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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

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PROBLEMATIC ISSUES OF EXERCISE OF THE RIGHT TO EUTHANASIA THROUGH THE PRISM OF INHERITANCE LAW

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The death of a person as a legal fact, on the one hand, entails the termination of those legal relations that had a close, direct relationship with the deceased, and on the other – on the contrary, is the basis of civil relations (in particular, inheritance). In addition to actual and legal death (legal presumption of death as a result of declaring a natural person dead), it is necessary to distinguish such a special «type» of death as euthanasia, taking into account its peculiar legal regulation, including the legal consequences of euthanasia. In this case, the statement of A. Shilina is correct: when there are discussions about the death of an adult, you always have to take into account the slippery slope argument of inheritance [35]. All this indicates that the legal institutions of «euthanasia» and «inheritance law» have a fairly close interrelation that requires detailed study.

Material and methods. The study used a systematic approach to the disclosure of problematic issues of the right to euthanasia in the context of inheritance, which includes both formal-logical and comparative-legal methods. This study used scientific developments in the field of inheritance law and euthanasia, as well as the legislation of a number of foreign countries

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on these issues (including the United States, Germany, Israel, the Netherlands, Canada).

Results and discussion. The legal institutions of «euthanasia» and «inheritance law» are quite closely related. The term «euthanasia» comes from the Greek euthanasia (eu – good, thanatos – death), and in the work «Life of the Twelve Caesars» by the ancient Roman writer Guy Seutonius Tranquill, good death is perceived as quick death without torment [26]. This term was introduced by F. Bacon (his – outer euthanazia), indicating that the duty of the doctor is not only to restore health, but also to alleviate the suffering and anguish caused by disease, even in the case, when there is absolutely no hope of salvation and it is only possible to make death easier and calmer) [24]. This definition had a decisive influence on the further perception of the concept of «euthanasia», which in most cases is associated with easy and peaceful death.

Prohibition of euthanasia is characteristic primarily of countries where religion, in particular, the Christian religion, plays an important role in society. The negative attitude towards euthanasia in such countries has a significant historical basis. As it was rightly noted by M.M. Antonenko, the dominance of the Christian religious worldview in the Middle Ages led to a negative attitude towards the ideas of euthanasia, and suicide was regarded as the most condemned act. She cites the examples of medieval England and France, which equated suicide to thieves and robbers, respectively, and considered suicide as «aggravated self-murder» and any assistance to the suicide as complicity (canons of Edward, King of England in the XIth century), or proceeded from the fact that the suicides had to be subjected to a posthumous trial (to read the sentence over them, hang or send to the skin mill), and all their property was subject to mandatory confiscation, bypassing the direct heirs (property passed to the baron, and later, under the centralization of power, it was inherited by the crown) (the laws of St. Louis in the XIIIth century) [21].

Regarding the interrelation between the concepts of «suicide» and «euthanasia», the position of E.I. Fursa and E.E. Fursa is noteworthy, according to which suicide can include voluntary euthanasia, in particular, its variety as active, which is perceived by scientists primarily as physician-assisted suicide, namely the provision of life-saving drugs at the request of the patient. They rightly point to the possible case when a person voluntarily agrees to euthanasia, wanting to freely and consciously express his last wish, in such a way as to make a notarized will [33].

The legal nature of a «living will» in the context of foreign law

Legislation in a number of foreign countries provides for the possibility of drawing up a «living will» («testament for life»). The Parliamentary Assembly of the Council of Europe has also analyzed this issue, and in its Resolution [14] it points to the prohibition of euthanasia as premeditated murder by the act or omission of a dependent person for the intended benefit, recommends that national parliaments adhere to the following principles when adopting legislation in this area, in particular: promote the self-determination of able-bodied adults in case of their future incapacity through prior orders, wills and/ or permanent powers of attorney (complex forms or costly formalities should be avoided) and give them priority over other protection measures; the instructions therein must not contradict the law or good practice; these persons should be encouraged to review such documents regularly (for example, once a year), with the possibility of revoking and/ or amending them at any time.

One of the countries that regulates such a person's right at the legislative level is Israel, where the Law «On Dying Patients» [36] was adopted in 2005, and whose Art. 31 enshrines the rule that every healthy and sane person has the right to pre-order a ban on the continuation of his life by medical means (artificial life support), if in the future he becomes an incurable patient. At its disposal, a patient who falls under the criteria of the law has the right to prohibit physicians from taking resuscitation actions. If the patient is unable to express his wish independently, doctors can be guided by a pre-made will or act on the decision of guardians and close relatives, who had received the appropriate authority from the patient [23].

