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Bioethical issues regarding euthanasia and the rights and obligations of physicians and patients

A. Spinthouraki,[1]
S. Michaleas,[1]
E. Basdra,[2]
I. Nikolakakis[1]

[1]Department of History of Medicine and Medical Ethics, Medical School, National and Kapodistrian University of Athens, Athens
[2]Department of Biological Chemistry, Medical School, National and Kapodistrian University of Athens, Athens, Greece

Bioethics is a fundamental discipline that plays a critical role in shaping ethical reflection and guiding practical applications across the broad domains of medicine and healthcare. Initially, the concept and origins of bioethics are explained, with emphasis on its four basic principles: autonomy, beneficence, non-maleficence, and justice. The principle of autonomy, which is linked to the patient's right to decide about his or her body and treatment, is central. The concept of informed consent is examined, as it ensures that patients have full understanding of, and control over, medical decisions that concern them. In addition, the legal framework in Greece for medical consent is analysed, along with the ethical and legal aspects of euthanasia according to the Code of Medical Ethics (Law 3418/2005). Issues of consent regarding euthanasia, and the importance of autonomy even in a patient's decision to refuse or discontinue treatment, are also addressed. The article further highlights the role of bioethics in contemporary medical discourse, especially in cases where technological progress creates new ethical dilemmas. The rapid development of genetics, biotechnology, and assisted reproduction methods, for example, brings to the forefront issues such as preimplantation diagnosis, embryo selection, and cloning. Bioethics is therefore called upon to provide a stable framework for evaluation and decision-making, one that is not limited to legal regulations but also draws on philosophical, cultural, and social values. The intercultural approach to bioethics is particularly important in multicultural societies, where perceptions of health, illness, and death may differ significantly. Therefore, the cultivation of ethical reflection among health professionals is essential, so that they can respond with sensitivity and responsibility to the challenges of modern medical practice.

Βιοηθικά ζητήματα σχετικά με την ευθανασία και τα δικαιώματα και τις υποχρεώσεις ιατρών και ασθενών

Περίληψη στο τέλος του άρθρου

Key words

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1. INTRODUCTION

Bioethics is a term that is literally defined as the ethics of life, but in a broader sense, it is the discipline that promotes moral principles and values for the proper interaction of humans with life; that is, with their fellow human beings as well as with other living creatures. This concept is situated within the realms of biology, science, and health knowledge. The primary goal of bioethics is to address and resolve potential ethical conflicts or issues that arise within the context of these disciplines.[1] It is generally stated that the term "bioethics" was coined by Van Rensselaer Potter, a prominent biochemist and researcher in the field of oncology at the University of Wisconsin, who first used it in the United States in 1971 in his book *"Bioethics: A bridge to the future".*[2] Its origin considers the need for critical reflection on the ethical dilemmas generated by advances in life sciences and medicine.

Thus, bioethics is not a dogma or a fixed set of rules dictating how one must act; rather, it serves as a framework for addressing ethical conflicts as they emerge. It seeks to provide guidance without resorting to extremes or rigid solutions. Its application to conflicts fosters critical, evidence-based reflection and ultimately promotes decision-making within a context of dialogue and respect. In essence, bioethics is governed by four fundamental principles: (a) The principle of respect for autonomy; (b) the principle of beneficence; (c) the principle of non-maleficence; (d) the principle of justice.[3]

2. THE PRINCIPLE OF RESPECT FOR PATIENT AUTONOMY

The philosophical foundation of autonomy asserts that all people possess inherent and unconditional worth and, therefore, should have the power to make rational decisions and moral choices. Everyone should be able to exercise their decision-making capacity. Consequently, any procedure that is to be performed on a person's body, or that has an impact on their life, must receive their approval.[4]

In the field of medical care, in cases where the patient is unable to decide for themselves –such as a child or an individual in a coma– appropriate information must be provided to their guardians, who will then make the decision. Regarding the treatment of children, the principle of autonomy must be exercised by the family or legal guardian. However, they do not have the right to force a child to undergo harmful or disproportionately painful treatment, sometimes imposed for religious reasons.[5]

The principles of bioethics are fundamental for the education and practice of professionals in the health sector, particularly in the context of a modern civilization shaped by scientific progress and confronted with numerous ethical dilemmas, in addition to ethical and legal implications that require resolution. Nevertheless, many philosophers and scientists place particular emphasis on the principle of respect for autonomy, considering it to be "first among equals" (primus inter pares) in relation to the others.[3]

