Euthanasia: A Comparison of the Criminal Laws of Germany, Switzerland and the United States

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I. INTRODUCTION

Euthanasia, a subject that has long been a dilemma for medical ethics, has received more attention in the last decade than ever before in the United States. Today, the number of situations in which euthanasia is seriously considered has increased because of developments in medical technology. Individuals who a few years ago would have died now may sustain their lives through medical technology. An illustration of this trend is the situation where a patient with a terminal disease wants to end his suffering and die. Physicians believe the patient has weeks, maybe days, to live. This situation could pose a problem if the individual would rather not have his life sustained by medical technology. Euthanasia provides one resolution to this problem.

Under the current state of the law in the United States euthanasia is a crime of willful homicide. Despite the criminality of the act, physicians continue to practice euthanasia. Therefore, ordinarily law-abiding U.S. citizens are ignor-

1. See Ostheimer, The Polls: Changing Attitudes Toward Euthanasia, 49 PUB. OPINION Q. 123 (1980) [hereinafter cited as Ostheimer]. Groups concerned with euthanasia have increased enormously in members and subscription in the past ten years. In twelve years, concern for Dying, a pro-euthanasia organization, has expanded its mailing list from 10,000 in 1967 to 160,000 in 1979. The Euthanasia Educational Council grew from 600 members to more than 30,000 from 1969 to 1974. Id.

2. See Bellegie, Medical Technology As It Exists Today, 27 BAYLOR L. REV. 31 (1975) [hereinafter cited as Bellegie]. See generally Ufford, Brain Death, 19 WASHBURN L.J. 225 (1980) [hereinafter cited as Ufford]. These developments include heart-lung machines, pacemakers, respirators, AMI Bennett machine (controls the flow of oxygen and CO₂), cribs (controls the body temperature), and hemodialysis machines and monitors.


4. See Ostheimer, supra note 1, at 123. For a definition and discussion of euthanasia, see § II infra.

5. See Collester, Death, Dying and the Law: A Prosecutorial View of the Quinlan Case, 50 RUTGERS L. REV. 304 (1977); see also Kamisar, Some Non-Religious Views Against Proposed "Mercy Killing" Legislation, 42 MINN. L. REV. 969 (1958) [hereinafter cited as Kamisar]; R. Perkins, CRIMINAL LAW 86 (2d ed. 1969); F. Wharton, Wharton's Criminal Law §§ 137-70 (14th ed. 1979) [hereinafter cited as Wharton's Criminal Law]. For a discussion of the criminal law in euthanasia, see generally Survey, Euthanasia: Criminal, Tort, Constitutional and Legislative Considerations, 48 NOTRE DAME LAW. 1202 (1975); Foreman, The Physician's Criminal Liability for the Practice of Euthanasia, 27 BAYLOR L. REV. 54 (1975) [hereinafter cited as Foreman]. In criminal law "willful homicide" is murder when the actor intended to kill, i.e., he desired to cause the death of another. Wharton's Criminal Law, supra § 157. Acting "purposely" or "willfully" is usually equivalent to acting intentionally. Id. Thus if A has an intent to kill B and fires a gun at B desiring to cause his death, and B is actually killed, A would be guilty of willful homicide since A intended to kill B. Id.

6. Levinsohn, Voluntary Mercy Death, 8 J. FORENSIC MED. 57 (1961) [hereinafter cited as Levinsohn]. Mr. Levinsohn sent a questionnaire to more than 250 Chicago internists and surgeons, and 156 replied. When asked "In your opinion do physicians actually practice euthanasia in instances of incurable adult
ing a criminal law: this result creates a problem for the American criminal justice system. The solution to this problem may lie in the consideration of the penal codes of Germany and Switzerland.\(^7\) Germany and Switzerland are two nations which have express provisions in their penal codes\(^8\) that might mitigate the sentence of an individual who has practiced euthanasia.\(^9\) These countries consider motive an integral element in determining culpability for a crime.\(^10\) The motive of an act may be an index to the probability of recidivism for certain harms the law desires to prevent.\(^11\)

This Comment investigates the criminal law relevant to euthanasia as that law now exists in Germany, Switzerland and the United States. Because of the many misconceptions concerning the term “euthanasia,” the author briefly describes the origins, definitions and controversies regarding the term. Commentators use two sets of criteria in defining most acts of euthanasia. First, euthanasia might be active or passive.\(^12\) Second, it can be voluntary or involuntary.\(^13\) Because some commentators would assign greater guilt to some types of mercy killing than to others, the author discusses the distinctions between voluntary and involuntary and between active and passive.

Under current U.S. criminal law, euthanasia is a felony.\(^14\) In some states, euthanasia is equated with the crime of assistance in suicide.\(^15\) This Comment examines some of the underlying reasons why euthanasia remains a crime in the United States. The author also explores the comparison between euthanasia and the crime of assistance in suicide.

sufferers?" 61% answered in the affirmative. Levinsohn adds that "many doctors are guilty of murder today, at least to the extent that they fail to administer every known medical means to prolong life in specific instances." Id. at 68. See also Fletcher, Prolonging Life, 42 Wash. L. Rev. 499 (1967) [hereinafter cited as Fletcher]; B. Shartel & M. Plant, The Law of Medical Practice § 371 (1959).

7. For authorities on criminal law in these countries, see generally A. Schoenke, Strafgesetzbuch Kommentar 565 (6th rev. ed. 1952) (Germany) [hereinafter cited as Schoenke]; E. Hafter, Lehrbuch des Schweizerischen Strafrechts Allgemeiner Teil 352 (2d ed. 1946) (Switzerland); C. Stooss, Schweizerisches Strafgesetzbuch, Vorentwurf mit Motiven (1894) (Switzerland) [hereinafter cited as Stooss]; E. Hafter, Schweizerisches Strafrecht 15 (1943) (Switzerland).

8. (a) Germany — Strafgesetzbuch (StGB) (German Penal Code); (b) Switzerland — Schweizerisches Strafgesetzbuch (Swiss Penal Code) [hereinafter cited as Sw. StGB].


10. StGB §§ 211-212; Sw. StGB arts. 63-64, 111-112.


14. See generally Kamisar, supra note 5, at 971.

15. Generally, assistance in suicide refers to a person who assists another in committing suicide. Sometimes the assistance may be supplying the deceased with the means of death or by killing him as part of a suicide pact. Wharton’s Criminal Law, supra note 5, § 175. See, e.g., McMahan v. State, 168 Ala. 70, 53 So. 89 (1910); Burnett v. People, 204 Ill. 208, 68 N.E. 505 (1903); Commonwealth v. Hicks, 118 Ky. 637, 82 S.W. 265 (1904); Commonwealth v. Bowen, 13 Mass. 356 (1816); People v. Roberts, 211 Mich. 187, 178 N.W. 690 (1920).
Germany and Switzerland may serve as models for the U.S. criminal law system because both countries avoid the problems of making law-abiding citizens, who practice euthanasia, criminals. This Comment analyzes the penal codes of these two European nations, emphasizing the specific provisions that either mitigate the sentence or totally exculpate the actor who has practiced euthanasia. The author particularly focuses on the concepts of motive and "homicide upon request" in relation to euthanasia. Looking at the law in the United States, the author considers those states that have enacted "right to die" statutes and have accepted the legal validity of the "living will." After comparing the criminal law in Germany, Switzerland and the United States, the author suggests that the incorporation of several German and Swiss penal code concepts with respect to euthanasia into American criminal law would be beneficial and equitable.

II. The Concept of Euthanasia

A. The Origin of the Controversy

In recent years the controversial subject of euthanasia has received a considerable amount of public attention. Today, with the advances in medical technology, death from disease is no longer simply fait accompli. New medical discov-

16. See § III. B. 1 & 2 infra.
17. For a discussion of the concept of the living will and right to die statutes see § IV infra.
18. Ostheimer, supra note 1, at 123. A Gallup Poll taken during the 1930's revealed that most people at that time did not favor euthanasia for the hopelessly incurable. Id. at 125. However, the National Opinion Research Center conducted a poll in 1978 which revealed an amazing turnaround. It revealed that approximately 60% of the nation's population favored physicians ending the life of an incurably ill patient if the patient and his family requested it. Id. at 128.
19. See SOCIETY FOR THE RIGHT TO DIE, 1981 HANDBOOK 6-7 (1981) [hereinafter cited as SOCIETY]. For 200 years legal and medical practitioners believed that life existed as long as breathing continued and the heart beat. Id. at 6. Modern technology, however, has made possible the continuation of cardiac and respiratory systems to be active while the brain has ceased to function. Id. The current trend has been to define death as the irreversible loss of brain function. Id. at 7. In May, 1980, the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research met with representatives of the American Bar Association, American Medical Association and the National Conference of Commissioners on Uniform State Laws to arrive at the following proposed Uniform Determination of Death Act: "An individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead." Id. Thus far, 26 states have accepted the brain death standard in their legislation: ALA. CODE § 31-1 (1979); ALASKA STAT. § 09.65.120 (1979); AKR. STAT. ANN. § 82-537 (1979); CAL. HEALTH & SAFETY CODE § 7180 (West 1980); 1979 CONN. ACES 556 (Reg. Sess.); 1980 Fla. LAWS 80.216; GA. CODE ANN. § 88-1715.1 (1979); HAWAI'I REV. STAT. § 327 C-1 (1978); IDAHO CODE § 54-1819 (1979); ILL. ANN. STAT. ch. 110.1, § 302 (b) (Smith-Hurd 1979); IOWA CODE ANN. § 702.8 (West 1980); KAN. STAT. ANN. § 77-202 (1979); LA. REV. STAT. ANN. § 9:111 (West 1980); MD. ANN. CODE ART. 43, § 54F (1980); MICH. COMP. LAWS ANN. §§ 333.102 (1980-1981); MONT. CODE ANN. § 50-22-101 (1979); NEV. REV. STAT. § 451.007 (1979); N.M. STAT. ANN. § 12-2-4 (1978); N.C. GEN. STAT. § 90-323 (1979); OKLA. STAT. ANN. tit. 63, § 1-301 (g) (1979-1980); OR. REV. STAT. § 146-001 (1979); PA. CODE ANN. §§ 53-459 (1979); TEX. REV. CIV. STAT. ANN. art. 4447. (Vernon 1980); VA. CODE § 54-325.5 (1979); W. VA. CODE § 16-19-1 (c) (1979); WYO. STAT. § 35-19-101 (1980).
eries continually enhance a doctor's ability to prolong life. Individuals who a few years ago would have died due to particular medical circumstances may now have their lives artificially sustained even though their suffering would lead them to choose not to prolong their lives. In a situation where life is not the individual's choice, euthanasia becomes a relevant issue.

