



The problem of medically assisted suicide in Italy in the years 2024-2025¹

<https://doi.org/10.34766/c9ezym77>

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Abstract: The main purpose of the article is to present an ethical and legal analysis of the dispute over medically assisted suicide in Italy. In early July 2025, a bill was submitted to the country's Parliament to regulate the termination of life on request. The legislative initiative represents yet another stage in the intense public debate over medical aid in dying that has been going on in Italy for several decades. One of its major milestones was the enactment in 2017 of the Law on living wills, which consists of an anticipatory expression of will by an adult or legal guardian – made while enjoying full mental capacity – concerning the possible undertaking or abandonment in the future of various medical therapies and treatments which the individual wishes or does not wish to consent to. The adoption of the Living Will Law has significantly revived the debate on the criteria for terminating life on request. In 2019, the Italian Constitutional Court ruled that Italian residents have the right to receive medical assistance in suicide. In order to gain access to such a medical procedure, several requirements must be met: the person must suffer from an irrecoverable disease that causes physical or mental suffering qualifying as unbearable; he or she must be fully capable of making free and informed decisions; and ultimately must receive life-sustaining treatment. In recent years, some circles in Italy have been pushing for the liberalization of these regulations, advocating for the abolition of the life-sustaining treatments criterion. In 2024, the Constitutional Court and the National Committee for Bioethics spoke out on the matter. The Italian bioethics dispute over medically assisted suicide touches on a number of important issues at the intersection of law and ethics. Analyses presented in the article demonstrate that the most important elements of this debate concern the understanding of the dignity of human life, the relationship that exists between law and morality, and the limits of our freedom.

Keywords: aid in dying, assisted suicide, bioethics, dignity, euthanasia, medical ethics

Introduction

On July 2, 2025, a bill entitled *Implementing Provisions for Constitutional Court Ruling No. 242 of November 22, 2019* was submitted to the Justice and Social Affairs Committee of the Senate of the Italian Republic. The bill was tabled by two senators from the centre-right government coalition: Pierantonio Zanettina of Forza Italia and Ignazio Zullo of the Italian Brothers party. The bill, which seeks to legalize medically assisted suicide in accordance with Constitutional Court Ruling No. 242/2019, is very concise and consists of four articles. The first one emphasizes the inviolability of the right to life, which is a fundamental human right and the basis of the entire legal order.

The other three articles, on the other hand, contain many detailed amendments to regulations governing the national healthcare system (Senato della Repubblica, XIX Legislatura, 2025).

The legislative initiative to legalize medically assisted suicide represents yet another stage in the very intense public debate over various forms of terminating life on request that has been going on in Italy for several decades. The ethical and legal dispute over aid in dying for the sick and suffering has become most heated in this country following the passage of Law 219 in 2017, which stipulates that a patient may make a personal decision to die by asking for the discontinuation of life-sustaining

¹ Article in Polish language: https://stowarzyszeniefidesetratio.pl/fer/63P_Koby.pdf

treatment and continuous deep sedation that renders the patient unconscious until death (Dovico, 2025; Kobyliński, 2023; Stajano, 2021).

The entry into force of Law 219/2017 meant that some elements of Italy's legal system had to be amended, including the repeal of Article 580 of the Penal Code which provided for a prison sentence for assisting suicide. In addition, a number of difficult questions have arisen in the medical community regarding the treatment of patients who request the termination of their own lives when the conditions set forth in the Law of 2017 are not met. Various aspects of medically assisted suicide were addressed by the Italian Constitutional Court in the following rulings: 207/2018, 242/2019, 135/2024 and 66/2025. The Court accused the legislator of inertia and called on the Parliament to pass a law regulating the procedure for terminating life on request. Therefore, the bill proposed to the Senate in early July 2025 should be considered an implementation of the recommendations of the Constitutional Court.

What is the proper meaning of life-sustaining treatments? What position has the National Committee for Bioethics taken on the issue? How did the legalization of medically assisted suicide in the Tuscany region come about in March 2025? Who should create legal norms concerning matters of bioethics: the Parliament, the central government, or the local governments of particular regions? Why is the issue of legalizing medically assisted suicide a subject of fierce philosophical and theological dispute in Italy, including among various Catholic circles?

The main purpose of the article is to analyse the ethical and legal dispute over the legalization of medically assisted suicide in Italy and to present the main elements of this intense bioethical debate in the years 2024-2025.

