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Legal Perspective of Euthanasia in Pakistan

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Abstract

Euthanasia, the act of deliberately causing or bringing an end to life in order to alleviate pain, is a highly debatable issue across the globe. The jurisprudential view of euthanasia in Pakistan is influenced by the Islamic law, constitution, and acceptable values in the society. Active euthanasia and physician-assisted suicide are both regarded as illegal and ethically wrong, mainly because of the religious teachings that teach of the sanctity of life. Although passive euthanasia, including life support withdrawal, is sometimes discussed in terms of ethics, it is not legally regulated or defined. Its legalization is mostly disapproved by medical professionals, students, and the population, the opposition being based on religion, culture, and ethical issues. Although the world has made strides in the step to improve palliative care, Pakistan has no extensive legal framework that deals with end-of-life choices. This study is critical of how law intersects with religion and medical ethics as it goes through euthanasia and why we need subtle legal language and policy development to address new challenges in terminal care and patient rights.

Keywords: Laws, Theoretical Context, Legal Perspective, Pakistan

Introduction

Euthanasia is a combination of two Greek words, which can be translated as good death; euthanasia, translated as *eu*, meaning good or well, and *thanatos*, which translates as death (Bouabida et al., 2024). It is an outstanding ethical and legal problem all over the world (Ashraf et al., 2022). Euthanasia is legal in countries like the Netherlands, Belgium, and Canada under strict circumstances. However, most Muslim majority countries, including Pakistan, have banned it completely because of religious and cultural principles. In Pakistan, the debate on euthanasia is sparse and is mostly based on the sanctity of life, which is a belief held in both religion and society (Elahi et al., 2024).

Pakistan does not have any legislation on any form of euthanasia or physician-assisted suicide (Rus & Gastmans, 2023). According to the provisions in Section 302 of the Pakistan Penal Code (1860), any act resulting in, or aiding in death, is punishable as culpable homicide, and an attempt to commit suicide is punishable under Section 325 (PPC, 1860) (Sibghatullah et al., 2025). The termination of life before the appropriate time is strictly prohibited by Islamic jurisprudence, which holds a lot of influence upon the national law (Nihal, 2022). According to religious authorities, like the Council of Islamic Ideology, it is only Allah that knows when a person dies or lives. Such a perception influences the medical practice by not encouraging physicians to make end-of-life decisions, even in the most severe situations (Kumar, 2025).

In spite of the fact that the terminology of the whole world supports the rights of patients and their medical independence, there are no dedicated laws or cases in Pakistan concerning active or passive euthanasia (Mahnoor et al., 2024). The legal uncertainty of the DNR orders and the right to withdraw life support subject healthcare providers to ethical issues (Umaini & Rusidana, 2024). The study aims to analyze the legal status of euthanasia in Pakistan, taking into account the Islamic principles and changing medical

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dynamics(Marsella et al., 2024).

Research Justification

Euthanasia is becoming more and more relevant to medical and legal discourse around the globe as life-sustaining technologies are rapidly developed and the rights of patients are increasingly acknowledged. Nevertheless, in Pakistan, the topic remains a very underdeveloped part of the official law. The lack of a particular legislature, little or no societal discussion, and little or no judicial interpretation on the issue are pronounced in spite of its deep ethical repercussions on healthcare providers and the terminally ill patients. The purpose of the research is to close this gap by critically assessing the current state of Pakistani law in support of or lack of support for end-of-life decision-making.

The Pakistan legal system is highly informative with respect to the Islamic jurisprudence that respects the sanctity of life and tends to reserve euthanasia. Nonetheless, new trends in medicine like Do-Not-Resuscitate (DNR) orders and termination of life support have brought forth complicated ethical issues. This paper will analyze the overlap of Islamic values, the law, and clinical ethics to come up with culturally sensitive and legally acceptable policies. It will also underline the necessity of an increased level of legal literacy of society, medical personnel, and legal experts concerning euthanasia and end-of-life services. Through filling the gaps in academic literature and encouraging discussion, this study will aim to make its contributions to the policy-making process that will be both ethically adequate and consonant with the socio-religious beliefs of Pakistan.

