met. The procedure is reserved for physicians and must meet the following requirements:
- A voluntary and well-considered request
- Suffering that is unbearable and without prospect of improvement
- Adequate information provided to the patient
- There is no reasonable alternative solution
- Consultation with at least one other independent physician
- The procedure must be performed with medical due care

A regional review committee assesses each reported case of euthanasia after the fact.

The Dutch Association of Psychiatrists has its own guideline for euthanasia in cases of mental disorders, which slightly differs from the legal framework: a second opinion must also be obtained from an independent expert and an independent psychiatrist must always be involved in the assessment.

Now, more than 20 years after the legislation came into effect, polarization is evident both among psychiatrists and in public debate. The issue of euthanasia for minors suffering from mental disorders has further intensified this debate. As of now, no minimum age limit is applied.

Proponents of euthanasia emphasize patient autonomy and argue that the process of considering euthanasia can actually offer hope, creating space for treatment and change. Opponents question the concepts of “unbearable” and “without prospect” suffering, as well as the idea that no reasonable alternatives exist. The prognosis of mental disorders is often uncertain, and a desire to die may itself hinder treatment.

Meanwhile, it is not only physicians involved in euthanasia requests; other professionals —such as spiritual caregivers, psychologists, peer support workers, and nurses—are increasingly seeking to contribute to the process.