

# Legal Regulation of Euthanasia in Mongolia

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## Abstract

**Introduction:** Due to globalization and changes in the health care delivery system, there has been a gradual change in the attitude of the medical community as well as the lay public toward greater acceptance of euthanasia as an option for terminally ill and dying patients. Physicians in developing countries come across situations where such issues are raised with increasing frequency. As euthanasia has gained world-wide prominence, the objectives of our study therefore were to explore the attitude of physicians and patients toward euthanasia and related issues. Concomitantly, we wanted to ascertain the frequency of requests for assistance in active euthanasia.

**Materials and methods:** Questionnaire based survey among terminally ill patients, their caregivers, treating physicians.

**Study objectives:** 1. To study the knowledge of the legal regulation of painless death and euthanasia among terminally ill patients, their caregivers, treating physicians.

2. To study the national legal regulation of euthanasia in Mongolia.

**Results:** Of the 120 terminally ill patients surveyed, 75% said euthanasia should be legalized, 98.9% were in favor of euthanasia, 87.5% of them were fed up with economic problems, and 91.7% were tired of medical care. According to the results of palliative care physicians, 45.8% supported euthanasia, 23% concluded that it was a way to reduce pain and suffering, and 56.2% did not know the legal regulation of euthanasia. However, 29.2% of euthanasia requests came from patients, 37.5% from caregivers, and 4.1% from children. 89.5% of doctors believed that there is a need for the legal regulation of euthanasia for patients in the terminal stage of the disease. Among patients no significant differences were observed for age, religion, or underlying health status.

**Conclusion:** In the terminal stage of the disease, the patient has a deep economic and emotional crisis, which affects the psychology of the doctor and the caregivers and makes them think about euthanasia. However, there is insufficient legal regulation of euthanasia in Mongolia, and there is a lack of knowledge on how to solve it.

**Keywords:** Active and passive euthanasia • Assisted suicide • End of life care • Human rights • Right to die

## Introduction

Euthanasia is a complex concept that includes ethical, medical, jurisprudential, religious, and customary norms as a multifaceted form of social relations. There are no provisions prohibiting euthanasia in the Health Law and other medical legal acts of Mongolia, and the right to refuse treatment is openly regulated, but from the point of view of the criminal law of Mongolia, active euthanasia is prohibited by criminal law [1,2]. Mongolia, by Order No. 406 of the Ministry of Health dated September 04, 2019, includes the right of the client to refuse treatment and services. Since no such study has been conducted

before, we intend to conduct this study because there has not been done any comprehensive medical and legal survey to determine the knowledge and attitudes of physicians and caregivers of patients about the legal environment. Furthermore the palliative care has been developed in Mongolia for 20 years which can relieve pains and other issues made patient and their family don't seek decline treatment. On the other hand, the development of a democratic society raises the issue of human rights at a time when human rights issues are on the rise [3-5].

## Materials and Methods

### Study design and data collection

The target group of the study was selected from surveillance doctors of the Intensive Care, Surgery and Palliative Care Units of the National Cancer Center, Hospices. Qualitative methods were used to collect the survey data and information, and the questionnaires were prepared in advance, and the researcher collected the questionnaires face to face with the participants. Statistical analysis were performed using SPSS 25.0 and Microsoft Excel software.

### Ethical statement

Ethical Review Committee of Mongolian National University of Medical

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Sciences approved the current study protocol (#14/6/2019. 2019/3-07) and the written informed consent forms were obtained prior to questionnaire.

## Results

### Results of questionnaire from the caregivers and patients

89.5% in the 30-39 age group and 88.2% in the 40-49 age group supported euthanasia. In the 30-49 age group, has tendency to support euthanasia was the highest, which is 88.8%. Gender proportion was equal in this group. The closer the person, wife, husband, son, daughter, sister, brother, caring for the patient is the more likely to support euthanasia. And average is 83.7%. As household income increases, the tendency to support euthanasia also increases.

100% of those who answered that they face financial difficulties, there are long queues at the hospital, it is difficult to get medical care, and other difficulties, and 75% of those said that it is difficult to care for them and that the conditions of care are poor, supported euthanasia.

100% of those who had a poor prognosis, incurable disease, and who had heard about euthanasia before, 93% of 57 people who said euthanasia was ethically compatible, and 47.4% of 19 people who were not compatible supported euthanasia.