The term "euthanasia" is of Greek origin. It is comprised of the Greek words "eu" and "thanatos"; "eu" meaning painless, pleasant and easy, "thanatos" meaning death. Thus, euthanasia literally means an easy, painless death. In practice, the act of euthanasia involves the merciful "act or practice of painlessly putting to death persons' suffering from (an) incurable and distressing disease." Some observers argue that if the practice of euthanasia were legal, physicians would exercise their medical judgment in an unrestrained fashion, increasing the possibility of abuse of discretion in relation to a very serious matter — life or death. In contrast to this opinion, other observers believe that the maintaining of an incurably ill patient and the prolongation of that individual's suffering is far more offensive than allowing a patient to die peacefully. Such authorities believe that the prolongation of treatment is far more cruel than a beneficient death.

B. The Voluntary-Involuntary Distinction

One distinctive feature in a discussion of euthanasia is the presence or absence of the patient's consent. Euthanasia is voluntary when a patient or his family


20. Fletcher, supra note 6, at 999.
21. Scher, Legal Aspect of Euthanasia, 36 ALB. L. Rev. 674 (1972) [hereinafter cited as Scher]. The term euthanasia appeared in the English language in the early seventeenth century, when it meant the theory that in certain circumstances a person should be painlessly terminated. More recently euthanasia means the act or practice of bringing about a gentle and easy death. See generally J. Fletcher, Morals and Medicine 172-73 (1954).
22. See Scher, supra note 21, at 674.
24. See generally Kaminar, supra note 5; Chesterton, Euthanasia and Murder, 8 AM. REV. 486 (1937); Miller, Why I Oppose Mercy Killings, Women's Home Companion, June 1950, at 38 [hereinafter cited as Miller]; Walsh, Life is Sacred, 94 Forum 333 (1935); Gumpert, A False Mercy, 170 Nation 80 (1950); Morris, supra note 18.
26. Beneficient death is defined as a peaceful, calm death. Scher, supra note 21, at 674.
consents to the practice.\textsuperscript{28} Recent cases have implicitly accepted voluntary euthanasia by recognizing a patient's right to refuse medical care.\textsuperscript{29} The Massachusetts court in \textit{Superintendent of Belchertown State School v. Saikewicz}\textsuperscript{30} stated that:

The constitutional right to privacy ... is an expression of the sanctity of individual freedom of choice and self determination as fundamental constituents of life. The value of life so perceived is not lessened by a decision to refuse treatment but the failure to allow a competent human being the right of choice.\textsuperscript{31}

In contrast to voluntary euthanasia, involuntary euthanasia usually occurs when a patient's consent was not obtained or was unobtainable.\textsuperscript{32} For example,
doctors might consider involuntary euthanasia when a patient, who has no relatives, lapses into a coma. However, U.S. courts have never accepted involuntary euthanasia. In the example, no one legally could have granted permission to the attending physician to terminate the life of the patient, and the law has never permitted physicians to exercise their medical judgment in an unrestrained fashion.

The prohibition on involuntary euthanasia is grounded in the conceptual theory of the doctrine of informed consent. The doctrine of informed consent emerged from the cases involving medical malpractice. Under this doctrine, "[e]very human being of adult years and sound mind has a right to determine what shall be done with his own body...." In contrast, the touching of a patient's body without his valid consent is an intentional interference with a person or a battery. In this case, a physician would be liable in tort. The doctor is relieved of such liability only if the patient validly consents. Informed consent involves two elements: (1) the patient must be given information on the risks involved in the treatment; and (2) he must assent to the treatment. If a patient is unable to assent to the treatment himself, a relative or guardian

33. See cases discussed in note 32 supra. Courts have tended to show general opposition to this practice and have attempted to dissuade others from a similar practice. Juries might prefer to stigmatize the actor, who has committed involuntary euthanasia, and perhaps give him some minimal punishment. Sanders, supra note 32, at 356.
34. See Cantor, A Patient's Decision to Decline Life-Saving Medical Treatment: Bodily Integrity Versus the Preservation of Life, 26 Rutgers L. Rev. 228, 250 (1973).
37. See Montange, supra note 37. The intentional touching need not be malicious. "Rather, it is an intent to bring about a result which will invade the interests of another in a way that the law will not sanction." W. Prosser, Handbook of the Law of Torts 31 (4th ed. 1971) [hereinafter cited as Prosser].
38. See Prosser, supra note 37, at 31-34.
39. Id.
40. Id.
41. Id.
may assent on his behalf. If no such relative or guardian exists, the physician may not act, unless treatment is an emergency. Therefore, a patient's right to self-determination overshadows the physician's medical evaluation. A physician may terminate life-sustaining treatment for a patient given the requisite consent by the patient or his family. However, absent this consent, a physician independently may not practice involuntary euthanasia and end medical efforts to prolong a human life.

C. The Passive-Active Distinction

Legal and medical authorities have defined another distinction regarding the concept of euthanasia — passive and active. Passive euthanasia is the act of withdrawing life-sustaining apparatus from a terminally ill patient. Active euthanasia is the direct act of rendering a life-shortening agent to a patient. Many commentators have questioned the distinction between active and passive euthanasia. These commentators argue that both passive and active euthanasia result in death, and that no real distinction is necessary since the outcome is

42. Id. This is known as implied consent. It is reasonable to assume that, if the patient were conscious and comprehended the situation, he would consent. Id. Since euthanasia does not involve an emergency situation, discussion of this exception is unnecessary in this context.

43. Id.

44. See Montange, supra note 27, at 1649.

45. See Levin, supra note 12, at 572. See also Cannon, The Right to Die, 7 Hous. L. Rev. 654 (1970). Authorities have defined these concepts as an omission or commission of an act. Omission or passive euthanasia occurs when a person wishes to die and informs the physician that the physician should not begin lifesaving medical treatment such as respiration or other devices. This concept is known as a nonfeasance. Nonfeasance is the passive inaction or failure to take certain steps to benefit another. Prosser, supra note 37, at 339. Generally, those who permit harm to occur do not bear responsibility for the harm because the law imposes no general affirmative duty to render assistance. Id. at 340. However, a physician-patient relationship would create a duty to render assistance. Id. See generally L.S. Ayres & Co. v. Hicks, 220 Ind. 86, 89, 40 N.E.2d 334, 337 (1942); Moch Co. v. Rensselaer Water Co., 247 N.Y. 160, 159 N. E. 896 (1928). Under the law an act of commission to end the life of another human being is illegal, active euthanasia. Courts view this affirmative act as murder. Cannon, supra, at 657; Levin, supra note 12, at 573-74. For cases involving active euthanasia, see note 32 supra.

46. See generally Cannon, supra note 45, at 657; Levin, supra note 12, at 573. Prosser notes, however, that the drawing of a clear line between acts and omissions is difficult. Prosser, supra note 37, at 340.

47. See Levin, supra note 12, at 568. Some of these life shortening agents are air, potassium chloride or heavy, lethal doses of narcotics, such as morphine.

48. Hearings on Death with Dignity Before the Senate Special Committee on Aging, 92d Cong., 2d Sess. 69 (1972) (statement of Warren T. Reich, Senior Research Scholar, Kennedy Center for Bioethics) [hereinafter cited as 1972 Hearings]. The difference between active and passive euthanasia is that "a physician may not take a life [active euthanasia], but he does not have to preserve it in all circumstances [passive euthanasia]." Id. See also Beau, Legislation et droit à la mort, Le Monde, Sept. 22, 1977, at 16, col. 3 [hereinafter cited as Beau], quoting Prof. Louis Vincent-Thomas, a Sorbonne sociologist who suggests putting "an end to the dual absurdity between active and passive euthanasia: there is no difference between dying by a poison inoculation or by dying through a withdrawal of life support mechanisms." Id.
identical.49 However, other commentators argue that the distinction between active and passive euthanasia is vital because the manner in which the patient dies is the controlling factor.50 This argument states that an actor is less culpable if he fails to act than if he directly caused death by rendering a death-inducing agent.51

Commentators assert that active euthanasia as an intentional act, which is the direct cause of death, raises more serious issues and requires careful restrictions, if not unconditional prohibition.52 According to this view, active euthanasia is equivalent to murder because of the intent to kill.53 Likewise, this position considers passive euthanasia to be less reprehensible than active euthanasia54 because it is the result of an omission rather than a positive act. Several noted philosophers question the validity of differentiating between an act and an omission. To these scholars, the failure to act itself constitutes an act. Therefore, they would argue the distinction between active and passive euthanasia is spé­cious.55 These commentators, without examining the moral aspects raised by passive euthanasia, merely assert that the distinction between active and passive euthanasia, alone, is enough to justify the legalization of passive euthanasia.