This right is also regulated in detail by the Dutch legislator, who legalized the medical practice of euthanasia for the first time in the world in 2002. Thus, Art. 2 of the Law «On Termination of Life on Request and Assisted Suicide» [16] regulates the right of a person who has reached 16 years of age and is in a state capable of substantiating the assessment of his interests to submit a written application for termination of life if he is in a state, when he will no longer be able to express his wish, which can be performed by a doctor (for persons aged 12 to 16, the consent of the parents or guardians of such a person must be required).

In 2009, Germany passed a law giving the right to sign an early termination order in case of a serious disease, and what kind of assistance or lack thereof a person wishes to receive if the disease or injury does not allow him to express the wish on his own. According to this law, treatment should be discontinued, even if there are no irreversible changes in the patient's condition [25]. However, in 2015, the German Bundestag declared organizations that promote euthanasia on a commercial basis (covering not only «material interest» in euthanasia, but also repeated gratuitous assistance in the death of terminally ill people) illegal, but in 2020 the German Federal Constitutional Court has ruled that the right to die voluntarily belongs to personal human rights and provides for the freedom to seek the assistance of a third party for voluntary withdrawal, while the prohibition of euthanasia violates the rights of seriously ill people [29].

The practice of prior consent to voluntary euthanasia in the United States is quite common (for example, enshrining one's wish on passive euthanasia in an official document, in particular, in case of an irreversible coma). Investigating the issue of euthanasia in the United States, M.M. Antonenko states that the first non-governmental organization to support the idea of euthanasia was the American Society of Euthanasia (1938), and in 1967 Louis Katner's lawyer, in collaboration with this organization, first developed the form of living wills. This form is also called «advance instructions (directives) for physicians», which is formed in case when a person loses the ability to realize himself and determines in what ways it is possible or on the contrary it is impossible to struggle for prolongation of life of the patient, as well as may include the data of the authorized person whom the right to make decisions on the need to carry out or terminate the relevant medical measures is delegated to. Currently, this form is recognized and operates throughout the United States with certain features, subject to the laws of individual states [21]. In fact, California became the first in the world to adopt the Health and Safety Code in 1977, which provided for the possibility of prior authorization to disable resuscitation devices if a person becomes terminally ill [2].

A living will and a request for euthanasia: for and against the possibility of their application

Granting a person, the right to make the so-called «living will» indicates the possibility of using the so-called passive euthanasia in this case. The main difference between passive and active euthanasia is primarily the fact that the active is the commission of a positive act which causes or accelerates death (e.g.,

lethal injection), while the passive is, on the contrary, in the deliberate refrain from interference, which can prevent or delay the death of a person (in particular, the choice not to resuscitate a patient who has stopped breathing) [15]. It should be noted that passive euthanasia is allowed in many countries, while active in only some of them. Passive euthanasia should be preceded by a conscious request of the patient, and this procedure is applied to hopelessly ill patients who are in a terminal, autonomic state, when medical treatment is no longer effective and the person experiences physical pain [32].

Those who have decided to use passive euthanasia may provide for this in the above-mentioned «living will» (for example, if a person is in a vegetative state) or in a written request from a terminally ill patient for euthanasia (request for euthanasia). All this points to the voluntary, conscious nature of such expression of wish, which is used by proponents of euthanasia as one of the factors in favor of its existence. Proponents of euthanasia point out that although euthanasia can be severely abused, the freedom it provides in deciding one's own destiny puts it on a positive list (euthanasia can be a personal choice because one no longer wants to suffer and therefore has to have the right to a dignified death) [11, 17].

At the same time, if an individual has not made such a will in person, and if he is unconscious and diagnosed with an incurable disease, in many countries, euthanasia decisions may be made by close relatives of that person. It is noted in the legal literature that making such a decision is more painful for the patient's loved ones and the family may abuse the fact that it denies the patient the right to a dignified death (usually because family members cannot release the patient and believe that it is unethical) [11].