84.2% of Buddhists, 100% of Shamanists and Christians, and 64.3% of non-religious people supported euthanasia. 100% of caregivers who had considered euthanasia for the patients and who requested euthanasia supported euthanasia, while 62 people who answered that there is a need for the legal regulation of euthanasia in Mongolia supported 100% of euthanasia.

As the cost of post-diagnosis treatment increases, so does support for euthanasia (Table 1). According to patient's age group, those under 49 were most likely to support euthanasia at 93.1%, and those over 50 were 73.3%. There was no difference to support for euthanasia by gender. 91.9% of people

with primary and secondary education and 71.4% of people with special secondary and higher education supported it.

87.5% of those who said they had financial problems, 91.7% of those who said they had long queues at the hospital, difficulty in getting medical care, 66.7% of those who said they were bedridden or had a lot of pain, and 100% of those who said they would have mental depression or other problems were in favor of euthanasia (Table 2).

100% of people said that they will not recover from their disease, 85.7% of people had lost their hope of recovery, 96.2% of people who had heard about euthanasia in the past supported euthanasia, 88% of 92 people said that euthanasia was ethically agreeable, and 42.3% of 26 people who said that it was not agreeable supported euthanasia.

3 out of 4 people asked the doctor for euthanasia (75%), 1 person thought about euthanasia (100%), and 2 people turned to their caregivers for euthanasia (100%) supported euthanasia. 98.9% of 90 people supported euthanasia. There was no difference to support for euthanasia in terms of expenditure on care since the initial diagnosis.

### Results of questionnaire from medical doctors

Considering doctors by age and years of service, 70.8% of the research group were aged 25-34, and 81.8% were those who had worked for more than 2 years. The support for euthanasia is at the same level regardless of age, gender, and years of service.

In this study group no differences were observed in favor of euthanasia by religion.96.6% of the doctors who participated in the study said they knew about euthanasia, 100% of those who believed that euthanasia was ethical and knew the types of euthanasia, and 95% of those who believed that there were ethical differences in the types of euthanasia, supported euthanasia.

According to the results of palliative care physicians, 45.8% supported euthanasia, 23% concluded that it was a way to reduce pain and suffering, and 56.2% did not know the legal regulation of euthanasia. 40% of doctors say that patients suffer a lot because there is no hope of recovery.

Table 1. Caregiver and household incomes.

Indicator	Total	Supported		Prohibited		P value	
	n	n (%)	95%	n (%)	95%		
Caregiver	Husband/Wife	25	22 (88)	71.3 - 96.5	3 (12)	3.5 - 28.7	0.111
	Son/Daughter	36	30 (83.3)	68.8 - 92.7	6 (16.7)	7.3 - 31.2	
	Brother/Sister	10	8 (80)	49.7 - 95.6	2 (20)	4.4 - 50.3	
	Other	5	2 (40)	9.4 - 79.1	3 (60)	20.9 - 90.6	
Household income	Less than 500'000₮	8	6 (75)	40.8 - 94.4	2 (25)	5.6 - 59.2	0.862
	500'001 - 1'000'000₮	32	25 (78.1)	61.8 - 89.6	7 (21.9)	10.4 - 38.2	
	1'000'001 - 1'990'000₮	24	20 (83.3)	65.1 - 94.1	4 (16.7)	5.9 - 34.9	
	More than 2'000'000₮	9	8 (88.9)	58.6 - 98.8	1 (11.1)	1.2 - 41.4	
<b>Total</b>	<b>76</b>	<b>62 (81.6)</b>	<b>71.8 - 89.0</b>	<b>14 (18.4)</b>	<b>11.0 - 28.2</b>		

Table 2. Attitudes towards euthanasia by age, gender, education.