Research Objectives

1. To discuss the historical context of the legal perspective of euthanasia in Pakistan.
2. To highlight the theoretical context of euthanasia.
3. To analyze the laws regarding euthanasia in Pakistan.
4. To identify the key challenges regarding the legal perspective of euthanasia in Pakistan.

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5. To explore the opportunities of the legal perspective of euthanasia in Pakistan.
6. To propose effective prevention and intervention strategies.

Research Methodology

This study employed a systematic review methodology, with research objectives established accordingly. A comprehensive literature review was conducted (Komba & Lwoga, 2020). Research findings were categorized based on their content (Hiver et al., 2021; Petticrew & Roberts, 2006), and classified information was incorporated into the study by organizing it into headings (Gan et al., 2021; Pawson et al., 2005). The evaluation of classified information and titles formed the basis of the study (Page, 2021; Rahi, 2017), ensuring the integrity of the research subject and its contents (Egger et al., 2022; Victor, 2008). The criteria for selection are listed.

1. **Relevance:** Researches that directly addressed the questions posed by this study are included.
2. **Quality:** Studies that meet a certain quality threshold (e.g., methodological rigor, bias risk) are included. Most of the research is from Scopus-indexed and Clarivate Analytics journals and reputed publishers.
3. **Recency:** Consideration of the publication date to ensure that the review reflects the most current evidence. Most of the studies are from the last three years.
4. **Language:** Only studies published in English are included.
5. **Data Completeness:** Previous studies must provide sufficient data on outcomes of interest for practical synthesis; this is also ensured in this research.

This study did not use primary data from human participants; therefore, no ethics clearance letter from the ethics committee was required.

Literature Review

One of those topics is euthanasia, which has been discussed in the world in the context of the legal and moral problem, particularly in the case of medical advances and

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the treatment of the terminally ill (Ashraf et al., 2022). The case presents some intricate issues related to human dignity, autonomy, and the application of medical professionals in end-of-life decision-making (Rus & Gastmans, 2023). The issue of whether the right to die should be viewed as an extension of the right to life has been an issue that has been grappled with by lawmakers and ethicists all over the world (Elahi et al., 2024). Euthanasia in its various forms challenges the time-honored medical ethics that hold sanctity of life at all costs and instead, the ethics of sympathy, consent, and relieving unbearable pain (Bouabida et al., 2024).

Euthanasia has been legalized in some jurisdictions like the Netherlands, Belgium, and Canada because the practice is legalized under specific circumstances, with the emphasis being patient-oriented and decent in the process of death (Sibghatullah et al., 2025). These legal systems commonly cover supervision of physicians, certification of terminal illness, and psychological evaluation to ascertain ethical adherence (Nihal, 2022). Euthanasia is perceived in these nations as an issue of choice and a doctor-patient duty, and not a criminal act. But, on a very contrary note, euthanasia is still unlawful in most parts of Asia and the Middle East, where intense religious, moral, and cultural implications dominate the law. The impact of ethics associated with faith and social values still determines how the subject of life and death is perceived, as they frequently attribute more significance to the sanctity of life rather than autonomy (Mahnoor et al., 2024). The legal or otherwise status of euthanasia can therefore be regarded as an indication of the greater social attitudes to life, death, and moral responsibility (Umaini & Rusidana, 2024).

The Pakistani research studies show that there is a contradictory attitude of medical communities and medical students toward euthanasia and physician-assisted suicide (Marsella et al., 2024). Law in Pakistan is mainly influenced by the Islamic doctrines and the penal code that was applied during the colonial period, where the sanctity of life is the dominant factor, with the killing of one person being a crime (e.g., murder under section

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302 of the Pakistan Penal Code, 1860)(Kumar, 2025). Not even suicide attempts were punishable by the same code until a recent time. Observers have highlighted that medical practice in Pakistan is limited by this convergence of religious, ethical, and legal concepts in such a way that the Do-Not-Resuscitate (DNR) orders and withdrawal of life support are still uncertain

Historical Context of the Legal Perspective of Euthanasia in Pakistan

Euthanasia goes way back in the history of our civilization, as ancient civilizations such as Greece and Rome practiced mercy killing as a way of alleviating incurable human pain (Ashraf et al., 2022). But when Abrahamic religions appeared, in particular, Islam and Christianity, the act was denounced because it violated the divine will (Rus & Gastmans, 2023). The impact of these religious tenets on the codes of morality and the legal systems was enormous, leading to a tremendous opposition to euthanasia not only in medieval history but also in early modern history (Sibghatullah et al., 2025).