III. The Treatment of Euthanasia in Germany, Switzerland and the United States

A. The Present State of the Law in the United States

American criminal law currently considers euthanasia to be willful homicide.56 If an individual performs a voluntary termination of an incurably ill or a suffering human being, even with an altruistic motive, he acts with premeditation and deliberation.57 Under the present U.S. system of jurisprudence, this

49. See 1972 Hearings, supra note 48, at 69; Beau, supra note 48, quoting Louis Vincent-Thomas.
50. See 1972 Hearings, supra note 48, at 70. Senior Research Scholar, at the Kennedy Center for Bioethics Prof. Reich stated:
   The ethical distinction between active euthanasia and passive euthanasia, or between euthanasia and benemortasia, is a significant one even though the difference between permitting death ... and directly causing death ... is not always a convincing one. To stop dialysis, to turn off a respirator or to withdraw intravenous feeding may seem to be active, death-inducing actions. ... But it does make a difference how a person engages himself in causing a death.
   Id. See also Fletcher, supra note 6, at 1005.
51. See Levin, supra note 12, at 579.
52. See id. at 573-75.
53. For a discussion of cases on active euthanasia see note 75 infra.
54. Fletcher, supra note 6, at 999-1000.
55. Id. at 1005-14.
56. See WHARTON'S CRIMINAL LAW, supra note 5, §§ 137-70; Foreman, supra note 5, at 54. See also People v. Conley, 64 Cal. 2d 310, 49 Cal. Rptr. 815, 411 P.2d 911 (1966).
57. Conley, 64 Cal. 2d at 322, 49 Cal. Rptr. at 822, 411 P.2d at 918.
constitutes murder in the first degree, the gravest type of homicide. Murder is the unlawful homicide of an individual with malice aforethought.

1. Motive

In euthanasia cases, the defendant's motive leads him to act compassionately and, thus, to end the suffering of an incurably ill patient. The American criminal justice system, however, makes no provision for the consideration of motive as an element of homicide. Presently, American criminal law does not accept the motive of mercy as a defense to murder. The common law does not recognize motive as an element of crime. "If the proved facts established that the defendant in fact did the killing willfully, that is, with intent to kill . . . and as the result of premeditation and deliberation, thereby implying preconsideration and determination, there is murder in the first degree, no matter what defendant's motive may have been. . . ."

Although the statutory law condemns all mercy killings, the law in practice is in direct opposition to the law in theory. When euthanasia occurs, "the law in action is as malleable as the law on the books is uncompromising." The high frequency of failures to indict by prosecutors and grand juries supports this conclusion. Only two physicians have been indicted for murder after practicing euthanasia and both were acquitted. One reason for the lack of criminal prosecution is that, after consenting to euthanasia, the deceased person's family generally is unwilling to cooperate with the prosecutor. Another reason for the lack of prosecution may be that juries are reluctant to deliver guilty verdicts.

58. See WHARTON'S CRIMINAL LAW, supra note 5, §§ 137-70.
59. Id.
60. See W. LAFAE & A. SCOTT, CRIMINAL LAW 204 (1972) [hereinafter cited as LAFAE & SCOTT].
61. Conley, 64 Cal. 2d at 322, 49 Cal. Rptr. at 822, 411 P.2d at 918.
62. LAFAE & SCOTT, supra note 60, at 204.
64. Kamisar, supra note 5, at 971.
65. Id.
66. Id.
67. For a discussion of cases dealing with euthanasia, see note 32 supra.
68. See Levin, supra note 12, at 575. (1) In 1950, Dr. Hermann Sander was indicted for murder for injecting air into the vein of a terminally ill patient. The patient subsequently died from this action. N.Y. Times, Mar. 7, 1950, at 1, col. 1; (2) In 1974, Dr. Vincent Montemarano injected a death-inducing agent, potassium chloride, into the body of a cancer-stricken patient. He, too, was indicted for homicide. N.Y. Times, Feb. 6, 1974, at 1, col. 1. See also Culliton, The Haemmerli Affair: Is Passive Euthanasia Murder?, 190 SCIENCE 1271 (1975). This article discusses the case against a physician who committed passive euthanasia in Switzerland. The case raises some other aspects of euthanasia, i.e., politics. Haemmerli was indicted for murder, but was later released for lack of evidence. Id. at 1275.
69. Robertson, Involuntary Euthanasia of Defective Newborns: A Legal Analysis, 27 Stan. L. Rev. 213, 243 (1975) [hereinafter cited as Robertson]. Many of these people who have consented to euthanasia would also be criminally responsible for the death of the individual. Thus, they avoid liability by not cooperating with the prosecutor and still relieve the suffering of the individual. Id.
against laymen or physicians who have performed euthanasia out of kindness or sympathy for the deceased. 70 The low visibility of the practice of euthanasia may also explain the lack of criminal prosecution. However, this result is more likely "due to the difficulty of proof." 72 "Without doctors, nurses and hospital authorities complying with reporting statutes, a district attorney has little chance to learn of the practice." 73

Even in cases of laymen having practiced euthanasia, acquittals are numerous 74 and convictions are extremely rare. 75 In reality, U.S. courts recognize the mercy motive of the actor in euthanasia cases. 76 Nevertheless, this recognition has not altered the fact that courts technically treat euthanasia as homicide. 77 Regardless of its criminal nature, the practice of euthanasia continues.

70. See Sanders, supra note 32, at 351; see, e.g., N.Y. Times, May 23, 1950, at 25, col. 4. (1) Eugene Braundorf murdered his daughter, a spastic incapable of speech, because he feared for her future should he die. He was found not guilty by reason of insanity. N.Y. Times, Dec. 24, 1953, at 20, col. 7; (2) Herman Nagle shot to death his 28 year old daughter who was afflicted with cerebral palsy. The jury deliberated for 20 minutes and acquitted Nagle on the ground of temporary insanity; (3) Woodrow Collums, 69, shot to death his terminally ill brother at a nursing home. Collums was sentenced to 10 years deferred judgment, later altered to 10 years probation. Associated Press, Mar. 5, 1982, PM cycle.

71. Low visibility basically means that no one, family or patient, complains to a district attorney after they have consented to euthanasia because the parties involved agree that they have taken the best course of action. Robertson, supra note 69, at 243. "Nor do district attorneys customarily read the medical journals in which these issues have been discussed. . . . On occasion a particular case is widely publicized." Publicity is rare. Id. at 243-44.

72. Montange, supra note 27, at 1662. Difficulty of proof results from the fact that the evidence necessary to convict an individual who has committed euthanasia is very well concealed in the deceased's body. Morphine is extremely difficult to detect.

73. Robertson, supra note 69, at 244.

74. Id.

75. (1) See, e.g., Levin, supra note 12, citing Chicago Daily News, Aug. 10, 1967, at 1. William Reinecke, 84 years old, was charged with murder after strangling his 74 year old wife who suffered from terminal cancer. Reinecke was later placed on probation after the state's attorney said the defendant was no longer a threat to society. Id.; (2) Levin, supra note 12, citing Chicago Sun Times, Feb. 21, 1980, at 14. Paul Alden murdered his 39 year old wife who suffered from a progressive and irreversible brain disease which caused premature senility. Alden received five year probation. Id.; (3) In the case of People v. Werner, the defendant suffocated his hopelessly crippled, bedridden wife. Werner pleaded guilty to manslaughter. The court found him guilty but after testimony from his children and other showings of the great devotion defendant had for his wife, the court allowed the guilty plea to be withdrawn and a plea of not guilty entered. The court upheld the not guilty plea. Crim. No. 58-3636 Cook Co. Ct., Ill. Dec. 30, 1958. The transcript of this case may be found in Williams, Euthanasia and Abortion, 38 U. COLO. L. REV. 178, 184-86 (1966) [hereinafter cited as Williams]; (4) The Suzanne van de Put case received international attention. This Belgian case involved a woman and four of her relatives who were tried for the murder of her eight day old thalidomide-deformed baby daughter. The jury acquitted all five defendants because the actors had acted with unselfish motives. Life, Aug. 10, 1962, at 34-35.

76. The court in People v. Conley, 64 Cal. 2d 310, 322, 49 Cal. Rptr. 815, 822, 411 P.2d 911, 918 (1966) stated that: "Thus, one who commits euthanasia bears no ill will toward his victim and believes his act is morally justified, but he nonetheless acts with malice if he is able to comprehend that society prohibits his act regardless of his personal belief." Id.

77. Id.

78. See Levinsohn, supra note 6, at 68.
2. Bases for the Continued Criminalization of Euthanasia

One reason that euthanasia is a crime in the United States is a belief that legalized euthanasia would result in mass euthanasia and, in time, genocide.79

Opponents submit that the creation of the right to choose an easy death under certain circumstances will weaken the psychological and moral fabric of society by reducing the absolute value placed on human life, and that it will eventually lead to the acceptance of the idea that others may have the right to choose death for an individual under certain circumstances.80

Some opponents of legalized euthanasia do not challenge the right of the individual to choose an easy death; rather these opponents object to the creation, in another, of a legal right of execution.81 Thus, these opponents would allow a patient the right to die, but would not grant a physician the right to terminate that patient’s life.82 These same opponents have further argued that the abuse of euthanasia legislation may lead ultimately to the elimination of the aged and the congenitally defective.83 The Nazi experience in Germany supports this theory.84

The Nazi regime operated under a theory that advocated the destruction of an individual who was useless to society in order to relieve society of a burden.85


Victor Brack, the Chief Administrative Officer in Hitler’s private chancellory, testified that the German Nazis first applied euthanasia as a blessing only for true Germans and the Nazis excluded German Jews from the program. 1 Trials of War Criminals Before the Nuremberg Military Tribunal Under Control Council Law, No. 10, 877-80 (1950), cited in Kamisar, supra note 5, at 1033. For a discussion on euthanasia and the Nazi experience and usage of genocide, see Koessler, Euthanasia in the Hadamar Sanatorium and International Law, 43 J. Crim. L., Criminology & Pol. Sci. 755 (1953) [hereinafter cited as Koessler].

