**How (not) to define ‘assisted dying’**

*Abstract*

*In the last twenty years ‘assisted dying’ (and/or its variants ‘assisted death’, ‘assistance in dying’, ‘aid in dying’) has become increasingly prevalent as a term to denote the intentional ending of the life of a patient by or with the assistance of a doctor. However, there is no agreed definition. This paper focuses on the debate over the definition of this term in the United Kingdom. It notes that, broadly speaking, there are two ways in which ‘assisted dying’ has been defined. There are generic definitions, which cover a variety of practices, including self-administration of a lethal drug (assisted suicide) and administration by a healthcare professional (euthanasia) with or without specific eligibility criteria. In contrast, there are stipulative definitions which limit the term to a particular practice, for example assisted suicide (not euthanasia) of adults (not minors) who are terminally ill (not those with chronic conditions). Examples of the former kind of definition are provided by the BMA in its 2020 members’ survey and the POSTbrief on Assisted dying. Examples of the latter are provided by the BMJ and the BBC. This paper argues that stipulative definitions are problematic in that they exclude practices that are widely referred to as ‘assisted dying’. The attempt to restrict the definition thus leads to the term being used inconsistently. Stipulative definitions can be used consistently, but only if it is acknowledged that they are secondary to the generic sense.* *This matters because clarity of terminology is a prerequisite of rational debate.*

**Keywords: Euthanasia; Suicide, Assisted; Death, Assisted; Right to Die**

**THE RISE OF ‘ASSISTED DYING’**

The proposal that doctors be permitted intentionally to end the lives of incurable patients, with the aim of ending their suffering, emerged in the late nineteenth century. The word ‘euthanasia’ was coined for this proposed practice and was used by the first national organisation to campaign for its legalisation: the Voluntary Euthanasia Legalisation Society, founded in England in 1935. Later, this term was also used in the Netherlands where in the 1980s, courts held that a doctor performing euthanasia could invoke a defence of necessity, and where legislation was passed to regulate the practice in 2001.[1] Belgium passed similar legislation in 2002,[2] and Luxembourg in 2009.[2] All used the term ‘euthanasia’ for intentional termination of life by a doctor and ‘assisted suicide’ for a doctor providing a lethal drug for a patient to self-administer.

In Switzerland euthanasia is illegal, but assisting suicide is legal if not done for selfish motives (*selbstsüchtige Beweggründe*).[3,4] There is therefore no legal obstacle to ‘right-to-die’ organisations being founded to provide assistance in suicide. The first of such was EXIT in 1982, but more famous outside Switzerland is Dignitas which was founded in 1998 to provide assistance in suicide also to non-Swiss citizens. ‘Assisted suicide’ is the standard term for this practice.

In the United States, after several attempts in to change the law in different States, Oregon voted for a ballot initiative (a statewide referendum) in 1994 to legalise ‘physician assisted death’.[5] This was enacted in 1997 by the Death With Dignity Act.[6] Like Switzerland, the law was restricted to assisted suicide (not euthanasia) but unlike Switzerland it also required that patients be terminally ill and that the process conform to regulations. The practice was known variously as ‘death with dignity’, ‘physician assisted death’, or ‘physician aid in dying’, but most commonly, both by proponents and by opponents of the law, as ‘physician-assisted suicide’ (sometimes ‘PAS’). This is evident from the first line of the first official report. ‘On October 27, 1997 physician-assisted suicide became a legal medical option for terminally ill Oregonians.’[7]

The term ‘assisted dying’ or its linguistic equivalents (‘assisted death’, ‘assistance in dying’, ‘aid in dying’), sometimes prefixed by ‘physician’, ‘medical’ or ‘voluntary’, was first used in the 1970s but at first it was much less prominent than ‘euthanasia’ or ‘assisted suicide’. A shift began in 2006. In this year the Voluntary Euthanasia Society changed its name to Dignity in Dying.[8] This was for several reasons, not least that it was campaigning in support of a Bill that would not permit voluntary euthanasia but that would permit physician-assisted suicide.[9] At the same time, proponents of the practice of physician-assisted suicide were becoming more critical of this terminology, primarily because of the negative connotations of the word ‘suicide’.[10] After 2006, the language of ‘physician-assisted suicide’, previously used in every official report on Oregon’s practice since 1998, no longer appeared. From this time, proponents of euthanasia or assisted suicide in English speaking countries increasingly came to prefer the term ‘assisted dying’, or its variants, for these practices.