The English common law was introduced in British colonial rule on the Indian subcontinent, and this included a rigid application of homicide and suicide acts, PPC, 1860 (Bouabida et al., 2024). When Pakistan became independent, the laws did not change much, and they preserved their colonial nature. According to Nihal (2022), the issue of euthanasia is controversial. In the meantime, the Islamic values of law were further established in the Pakistani legal and constitutional system, where any form of euthanasia or assisted death was further prohibited. Elahi et al. (2024) explored the topic of medical aid in dying in Pakistan. Kumar (2025) believes that euthanasia needs to be re-evaluated to be legalized in Pakistan.

Ethical debate regarding end-of-life care has received a bit of attention in Pakistani medical and legal circles in the past few decades. Nonetheless, the legislative developments have been few, and no specifications have been made on passive euthanasia or withdrawal of life support. Mahnoor et al. (2024) investigated the attitude of medical

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students towards euthanasia and physician-assisted suicide. Marsella et al. (2024) offer an Islamic jurisprudential definition of euthanasia. The arguments are still more of an academic discussion, confined to scholarly journals and ethics commissions, than to legislative or judicial change. Consequently, Pakistan still works in a perceived legal vacuum of this matter, which was inherited and, consequently, influenced by religion. Umaini and Rusidana (2024) present the issue of euthanasia in terms of international human rights.

Theoretical Context of the Legal Perspective of Euthanasia

Euthanasia can be discussed in the context of several ethical perspectives that impact the legal interpretation of this issue in the world and in Pakistan in particular. Deontological ethics, which is based on Immanuel Kant's philosophy, believes that human lives are valuable and should never be killed deliberately, no matter what the consequences. This theory gives more importance to duty and moral rules, considering euthanasia, with the agreement of the patient, as a failure to comply with the basic duty to safeguard life.

Utilitarianism, on the other hand, encourages people to make decisions that will produce the greatest happiness and minimize suffering. In this light, euthanasia can be said to be ethically acceptable as long as it alleviates unimaginable suffering in patients who are dying. Utilitarian reasoning facilitates patient autonomy and compassionate end-of-life decisions, particularly when there will be no chances of recovery or quality of life with further treatment.

Islamic bioethics has a great influence on the legal discourse in Pakistan. According to Islamic jurisprudence, life is a holy trust bestowed by Allah and taking it is his prerogative alone. Active and passive euthanasia are therefore mostly perceived to be unacceptable. Nevertheless, futile treatment can be withdrawn in some situations by some scholars. Western philosophical and Islamic ethical theories differ considerably, and they

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are the lens through which the complicated legal and moral reality of euthanasia in Pakistan is perceived.

Legal Perspective of Euthanasia in Pakistan

In legal terms of the legal system in Pakistan, euthanasia is the term that denotes the deliberate termination of an individual in order to eliminate their suffering, which, according to the current legislation, is considered a crime. All forms of it are neither legal nor differentiated in the understanding that there is no difference between mercy killing and homicide, as understood by Pakistani laws.

1. Pakistan Penal Code (PPC), 1860:

- a. Section 302: Considers euthanasia a culpable homicide, which is punishable by death or life imprisonment. The whole of causing death willfully or not is punishable by this law.
- b. Section 325: Makes an attempt at suicide a criminal offense; attempted suicide is also decriminalized by section 325.
- c. There is no difference in law between euthanasia and illegal murder, although the patient may request it.

2. Religious and Ethical Influence:

- a. Islamic jurisprudence considers life as something sacred and can only be ended through the will of God.
- b. Religious organizations such as the Council of Islamic Ideology are very opposed to euthanasia.

3. No law whatever, even on passive euthanasia:

- a. There are no laws regulating Do-Not-Resuscitate (DNR) orders, withdrawing life support, or a living will in Pakistan.
- b. The practitioners in the field of medicine are not legally safeguarded in end-of-life matters.