However, these are far not all and not the main abuses that may occur on the part of relatives in relation to the person against whom the decision on euthanasia is made. Thus, opponents of euthanasia who oppose its legalization (can cause large-scale harm), along with many other factors, argue that it is impossible to create appropriate mechanisms to protect vulnerable people, as well as to anticipate the special interests of relatives who want to inherit [7]. This factor refers to the utilitarian-economic aspect, which is considered by opponents of euthanasia as one in which its legalization is likely to contribute to the abuse of medical procedures in the name of inheritance, insurance, government, transplantation bodies, etc. [21]. A similar view is held by S.S. Gargun, who states that euthanasia can be a means of committing crimes, killing the elderly, the disabled, terminally ill patients, treating them for lack of money, bribing medical staff, forcible donations, inheritance fraud, etc. [27]. Along with possible abuses by medical workers (including those for preserving their reputation or in general for organ transplantation), Yu.A. Khudyakov draws attention to the abuse of relatives of the patient, wanting to inherit his possessions or based on other considerations [34]. Unfortunately, money is sometimes more important to someone than family.

Studying this issue, J. Pring points out that one of the strongest arguments against legalizing euthanasia is the risk that it will lead to some family members putting pressure on terminally ill relatives to quicker end their lives and benefit from heritage. He points to cases where family members, under the guise of reducing the suffering of a close relative, on the contrary, think not to «suffer» a bank account and inherit fraudulently and cites statistics from the British accounting giant KPMG on a significant increase in such fraud in families in order to accelerate the acquisition of inheritance in recent years [13].

Psychological pressure, in particular, from family members of a terminally ill person, in many cases, forces the latter to decide on voluntary euthanasia, as it begins to feel a burden for the family, because the cost of its care begins to «consume» family heritage (it is common among the elderly, especially in Northern Europe and North America) [1]; yet, under such conditions there is no free wish of such a person. In case of the disease, as R.E. Akhmetshin and E.V. Kim rightly noted, the person is the least capable of making strong-willed, conscious decisions, and his wish, as a rule, depends on relatives, proxies, the doctor (unfortunately, not always the recommendations of close relatives to make a «lifelong will» contain only mercy and compassion, and can have a completely different basis) [22].

Problematic issues of establishing a proper mechanism for making and implementing a decision on euthanasia

Given the possible cases of psychological pressure on individuals, in order to encourage them to resort to euthanasia, in particular to obtain an inheritance, it is necessary to develop an appropriate mechanism (procedure) that would defend the interests of such persons and minimize the impact of potential heirs and medical staff to exercise conscious and voluntary expression of wish regarding euthanasia (or in the absence of a «living will» – regarding the decision to euthanize an terminally ill person who is unconscious). The existence of such a mechanism should minimize the ability of relatives or friends (including heirs) to pressure, deceive, or even force someone to accept euthanasia. This is especially true, as R. Wiebe and E. Hasbrouck noted, of the most vulnerable people, namely the older generation and the disabled, who are treated much more severely than other categories of society [19].

A number of elements of such a mechanism have been formed both at the legislative level and by scientists. According to A. Mirsina, in the countries where euthanasia is allowed, a person who agrees in advance to euthanasia in case of a catastrophe or coincidence of life raises the issue of premature death by intervening in his life, should do so in the presence of two witnesses who are automatically deprived of the right to inherit [30], i.e. should be disinterested in his death. Thus, in Israel, an order prohibiting the extension of life by medical means must be made in the presence of two witnesses deprived of the right to inherit the patient's property, as well as a lawyer, judge or director of the hospital (Article 33 of the Law «On Dying Patients») [36].

American law is based on the need to involve witnesses. According to R. Konsdorf and S.O. Prulhiere, every American law concerning a «living will» requires their certification in the presence of witnesses, who cannot be persons who expect an inheritance from the applicant. This provision, in their view, reflects a legal concern that someone who benefits from the death of another will be tempted to pressure him to sign such a will [10]. As the Michigan Commission on Death and Dying notes in its report, state law usually pays special attention to the consequences of close family ties (witnesses to a «living will» should not be related to the patient to prevent false confirmation by a family member that the patient demanded death in order to subsequently inherit [12]. In the vast majority of cases, the law requires the presence of at least two disinterested witnesses when a person signs a «living will» or a written request for euthanasia (witnesses sign them if they agree that such a person knowingly makes such a decision and/or voluntarily asks for help). At the same time, some states (for example, California) assume that at least one of the witnesses should not be related to the patient or not have the right to inherit part of his property. In addition, it is further stated that at least one of the witnesses must not work in

an institution where the patient receives medical care, and the attending physician under no circumstances can be such a witness or have the right to inherit from such a patient [18].