1. Dispute over the understanding of life-sustaining treatment

In 2019, with its Ruling No. 242, the Italian Constitutional Court legalized medically assisted suicide – not only decriminalizing it, but *de facto* recognizing it as an actual civil right. The Court's judges

concluded that in order to be eligible for assisted suicide, several criteria must be met: the person must be suffering from an irrecoverable disease that causes physical or mental suffering deemed unbearable; he or she must be fully capable of making informed and free decisions; and he or she must receive forms of therapy that are considered life-sustaining treatment. Following the publication of this ruling, circles promoting the legalization of terminating life on request began to push for the elimination of this last criterion, so as to expand the pool of potential candidates who intend to use assisted suicide (Pasquale, 2023; Prokofieff, Selg, 2024).

In June 2024, the National Committee for Bioethics spoke out on the issue, publishing a comprehensive document (22 pages) entitled *A Response: Question Posed by the Umbria Region Territorial Ethics Committee of November 3, 2023* (Comitato Nazionale per la Bioetica, 2024). Since there is no single, universally accepted definition of life-sustaining treatment in the medical literature, the Territorial Ethics Committee of the Umbria Region resolved to ask the National Committee for Bioethics to provide specific criteria for such medical procedures. In particular, an opinion was requested “on the criteria to be used to distinguish between ordinary healthcare and life-sustaining care, thus enabling local ethics committees to correctly apply the provisions of Constitutional Court Ruling No. 242/2019 and providing guidance to patients on the validity of their requests” (Comitato Nazionale per la Bioetica, 2024, 5).

It is worth noting at this point that not only is there no universal medical term for life-sustaining treatments, but there is no legal definition of the term either. The difficulties are further exacerbated by the ongoing development of technology, as well as medical and clinical research to protect patients' lives and search for new forms of treatment. The National Committee for Bioethics' document states that the term “life-sustaining treatment” was used by the European Court of Human Rights in its ruling of June 13, 2024 in *Daniel Karsai v. Hungary* (No. 32312/23). It asserts that assisted suicide provided to patients who are not dependent on life-sustaining treatment may give rise to further challenges and a risk of abuse (Comitato Nazionale per la Bioetica, 2024, 6).

The National Committee for Bioethics acknowledged in its response that life-sustaining medical treatments are intended to treat life-threatening conditions in the short or even very short term (when it is not a matter of mere “support” but of actually “replacing” a vital function that the body can no longer perform on its own). Such medical treatments often use advanced technologies and specialized procedures, and can be highly invasive and long-lasting. They should not be confused with life-saving treatments or the administration of drugs (including epinephrine for anaphylactic shock). Discontinuation of life-sustaining medical treatments results in immediate or rapid fatal consequences, depending on the type of treatment and the patient’s clinical condition. The understanding of this type of treatment developed by the National Committee for Bioethics should be considered limiting (restrictive) compared to some of the interpretations presented in the public debate. Consequently, it narrows down the scope of practical application of Constitutional Court Ruling No. 242 of 2019.

According to this understanding of life-sustaining treatment, chemotherapy, dialysis, pacemakers, antibiotics for burn victims, cardiac medications or assistance for severely disabled people, etc., cannot be considered as such medical treatments and procedures, since their discontinuation leads to death, but not rapidly. In the document of the National Committee for Bioethics, the criterion adopted to differentiate between ordinary and life-saving therapies is twofold: the minimum survival time if therapy is discontinued, and the nature of the therapy, which must replace vital functions and not be merely supportive treatment. Invasiveness, continuity over time, the advancement of technology involved, and specialized procedures are optional rather than necessary criteria. Thus, all treatments that replace respiratory and cardiac functions, renal functions, and biochemical and metabolic functions provided by the digestive and detoxification systems will be considered life-sustaining treatments. On the other hand, meeting the basic life needs by providing water, food, and air are not part of this type of treatment (Caporale, Palazzani, 2024; Moń, 2009; Tasciotti, 2020). It is also worth

noting two points in the National Committee for Bioethics document that seem fundamental from the bioethical perspective.

“The first – crucial to dispelling doubts about what is meant by life-sustaining treatment in this context – is a reference to limited life expectancy after the discontinuation of all life-sustaining therapies. The second is the guarantee of the principle of equality for all patients on life “support”, which may or may not be particularly invasive, in conditions of great suffering, often caused by a loss of autonomy that affects the most intimate aspects of a person’s life” (Comitato Nazionale per la Bioetica, 2024, 11).