Indicator	Total	Supported		Prohibited		P value	
	n	n (%)	95%	n (%)	95%		
Age	Less than 49	29	27 (93.1)	79.7 - 98.5	2 (6.9)	1.5 - 20.3	0.105
	50 - 59	32	25 (78.1)	61.8 - 89.6	7 (21.9)	10.4 - 38.2	
	60 - 69	39	28 (71.8)	56.5 - 84	11 (28.2)	16 - 43.5	
	More than 70	20	14 (70)	48.3 - 86.4	6 (30)	13.6 - 51.7	
Gender	Male	53	38 (71.7)	58.7 - 82.4	15 (28.3)	17.6 - 41.3	0.117
	Female	67	56 (83.6)	73.4 - 91	11 (16.4)	9 - 26.6	
Education	Primary	3	3 (100)		0 (0)		0.336
	Secondary	56	47 (83.9)	72.7 - 91.7	9 (16.1)	8.3 - 27.3	
	Special Secondary	7	5 (71.4)	35.2 - 93.5	2 (28.6)	6.5 - 64.8	
	High	49	35 (71.4)	57.8 - 82.6	14 (28.6)	17.4 - 42.2	
<b>Total</b>	<b>120</b>	<b>94 (78.3)</b>	<b>70.3 - 85</b>	<b>26 (21.7)</b>	<b>15 - 29.7</b>		

89.5% of doctors believed that there is a need for the legal regulation of euthanasia for patients in the terminal stage of the disease, but they do not know about the order of the Minister of Health No. 446 of November 25, 2013. 100% of those who responded that patients were financially challenged supported euthanasia.

Euthanasia was suggested by 29.2% of physicians, 37.5% of caregivers, and 4.1% of children. 79.2% of euthanasia patients were diagnosed with cancer (Figure 1).

When asked whether the doctor performed euthanasia according to the patient's request, 2 cases were euthanized, 8 were heard of euthanasia, 30 doctors had never heard of it, and 8 doctors answered that they did not know. 81.3% of doctors believed that euthanasia can be used for patients with terminal cancer.

70.8% of those who said that euthanasia can be performed by medical indications, 79.2% of those who said that it can be performed at the request of the patient, 54.2% of those who said that it can be performed at the request of the family of a patient without legal capacity, and 35.4% of those who said that it can be performed at the request of a treating physician tended to support euthanasia.

### Results of the national legal regulation of euthanasia

Mongolia has confirmed the right of the client to refuse treatment and services by the Order No. 406 of the Ministry of Health of September 04, 2019 (Patient right 1.1.5.), which legalized passive euthanasia. There is insufficient legal regulation of euthanasia in Mongolia, and there is a lack of knowledge on how to solve it.

Although the Health Law of Mongolia and other legal acts do not prohibit euthanasia and patient has a right to refuse treatment. But on the opposite side the criminal law prohibition is still valid by the explanation of Supreme court of Mongolia. For example, if a doctor performs euthanasia with the consent of a client or his/her relatives, he/she will be considered a criminal and sentenced to 8-15 years in prison according to Article 10.1 of the Criminal Code of Mongolia (Figure 2).

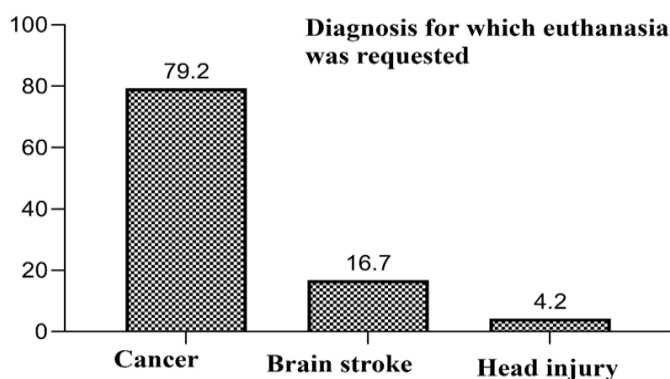
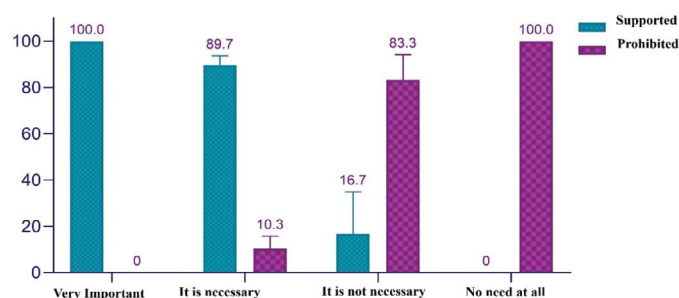


Figure 1. Diagnosis for which euthanasia was requested doctor.



Law regulation of euthanasia

Figure 2. Law regulation of euthanasia.