80. Sanders, supra note 32, at 354. 81. Id. See also Kamisar, supra note 5, at 1011. 82. See Sanders, supra note 32, at 354. 83. Kutner, supra note 63, at 220. See also Kamisar, supra note 5, at 1032. 84. Ivy, Nazi War Crimes of a Medical Nature, 139 J.A.M.A. 131, 142 (1952) [hereinafter cited as Ivy]. Ivy concludes that euthanasia was a major factor which led to "mass killing of the aged, the chronically ill, 'useless eaters' and the politically undesirable." Id. Alexander, Medical Science Under Dictatorship, 241 New Eng. Med. 39, 44 (1949). Both Drs. Leo Alexander and A. C. Ivy were expert medical advisors to the prosecution at the Nuremberg Trials. Id.

85. 1 Trial of Major War Criminals Before the International Military Tribunal, Nuremberg 1947, at 247, cited in Koessler, supra note 79, at 736. The International Military Tribunal in Nuremberg made this statement concerning this policy:

Reference should also be made to the policy which was in existence in Germany by the summer of 1940, under which old-aged, insane, and incurable people, "useless eaters," were transferred to special institutions where they were killed, and their relatives informed that they had
Karl Binding\textsuperscript{86} called this theory "destruction of a life not worth living."\textsuperscript{87} Thus, the Nazis expanded the use of euthanasia from being a voluntary practice to include the "elimination of the mentally ill and defective, and finally as a rationale for genocide."\textsuperscript{88} Some scholars theorize that the German public during the Nazi era never believed that the merciful act of euthanasia would be abused and utilized as a weapon to cause such a horrifying result. Opponents of legalized euthanasia argue that the Nazi experience could recur in the United States.\textsuperscript{89} They worry that someday legalized euthanasia may undermine the American belief in the sanctity of life by increasing the possibilities for abuse by the medical profession.\textsuperscript{90}

The risk of mistake\textsuperscript{91} is another factor underlying arguments for maintaining criminal sanctions against persons who practice euthanasia.\textsuperscript{92} Mistakes by a physician are always possible.\textsuperscript{93} Opponents of legalized euthanasia contend that a physician's faulty diagnosis or prognosis may cause unwarranted death.\textsuperscript{94} The risk of mistake encompasses not only the possibility of a mistake in the diagnosis of a patient's illness but also in the prognosis for recovery.\textsuperscript{95} With respect to this latter issue, many physicians argue against legalized euthanasia because of the irreversibility of the act.\textsuperscript{96} Major advancements in medical technology\textsuperscript{97} create a

died from natural causes. The victims were not confined to German citizens, but included foreign laborers, who were no longer able to work, and were therefore useless to the German war machine. It has been estimated that at least some 275,000 people were killed in this manner in nursing homes, hospitals, and asylums, which were under the jurisdiction of the defendant Frick, in his capacity as Minister of the Interior. How many foreign workers were included in this total it has been quite impossible to determine.

\textit{Id.}

86. \textit{A. Hoche & K. Binding, Die Freigabe der Vernichtung Lebesunwerten Lebens} (1920).
87. \textit{Id.} This idea was not really an original one; men like Martin Luther believed in the same concept.
See generally 8 \textit{Tischreden} No. 5207 (Clemen ed.).
88. Kutner, \textit{supra} note 65, at 220.
89. Kamisar, \textit{supra} note 5, at 1030-37; Ivy, \textit{supra} note 84, at 132. Ivy states:
It is . . . interesting that there was so much talk against euthanasia in certain areas of Germany, particularly in the region of Wiesbaden, that Hitler in 1943 asked Himmler to stop it. But, it had gained so much impetus by 1943 and was such an easy way in crowded concentration camps to get rid of undesirables and make room for newcomers that it could not be stopped.
The wind had become a whirlwind.
\textit{Id.}
91. Risk of mistake incorporates the possibilities of a physician making an error in diagnosing or prognosing an illness. Laszlo, Colmer, Silver & Standard, \textit{Errors in Diagnosis and Management of Cancer}, 33 \textit{ANNS. INT'L MED.} 670 (1950) [hereinafter cited as Laszlo].
92. \textit{See} Kamisar, \textit{supra} note 5, at 1005.
95. \textit{See} Laszlo, \textit{supra} note 91, at 670.
96. \textit{See} Wolbarst, \textit{Legalize Euthanasia!}, 94 \textit{FORUM} 330, 332 (1935). These physicians point out the fallibility of the profession. One commentator dramatized this point by using Dr. Richard Cabot as an example:
He was given the case records of two patients and asked to diagnose their illnesses. . . . The patients had died and only the hospital pathologist knew the exact diagnosis beyond doubt, for he had seen the descriptions of the post-mortem findings. Dr. Cabot, usually very accurate in
possibility that a cure or some measure of relief for a given ailment may come within the life expectancy of the patient. 98

A further reason that legalized euthanasia has failed to gain strong approval in the United States is the attitude of society as a whole. 99 In some respects, the American public is uneasy with the subject of death. 100 Funeral parlors attempt to make the deceased appear as life-like as possible. 101 Americans center their lives around the young and living. 102 This death denying attitude is manifest in the criminalization of euthanasia. 103 By criminalizing the act, society has avoided the discomfort associated with the acknowledgement of death.

3. Assistance In Suicide

The continuing opposition to legalized euthanasia emanates from the fact that opponents equate the practice with the crime of assistance in suicide. 104 These opponents believe that legalized voluntary euthanasia would result in "suicide by proxy." 105 Under English common law, suicide has always been a criminal offense. 106 Following common law tradition, some U.S. states still consider at-
tempted suicide a crime. More important, however, under the common law, one who assists another in a suicide is considered a principal to murder. \(^{107}\) Three different views on the criminal liability of one who assists another in committing suicide currently exist. A few jurisdictions still consider assistance in suicide to be murder. \(^{108}\) Other jurisdictions deal with this situation specifically by statute, considering it either as voluntary manslaughter \(^{109}\) or as a separate crime. \(^{111}\) Some state legislatures which have characterized this as a separate crime treat the crime as involuntary manslaughter; \(^{112}\) others treat the crime as a minor offense and only require the payment of a fine. \(^{113}\) In contrast, the Texas legislature has determined that suicide is not a crime and, therefore, has decriminalized the act of assisting another in suicide. \(^{114}\)

The parallels to be drawn between the aider and abettor of a suicide and a physician performing euthanasia are patent. However, a qualitative distinction between the two exists. Although both parties desire and accomplish the same objective — death, the circumstances are distinctly different; whereas suicide involves an otherwise healthy individual who wants to die because of "severe

seen fit to define what character of burial our citizens shall enjoy, we have never regarded the English law as to suicide as applicable to the spirit of our institutions." \(^{115}\) Id. at 222, 68 N.E. at 510. For a further discussion on the law of suicide and euthanasia, see A. Downing, Euthanasia and the Right to Die (1969).


108. La Fave & Scott, supra note 60, at 571-72.

109. See, e.g., (1) McMahan v. State, 168 Ala. 70, 53 So. 89 (1910). Pursuant to a suicide pact, the deceased shot himself in the presence of the defendant; however, the defendant did not shoot himself. The court held that since suicide is self-murder, the defendant who encouraged was guilty as a principal to murder. Id.; (2) Burnett v. People, 204 Ill. 208, 68 N.E. 505 (1903). Both the deceased and the defendant admitted to having taken poison as a result of a suicide pact. The defendant survived. The court indicated that this would be murder on the defendant's part; (3) Commonwealth v. Hicks, 118 Ky. 637, 82 S.W. 265 (1904). The court held that one who aided another in the commission of suicide was guilty of homicide as an accomplice; (4) Commonwealth v. Bowen, 13 Mass. 356 (1816). The defendant, a prisoner, advised a fellow prisoner who was to be executed the following day to "cheat" the hangman, i.e., to commit suicide. The Supreme Judicial Court instructed the jury that if the advice was the persuading element, then the fellow prisoner would be guilty of murder; (5) People v. Roberts, 211 Mich. 187, 178 N.W. 690 (1920). The defendant-husband in this case prepared Paris greens (a poison) for his wife and placed it near her bedside at her request. The court convicted Roberts of murder as an accomplice to her suicide.


despondency," euthanasia involves a terminally-ill individual. Further, legislative euthanasia would be distinct from suicide if practiced pursuant to legislative safeguards. These distinctions may be sufficient to justify a separate legal treatment for euthanasia.

Euthanasia remains a crime in most jurisdictions in the United States. In determining a defendant's guilt or innocence for homicide, courts focus on the question of intent rather than that of motive. Even a benevolent motive does not alter the fact that intent to end the life of another human exists. Therefore, euthanasia, which, by definition, is a merciful act, is, nevertheless, condemned by American criminal law.

B. German and Swiss Penal Codes

1. Motive

Although most U.S. criminal justice systems believe that "motive is immaterial in substantive criminal law and that the most laudable motive is no defense [to a crime]." some European criminal law systems consider motive a crucial factor in determining culpability. Germany and Switzerland are two such countries whose penal codes consider motive as an important element in determining culpability.

Motive, in common usage, is "the desire coupled with the intention to bring about a certain consequence as an end, by means of other consequences which are also desired and intended but only as means." The role that motive plays in euthanasia is integral. For example, when a physician performs euthanasia on an incurably ill patient, his intent may be to terminate the patient but his motive is to relieve the patient's suffering. This illustration suggests that whereas intent is limited to the physician's purpose to commit the act, motive involves the question of why he performed the act.