In July 2024, the Constitutional Court also spoke out on the understanding of life-sustaining treatments. The Court’s ruling and its substantiation constitute an extensive document containing 25 pages (Corte Costituzionale, 2024) and provide a definitive resolution to the widely debated ethical and legal case in Italy whose origins date back to December 2022. It was then that a Tuscan resident suffering from advanced multiple sclerosis, Massimiliano Scalas, travelled to Switzerland to end his life at the famous “Dignitas” clinic which carries out medically assisted suicide procedures. The procedure took place on December 8, 2022. Earlier, “the patient confirmed his final decision and, using the hand he could still control, took the lethal drug orally, and died a few minutes later” (Corte Costituzionale, 2024, 27). Scalas reached the medical facility with the help of three activists from the Italian Radicals party, which had been actively campaigning for years to promote the legalization of medical procedures designed to terminate life on request. After returning to Italy, the activists reported to the prosecutor’s office to file a notice of suspected crime committed by themselves by taking part in bringing about the termination of the sick man’s life.

At this point, it is important to add the extremely important information that Scalas was not receiving life-sustaining treatment, which means that one of the criteria for medically assisted suicide set forth in the Constitutional Court’s Ruling 242/2019 was not met. Activists from the Italian Radicals party reported to the prosecutor’s office because they wanted to initiate legal proceedings and open a public debate that could ultimately lead to eliminating from the

Italian legal order the requirement for life-sustaining treatments as a necessary criterion for patients to access medically assisted suicide procedures. The prosecutor and defense attorneys asked the investigating judge to dismiss the case, but the judge refused to do so since, as the requirement of life-sustaining treatment had not been met, the assistance provided by the three activists constituted the crime of assisting suicide. As a result, the case was initially tried by a common court in Florence, which then filed a motion with the Constitutional Court regarding the constitutionality of that criterion. In the applicant's view, the requirement contradicted the constitutional principles of equality, therapeutic self-determination, human dignity, and the right to respect for private life, as recognized in the European Convention on Human Rights.

In Ruling No. 135/2024, the Court rejected the Florence court's conclusion, reaffirming its earlier position that life-sustaining treatment is a prerequisite for assisted suicide. On the one hand, the Court affirmed the non-criminality, according to Ruling No. 242/2019, of a person who facilitates the execution of an intent to commit suicide under the conditions and using the methods specified therein. On the other hand, the Court ruled that the requirement for the person being assisted to be kept alive through life-sustaining treatment, specified as one of the conditions for performing such a medical procedure, must be fulfilled as well. The Court also reiterated its hope for a legislative intervention to ensure specific and timely implementation of the principles established in its earlier rulings, as well as an urgent appeal to ensure that all patients, including those eligible for assisted suicide procedures, are guaranteed effective access to adequate palliative care throughout the country (Corte Costituzionale, 2024, 48-49).

2. Characteristics of the Law in Force in Tuscany

On March 17, 2025, the Chairman of the Regional Council of Tuscany promulgated a document entitled *Regional Law of March 14, 2025, No. 16. Organizational methods for the implementation of Constitutional Court Rulings No. 242/2019 and No.*

135/2024 (Il Consiglio regionale, 2025). Earlier, on February 11, 2025, the Law had been approved by the Tuscany Regional Council. The Council is the legislative body of the region which decides about its political and program directions and oversees their implementation. Currently, the Tuscany Regional Council is made up of 41 members. Twenty-seven councillors voted in favour of the Law, 13 voted against, and one abstained from voting.

The Law consists of a Preamble and nine articles. The Preamble primarily indicates the legal basis for the published document. Tuscany's local government concluded that this type of legal regulation is a legitimate way to exercise its powers in the area of healthcare and implement immediately enforceable Constitutional Court rulings. The regional legislature states that by implementing the Law, as well as otherwise, Tuscany protects – in accordance with applicable regulations – the dignity of life by guaranteeing the necessary healthcare even in the terminal phase, as well as, in public facilities, psychological support and spiritual or secular assistance, if requested.

The first two articles of the Law set forth its purpose and the requirements for access to medically assisted suicide. The Law aims to regulate organizational methods for implementing Constitutional Court Rulings No. 242/2019 and No. 135/2024. Pending the entry into force of statewide legislation in Italy, persons who meet the requirements set forth in the two rulings may benefit from medically assisted suicide in accordance with the procedures set forth in Articles 1 and 2 of Law 219 of December 22, 2017.