The relative prevalence of these terms can be traced through the academic literature. A search of Pubmed for ‘euthanasia’[[1]](#footnote-2), ‘right to die’, ‘assisted suicide’ and ‘assisted dying’/‘assisted death’/’assistance in dying’/‘aid in dying’ from January 1970 to November 2024 shows how language has shifted (see Table 1). From the 1970s to the 2000s the commonest term overall was ‘euthanasia’. The term ‘right to die’ was second commonest term in the 1970s and 1980s and remained prevalent in the 1990s but has declined in subsequent decades. The term ‘assisted suicide’ grew in prevalence in the 1990s and from the 2010s it has been the most common. ‘Assisted dying’ and its variants was not common until the 2010s. Nevertheless, in that decade it overtook ‘right to die’ and in the 2020s has overtaken ‘euthanasia’ and is only narrowly behind ‘assisted suicide’ in prevalence.

**Table 1. Prevalence of citations in Pubmed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ‘Euthanasia’ | ‘Right to Die’ | ‘Assisted Suicide’ | ‘Assisted Dying’ |
| 1970s | 1381 | 205 | 12 | 5 |
| 1980s | 2520 | 1001 | 50 | 6 |
| 1990s | 4673 | 2197 | 2580 | 206 |
| 2000s | 2479 | 1063 | 1768 | 274 |
| 2010s | 1594 | 719 | 1994 | 902 |
| 2020s | 537 | 137 | 1112 | 1046 |

While the term ‘assisted dying’ and its variants has become increasingly prevalent, it lacks an agreed definition. This paper focuses on the debate over the definition of this term in the United Kingdom. While neither euthanasia nor assisted suicide are legal in the United Kingdom, the country has a long history of debating the issue and indeed the term ‘euthanasia’ in its modern usage is British in origin. Furthermore, this debate has become more intense in Britain in recent years with numerous attempts to introduce legislation. On 29 November 2024, a Bill to legalise ‘assisted dying’ was passed at Second Reading in the House of Commons,[11] and there is a realistic possibility that the existing law could be changed. If this happened, England and Wales would be the most populous jurisdiction in the world to have passed a law to legalise some form of assisted dying.

In the British debate, the term ‘assisted dying’ has been defined in two ways, broadly speaking. In the first place there are generic or umbrella definitions, covering both self-administration of a lethal drug (‘assisted suicide’) and administration by a healthcare professional (‘euthanasia’) with or without specific eligibility criteria. In the second place there are narrower stipulative definitions, for example, covering only assisted suicide (not euthanasia) of adults (not minors) who are terminally ill (not of those with chronic or progressive conditions). This paper argues that, while law can provide a narrower technical meaning of a term. public debate must acknowledge the public meaning of words. The attempt to restrict the meaning of ‘assisted dying’ in public debate leads to people using the term inconsistently. This has ethical relevance because clarity of terminology is a prerequisite of rational debate.