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4. **Comparative Foreign Laws:**

- a. In the Netherlands and Canada, euthanasia or assisted dying is permitted on strict conditions.
- b. The UK does not allow active euthanasia but allows passive euthanasia under the supervision of a court.

5. **Pakistan's Legal Position:**

- a. Still the same, and no active legislative or judicial reform on the subject.

Challenges for the Legal Perspective of Euthanasia in Pakistan

1. **Religious and Cultural Restraints:** The legal framework of Pakistan is strongly affected by Islamic values; the Islamic worldview sees life as a precious and sacred gift and euthanasia as an act of disrespect towards God. The religious institutions highly oppose any variation of assisted dying, and this poses resistance to legislative change even in medically asserted cases.
2. **Lack of Legal System:** Euthanasia, active or passive, does not have a particular legislation. The Pakistan Penal Code considers any assisted dying as murder or abetment to suicide, with no legal immunity to medical practitioners, patients, or families who might have made end-of-life decisions.
3. **Medical and Ethical Uncertainty:** In Pakistan, the medical and legal fields do not provide a clear legal and ethical standard in addressing terminally ill patients who might demand the withdrawal of treatment. The concern of litigation will prevent doctors who making humane decisions that could be legally dangerous, like withdrawing life support.
4. **Absence of Public and Professional Awareness:** There exists very little public discussion of euthanasia, and medical and legal practitioners are not well educated about the topic. It is this lack of awareness and training that leads to confusion, stigma, and unwillingness to participate in policy discussions or have an ethical debate

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regarding end-of-life care.

Opportunities for the Legal Perspective of Euthanasia in Pakistan

1. **End-of-Life Medical Ethics Framework:** Pakistan can consider preparing legal provisions that will deal with end-of-life medical crises like removal of life support, DNR orders, and palliative sedation. It would provide clarification to the doctors and families, and would be ethical.
2. **Fusion of Shariah-Medical Law:** The collaboration of the scholars and lawmakers can be used to understand the role of Islamic jurisprudence in contemporary medical settings. It can result in legal provisions of passive euthanasia that can coexist with faith and ensure that the spiritual and medical requirements are met.
3. **Write Patient Rights Charter:** With the legal acknowledgment of the rights of terminally ill patients, such as the right not to receive futile treatment, Pakistan can move one step toward dignified healthcare. It provides an avenue for a national debate regarding patient autonomy and consent.
4. **Judicial Interpretation and Precedents:** In Pakistan, courts may commence a public interest litigation (PIL) or an advisory opinion on the issue of euthanasia. It can slowly build up a judicial precedent, even without a formal legislature, and give clarity of law in the delicate medical cases.

Discussion

The problem of euthanasia in Pakistan revolves around the issues of religious, legal, and ethical issues. Although medical innovations have brought about situations where prolonging life can lead to more suffering, the lack of a legal status to both active and passive euthanasia has put medical professionals in an ethical and legal quandary. All types of euthanasia are still considered a crime in Pakistani law, and there is no discussion on how decisions on end-of-life care should be conducted. Meanwhile, the world experience demonstrates that euthanasia can be controlled with serious restrictions and the

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sense of patient dignity and moral rightness. Pakistan can also enter into an academic, legal, and religious dialogue to seek ways of faith-compatible approaches. The introduction of passive euthanasia (including Do-Not-Resuscitate (DNR) orders and futile treatment withdrawal) would provide a humane but legal way out. It would comply with Islamic values as well as the medical reality.

Conclusion

Euthanasia is an issue still in the dark and is a very sensitive matter in Pakistan that is influenced by religion, legal restrictions, and uncertainties. Although the existing legal practice strictly forbids all types of assisted dying, the increasing medical difficulties and the rights of patients are issues that should be reconsidered with great care. Informed dialogue, incorporation of Islamic bioethics and law reform, and international practice can help Pakistan turn to humane, systematic end-of-life care policies. This issue can be resolved by balancing respect for life and considering the actualities of terminally ill patients and healthcare profession.