The above mechanism also requires a lack of interest not only from these witnesses, but also from medical staff. According to A. Mirsina, the behavior of medical staff who may be interested in the patient's death «of their own volition» (for example, the staff may be influenced by his relatives; or, conversely, doctors may be interested in hiding their medical error, in conducting illegal organ transplants). In general, she points to the need to introduce a presumption of guilt of the doctor: it is he who must prove that the death occurred at the wish of the person, and not by force [30]. In many cases, the proper implementation of this mechanism (in terms of disinterest of medical staff) is not only the inability of a doctor to witness the signing of a «living will» or a written request for euthanasia, but also detailed regulation of the decision on euthanasia. Such a procedure may consist of: the need to obtain approval for euthanasia from another doctor who has nothing to do with the medical institution where the patient is being treated [19]; establishing the sanity of a person wishing to make a «living will» (it is forbidden to conduct euthanasia for people with mental illness) or a clear diagnosis of an incurable disease (usually a request for euthanasia can be submitted by a person over 18 and has a terminal illness – will lead to death within no more than 6 months [5]). In the vast majority of cases, such a procedure is regulated in detail, indicating a clear sequence of actions [18].

One of the arguments of proponents of euthanasia in favour of their position is that the possibility of drawing up a «living will» or a request for euthanasia makes it possible to effectively eliminate cases where a person suffering from an incurable disease cannot use euthanasia due to lack of legislation and encourages another person to stop his suffering (the so-called «latent euthanasia»), in particular, the opportunity to inherit (such cases have been repeatedly cited in the legal literature [21]).

A problematic issue in the aspect of this study is the possibility of inheritance by the person who killed the testator at the request of the latter. According to Ukrainian law, persons who intentionally took the life of the testator or any of the possible heirs (Part 1 of Article 1224 of the Civil Code of Ukraine) have no right to inherit. A similar position is reproduced in American law (the rule of «killers»), but many scholars take it quite critically. Thus, some scholars point out that there should be an exception to the «killer» rule when the murder was committed to end the suffering of an terminally ill person (at his request), but under no circumstances should it be committed by fraud, coercion or intentional use of physical force, which caused excessive pain to the victim. Some scholars state that such an expression of the wish of the testator must be witnessed by at least three disinterested witnesses [10].

A similar rule is reproduced in English law, which provides for the impossibility of obtaining material benefits (including inheritance) from the killer of another person (withdrawal rule). At the same time, in anticipation of the above cases, English Law on Confiscation of Rights [6] gives the court the right to change or not apply this rule and provide flexibility in cases where circumstances so require, in cases other than killing (such cases have been repeatedly described in the legal literature [4]). Of note is the Swiss legislation, which allows «assistance in committing suicide» in cases where the helping person has no selfish motives and condemns cases where the patient is persuaded to die, for example, to get rid of the burden of caring for him, not pay for care and treatment or rather inherit (if none of the above cannot be proved, then the criminal case is not initiated) [31].

In this case, one of the most difficult questions is to find out what prompted the person to commit such a killing (act or omission), namely the desire to inherit or alleviate the suffering of a terminally ill person, which in many life situations is quite difficult to do [8].

In general, a «living will» or a request for euthanasia should be made voluntarily, without any influence, not because of any economic difficulties or family problems. Therefore, a certain way of detecting possible excessive pressure on the person should be developed. They may not require a person to receive (or interfere with) euthanasia assistance, or compel another person to provide it, [18] as well as contain provisions that are contrary to law or morality (a study on the possibility of euthanasia of domestic animals after the death of the owner, if such a condition is contained in the will [3]). Instead, a «living will» (a request for euthanasia) may include elements of a person's exercise of the right to dispose of his tissues and organs in case of death.

It should be borne in mind that patients who choose to use euthanasia and follow all formal procedures are not considered suicidal. This is important, including insurance issues. Thus, a number of insurance policies cover, including the death of the insured person in case of euthanasia due to a serious and incurable health disorder that is a direct consequence of the insured event (for example, an accident). In this case, insurance payments are received by the heirs of the insured person [9].

Conclusions. Those who have decided on the possibility of using euthanasia may provide for this in the «living will» (for example, in case of his being in a vegetative state), or in a written request of a terminally ill patient for euthanasia (request for euthanasia), indicating voluntary conscious nature of such expression of wish. A «living will» and a request for euthanasia must be made without any influence, not because of any economic difficulties or family problems, and cannot require the person to receive help in euthanasia (or interfere with its receipt), or force another person to provision, as well as contain provisions that are contrary to law or moral principles.