## Discussion

Improving the legal framework for euthanasia is important to ensure human rights and freedoms in Mongolia. Research on the legal regulation of euthanasia should not be limited to an attempt to determine the legal basis, but should be conducted in a comparative study of euthanasia, criminal law, medical law, and the relationship between medicine and ethics. In addition, at a time when the world's medical law and criminal law are tend to humanitarian approach and the process of legalizing euthanasia is gaining momentum, thus a special study of this topic is a matter of urgency. The practical significance of the research were to clarify the legals which conducted to euthanasia in the current and to conclude it one conception and to harmonize the application of the law, to protect the interests of terminally ill patients, and to clarify the legal environment for doctors and medical professionals in Mongolia.

One of the main problems of medical law in today's society is the state of euthanasia, the trends in other countries of the world, and the demand and requirement for legal regulation in this regard in Mongolia is very important. Euthanasia is a complex concept that includes ethical, medical, jurisprudential, religious and customary norms as a multifaceted form of social relations. It was also determined that euthanasia is interpreted from both positive and negative points of view as a branch of science.

Previously, in Mongolia, in 2004, a team of researchers, Doctor and Professor Kh. Damdinjav, in a single-theme work entitled "Bio-Medical Ethical Issues in Mongolia" raised the issue of euthanasia from the point of view of the health sector, including Bio-Medical ethics and reached certain results. It includes: 1. Based on the fact that 329 (75.6%) of the respondents agreed to continue living as a human right, it is reasonable to assume that there is a right to die along with the right to live. 2. 84 (19.9%) of the respondents agreed that it would be done for ethical reasons, while 187 (43%) answered that there was no legal reason. It is an attitude that acknowledges the act. In total, 271 (62.33%) accepted "active or passive euthanasia" in some way. 3. 287 (66%) of the respondents answered that it is a matter of concern. In 2009-2014 years, the team of researchers M. Tserenbat studied the euthanasia issue from the point of view of jurisprudence, including medical law, and the status of euthanasia in Mongolia. The team of researchers found that euthanasia is permitted to some extent from a medical legal point of view. In other words, it was found that passive euthanasia is permitted by the Law on Health and the order of the Minister of Health, among other legal acts. However, active euthanasia is prohibited by the interpretation of the Supreme Court of the Criminal Code of Mongolia [6-12].

## Conclusion

According to the results of a 2014 survey conducted by a team of researchers among medical professionals and caregivers of terminally ill patients, 96% of all physicians surveyed had heard of euthanasia, while the rest had never heard of euthanasia, and the understanding of euthanasia was extremely poor. 74.5% of the caregivers of seriously ill and terminal ill patients who participated in the study had never heard of euthanasia before, and most of them believed that euthanasia is ethical and needs to be regulated by law.

## Funding

The study had funded by research team own.

## Conflict of Interest

The authors state no conflict of interest.

## References

1. Narangerel S. "Original legal dictionary Mongolia." (2010): 216

2. Black, Henry Campbell. "Law dictionary." St. Paul, Minn, West publishing company (1910), USA.
3. Abbas, Syed, Zafar Abbas and Stanley Macaden. "Attitudes towards euthanasia and physician-assisted suicide among Pakistani and Indian doctors: A survey." *Indian J Palliat Care* 14 (2008): 71.
4. <https://code-medical-ethics.ama-assn.org/ethics-opinions/physician-assisted-suicide>
5. <https://www.bbc.co.uk/religion/religions/islam/islamethics/euthanasia.shtml>
6. <https://www.bbc.co.uk/ethics/euthanasia/overview/problems.shtml>
7. Walsh D, Caraceni AT, Fainsinger R and Foley K, et al. "Palliative medicine euthanasia and physician-assisted suicide." 1<sup>st</sup> (edn), Ch. 22, (2009), Saunders, Canada.
8. Seale, Clive. "Legalisation of euthanasia or physician-assisted suicide: Survey of doctors' attitudes." *Palliat Med* 23 (2009): 205-212.
9. <https://www.wma.net/policies-post/wma-statement-on-physician-assisted-suicide/>
10. Warnock, Mary and Elisabeth Macdonald. "Easeful death: Is there a case for assisted dying?." *Oxford University Press* (2008).
11. Supreme Court of Mongolia, Explanation of the Criminal Law of Mongolia. Ulaanbaatar, Mongolia (2017): 220.\
12. Minister of Health. Refuse treatment page. Appendix No.7, Mongolia (2019).

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