Article 3 states that local healthcare facilities must establish a Standing Multidisciplinary Commission to verify compliance with the requirements for access to medically assisted suicide, as well as to determine and check implementation procedures. The Commission consists of the following members: a palliative care physician; a psychiatrist; an anesthesiologist; a psychologist; a forensic physician; a nurse. The Commission is joined, on a case by case basis, by a physician who specializes in the condition which the person seeking access to assisted suicide suffers from. Members are elected, on a voluntary basis, from among the employees of the local healthcare facility. "In the absence of in-house staff, members

of the Committee may be recruited from among the staff of other institutions or regional healthcare facilities” (Il Consiglio regionale, 2025, 7).

Article 4 outlines procedures for accessing medically assisted suicide. According to the Law in effect in Tuscany, the person concerned or their legal representative must submit an application to the competent local health authorities to verify compliance with the requirements for access to the procedure for termination of life on request. The application must be accompanied by available medical records, possibly also designating a trusted physician. The local health authorities must immediately forward the application and the attached documentation to the Standing Multidisciplinary Committee and the Clinical Ethics Committee.

Article 5 regulates the procedure for verifying compliance with the stipulated requirements. The review procedure must be completed within twenty days of receiving the application. The time limit may be suspended only once, for a period not exceeding five days, in order to carry out a clinical and diagnostic evaluation. The Commission initially verifies that the applicant has received clear and adequate information about access to palliative care. The applicant is also informed of his or her right to refuse or withdraw consent to any treatment, including life-sustaining treatment, and the possibility of continuous deep palliative sedation in accordance with Law 219/2017. If the applicant confirms his or her desire to terminate their own life, the Commission proceeds to verify compliance with the requirements. For this purpose, the compiled documentation is reviewed and all necessary investigations are carried out, including with the support of the regional health service, ensuring personal and direct communication with the person concerned, after consultation with the physician they have designated. In any case, consent to medically assisted suicide must be free and informed. “The Committee asks the Clinical Ethics Committee for an opinion on the ethical aspects of the case under investigation, providing the Committee with documentation of the discussions and investigations carried out. The Committee expresses its opinion within seven days of receiving the documentation” (Il Consiglio regionale, 2025, 8).

Article 6 specifies how to terminate life on request. The entire procedure for medically assisted suicide should be completed within ten days of the Commission’s notification to the patient that the previously submitted application has been approved. The person concerned may ask the Commission to approve a protocol drawn up by a trusted physician, including specific technical and pharmacological information on terminating life on request. Procedures for implementing medically assisted suicide must include the assistance of a physician and should be such as to avoid abuse of the sick and vulnerable, guarantee the dignity of the patient, and spare him or her suffering. The Commission then seeks the opinion of the Clinical Ethics Committee on the adequacy of the protocol in which the form of life termination on request is specified. The Committee expresses its opinion within five days of receiving the documentation submitted by the Commission. The local health authorities then inform the applicant of the outcome of the entire procedure.

Article 7 discusses support for the process of terminating life on request. Within seven days of the notification to the applicant referred to in the preceding article of the Law, the local healthcare facility must provide technical and pharmacological tools and medical assistance in preparation for self-administration of the authorized medical preparation. This assistance is provided by medical personnel on a voluntary basis and is considered an institutional activity, performed during working hours. In practice, the principle of voluntariness means respect for the medical conscience clause which is present in the Italian legal order (Kučko, 2020; Campanelli, 2023; Beretta, 2024). Since the services and treatments regulated by the Law constitute a non-basic level of healthcare, the Tuscany region covers the financial expenditure associated with these services and treatments from its own funds (Il Consiglio regionale, 2025, 9).

Detailed regulations on the financial aspects of the procedure for terminating life on request are set forth in the last two articles of the Law. In Tuscany, all services and treatments provided by the regional health service as part of the therapeutic process and medically assisted suicide are free of charge to patients, and the cost of the benefit borne by healthcare facilities between 2025 and 2027 has been valued at €10,000.

The first case of medically assisted suicide, carried out in accordance with the legal regulations in force in Tuscany, took place on May 17, 2025 and involved 64-year-old Daniele Pieroni, a Siena resident suffering from Parkinson's disease. The condition caused him to develop severe dysphagia, a swallowing disorder, forcing him to live with a PEG tube for 21 hours a day. The use of a PEG tube, a method that allows a patient to be fed through a cannula inserted into the abdominal cavity, is one of the eligibility criteria for assisted suicide.