It is argued that an appropriate mechanism (procedure) should be developed to defend the interests of such persons and minimize the influence of potential heirs and medical staff on the implementation of conscious and voluntary expression of euthanasia (or in the absence of a «will» regarding the decision to euthanize a terminally ill person who is unconscious). The existence of such a mechanism should minimize the ability of relatives or friends (including heirs) to pressure, deceive, or even force someone to decide to euthanize.

Such a mechanism requires a lack of interest on the part of both witnesses (involved in drawing up a will or a request for euthanasia) and medical staff (given their possible personal interest or influence primarily from relatives) and the need for detailed regulation of the euthanasia decision-making process should include a clear sequence of appropriate actions.

REFERENCE

1. Assisted Dying for the Terminally Ill Committee. Session 2004-2005. Published by the Authority of the House of Lords London: The Stationery Office Limited. URL: https://publications.parliament.uk/pa/ld200405/ldselect/ldasdy/86/86i.pdf
2. California Health and Safety Code (HSC). URL: https://leginfo.legislature.ca.gov/faces/codesTOCSelected.xhtml?tocCode=HSC&tocTitle=+Health+and+Safety+Code+-+HSC
3. Can a Will Require Pets to be Euthanized After the Owner

Dies? Estate Law in PA. URL: https://www.wwdlaw.com/can-a-will-require-pets-to-be-euthanized-after-the-owner-dies-estate-law-in-pa/
4. D'Arcy Ph. Unlawful Killing, Assisted Suicide and Inheritance. The Forfeiture Rule. 04 June 2019. URL: https://www.blandy.co.uk/about/news-and-insights/insights/unlawful-killing-assisted-suicide-and-inheritance-the-forfeiture-rule
5. Dore M. Assisted Suicide Laws Are a Recipe for Elder Abuse. The New York Times. April 10, 2012. URL: https://www.nytimes.com/roomfordebate
6. Forfeiture Act from 13th July 1982. URL: https://www.legislation.gov.uk/ukpga/1982/34/contents
7. Hawthorn A., Submission Against Legalisation of Physician-Assisted Suicide and Euthanasia, Submission. 787. 1. URL: https://www.parliament.vic.gov.au/images/stories/committees/lsic/Submissions/Submission_787_-_Alison_Hawthorn.pdf
8. Iftikhar A. Euthanasia: protecting 'right to die' by denying 'right to live'. Anaesth, Pain & Intensive Care. 2012. Vol 16(3). 305 -310.
9. ING Inheritance Insurance General terms and conditions. Insurance Belgium SA/NV. 2020 A. URL: https://www.ing.be/static/legacy/SiteCollectionDocuments/ING-inheritance-insurance-EN.pdf
10. Konsdorf R., Alden S. Prulhiere killing your chances of inheriting: the problem with the application of the slayer statute to cases of assisted suicide. URL: https://actecfoundation.org/wp-content/uploads/Killing-Your-Chances-of-Inheriting-The-Problem-With-the-Application-of-the-Slayer-Statute-to-Cases-of-Assisted-Suicide.pdf
11. Luna S. Abou El Mona. Opinion Euthanasia – A Right to Death? The Stork. March 18, 2021. URL: https://www.iestork.org/euthanasia-a-right-to-death/
12. Lansing MI. Michigan Commission on Death and Dying (June 1994). Final Report of the Michigan Commission on Death and Dying.
13. Pring J. Family fraud 'explosion' highlights fears of assisted suicide opponents. UK Disability News Service August. 7, 2015. URL: https://www.disabilitynewsservice.com/family-fraud-explosion-highlights-fears-of-assisted-suicide-opponents/
14. Protecting human rights and dignity by taking into account previously expressed wishes of patients. Resolution Parliamentary Assembly 1859 (2012). URL: assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=18064&lang=en
15. Sherman J.G. Mercy killing and the right to inherit. University of Cincinnati Law Review. 1993. Vol. 61. P. 803-876.