The penal codes of Germany and Switzerland consider the motive of the actor in both the grading of the offense and the sentencing of the crime. These two countries adhere to the idea that once the judge considers the motive of the

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115. Scher, supra note 21, at 679.
116. See Wharton’s Criminal Law, supra note 5, §§ 137-70.
117. La Fave & Scott, supra note 60, at 204.
118. Id.
119. See note 7 and accompanying text supra.
120. Silving, supra note 79, at 351.
121. See StGB §§ 211-212; Sw. STGB §§ 63-64, 111-112.
122. Cook, Act, Invention, and Motive in the Criminal Law, 26 Yale L.J. 645, 660-61 (1917). For further definitions, see State v. Hyde, 234 Mo. 200, 136 S.W. 316 (1911); Ball v. Commonwealth, 125 Ky. 601, 101 S.W. 956 (1907).
123. See Scher, supra note 21, at 676.
124. La Fave & Scott, supra note 60, at 204.
125. StGB §§ 211-212; Sw. STGB §§ 63-64, 111-112. See also Scher, supra note 21, at 674.
actor, the character and personality of the criminal becomes apparent.126 The character and personality of the actor reveal the possible recidivist potential of the criminal.127 The personality of the actor encompasses "the character of the actor, his dangerousness or harmlessness, [and] the probability or improbability of his repeating the crime."128 Thus, in a prosecution for euthanasia, the judge would direct his attention to the total personality of the actor and not merely to a partial view of the homicide.129 Under this approach, the judge can better view the entire incident and thus be better prepared to render a fair and equitable sentence.130

One of the reasons for the inclusion of the concept of motive in some of the European penal codes is that the consideration of motive usually assists the judge in his decision making.131 This assistance allows a judge to interpret the laws in a manner which best corresponds to general legal principles.132 Unlike American case law, which allows a judge to interpret statutes at his own discretion, many European penal codes133 stress the fact that "a judge cannot give any meaning to the law other than the meaning which clearly arises either from the words and context of the law or from the clear grounds of the law."134 Therefore, while an American judge may, at his discretion, consider a homicide defendant's motive, the judge, under the German and Swiss systems, is required to investigate motive.135 Moreover, a homicide defendant will be guilty of one crime with a given punishment if his motive is of a certain type, and be guilty of a different crime with a mitigated punishment if his motive is something else.136 A German or Swiss judge may not, therefore, refuse to mitigate a sentence 137 even if the defendant has a benevolent motive. In contrast, an American judge may exercise

126. Strooss, supra note 7, at 147; Silving, supra note 79, at 361. Silving believes that the true character of the actor will not be apparent unless the underlying motives of the actor are considered. One must first enter the mind to know what is actually driving the individual to commit such acts. Silving, supra note 79, at 361.
127. Silving, supra note 79, at 361.
128. Id.
129. See note 126 and accompanying text supra. For further details, see R. Maurach, Deutsches Strafrecht, Allgemeiner Teil 35 (1954) [hereinafter cited as Maurach]; Schoenke, supra note 7, at 564.
130. See Maurach, supra note 129; Schoenke, supra note 7, at 564. See also A. Dalcke, Strafrecht und Strafverfahren 148 n.2 (37th rev. ed. 1971).
131. See Strooss, supra note 7, at 147; Maurach, supra note 129, at 35.
132. Silving, supra note 79, at 361.
133. For examples of how judges interpret statutes at their own discretion, see note 32 supra, and cases discussed therein.
134. The Prussian Code § 46, quoted in A. Von Mehren, The Civil Code System 81 (2d ed. 1977). The basic premise of this statement is that judges have an expressed set of guidelines in the penal code which directs them to include the motive concept. Id.
135. Sw. STGB arts. 63-64; StGB §§ 211-212.
136. Sw. STGB arts. 63-64; StGB §§ 211-212.
137. Sw. STGB arts. 63-64; StGB §§ 211-212.
his discretion to impose a harsh sentence even if the defendant acted out of the best of motives.\textsuperscript{138}

Prior to Germany and Switzerland's adoption of the motive standard,\textsuperscript{139} most civil law countries\textsuperscript{140} evaluated homicide by the premeditation and deliberation test.\textsuperscript{141} One of the reasons for the earlier existence of the premeditation and deliberation test in European penal codes was that the test provides a guide for predicting whether or not a criminal would repeat his criminal act.\textsuperscript{142} However, the use of motive as a standard for determining culpability has caused the decrease in importance, or total disappearance, of the premeditation and deliberation test.\textsuperscript{143} Today, Germany and Switzerland apply the concept that the type of motive which determines the criminal act\textsuperscript{144} bears on the character and personality of the actor\textsuperscript{145} and thus is the best indicator for predicting whether or not a person will repeat a criminal act.\textsuperscript{146} Some commentators argue that, whereas a criminal who murders for personal gain or lust may be expected to do so again, an individual who has once committed euthanasia is hardly likely to become a habitual criminal.\textsuperscript{147}


The German Penal Code has abandoned the premeditation and deliberation test.\textsuperscript{148} Indeed, the German Penal Code never expresses the term "premedita-

\textsuperscript{138} See La Fave & Scott, supra note 60, at 204.
\textsuperscript{139} For a discussion of the concept of motive and its pertinent provisions, see V. Gsovski, The Statutory Criminal Law of Germany (1947) [hereinafter cited as Gsovski].
\textsuperscript{140} See note 7 supra.
\textsuperscript{141} See La Fave & Scott, supra note 60, at 562-68. The terms "premeditate" and "deliberate" are not easy terms to define. "Premeditation" requires that an individual reflect, at least for a short period of time before his act of killing. "Deliberation" requires a cool mind that is capable of reflection. Some criminal lawyers have suggested that for premeditation the killer asks himself the question "Shall I kill him?" The deliberation part of the crime requires a thought such as "Wait, what about the consequences? Well, do it anyway." Id. at 563-64. See also State v. Bowser, 214 N.C. 249, 255, 119 S.E. 31, 34 (1938). The court stated that deliberation means the act is done in a "cool state of the blood." Id.
\textsuperscript{142} Silving, supra note 79, at 362.
\textsuperscript{143} See Gsovski, supra note 139, at 126. The inadequacy of the premeditation and deliberation test may be seen by comparing a series of cases dealing with the distinction between murder in the first degree and murder in the second degree. Compare United States v. Parelius, 83 F. Supp. 617 (D. Hawaii 1949), with Jones v. United States, 175 F. 2d 544 (9th Cir. 1949); see also Hiatt v. Brown, 175 F.2d 273 (5th Cir. 1949); Fischer v. United States, 328 U.S. 463 (1946). For criticism of the premeditation and deliberation test, see Keedy, A Problem of First Degree Murder: Fischer v. United States, 99 U. Pa. L. Rev. 267 (1950) [hereinafter cited as Keedy]. On the desirability of considering motive in American criminal law, see Michael & Wechsler, A Rationale of the Law of Homicide, 37 Colum. L. Rev. 1261, 1277 (1937).
\textsuperscript{144} See Stooss, supra note 7, at 147.
\textsuperscript{145} Id.
\textsuperscript{146} Silving, supra note 79, at 362.
\textsuperscript{147} Id. Stooss, a Swiss commentator, also believed that motive was the best indicator for possible recidivism of a criminal act. Stooss, supra note 7, at 147.
\textsuperscript{148} See Gsovski, supra note 139, at 126, for a collection of the pertinent provisions and those that have been abandoned.
tion" in the definitions of the felonies of murder and manslaughter. One of the reasons for the abandonment of the test is the inadequacy of the distinction between different classes of homicide. Today, the German Penal Code states that a murderer is "anybody who kills a human being out of murderous lust, or to satisfy a sexual urge, or out of greed or from other base motives, maliciously or cruelly, or by means endangering the public, or in order to commit or cover up another punishable act." In the absence of a "base motive," one who commits intentional homicide is a manslayer, whose punishment would be much less severe than that of a murderer. The distinguishing factor between a murderer and a manslayer is that a murderer "kills a human being ... with base motives" or in a manner which reveals a depraved mind. Although the German Penal Code does not directly define "base motives," the language implies that "base motives" include "committing a crime out of greed," "lust for killing" or "satisfying a sexual urge." By implication, a person committing euthanasia would not appear to possess any of the designated "base motives" because his motive is benevolent. Since these base motives tend to indicate the existence of a depraved mind, a quality which would not likely be attributed to the performer of euthanasia, that person should not fall within the definition of a murderer. However, the person practicing euthanasia may be prosecuted as a manslayer. Section 212 of the German Penal Code defines a manslayer as one who "without being a murderer, intentionally kills a human being." Under this provision, such a person "shall be punished, as a manslayer, by confinement in a penitentiary for not less than five years." Thus, a physician who has practiced euthanasia would not be tried as a murderer because he lacks

149. See StGB §§ 211-212.
150. See Gsovski, supra note 139, at 126. See also Keedy, supra note 143. Generally in the United States there are four degrees of homicide: first degree murder, second degree murder, voluntary manslaughter and involuntary manslaughter. La Fave & Scott, supra note 60, at 562-68.
151. StGB § 211.
152. Id.
153. Id. § 212.
154. Id.
155. Id.
156. Silving, supra note 79, at 150.
157. StGB § 212.
158. Id.
159. Id
160. See Silving, supra note 79, at 364-65. The difference between the United States and Germany in this area is that the United States has no express provisions considering the "base motives" of the actor. Thus, an actor who has committed euthanasia has committed an act voluntarily with an intent to kill (premeditated with deliberation). The actor would be guilty of first degree murder. Cannon, supra note 45, at 657.
161. Absence of "base motives" may cause the action to be prosecuted under German Penal Code § 212, manslaughter, not § 211, murder. Silving, supra note 79, at 363.
162. See StGB § 212.
163. Id.
the base motives, but rather as a manslayer. Consequently, he would benefit from the manslaughter provision by receiving a mitigated sentence as opposed to a harsher murder sentence.

Section 213 of the German Penal Code further provides a reduction of penalty if “other extenuating circumstances” exist. The German penal system equates extenuating circumstances with honorable motives. Thus, a person who has committed euthanasia with honorable motives may be able to benefit from Section 213, which mitigates the penalty of manslaughter in the case of “extenuating circumstances.”