It is worth mentioning at this point that a few days before his death by suicide, the government of the Italian Republic had challenged the Tuscan Law on assisted suicide in the Constitutional Court. In the view of the central authorities in Rome, the establishment of such laws was not the responsibility of the regions, but the exclusive prerogative of the national Parliament. In the Italian legal order, the state alone is responsible for determining the basic level of services related to civil and social rights, which must be guaranteed throughout the country's territory. Healthcare is a civil right. In Italy, state and regional governments share responsibility for healthcare. This means that the state establishes regulations with regard to civil and social rights, and the regions are responsible for their enactment in practice. With an end-of-life bill pending in the Italian Parliament since the beginning of July 2025, it is difficult to predict when and how the Constitutional Court will address the challenged Law currently in effect in Tuscany.

3. Tommaso Scandroglio v. Domenico Menorello

The legalization of medically assisted suicide is the subject of fierce philosophical and theological disputes in Italy, including among various Catholic circles. Proponents of a liberal vision of Catholicism generally acknowledge the need for this type of legal regulation, while conservative Catholic circles take a different view. In early July 2025, the Catholic daily *Avvenire*, owned by the Italian Bishops' Conference, published an article titled *Do we need a law? Let us strive together for the greatest good* (Menorello, 2025). The article was

authored by the well-known and respected politician and lawyer Domenico Menorello, member of the National Committee for Bioethics. It offers an insight into the views of very many liberal Catholic circles in Italy on the bill concerning medically assisted suicide, which is similar to the position of some Protestant circles in the country (Savarino, 2021).

Menorello's take on the end-of-life bill is a positive one. In his argumentation, he refers to Pope John Paul II, 1995 encyclical *Evangelium Vitae*. On the one hand, Menorello cites those passages in the Vatican document that recognize euthanasia and voluntary suicide as one of the manifestations of violating the integrity of the human person and questioning the dignity of human life. Such ways of shortening human life undermine the foundations of our civilization and contradict the honour due to the Creator. Menorello agrees with Pope John Paul II that in the current cultural situation, various forms of assaults on the dignity of the human person are increasingly justified by a significant portion of public opinion. The main basis for this kind of position is the right to unrestricted individual freedom. Starting from this premise, many people demand not only that such actions as euthanasia or voluntary suicide should not be punishable, but even that the state should approve them so that they can be carried out with complete freedom and even with free assistance of the health service (Beguinet, 2022).

The author of the article argues that in view of the current cultural situation, dominated by the pursuit of radical moral autonomy, when evaluating the end-of-life bill, it is necessary first of all to refer to the passage of the encyclical *Evangelium Vitae* which refers to the acceptance of legal regulations that offer only partial protection of the inviolable dignity of human life, while preventing the adoption of laws even more unfavourable to the goal of defending the value of the human individual. In the encyclical, John Paul II draws attention to certain situations related to the proceeding of abortion laws, where a parliamentary vote would be decisive for the passage of a more restrictive law aimed at reducing the number of human embryos being destroyed, and which would be an alternative to a more permissive law already in force or being voted on.

“In a case like the one just mentioned,” claims John Paul II, “when it is not possible to overturn or completely abrogate a pro-abortion law, an elected official, whose absolute personal opposition to procured abortion was well known, could licitly support proposals aimed at limiting the harm done by such a law and at lessening its negative consequences at the level of general opinion and public morality. This does not in fact represent an illicit cooperation with an unjust law, but rather a legitimate and proper attempt to limit its evil aspects” (John Paul II, 1995, No. 73).

Menorello believes it is primarily this passage from the encyclical *Evangelium Vitae* that should be applied to the evaluation of the end-of-life bill under consideration in the Italian Parliament. The author believes that Catholic circles in Italy should fully and strongly support the efforts of the current parliamentary majority to prevent this bill from being distorted in the legislative process. Menorello argues that this kind of support will help MPs and senators from the ruling center-right coalition to boldly push for as much improvement of the bill as possible, and to stop other – very likely in the future – entirely negative legislative proposals that radically question the value and dignity of human life advocated by center-left parties (Menorello, 2025).