3. PATIENT AUTONOMY AND THE DOCTRINE OF INFORMED CONSENT

The doctrine of informed consent represents one of the most significant developments in biomedical ethics since the second half of the twentieth century and has become one of its foundational principles. Informed consent is described as an autonomous process in which the patient authorizes the physician to initiate a diagnostic or therapeutic program. This definition reflects the historical evolution of the physician-patient relationship, which, from antiquity to the present, has constituted an "autonomous process" of great importance in both clinical practice and medical research.[6]

This doctrine integrates ethical and legal perspectives, leading to informed consent as a manifestation of respect for the individual's right to exercise autonomy, either by accepting or refusing medical interventions or treatments. However, the capacity of each person to act autonomously may vary due to cultural, educational, or emotional factors. This variability places upon healthcare professionals the dual responsibility of respecting patients' autonomy while also assisting them in making informed decisions for themselves.[6]

The basis of informed consent, therefore, lies in the ethical obligation to respect patients' autonomous choices, ensuring their best interests in accordance with their own life plans. Although informed consent is most directly linked to the principle of autonomy, it is necessarily accompanied by the principle of beneficence, with both principles grounded in the dignity and freedom of the individual.[6]

4. EUTHANASIA AND THE CODE OF MEDICAL ETHICS IN GREECE (LAW 3418/2005)

Article 11 of the Code of Medical Ethics[7] states *"The physician has an obligation to be honest with the patient and is also required to clearly inform them about the true state of their health, the content and outcome of the proposed medical procedure, the implications and potential risks, the possibility of a poor outcome, the available alternatives, as well as the potential duration of rehabilitation, in order for the patient to fully understand the advantages and disadvantages and then decide whether to proceed or not".*

The physician must also respect the wishes of patients who choose not to receive this information. In such cases, the patient may designate another person (e.g., a relative) to whom the physician will provide the relevant information. Special caution is required when giving information regarding sensitive interventions, such as organ transplants, medically assisted reproduction, gender reassignment or restoration procedures, and esthetic or cosmetic interventions. If individuals are unable to provide consent for a medical procedure, the physician must give them appropriate information to the extent possible and must also inform the third parties who are legally authorized to consent on their behalf.

Article 12 of the Code of Medical Ethics stipulates that no medical procedure may be carried out without the patient's consent. For this consent to be considered valid, several conditions must be met: (a) The patient must receive clear and unambiguous information; (b) the patient must have the mental capacity to provide consent. If the patient is a minor, consent is granted by the parents or legal guardians, while the opinion of the minor must also be taken into account, provided that –in the physician's judgment– the minor possesses the necessary age, mental, and emotional maturity to understand their health condition, the proposed procedure, its consequences, and its risks; (c) consent must

not be the result of error, fraud, coercion, or threat, nor be contrary to good morals; (d) consent must fully cover the medical act in both content and timing. If the patient cannot give consent, it is provided by the legal guardian or, in their absence, by relatives. In all cases, the physician is obliged to ensure the voluntary participation and cooperation of the patient. Consent is not required in exceptional circumstances: (a) In urgent cases where consent cannot be obtained and immediate medical care is necessary; (b) in cases of attempted suicide; (c) when parents, relatives, or other parties refuse to give the necessary consent, but intervention is required to prevent a risk to the patient's life or health.

Article 29 of the Code of Medical Ethics[7] addresses end-of-life care. It stipulates that when a patient suffers from an incurable disease and is in the final stage, even if all therapeutic options have been exhausted, the physician has a duty to ensure the relief of the patient's physical and psychological suffering. Physicians are required to provide palliative care, to collaborate with the patient's relatives, and to support the patient until death, while safeguarding the patient's dignity. Physicians must also give weight to the wishes expressed by the patient, even if, at the time of treatment, the patient is unable to repeat them. However, the physician must recognize that a patient's desire to die does not constitute legal justification for taking action to hasten death. Article 29 explicitly refers to "genuine" or "pure" euthanasia, which is strictly prohibited, and a physician's non-compliance with this provision may be classified as bodily harm or even as an act of torture.