16. Wet toetsing levensbeëindiging op verzoek en hulp bij zelfdoding, wet van 12 april 2001. URL: https://wetten.overheid.nl/BWBR0012410/2020-03-19
17. What Is a Living Will? 2021. URL: https://www.alllaw.com/articles/wills_and_trusts/article7.asp
18. What is the End of Life Option Act? (Understanding California's). URL:https://health.ucdavis.edu/huntingtons/files/CA-End-of-Life-Options-Act-UCHastings-summary.pdf
19. Wiebe R.E. Hasbrouck. Frequently Asked Questions about Assisted Suicide and Euthanasia. Council of Canadians with Disabilities. URL: www.ccdonline.ca/en/humanrights/endoflife/FAQ-18March2013
20. WMA Declaration on euthanasia, adopted by the 39th World Medical Assembly, October 1987. URL: https://www.wma.net/policies-post/wma-declaration-on-euthanasia/
21. Антоненко М.М. Эвтаназия как разновидность убийства в уголовном праве России: дис. … канд. юрид. наук: спец. 12.00.08. Калининград, 2018. 253 с.
22. Ахметшин Р.Э., Ким Е.В. Зарубежный опыт легализации эвтаназии. Электронное научное издание «Ученые заметки ТОГУ». 2013. Т. 4. № 4. С. 2069-2075 URL: https://pnu.edu.ru/media/ejournal/articles-2014/TGU_4_368.pdf
23. «Благая смерть». Практика применения эвтаназии в мире. 2012. URL: ria.ru/20120330/603582364.html
24. Бэкон Ф. Сочинения: в 2 т. Т. 1. 2-е изд. испр. и доп. М.: Мысль, 1977. 567 с.
25. В Германии принят закон о пассивной эвтаназии. Независимая газета. URL: https://www.ng.ru/health/2009-06-23/7_evtanaziya.html
26. Гай Светоний Транквилл. Жизнь двенадцати цезарей / пер. М.Л. Гаспарова; отв. ред. С.Л. Утченко. М.: Наука, 1993. URL: http://ancientrome.ru/antlitr/t.htm?a=1354637629
27. Гаргун С.С Евтаназія: порушення конституційного права на життя чи реалізація можливості їм розпоряджатися? Наукові розвідки з актуальних проблем публічного та приватного права: матеріали І Всеукраїнської науково-практичної конференції (м. Київ, 15 листопада 2017 р.) Київ: Київський університет імені Бориса Грінченка, 2017. С.37-42.
28. Конвенція про захист прав людини і основоположних свобод 1950 р. Офіційний вісник України. 1998. № 13. Ст. 270.
29. Конституційний суд Німеччини дозволив евтаназію. 2020. URL: https://lb.ua/world/2020/02/26/451033_konstitutsionniy_sud_germanii.html
30. Мырсина А. Как легализовать эвтаназию в России? 2017. URL: https://zakon.ru/blog/2017/10/15/kak_legalizovat_evtanaziyu_v_rossii
31. Перассо В. Помочь умереть: где эвтаназия законна. Всемирная служба Би-би-си. 11 сентября 2015. URL: https://www.bbc.com/russian/society/2015/09/150911_euthanasia_countries_legal
32. Турянський Ю. І. Соматичні права людини в сучасній доктрині конституціоналізму: теоретико-правове дослідження: дис. … докт. юрид. наук: спец. 12.00.01. Львів, 2020. 482 с.
33. Фурса Є.І., Фурса Є.Є. Заповіти самогубців – привід для дискусії. Цивілістична процесуальна думка. 2016l 3: 19-23.
34. Худяков Ю.А. Эвтаназия – правовые и моральные аспекты. Современная юриспруденция: актуальные вопросы, достижения и инновации: сборник статей IV Международной научнопрактической конференции. В 2 ч. Ч. 2. Пенза: МЦНС «Наука и Просвещение». 2017. С.83-86.
35. Шилина А. Вопрос о детской эвтаназии в Беларуси нельзя даже поднимать. URL: https://interfax.by/news/zdorove/raznoe/1148336/ 36.

SUMMARY

PROBLEMATIC ISSUES OF EXERCISE OF THE RIGHT TO EUTHANASIA THROUGH THE PRISM OF INHERITANCE LAW

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The article highlights the problematic issues of the right to euthanasia in the context of inheritance. The legislation of foreign

countries (in particular, the USA, Germany, Israel, the Netherlands, Canada) on the possibility of drawing up a «living will» and/ or a request for euthanasia is analyzed. Attention is drawn to the opposing positions of scientists, who argue both «for» and «against» the possibility of expressing the wish of a person to make a «living will» and a request for euthanasia.