Menorello stresses that the legislator must not continue its inertia in this area. Indeed, this kind of attitude could lead to the adoption of national or regional laws that are potentially aggressive towards the lives of the ill and suffering in the terminal stage of their existence. In his opinion, this could happen primarily for two reasons. First, the notion that there is a right to die is reinforced in the public mind. A growing number of Italians are expressing the belief that sick, suffering and elderly people should make their own decisions about the form and time of their death. This kind of social change means that it is necessary to pass a law that precisely defines the conditions for terminating life on request, while eliminating the various forms of potential abuse in this area. Second, in the public debate, the opposition center-left parties are drawing attention to the responsibilities incumbent on the national healthcare system, which should provide care and protection primarily to the most vulnerable and defenceless.

The author comments on the mainstream ideology pervasive in Italy which considers the lack of legalization of medically assisted suicide as a sign of mistreatment of the ill and suffering and neglect of the most vulnerable. Menorello says that given the entrenchment of the belief in the right to die and the prospect of further deterioration of legislation and judicial decisions in this area, Catholic circles should support the end-of-life bill currently considered by the Parliament.

The journalist Tommaso Scandroglio, who covers bioethical issues for the conservative Catholic daily *La Nuova Bussola Quotidiana*, disagrees with this kind of reasoning and strongly rejects most of the arguments presented by Menorello. He has presented his position in an article titled *Avvenire Supports the Assisted Suicide Bill, Misrepresenting Wojtyła* (Scandroglio, 2025). In his view, Menorello misinterprets the passage in the encyclical *Evangelium Vitae* mentioned above, which speaks of the possibility of supporting an unjust law in order to avoid adopting legislative solutions that further negate the value and dignity of human life. The Vatican document, Scandroglio notes, implicitly states that an action aimed at limiting harm must be morally licit in itself. In his view, this is not the case with the end-of-life bill.

Scandroglio concurs with the reasoning presented by Menorello that, in a broad sense, the current debate in Italy regarding the medically assisted suicide bill essentially meets the criteria of the situation described in the encyclical *Evangelium Vitae*, in which it is morally permissible to support an unjust law. It is difficult to argue, Scandroglio adds, that such a law on assisted suicide can be avoided, especially since if the center-right had not voted in favour of it, the center-left would have voted for a much worse law. Thus, there is a state of necessity. Scandroglio adds, however, that even in a state of necessity, the actions that are taken should be morally licit. Doing evil is not morally permissible even in such a situation. In his view, it is not permissible, even for the most serious reasons, to do evil for a good cause, even in order to protect essential goods or values. Never, not even in a state of necessity, or for a good cause, such as mitigating damage. Consequently, Scandroglio argues, an unjust law must not be passed – even to

improve the current situation and/or prevent the passage of an even more unjust law that will surely be enacted in the future (Ruggiero, Kaczmarek, Spiezia, 2024; Scandroglio, 2020).

If the current end-of-life bill is approved, Scandroglio considers it a moral evil that violates the duty incumbent on those in power to protect the common good. One form of such protection is the prohibition of actions that could compromise the common good. Killing an innocent person or taking a life are acts that clearly undermine the social order and should therefore never be tolerated, but always punished. Therefore, it is the moral duty of parliamentarians to oppose the legalization of medically assisted suicide. A law that expresses a desire not to prohibit this form of suicide, and therefore allows assisted suicide, is “inherently unjust precisely because it fails to meet the moral obligation to protect the lives of innocent people. It would therefore constitute a morally unlawful omission” (Scandroglio, 2025).

The author strongly emphasizes that any action aimed at mitigating damage must always be morally licit in itself. It is not morally right to commit evil in order to mitigate damage, and the end never justifies the means. As an example, Scandroglio describes a situation in which a criminal threatens me, saying he will kill three innocent people unless I kill one. Am I allowed to kill one person to save the three? Such an action would certainly mitigate the damage, but would be a wrongful act in itself. Scandroglio says that the consideration of the end-of-life bill should be analysed in analogical terms. In his view, voting for the bill is a morally wrong action, regardless of whether it objectively mitigates any existing or future damage. “It remains an evil action, and therefore must not be chosen even for a good cause or in a state of necessity. It is never acceptable to choose a lesser evil to avoid a greater one” (Scandroglio, 2025).

Conclusion

The main cognitive contribution of the article is a synthetic presentation of the most important elements of the debate on medically assisted suicide in Italy in the years 2024-2025, as well as an analysis

of selected ethical and legal aspects of the issue. The investigations conducted in this study entitle us to make the following five conclusions.