At the same time, the article leaves room for interpretation: In weighing the continuation of a life marked by severe suffering against the alleviation of that suffering, one could argue that the provision implicitly acknowledges other forms of euthanasia beyond the "genuine" type. The reasoning for rejecting euthanasia –because it prohibits any act intended to hasten death– arguably overlooks the central ethical purpose of euthanasia, namely the release of the patient from unbearable suffering. Furthermore, the juxtaposition of the provisions that obligate physicians to respect patients' wishes with the rule that a patient's request can never justify an act leading to death suggests that the Code views end-of-life wishes as less than fully free, given their expression under the pressure of impending death. The expression "does not constitute a legal justification" should not necessarily be read as a moral or ethical prohibition, but rather as leaving the physician with discretion to decide, on ethical grounds, whether to prolong treatment. Nevertheless, rejecting further treatment carries the risk of legal consequences for the physician.[8]

Finally, because only physicians possess the medical knowledge to administer treatment, article 29 cannot be proportionally applied to paramedical personnel or to the patient's relatives. Euthanasia is characterized as indirect active when performed by physicians, but it is mandatory in cases of passive euthanasia, such as the withdrawal of treatment. This provision ensures consistency in the legal evaluation of medical actions, preventing the contradiction that would arise if physicians were required to cease treatment while transferring the responsibility to paramedical staff, who would then be compelled to complete the act, even against the patient's wishes.[9]

5. ISSUES OF PATIENT CONSENT

The physician-patient relationship is of fundamental importance and is directly linked to the physician's obligation to provide the patient with full and accurate information regarding their health condition, available treatment options, potential risks and dangers, as well as alternative solutions. These elements are essential for enabling the patient to make an informed and rational decision about their own care. Consent represents one of the most critical issues in the context of euthanasia, as the patient's expressed willingness to die is what distinguishes euthanasia from simple homicide. In all countries that permit some form of euthanasia or assisted suicide, consent is an explicit legal requirement. This highlights the central importance of the patient's request. While a distinction exists between a request and consent, a patient's request for euthanasia is generally regarded as a form of consent. The use of the term "request" reflects the fact that the procedure requires the physician's approval or acceptance; nevertheless, consent is inherently embedded within the patient's request.[10]

Consent to any medical procedure is a key expression of patient autonomy and is firmly grounded in legislation, such as the provisions of the Civil Code and the Oviedo Convention. Importantly, euthanasia does not negate the broader right of every conscious and competent patient to refuse any medical or surgical treatment, even if such treatment is considered necessary to prevent premature death. For example, a patient may reject a life-saving surgical procedure, insist on leaving the hospital against medical advice, or persist in unhealthy lifestyle habits that predictably shorten life expectancy.

Equally, respecting the informed decision of a patient who requests the withdrawal of treatment or the removal of artificial life support is considered both morally legitimate and legally supported, except in certain emergency

situations where the patient is unable to provide informed consent. Patients also retain the right to refuse information about their medical condition, thereby granting physicians the discretion to act according to their professional judgment. In circumstances where full disclosure of the patient's health status could cause psychological harm, physicians may seek psychiatric support and encourage relatives to participate in decision-making.[10]

6. CONCLUSIONS

Bioethics is not a rigid set of rules but rather a framework for ethical dialogue that supports decision-making in complex medical and biological contexts. Central to this framework is the principle of respect for patient autonomy, which requires physicians to provide full, honest, and comprehensible information. Informed consent is therefore crucial, as it ensures the ethical legitimacy of medical procedures and reinforces the collaborative nature of the physician-patient relationship. In Greece, the Code of Medical Ethics explicitly sets out the conditions under which patient consent to medical procedures is valid, the exceptions to these conditions, and the rights of patients in cases of diminished capacity. Nevertheless, euthanasia remains a complex and controversial issue within the Greek legal framework. Article 29 of the Code of Medical Ethics emphasizes the physician's duty to provide palliative care and explicitly rejects active euthanasia, while at the same time leaving interpretative space for passive forms. Ultimately, the patient's consent –or refusal of treatment– constitutes an expression of respect for their individuality, dignity, and values, even when such choices conflict with medical judgment or prognosis. Bioethics, in this sense, highlights the priority of human autonomy and moral responsibility, ensuring that medical practice remains grounded in both scientific progress and ethical reflection.