Practical aspects that are obstacles to the realization of a person's right to euthanasia are studied. The need for the existence of an appropriate mechanism (procedure) that would defend the interests of such a person and minimize the influence of potential heirs and medical staff on the implementation of his conscious and voluntary expression of wish regarding euthanasia is pointed out. Attention is drawn to the fact that such a mechanism requires a lack of interest on the part of both witnesses (involved in drawing up a will or a request for euthanasia) and medical staff (taking into account their possible personal interest or influence primarily from relatives) and the need for detailed and consistent regulation of the euthanasia decision-making procedure.

Keywords: euthanasia, inheritance law, inheritance, «living will», request for euthanasia.

РЕЗЮМЕ

ПРОБЛЕМНЫЕ ВОПРОСЫ ОСУЩЕСТВЛЕНИЯ ПРАВА НА ЭВТАНАЗИЮ ЧЕРЕЗ ПРИЗМУ ЗАКОНА О НАСЛЕДОВАНИИ

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В статье исследованы проблемные вопросы реализации права на эвтаназию в контексте осуществления наследования. Анализируется законодательство зарубежных стран (США, Германия, Израиль, Нидерланды, Канада) о возможности составления «завещания жизни» и/или запроса на эвтаназию. Обращается внимание на противоположные позиции ученых, которые приводят аргументы как «за», так и «против» возможности выражения воли лица на составление «завещания жизни» и запроса на эвтаназию.

Исследуются практические аспекты, которые являются препятствиями в реализации права человека на эвтаназию. Обсуждается необходимость создания механизма (процедуры), минимизирующего влияние потенциальных наследников и медицинского персонала на осуществление сознательного и добровольного волеизъявления лица по отношению к эвтаназии и отстаивающего его интересы. Обращается внимание, что такой механизм требует отсутствия заинтересованности со стороны свидетелей (привлекаются при составлении «завещания жизни» или запроса на эвтаназию) и медицинского персонала, включая возможный их личный интерес или влияние со стороны родственников лица, так и необходимость детальной и последовательной регламентации процедуры принятия решения об эвтаназии.

რეზიუმე

ევთანაზიის უფლების განხორციელების პრობლემური საკითხები მემკვიდრეობის კანონის პრიზმით

ვ. ზაბოროვსკი, იუ. ბისაგა, რ. ფრიდმანსკი, ვ. მანზიუკი, ი. პერეში

სახელმწიფო უმაღლესი საგანმანათლებლო დაწესებულება «უჟგოროდის ეროვნული უნივერსიტეტი», უკრაინა

სტატიაში განხილულია ევთანაზიის უფლების რეალიზაციის პრობლემური საკითხები მემკვიდრეობის განხორციელების კონტექსტში. გაანალიზებულია უცხო ქვეყნების (აშშ, გერმანია, ისრაელი, ნიდერლანდები, კანადა) კანონმდებლობა «სიცოცხლის ნების» შედგენის ან/და ევთანაზიის მოთხოვნის შესაძლებლობის შესახებ. ყურადღებას იქცევს მეცნიერთა საპირისპირო პოზიციები, რომლებიც წარმოადგენენ არგუმენტებს, როგორც ”მომხრე”, ისე ”საწინააღმდეგოდ” ადამიანის ნების გამოხატვის ”სიცოცხლის ნების” და ევთანაზიის მოთხოვნის შესაძლებლობის შესახებ.

სტატიაში განხილულია პრაქტიკული ასპექტები, რომლებიც ხელს უშლის ევთანაზიაზე ადამიანის უფლების რეალიზაციას. აღნიშნულია, რომ საჭიროა შესაბამისი მექანიზმი (პროცედურა), რომელიც დაიცავს ამგვარი ადამიანის ინტერესებს და მინიმუმამდე შეამცირებს პოტენციური მემკვიდრეებისა და სამედიცინო პერსონალის გავლენას მისი შეგნებული და ნებაყოფლობითი გამოხატვის განხორციელებაზე. ამგვარი მექანიზმი მოითხოვს როგორც მოწმის, ასევე სამედიცინო პერსონალის მხრიდან დაინტერესების არ არსებობას და დეტალური რეგულირების აუცილებლობას. ევთანაზიის გადაწყვეტილების მიღების პროცესი უნდა მოიცავდეს შესაბამისი ქმედებების მკაფიო თანმიმდევრობას.