First, the Italian dispute over terminating life on request is an important part of the global bioethical debate around issues related to the end of human existence. Opponents of legalizing assisted suicide argue that sick, suffering, weak and vulnerable people should be protected first and foremost. Therefore, new initiatives and actions are needed to respect the life and health of every person. In this context, palliative medicine, as well as home and inpatient hospices, have a special role to play.

Second, central to the dispute between proponents and opponents of legalizing the termination of one’s own existence is the understanding of human life (Fornero, 2020; Tigrino, 2024). Advocates of assisted dying argue that our lives belong to us, which means we can decide what level of quality of life – in situations of illness and old age – we deem necessary to make it worth living. Opponents, on the other hand, defend the belief that ultimately our lives do not belong entirely to us, because the deepest foundation of life’s dignity transcends what is merely human. This is the attitude of Socrates in Plato’s dialogue *Phaedo*, when he claims that we, humans, are the property of the gods.

Third, the dispute over medically assisted suicide confirms the now increasing role of the law in bioethical debates. In Italy, four Constitutional Court rulings were passed on terminating life on request between 2018 and 2024. Arguments presented in the debate concerning aid in dying are increasingly not so much ethical as legal.

Fourth, the legalization of terminating life on demand in the Tuscany region in March 2025 has highlighted a major competency dispute. Who should create legal norms concerning bioethical issues: the Parliament, the central government in Rome, or the local governments of particular regions? How do we reconcile political regionalization in Italy with the diversity of the citizens’ bioethical views? It seems that these kinds of questions, which also concern the implementation of EU law, will pose a serious challenge across our continent in the coming decades (Kobyliński, 2024, 286-287; Raspanti, 2025).

Fifth, an important issue in the Italian bioethics debate is the definition of criteria for life-sustaining treatment. In 2024, the Constitutional Court and the National Committee for Bioethics spoke out on

the issue. The development of such rules is necessary first of all for the sake of the patients, but also for healthcare professionals who should be guaranteed respect for the conscience clause.