**GENERIC DEFINITIONS**

In February 2020 the British Medical Association (BMA) held a survey of its members (its largest to date) on ‘physician-assisted dying’ which it defined in the following way:

Physician-assisted dying refers to doctors’ involvement in measures intentionally designed to end a patient’s life. It covers situations:

• where doctors would prescribe lethal drugs at the voluntary request of an adult patient with capacity, who meets defined eligibility criteria, to enable that patient to self-administer the drugs to end their own life. This is sometimes referred to as physician-assisted dying or physician-assisted suicide; and

• where doctors would administer lethal drugs at the voluntary request of an adult patient with capacity, who meets defined eligibility criteria, with the intention of ending that patient’s life. This is often referred to as voluntary euthanasia.[12]

Another example of a generic or umbrella definition was given in 2021 by the legal scholar Emily Jackson:

Assisted dying is an umbrella term that covers both euthanasia, when the doctor injects the patient with a lethal dose, and assisted suicide, when the patient is helped to end her own life, for example by being given a drink containing lethal medication.[13]

In 2022, the Parliamentary Office of Science and Technology produced a POSTbrief on ‘Assisted dying’. It defined the term in this way:

‘Assisted dying’ refers here to the involvement of healthcare professionals in the provision of lethal drugs intended to end a patient’s life at their voluntary request, subject to eligibility criteria and safeguards. It includes healthcare professionals prescribing lethal drugs for the patient to self-administer (‘physician-assisted suicide’) and healthcare professionals administering lethal drugs (‘euthanasia’).[14]

These definitions are similar to one another in that they refer both to self-administration and to administration by a healthcare professional, all refer to ‘lethal’ drugs, all refer back to the older terms ‘assisted suicide’ and ‘euthanasia’, and none restrict the term to the ending of life of a patient who has a terminal illness.

There are, however, some differences. The BMA and Jackson refer only to ‘doctors’, while the POSTbrief refers to ‘healthcare practitioners’. The POSTbrief definition reflects the fact that some jurisdictions with assisted dying now allow nurse practitioners to prescribe or to administer the lethal drugs. On the other hand, unlike the BMA and Jackson, the POSTbrief refers to ‘safeguards’. This term is question-begging, as it assumes that that proposed requirements would improve safety. The BMA and the POSTbrief (but not Jackson) also refer to ‘eligibility criteria’. Neither ‘safeguards’ nor ‘eligibility criteria’ apply to jurisdictions such as Switzerland where the practice is legal but there is no specific legislation or regulation. Nevertheless, where there is specific legislation there will be eligibility criteria and other requirements intended as safeguards. The BMA refers to ‘adults’ whereas Belgium, the Netherlands, and Colombia provide euthanasia to minors.

The primary aim of this paper is not to decide between different proposed generic definitions but to illustrate what is meant by a generic definition by giving some notable examples.

Having a generic definition of the term ‘assisted dying’ does not mean that assisted dying legislation will always be so broad as to cover all possibilities. It is just that the term can cover different legislative proposals some of which will be broader and some narrower. To make this clear, the term might be qualified, for example, ‘assisted dying for terminally ill adults’, as in the proposed Scottish legislation. If assisted dying were by definition restricted to adults with a terminal illness then ‘assisted dying for terminally ill adults’ would be a tautology. The title of the Bill aims, in contrast, to be a specification of the meaning of ‘assisted dying’ in the context of a more restrictive legislative proposal.

Using a generic definition, it makes sense to speak of different ‘forms’ of assisted dying in different jurisdictions. This indeed is how the term is used in the BMA map of ‘Physician-assisted dying legislation around the world’[15], a map adapted by the House of Commons Health and Social Care Committee Report on ‘Assisted Dying/Assisted Suicide’.[16]

**STIPULATIVE DEFINITIONS**

In contrast with generic definitions of ‘assisted dying’, stipulative definitions seek to narrow the term so that it properly applies only to practices that fulfil certain additional criteria.

In the lead up to the debate of the Assisted Dying Bill in the United Kingdom in 2013 the campaign group Dignity in Dying argued that the term ‘assisted dying’ properly refers only to the death of a patient with a terminal illness, and for this reason is distinct from ‘assisted suicide’:

Assisted Dying and Assisted Suicide are not the same.

* Assisted dying allows the terminally ill person to have a choice over the manner and timing of their imminent death.
* Assisted suicide enables someone who is not dying to choose death over life.[17]

On this definition, assisted dying, by definition, is restricted to people who are ‘terminally ill’, and assisted suicide, by definition, is restricted to people who are ‘not dying’. Both claims are contentious.