Recommendations

1. **Draft Passive Euthanasia:** Introduce legally binding procedures on passive euthanasia, like the removal of life support and Do-Not-Resuscitate (DNR) orders, that must be strictly monitored by medical supervision.
2. **Inclusivity of Islamic Academic Consensus:** Involve the Islamic academicians and jurists in interpreting Islamic Shariah laws against contemporary medical ethics so that no law amendments violate the faith.
3. **Create Ethics committees in Hospitals:** Require multi-disciplinary ethics committees in both government and private hospitals to assist doctors and patients in end-of-life decision-making and to prevent legal liability on doctors.
4. **Establish a National Policy on End-of-Life Care:** Prepare a clear national policy that deals with patient dignity, the management of pain, and the legal status of refusing

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treatment and palliative care.

5. **Legal Immune of Healthcare Professionals:** Grant protection to the doctors who provide services based on the accepted provisions regarding end-of-life care to avoid the risk of legal action.
6. **Public Awareness Campaigns:** The Department will initiate national education campaigns via media, mosques, and health facilities to educate the people about palliative care and patient rights.
7. **Implement Advance Medical Directives:** Legalizing and controlling the living wills or advance directives, where terminally ill patients can make their wishes regarding their treatment.
8. **Judicial Review and Advisory Opinions:** Recommend that the judiciary adopt an interpretative or advisory opinion on the intricate matters relating to medical ethics, which will establish a judicial precedent.
9. **Medical Curriculum Reform:** Incorporate end-of-life care ethics, patient rights, and legal obligations into medical and nursing programs throughout Pakistan.
10. **Partner with International Models:** Examine and implement euthanasia regulations of highly religious countries that have discovered culturally competent legal responses, including Malaysia or Turkey.

Research Limitations

The major limitations in this study are that there are no official statistics and case studies on euthanasia in Pakistan. Analysis of most of it is dependent on secondary sources, religious interpretations, and international comparisons due to the lack of relevant legislation and judicial decisions. Limits to the extent of the empirical assessment are found in the paucity of the public discourse and government documentation. Moreover, the topic is sensitive, thus bias in the available literature might be caused by religious and cultural norms. The interviews with legal and medical experts were not possible with this

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range, and it may have enriched the study with practical information. The study needs to include qualitative information on stakeholders in the future to give a clearer picture of the legal and moral issues related to euthanasia in Pakistan.

Research Implications

Studies into the Legal perspective of Euthanasia in Pakistan have some implications:

1. **Policy Formulation:** The study can assist the policymaker in formulating culturally and religiously sensitive policies on euthanasia and an end-of-life care law.
2. **Judicial Consideration:** The research allows the courts to ask questions of the law and establish precedent by way of advisory opinions.
3. **Medical Ethics and Practice:** The findings can be applied in medical institutions to design ethical principles and internal policies on how terminally ill patients should be dealt with.
4. **Public Awareness and Conversation:** The research encourages competent general dialogue and discussion on the issue in order to reduce concerns and misunderstandings about euthanasia.
5. **Academic Advisory:** It contributes to the under-researched area of bioethics and law in Pakistan to support the development of interdisciplinary work and legal reforms in the future.

Future Research Directions

As medical technologies are developing, and ethical issues, which encircle the end-of-life care, are emerging, the need to carry out comprehensive research on euthanasia in Pakistan becomes even more urgent. Further studies are needed about the way Islamic jurisprudence can engage with current medical ethics to formulate a practical model of law. Pakistan can develop culturally sensitive solutions by conducting comparative studies with other Muslim-majority countries that have dealt with similar dilemmas.

1. **Research into Public Opinion:** Nationwide polls to comprehend whether society is

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supportive of euthanasia and patient autonomy.

2. **Islamic Jurisprudential Analysis:** The comprehensive study of the modern Islamic decisions regarding passive euthanasia and refusal of treatment.
3. **Case-Based Medical Ethics Research:** Bank of real-life hospital cases of end-of-life decision making in Pakistan.
4. **Comparative Legal Studies:** Comparative study of legal systems of other common religious or cultural lives (e.g., Malaysia, Turkey).
5. **Stakeholder Interviews:** Qualitative research among doctors, scholars, judges, and the families of patients to be able to obtain different points of view.

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