A person who is prosecuted for euthanasia under the German system would benefit from two key aspects of the German Penal Code. First, he would be prosecuted for manslaughter rather than murder. The penalties for manslaughter are less severe than for murder. Due to his honorable motives, the defendant would receive a mitigated sentence.


As under the German criminal code, the Swiss standard for determination of a murderer does not have to do with deliberation and premeditation, but with motive. The Swiss Penal Code states that the “true mark of a murderer[er] is the depraved mind (base attitudes or mentality) or the dangerousness of the actor.” Article 112 of the Swiss Penal Code, which deals with murder, pro-

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164. Id.
165. The German Penal Code § 213, translated by Mueller and Buergenthal, states:

If the person charged with manslaughter was provoked into a fit of anger, without fault of his own, by a battery or serious insult, committed by the deceased against the defendant or one of his relatives, and the defendant was promptly instantly to commit the deed, or if other extenuating circumstances are present, the punishment shall be imprisonment for a term of not less than six months.

166. Silving, supra note 79, at 367. Silving states that this section includes honorable motive as an extenuating circumstance. Id.

167. Id. at 366. For a differentiation between base motives and honorable motives, see Decision of Mar. 9, 1951, 77 Entscheidungen des Schweizerischen Bundesgerichtes, Amtliche Sammlung (B G IV) at 57, where a woman gave her husband poison several times at intervals in order to run away with her lover. The court held that:

Appellant attempted to kill under circumstances . . . which disclose her particularly reprehensible attitude. The motive was particularly reprehensible: appellant wished to kill her husband in order to be able to marry her lover with whom she entertained an adulterous relation. . . . The serious effects of the first attempt at murder did not deter her from repeating the act. No sooner did Hans Eggman recover after a long illness . . . [when] she repeated the attempt with more effective means.

Translation by Silving, supra note 79, at 366. The court viewed this as a base motive with a clear intent to kill for lust or greed. Id. See also Decision of Dec. 5, 1969, 95 B G IV, at 162, 167.

168. Silving, supra note 79, at 366.
169. Id.
170. Id. at 365.
171. Id.
vides: "Where the actor (killer) killed under circumstances or with a premeditation, which shows that he possesses a particular reprehensible attitude (depraved mind) or that he is dangerous, he shall be punished by confinement in a penitentiary for life."172 For a judge to obtain a clear indication of a depraved mind, he must observe the mentality, character and personality of the actor.173 Only after the judge has made this observation, may he render a fair and appropriate sentence.174

Although the Swiss Penal Code includes the term "premeditation,"175 the term is neither an exclusive176 nor a sufficient test for homicide.177 The Swiss Penal Code takes the actor's premeditation into account only to express the actor's dangerousness or his perverse mentality, rather than as a conclusive element of the crime.178 The reason for this limited usage of the term "premeditation" is that the actor's premeditation "is not a necessary element of murder, for the danger which the actor represents and his depraved mind may also appear from other circumstances,"179 such as the motive of the actor. The Swiss Penal Code, thus, places more weight on the motive of the actor than the actor's premeditation.180 Like the German Penal Code,181 the Swiss Penal Code determines the harmlessness or dangerousness of the actor through an analysis of his motives.

One way that the Swiss Penal Code differs from the German Penal Code is that the Swiss Code expressly allows a judge to mitigate the punishment of a defendant who acted with honorable motives.182 More important, however, the Swiss Penal Code directs a judge to "mete out punishment in accordance with the guilt of the actor."183 The defendant's motive is relevant to the judge's determination.184 The Swiss Penal Code has to do with the manner in which a judge deals

172. Sw. STGB art. 112.
173. See Strooss, supra note 7, at 147. See also O. GERMANN, DAS VERBRECHEN IM NEUEN STRAFRECHT (1950) [hereinafter cited as GERMANN] for a discussion on various motives, such as compassion. See also A. VON ÖVERBECK & P. THORMANN, SCHWEIZERISCHES STRAFGESETZBUCH, 1 ALLGEMEINER TEIL 136 (1940) for a discussion on euthanasia and the Swiss Penal Code.
174. See Strooss, supra note 7, at 147.
175. Sw. STGB art. 112.
176. Silving, supra note 79, at 565.
177. Id. See also Decision of Feb. 11, 1944, 70 B G IV, at 5 where the court took into account the actor's premeditation as to the dangerousness of the actor, but this was not the sole means by which to discover that danger.
178. Silving, supra note 79, at 565.
179. Id.
180. Id. See generally Sw. STGB arts. 63-64.
181. See StGB §§ 211-12. The term "qualified" means that the dangerousness of the actor becomes apparent through the actor's motive. Id. See also Strooss, supra note 7, at 147; Sw. STGB arts. 63-64.
182. Sw. STGB art. 64.
183. Id. art. 63.
184. Id. In fact, after giving a judge discretion to hand out punishment that suits the crime, the Code directs a judge to consider the motives, the prior life and the personal circumstances of the guilty person. Id. See generally § III. B. 2 for German Penal Code.
with a defendant's honorable motives. The German Penal Code allows a mitigated sentence if extenuating circumstances exist. One such extenuating circumstance is honorable motive.\textsuperscript{185} In some cases, the motives may be so benevolent that total exculpation of the actor is warranted.\textsuperscript{186} A physician who has acted with a benevolent motive in terminating the life of an individual lacks the malice which is a major element in the exigency to punish a person for homicide.

The significance of these provisions of the Swiss Penal Code is that they clearly instruct a judge to consider the honorable motives of the actor.\textsuperscript{187} Thus, a person who has committed euthanasia, and has acted with honorable motives towards the deceased, although convicted of a criminal offense, may nonetheless receive a reduced sentence.\textsuperscript{188} The benefits accruing to the person convicted of an act of euthanasia are either total exculpation or mitigated sentence.

4. Homicide Upon Request Under the German and Swiss Penal Codes

Although unknown to the Anglo-American world,\textsuperscript{189} many European penal codes recognize the concept of "homicide upon request."\textsuperscript{190} The significance of the "homicide upon request" provisions to this discussion is that this provision expressly allows a judge to mitigate the sentence of an individual who has committed a homicide when that individual performs the homicide at the request of the deceased. The underlying concept of this special provision for homicides committed at the request of the deceased is that murder, while always reprehensible, is less reprehensible when performed with the consent of the deceased than when performed against his will.\textsuperscript{191}

The current German "homicide upon request" provision is not a modern response to the advances in medical technology. It has deep historical roots. The North German Federation Penal Code of 1870\textsuperscript{192} stated that: "[t]he sense of justice requires that killing a consenting person . . . should not be punished as severely as killing a person against his will. But the uncontested moral principle that life is an inalienable value permits neither immunity nor a low penalty."\textsuperscript{193}

\textsuperscript{185} Sw. STGB art. 63. See generally § III. B. 2 for German Penal Code.
\textsuperscript{186} GERMANN, supra note 173, at 56.
\textsuperscript{187} Sw. STGB art. 64.
\textsuperscript{188} Id.
\textsuperscript{189} Silving, supra note 79, at 352.
\textsuperscript{190} See StGB § 216; Sw. STGB art. 114. For the origins of the provision on "homicide upon request," see Decision of Feb. 7, 1952, Bundesgerichtshof (highest court of the Federal Republic of Germany in civil and criminal matters) 258. The court pointed out that the German legislature introduced the provision into German law at a time when the premeditation and deliberation test was in force for the purpose of affording relief against the harshness of the test. Id.
\textsuperscript{191} Silving, supra note 79, at 378.
\textsuperscript{192} This code, Strafgesetzbuch für den Norddeutschen Bund of May 31, 1870, later became the Penal Code of the Reich, Law of May 15, 1871. For a brief discussion of this penal code, see A. KLENNER, DIE TÖTUNG AUF VERLANGEN IM DEUTSCHEN UND AUSLÄNDISCHEN STRAFRECHT SO WIE DIE LEGE FERANDA 65 (1925) [hereinafter cited as KLENNER].
\textsuperscript{193} Strafgesetzbuch für den Norddeutschen Bund of May 31, 1870.
Although the North German Federation Penal Code of 1870 recognized the significance of a homicide by the request of a person,\textsuperscript{194} it made no special provisions to mitigate the punishment of a person convicted of such a murder.\textsuperscript{195} In fact, the Penal Code never even considered the extenuating circumstances such as an euthanasia motive coupled with the person's request.\textsuperscript{196} Today, however, "homicide upon request" is a separate instance of the general law of homicide in Germany.\textsuperscript{197}

The German Penal Code specifically mandates a reduction of penalty in the case of homicide upon request.\textsuperscript{198} This reduction of both penalty and punishment is justified on the grounds of the motivating compassion of the actor coupled with the consent of the deceased.\textsuperscript{199} Article 216 of the German Penal Code states:

1) If a person kills another after having been expressly and earnestly requested to do so by the person killed, the punishment shall be imprisonment for a term of not less than three years; 2) If extenuating circumstances are present, the punishment shall be imprisonment for a term of not less than six months; 3) The attempt is punishable.\textsuperscript{200}

The Swiss Penal Code also treats "homicide upon request" as a special classification of homicide.\textsuperscript{201} Article 114 of the Swiss Penal Code states, "[w]hoever kills another upon the latter's earnest and urgent request is punishable by imprisonment."\textsuperscript{202} Although this provision punishes by imprisonment, some commentators theorize that the motive of the actor mitigates the punishment considerably.\textsuperscript{203} Therefore, in practice, motivation of the actor and the deceased's request have been of substantial importance to the judge in making his determinations for punishment.\textsuperscript{204} This provision would also encompass a situation where the actor erroneously believes a request has been made and expedites that request.\textsuperscript{205} Again, this provision stresses the actor's motivation. If the actor, with benevolent motives, acts erroneously, he has not acted with