ΠΕΡΙΛΗΨΗ

Βιοηθικά ζητήματα σχετικά με την ευθανασία και τα δικαιώματα και τις υποχρεώσεις ιατρών και ασθενών

Α. ΣΠΙΝΘΟΥΡΑΚΗ,[1] Σ. ΜΙΧΑΛΕΑΣ,[1] Ε. ΜΠΑΣΔΡΑ,[2] Ι. ΝΙΚΟΛΑΚΑΚΗΣ[1]

[1]Εργαστήριο Ιστορίας της Ιατρικής και Ιατρικής Ηθικής, Ιατρική Σχολή, Εθνικό και Καποδιστριακό Πανεπιστήμιο Αθηνών, Αθήνα, [2]Εργαστήριο Βιολογικής Χημείας, Ιατρική Σχολή, Εθνικό και Καποδιστριακό Πανεπιστήμιο Αθηνών, Αθήνα

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Η Βιοηθική συνιστά έναν θεμελιώδη κλάδο, ο οποίος διαδραματίζει καθοριστικό ρόλο στη διαμόρφωση της ηθικής σκέψης και στην καθοδήγηση των πρακτικών εφαρμογών στους ευρείς τομείς της ιατρικής και της υγειονομικής περίθαλψης. Αρχικά, επεξηγείται η έννοια και η προέλευση της Βιοηθικής, με έμφαση στις τέσσερις βασικές αρχές της: αυτονομία, ευεργεσία, αβλάβεια και δικαιοσύνη. Κεντρική θέση κατέχει η αρχή της αυτονομίας, η οποία συνδέεται με το δικαίωμα του ασθενούς να αποφασίζει για το σώμα και τη θεραπεία του. Ιδιαίτερη βαρύτητα αποδίδεται στην έννοια της συναίνεσης κατόπιν ενημέρωσης, η οποία διασφαλίζει ότι οι ασθενείς διαθέτουν πλήρη κατανόηση και έλεγχο των ιατρικών αποφάσεων που τους αφορούν. Παράλληλα, εξετάζεται το νομικό πλαίσιο στην Ελλάδα για την ιατρική συναίνεση, καθώς και οι ηθικές και οι νομικές διαστάσεις της ευθανασίας σύμφωνα με τον Κώδικα Ιατρικής Δεοντολογίας (Ν 3418/2005). Αναλύονται επίσης τα ζητήματα συναίνεσης που συνδέονται με την ευθανασία και η σημασία της αυτονομίας, ακόμη και όταν ο ασθενής αποφασίζει να αρνηθεί ή να διακόψει τη θεραπεία. Το άρθρο υπογραμμίζει επί πλέον τον καθοριστικό ρόλο της Βιοηθικής στον σύγχρονο ιατρικό λόγο, ιδίως σε περιπτώσεις όπου η τεχνολογική πρόοδος δημιουργεί νέα και σύνθετα ηθικά διλήμματα. Η ραγδαία ανάπτυξη της Γενετικής, της Βιοτεχνολογίας και των μεθόδων υποβοηθούμενης αναπαραγωγής φέρει στο προσκήνιο ζητήματα, όπως η προεμφυτευτική διάγνωση, η επιλογή εμβρύων και η κλωνοποίηση. Στο πλαίσιο αυτό, η Βιοηθική καλείται να παρέχει ένα σταθερό πλαίσιο αξιολόγησης και λήψης αποφάσεων, το οποίο δεν περιορίζεται σε νομικές ρυθμίσεις, αλλά αντλεί και από φιλοσοφικές, πολιτισμικές και κοινωνικές αξίες. Η διαπολιτισμική προσέγγιση της Βιοηθικής αποκτά ιδιαίτερη σημασία σε πολυπολιτισμικές κοινωνίες, όπου οι αντιλήψεις για την υγεία, την ασθένεια και τον θάνατο ενδέχεται να διαφέρουν ουσιαστικά. Συνεπώς, η καλλιέργεια ηθικού στοχασμού στους επαγγελματίες υγείας είναι απαραίτητη, ώστε να μπορούν να ανταποκρίνονται με ευαισθησία και υπευθυνότητα στις προκλήσεις της σύγχρονης ιατρικής πρακτικής.

Λέξεις ευρετηρίου: Ασθενής, Βιοηθική, Ιατρός, Συναίνεση

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Corresponding author:

S. Michaleas, Department of History of Medicine and Medical Ethics, Medical School, National and Kapodistrian University of Athens, Athens, Greece
e-mail: sp.michaleas@gmail.com