References

- Beguinet, G. (2022). *Il rifiuto dell'abbandono sociale della sofferenza. Eutanasia, suicidio assistito e diritto penale* [The refusal of social abandonment of suffering: Euthanasia, assisted suicide and criminal law]. Napoli: Edizioni Scientifiche Italiane.
- Beretta, M. (2024). Virtue ethics as a paradigm of the doctor–patient relationship in palliative care: Reflections and considerations. *Medicina e Morale*, 73(3), 343–355. <https://doi.org/10.4081/mem.2024.1596>
- Campanelli, G. (2023). *Obiezione di coscienza e suicidio medicalmente assistito. Esercizio di un diritto individuale o limitazione della libertà altrui* [Conscientious objection and medically assisted suicide: Exercise of an individual right or limitation of others' freedom]. Torino: Giappichelli Editore.
- Caporale, C., & Palazzani, L. (2024). *Dialogo sul suicidio medicalmente assistito* [Dialogue on medically assisted suicide]. Roma: CNR Edizioni.
- Comitato Nazionale per la Bioetica. (2024, June 20). *Risposta: Quesito del Comitato Etico Territoriale della Regione Umbria, 3 novembre 2023* [Response: Question of the Territorial Ethics Committee of the Umbria Region, November 3, 2023]. Retrieved July 10, 2025, from <https://bioetica.governo.it/it/documenti/risposte/risposta-al-quesito-del-comitato-etico-territoriale-della-regione-umbria/>
- Corte Costituzionale. (2024, July 18). *Aiuto al suicidio – Sentenza n. 135* [Assisted suicide – Judgment no. 135]. *Gazzetta Ufficiale della Repubblica Italiana*, 165(30), 25–50.
- Dovico, E. (2025, June 26). Suicidio assistito, un inganno che svilisce l'uomo [Assisted suicide, a deception that demeans man]. *La Nuova Bussola Quotidiana*. Retrieved July 10, 2025, from <https://lanuovabq.it/it/suicidio-assistito-un-inganno-che-svilisce-luomo>
- Fornero, G. (2020). *Indisponibilità e disponibilità della vita. Una difesa filosofico giuridica del suicidio assistito e dell'eutanasia volontaria* [Availability and unavailability of life: A philosophical–legal defense of assisted suicide and voluntary euthanasia]. Torino: UTET Editori.
- Il Consiglio Regionale. (2025, March 14). *Legge regionale n. 16. Modalità organizzative per l'attuazione delle sentenze della Corte costituzionale 242/2019 e 135/2024* [Regional law no. 16: Organizational procedures for implementing Constitutional Court rulings 242/2019 and 135/2024]. *Bollettino Ufficiale della Regione Toscana*, 18, 4–11.
- Jan Paweł II. (1995). *Evangelium vitae* [The gospel of life]. Città del Vaticano: Libreria Editrice Vaticana.
- Kobyliński, A. (2023). Ethical and legal aspects of the dispute over the legalization of assisted suicide in Italy in 2017–2022. *Studia Ecologiae et Bioethicae*, 21(1), 23–33. <https://doi.org/10.21697/seb.2023.08>
- Kobyliński, A. (2024). *Osoba w centrum? Specyfika debaty bioetycznej we Włoszech* [The person at the center? Specificity of the bioethical debate in Italy]. Warszawa: Wydawnictwo Naukowe UKSW.
- Kučko, W. (2020). Approcci contemporanei all'etica dei farmacisti e la loro valutazione alla luce dei principi della bioetica personalista [Contemporary approaches to pharmacy ethics and their evaluation in light of personalist bioethics]. *Studia Ecologiae et Bioethicae*, 18(3), 59–71. <https://doi.org/10.21697/seb.2020.18.3.07>
- Menorello, D. (2025, June 9). Ci vuole una legge? Cerchiamo insieme il massimo bene possibile [Do we need a law? Let us seek together the greatest possible good]. *Avvenire*, 162, 9.
- Moń, R. (2009). *Moralne źródła deontologii lekarskiej* [Moral sources of medical deontology]. *Warszawskie Studia Teologiczne*, 22(1), 175–184.
- Pasquale, G. (Ed.). (2023). *Educarsi a ben morire. Eutanasia, suicidio assistito, hospice* [Learning to die well: Euthanasia, assisted suicide, hospice]. Napoli: Verbum Ferens.
- Prokofieff, S. O., & Selg, P. (2024). *Proteggere la vita. Etica e suicidio assistito dai medici* [Protecting life: Ethics and assisted suicide by doctors]. Cantù: Widar Edizioni.
- Raspani, A. (2025). The debate in bioethics – Medically assisted suicide: The vision of Catholic theology. *Medicina e Morale*, 74(1), 117–124. <https://doi.org/10.4081/mem.2025.1633>
- Savarino, L. (Ed.). (2021). *Eutanasia e suicidio assistito. Una prospettiva protestante sul fine vita* [Euthanasia and assisted suicide: A Protestant perspective on the end of life]. Torino: Casa Editrice Claudiana.
- Scandroglio, T. (2025, July 10). *Avvenire appoggia il Ddl sul suicidio assistito, travisando Wojtyła* [Avvenire supports the bill on assisted suicide, misrepresenting Wojtyła]. *La Nuova Bussola Quotidiana*. Retrieved July 10, 2025, from <https://lanuovabq.it/it/avvenire-appoggia-il-ddl-sul-suicidio-assistito-travisando-wojtyla>
- Scandroglio, T. (2020). *Legge ingiusta e male minore. Il voto ad una legge ingiusta al fine di limitare i danni* [Unjust law and lesser evil: Voting for an unjust law to limit harm]. Palermo: Phronesis Editore.
- Senato della Repubblica, XIX Legislatura. (2025, July 2). *Disegno di legge: Disposizioni esecutive della sentenza della Corte costituzionale del 22 novembre 2019, 242* [Bill: Executive provisions of Constitutional Court judgment 242, November 22, 2019]. Roma.
- Stajano, A. (2021). *Fine vita. Un problema di tutti. Riflessioni e proposte per una legge italiana condivisa sul suicidio assistito e l'eutanasia* [End of life: A problem for all. Reflections and proposals for a shared Italian law on assisted suicide and euthanasia]. Torino: Edizioni Lindau.
- Tasciotti, U. (2020). *L'eutanasia e il suicidio assistito* [Euthanasia and assisted suicide]. Roma: Aracne Editrice.
- Tigrino, A. (2024). *Suicidio assistito e autodeterminazione responsabile. I limiti costituzionali dell'intervento penale* [Assisted suicide and responsible self-determination: The constitutional limits of criminal intervention]. Napoli: Editoriale Scientifica.
- Ruggiero, R., Kaczmarek, S., Spiezia, F. S., & others. (2024). Human life and dignity: A dialogue between ethics and law. *Medicina e Morale*, 73(3), 357–372. <https://doi.org/10.4081/mem.2024.1597>