\textsuperscript{194} Id.
\textsuperscript{195} Id.
\textsuperscript{197} Silving, supra note 79, at 382. See also StGB § 216.
\textsuperscript{198} See StGB § 216.
\textsuperscript{199} See Dreher, Das Dritte Strafrechtsänderungsgesetz, Juristenzeitung 421 (1953).
\textsuperscript{200} StGB § 216.
\textsuperscript{201} Id.
\textsuperscript{202} Id.
\textsuperscript{203} Id.
\textsuperscript{204} Id.
\textsuperscript{205} Id.
malice.\textsuperscript{206} In such a case, the doctrine of mistake of fact is involved.\textsuperscript{207}

The doctrine of mistake of fact suggests that while ignorance of the law is no defense, an actor still must possess the necessary ill will (\textit{mens rea})\textsuperscript{208} to commit a crime. Article 19 of the Swiss Penal Code defines the doctrine of mistake of fact: “Where the person has acted upon an erroneous conception of the factual situation, he will be judged in accordance with the factual situation as conceived by him when it works to his advantage.”\textsuperscript{209} Thus, if an actor erroneously perceives that the deceased requested him to perform euthanasia and the actor carries out that request, the actor would be precluded from penalty because he lacked the necessary \textit{mens rea}.\textsuperscript{210}

In both Switzerland and Germany, the actor practicing euthanasia must follow the requirement of a “request.” In Germany such request must be “express and earnest,”\textsuperscript{211} while in Switzerland the request must be “earnest and urgent.”\textsuperscript{212} The German Penal Code considers a request “expressed” if performed through gestures rather than words.\textsuperscript{213} If an individual makes a request in the heat of passion, the German Penal Code deems this request to be “earnest.”\textsuperscript{214} The Swiss Penal Code deems a repeated request “urgent.”\textsuperscript{215} The significance of the “homicide upon request” provision in both Germany and Switzerland is that a judge may consider the consenting plea of the deceased as a mitigating factor before pronouncing sentence. This mitigating factor has, therefore, become a special classification of homicide.

Under both the German and Swiss penal systems, the benevolent motives of a person who practices euthanasia would lessen the penalty for the act. If the deceased requests the defendant to act, this too would be cause for a mitigated sentence. The emphasis on the actor’s motive, as well as on the deceased’s consent, is a step toward recognizing the right of a person to decide what is to happen with his person.

\textsuperscript{206} Id.
\textsuperscript{207} The Swiss court in Decision of Jan. 18, 1949, 75 B G IV, at 26 held that error of law may lead to either total exculpation or a reduction in penalty. However, faultless error of law does not automatically lead to acquittal. Dec. of Mar. 11, 1949, 75 B G IV, at 37; Decision of Apr. 7, 1949, 75 B G IV, at 76, 82.
\textsuperscript{208} Sw. STGB arts. 19-20 also may lead to exculpation or to a reduction in penalty.
\textsuperscript{209} See Arzt, Ignorance or Mistake of Law, 24 AM. J. COMP. L. 646, 648 (1976) [hereinafter cited as Arzt].
\textsuperscript{210} See Arzt, supra note 208, at 648. See also E. Beling, Unschuld, Schuld und Schuldstufen (1910). Beling used euthanasia as an example of the “error juris” defense. Id. at 21.
\textsuperscript{211} StGB § 216.
\textsuperscript{212} Sw. STGB art. 114.
\textsuperscript{213} Schoenke, supra note 7, at 579.
\textsuperscript{214} Silving, supra note 79, at 384.
\textsuperscript{215} Gernann, supra note 173, at 227.
IV. CHANGES IN THE CRIMINAL LAW IN THE UNITED STATES

A. The Development of Right to Die Laws

Although the U.S. Congress has not enacted laws which have the same effect as the criminal laws of Germany and Switzerland,216 some state legislatures have passed statutes that would allow passive euthanasia.217 These state legislatures have enacted right to die statutes which recognize the legal validity of the "living will."218 The "living will" is a written directive through which an adult patient determines whether his doctors should permit him to die.219

One of the purposes of the right to die laws is to free physicians and other health care professionals from potential criminal liability for honoring a patient's written directive.220 Before the enactment of these statutes, physicians who withheld life-sustaining devices or performed passive euthanasia risked criminal liability.221 This liability arises from a physician's legal duty to act.222 Under this concept once a physician and his patient have established a doctor-patient relationship, the physician has a duty to act reasonably toward his patient223 and to continue treatment as long as the case requires.224 The right to die laws establish a new duty — the duty not to act. This duty not to act arises from the patient's right to die peacefully.225 Several states thus grant immunity to the physician who acts in accordance with a patient's living will.226

The living will is the most important component of the right to die statute.227 The living will provides the adult patient, while still in possession of his full reasoning powers, with the means to exercise his "right of privacy over his body

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216. For the past 15 years Congress has been struggling to reform the criminal law. The type of reform Congress has considered centered around sentencing. Proposed reforms would allow a judge to consider defendant's danger to the community before allowing bail. Winter, Criminal Code Reform, 67 A.B.A.J. 1431-32 (1981).
217. See notes 239-52 infra. These statutes are discussed in § IV infra. These statutes allow a patient to determine whether he should be permitted to die by withholding of medical treatment (thus passive euthanasia is performed).
218. SOCIETY, supra note 19, at 1. The "living will" is also sometimes referred to as a "directive." Id. 219. Id.
220. For example, the California right to die statute states: "No physician or health facility which, acting in accordance with the requirements of this chapter, causes the withholding or withdrawal of life-sustaining procedures from a qualified patient, shall be subject to civil liability [or be guilty of] any criminal act or . . . unprofessional conduct." CAL. HEALTH & SAFETY CODE § 7190 (West 1976). For additional examples see notes 239-52 infra.
221. Foreman, supra note 5, at 55.
222. PROSSER, supra note 37, at 338-50. See also Braun v. Riel, 40 S.W.2d 621 (Mo. 1931); Thaggard v. Vafes, 218 Ala. 609, 119 So. 647 (1928); Cochran v. Laton, 78 N.H. 562, 103 A. 658 (1918); Mehigan v. Sheehan, 94 N.H. 274, 51 A.2d 632 (1947).
225. See generally notes 239-52 infra.
226. Every statute requires a living will as part of its provision. See statutes cited in notes 239-52 infra.
in determining whether he should be permitted to die.\footnote{228} Under right to die statutes, the living will, which is similar to a testamentary document,\footnote{229} provides that if a patient's health condition becomes terminal and physicians in their complete discretion are certain that the patient cannot regain his physical and mental capacities to function, then doctors should withdraw\footnote{230} life-support treatment provided that at least two witnesses testify that the declarant was of sound mind and acted of his own free will when executing the document.\footnote{231}

Problems arise under the right to die laws when the patient is an incompetent or a minor. Several statutes establish specific guidelines which allow a patient to appoint a proxy or a member of the patient's family, either of whom would have the power to make the decision for the patient.\footnote{232} In addition, the patient may revoke the document at any time before he loses his soundness of mind.\footnote{233} The declarant may revoke the document by a written or verbal statement expressing his intent to revoke.\footnote{234} A qualified patient\footnote{235} may also revoke a living will by cancelling, defacing, obliterating, burning, tearing or otherwise destroying the directive.\footnote{236}

The basic right to die statute legally recognizes the right of a competent adult to refuse life-prolonging procedures if that adult is terminally ill.\footnote{237} While each right to die statute is not identical, each contains certain basic similarities which provide necessary legal guidelines.\footnote{238} Thirteen states and the District of Columbia have right to die statutes, including California,\footnote{239} Arkansas,\footnote{240} New Mexico,\footnote{241} Idaho,\footnote{242} Oregon,\footnote{243} Texas,\footnote{244} Nevada,\footnote{245} North Carolina,\footnote{246} Kan-

\footnote{228} Kutner, \textit{supra} note 63, at 226.
\footnote{229} Id. at 228.

The living will ... is analogous to the concept of a revocable or conditional trust, with the patient's body as the res, the patient himself as the beneficiary and grantor, and the doctor and hospital as trustees. The doctor is given authority to act as trustee of the patient's body by virtue of the patient's consent to treatment.

\textit{Id.}

\footnote{231} Model Bill § 3 (1978) (The Model Bill was written by Yale Law School for a Legislative Service Project. This bill is reprinted in \textit{Society}, \textit{supra} note 19, at 23-24.); Kutner, \textit{supra} note 63, at 227.

\footnote{232} ARK. STAT. ANN. § 82-3801 (1977); N.M. STAT. ANN. §§ 12-35-1 to -35-11 (1977); N.C. GEN. STAT. §§ 90-320 to -332 (1977). \textit{See also Society, supra} note 19, at 5.

\footnote{233} Thus far, all but one state has specified revocation procedures. For states that have revocation procedures, \textit{see} notes 239-52 \textit{infra} except note 240 (Arkansas). \textit{Society, supra} note 19, at 18.

\footnote{234} Kutner, \textit{supra} note 63, at 227-28.

\footnote{235} The Model Bill defines a "qualified patient" as a "patient who has executed a declaration in accordance with this act and who has been diagnosed and certified in writing to be afflicted with a terminal condition by two physicians." Model Bill § 2, \textit{reprinted in Society, supra} note 19, at 23-24.

\footnote{236} \textit{See generally} notes 239-52 \textit{infra}.

\footnote{237} \textit{Id.}

\footnote{238} \textit{Id.}

\footnote{239} CAL. HEALTH & SAFETY CODE §§ 7185-7195 (West 1976).

\footnote{240} ARK. STAT. ANN. § 82-3801 (1977).

\footnote{241} N.M. STAT. ANN. §§ 12-35-1 to -11 (1977).

\footnote{242} IDAHO CODE § 59-4501 to -4508 (1977).

\footnote{243} OR. REV. STAT. §§ 97.050 to -061 (1977).
sas, Washington, Alabama, District of Columbia, Vermont and Delaware. Each of the fourteen statutes provides a means for individuals to establish, in advance, their desire that no physicians use extraordinary measures to delay their dying. Besides granting immunity to physicians, these statutes require medical confirmation of the patient’s terminal condition. Under the general statutory scheme, the physician is legally competent to determine whether the patient is in a hopeless and irreversible terminal condition.

In 1976, California became the first state to enact a right to die statute. The California legislature intended that the California Natural Death Act would provide a means by which a terminally ill individual could direct a physician to withhold or withdraw life-support mechanisms. If a physician failed to effectuate the directive of the patient, the Act provided that this failure would constitute unprofessional conduct. The physician would be civilly liable for unprofessional conduct for failure to comply with the directive. The physician would be able to avoid this liability for unprofessional conduct by transferring the patient to a physician who would effectuate the directive.

With the enactment of the first right to die statutes, many pro-euthanasia groups believed that state legislatures had finally taken progressive steps for the legalization of euthanasia. However, the California right to die statute is demonstrative of several important drawbacks. The California legislature intended the California Natural Death Act of 1976 to provide the patient with

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253. Soc’y, supra note 19, at 1.
254. Id. at 2. For a comparison of these various right to die statutes, see id. at 18-21. Although only 13 states have enacted right to die statutes, many other states have considered or will consider similar bills. Id.
255. See generally notes 239-52 supra.
256. Id.
257. This Note focuses on an analysis of the California living will statute as California adopted the first living will statute in the United States and most of the literature in the living will field centers around the California Natural Death Act.
259. Id.
260. See id. § 7188. See Dahlberg, The California Natural Death Act, 10 Lincoln L. Rev. 197 (1977) [hereinafter cited as Dahlberg].
261. See Code § 7191 (b).
262. Id.
263. Id.
264. Dahlberg, supra note 260, at 197.
265. See note 258 supra.
autonomy and the right of self-determination. In reality, however, the Act was only a legislative compromise. The Act in practice does not fully satisfy the desires of the patient. The patient’s right to decide is offset by the physician’s discretion, since physicians, under the Act, may consider outside factors “such as information from the patient’s family or the nature of the patient’s illness, injury or disease.” Such a weakening of the patient’s rights could be avoided if the law deemed the patient’s “living will” to be conclusive.

B. Analysis

In the United States, euthanasia is punishable as homicide; however, the law in practice does not coincide with strict legal theory. This fact is evidenced by the “high incidence of failures to indict, acquittals, suspended sentences and reprieves.” Some commentators suggest that euthanasia should be distinguished from other forms of homicide because of the humanitarian motive involved. These scholars emphasize that euthanasia is distinguishable from other forms of homicide by consideration of the underlying motive as an element of culpability.

In both Germany and Switzerland, the statutory law specifically takes cognizance of the motivation of the actor in arriving at both “the grading of the charged offense and the ensuing sentence.” In Germany, the motive is an element of the crime of murder. However, mercy is not one of the motives listed in the Penal Code as an element of murder. In Switzerland, motive is also an element of the crime since the statutes expressly instruct judges to consider the “homicide motives” of an individual in the sentencing process. Thus, the experience of Germany and Switzerland may serve as a model to American legislatures considering motive as device for legalizing euthanasia. Several approaches are available to make euthanasia legal. The first approach is for the legislature to vest a broad discretion in judges to classify cases within the various types of homicide based on motive. Legislatures might also enumerate in the

266. Dahlberg, supra note 260, at 197.
267. Id.
268. Id.
269. Id. at 199.
270. Code § 7191.
271. See Dahlberg, supra note 260, at 205.
272. Kamisar, supra note 5, at 971.
273. Id.
274. See generally Williams, supra note 75.
275. Id.
276. See note 8 and § IV supra.
277. Scher, supra note 21, at 676.
278. StGB §§ 211-212.
279. Sw. STGB arts. 63-64.
280. These types include murder, manslaughter, manslaughter under extenuating circumstances and homicide upon request.
statutes themselves particular motives deserving exceptional treatment.

Motive is a decisive element in the distinction between murder and manslaughter with their attendant, distinct penalties. Once a judge equates motive with premeditation and deliberation, then he is better able to make a decision in a given case. If the basic objective of American, or any, criminal law system is to prevent harm to society, then the concept of motive as a substantive element of criminal law is useful. Once motive is considered by American criminal law, then the judge and jury may hear evidence about why the defendant committed the act.

One of the essential elements of homicide in American criminal law is malice aforethought. Because malice is an integral element, judges should consider the motive of an individual who has practiced euthanasia to ascertain whether the required malice is present. If the judge then observes that the individual did not entertain the same malicious motive or intent as a murderer but rather as a concerned citizen, the individual would receive a mitigated sentence. Thus, an individual who is motivated by benevolence would be subject to a less severe punishment than a criminal who is motivated by evil.

Another approach that would mitigate the circumstances of a person who practices euthanasia is to adopt the “homicide upon request” provision of the penal codes of Germany and Switzerland. This provision would allow a mitigated sentence for homicide on the grounds that the compassion motivating the actor and the consenting plea of the deceased reduces the reprehensibility of the act. Thus far, American criminal law has never recognized the consent of the deceased as a defense to criminal homicide. Currently, American criminal law advocates that: “Murder is no less murder because the homicide is committed at the desire of the victim. He who kills another upon his desire or command is, in the judgment of the law, as much a murderer as if he had done it merely of his own head. . . .”

Opponents to euthanasia have attacked the European based “homicide upon request” provision by comparing it with the common law crime of assistance in suicide. These opponents fear that homicide upon request is open for

281. Scher, supra note 21, at 676.
282. Silving, supra note 79, at 363.
283. LA FAVE & SCOTT, supra note 60, at 21.
284. See Scher, supra note 21, at 676.
286. LA FAVE & SCOTT, supra note 60, at 528.
287. Silving, supra note 79, at 362.
288. StGB § 216; Sw. STGB art. 114.
289. See § III supra.
292. Kutner, supra note 63, at 204-05.
abuse. This same fear lies behind the policy in making assistance in suicide illegal. To reduce the potential for abuse the provision should contain specific safeguards.

Article 115 of the Swiss Penal Code could serve as a model for such safeguards. Article 115 states that “[w]hoever from selfish motives, induces another to commit suicide or assists him therein” is punishable. Thus, if one person persuades another to commit suicide out of selfish motives, the instigator would be punishable. However, if a physician, motivated by a feeling of mercy, practices euthanasia or assists in a patient’s suicide, consideration of this altruistic motive would eliminate the need to apply this safeguard. To complete this statutory scheme, homicide upon request should be incorporated into criminal law as a special classification of homicide, similar to the crime of assistance in suicide but with a lessened sentence. The majority of states have decriminalized either suicide or its assistance.

The German provision of “manslaughter with extenuating circumstances” is another approach that the American criminal justice system could incorporate. This provision calls for a mitigation of the sentence of an individual if he commits homicide under “extenuating circumstances.” Like the provision of “homicide upon request,” this provision is a special classification of homicide. This classification is somewhat similar to the American classification of voluntary manslaughter, where an individual’s sentence is mitigated because of provocation. When an individual has performed euthanasia, courts would consider the existence of the euthanasia motive as an “extenuating circumstance.” However, if a court finds no extenuating circumstances but rather that an individual has committed murder, the court would have no reason to apply this provision.

The three proposed approaches to possible reforms in American criminal law are by no means a complete answer to the complex moral and legal problems of euthanasia. Rather, they serve to demonstrate the manner in which some foreign legal systems deal with this same issue. Foreign law can be a useful model for reexamination of American criminal law treatment of mercy killing. Distinctions between various types of homicide are useful to consider. One criteria for

293. Id.
294. Id.
295. Sw. STGB art. 115.
296. Id.
297. Silving, supra note 79, at 387.
298. Assistance in suicide is only a crime in a very small minority of states. See generally note 109 supra.
299. Id.
300. STGB § 213.
301. Id.
302. STGB § 216.
303. LA FAVE & SCOTT, supra note 60, at 593.
304. See Silving, supra note 79, at 367.
making these distinctions is the motive of the actor. Motive as an element of a crime has worked well for Germany and Switzerland. Contrasting an evil motive with a beneficent or merciful motive as an element of murder raises questions concerning the purpose of making homicide a crime. The answer to these questions should prove helpful in the debate over the legal status of euthanasia. A careful approach would not legalize murder, but would acknowledge that actions of mercy are distinct from the moral reprehension normally associated with homicide.

V. CONCLUSION

The issue of euthanasia has become important in recent years because euthanasia is arguably a solution to some dilemmas created by advances in medical technology. Today, medical technology has the capability in many instances to maintain a human life far beyond the point which an individual would desire. Euthanasia gives the terminally ill patient a free choice. However, the act of euthanasia in the United States is a crime of willful homicide. Despite this fact, physicians continue to practice euthanasia.

In contrast, the statutory laws of Germany and Switzerland treat euthanasia very differently. Germany and Switzerland's Penal Codes have certain provisions which expressly state that when a person has committed a homicide upon request of the deceased, or out of honorable motives, a mitigated sentence should be applied. Although the United States has not progressed in the same fashion as Germany and Switzerland, some state legislatures have dealt with the question of choice for the terminally ill by enacting right to die statutes which allow a terminally ill patient to request withdrawal from any and all treatment. However, these statutes are less than what pro-euthanasia societies have requested because they provide the treating physician with the discretion to undermine a patient's choice.

A comparison of the statutory laws of Germany and Switzerland to those of the United States shows that certain provisions of these two European penal codes might serve as a useful model for changes in American criminal law with respect to euthanasia. Such a model would enable the participants in the debate concerning euthanasia to explore possible approaches other than the ones now available in American criminal law. With expanded alternatives, legislatures may be able to resolve the issue of euthanasia to a greater satisfaction than is presently practiced.

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