The BMJ website, having acknowledged that ‘proponents and opponents of assisted dying do not all agree on the terminology used to describe the process,’ attributes to proponents a stipulative definition similar to that proposed by Dignity in Dying.

Assisted dying—Proponents of the Assisted Dying Bill 2015 in England and Wales argue that this term best describes prescribing life ending drugs for terminally ill, mentally competent adults to administer themselves after meeting strict legal safeguards.[18]

In contrast, the BMJ website defines ‘assisted suicide’ in a way that refers, at least in the first instance, to people who do not have a terminal illness.

Assisted suicide—This term is often intended to describe giving assistance to die to people with long term progressive conditions and other people who are not dying, in addition to patients with a terminal illness. The drugs are self administered.[18]

By associating a narrow stipulative definition of ‘assisted dying’ with proponents of a change in the law the BMJ website seems to imply that criticism of such definitions is limited to opponents of a change in the law. This also assumes that all proponents agree that a Bill should be restricted to patients with a terminal illness. Again, both assumptions are contentious.

Despite the problems with the definitions provided by the BMJ website, these formed the basis of similar definitions given in a recent article on the BBC website:

There is some debate over exactly what the various terms mean (link to BMJ website).

However, **assisted dying** generally refers to a person who is terminally ill receiving lethal drugs from a medical practitioner, which they administer themselves.

**Assisted suicide** is intentionally helping another person to end their life, including someone who is not terminally ill. That could involve providing lethal medication or helping them travel to another jurisdiction to die.

**Euthanasia** is the act of deliberately ending a person's life to relieve suffering in which a lethal drug is administered by a physician. Patients may not be terminally ill.[19]

A stipulative definition of this kind also seems to be in mind in a remark in the Oxford English Dictionary (OED) that ‘later use’ of the term assisted dying ‘sometimes’ restricts it to ‘terminally ill adults meeting specific criteria’.

Assisted Dying: The process by which a person who is terminally ill or has an incurable condition voluntarily ends his or her life with the assistance of another person (typically a doctor who provides lethal drugs).

In later use sometimes distinguished from assisted suicide in being restricted to terminally ill adults meeting specific criteria; euthanasia is often used in similar contexts but does not always imply a voluntary action on the part of the person who dies.[20]

**INCONSISTENCY WITH COMMON USAGE**

The stipulative definition proposed by Dignity in Dying[17] and modified and amplified by the BMJ,[18] BBC,[19] and OED[20] (albeit the last not in its definition but as ‘later use sometimes’), includes various false assumptions. The Dignity in Dying Blog states that people who die by assisted suicide are ‘not dying’. However, it is a tragic fact that people with terminal illness do sometimes die by suicide, whether unassisted or assisted. It is also the case that in England and Wales, the proposed practice of ‘assisted dying’ currently falls within the legal definition of assisting suicide.[21] If it did not, then there would be no need to seek to change the law. Nor is this only a matter of the legal definition. As noted above (Table 1), ‘assisted suicide’ became the most common term in the scholarly literature to refer to self-administered assisted dying in the 2010s and remains so.

The way the definition is framed on the BMJ website seems to imply that proponents of ‘assisted dying’ agree that this term should be confined to assisting the deaths of people with terminal illness, and that opposition to this narrow definition comes only from those opposed to assisted dying. This also is inaccurate. In the first place, many of those who defend a generic definition (such as Jackson [13]) are in favour of a change in the law.

It is also noticeable that, within the United Kingdom, proponents have in the past proposed Bills that used the language of ‘assisted dying’ in a broader way. Both the Doctor Assisted Dying Bill proposed by Joe Ashton MP in 1997 and the Patient (Assisted Dying) Bill proposed by Lord Joffe in 2003 used the term to cover administering of lethal drugs by a doctor to a patient who had an incurable but non-terminal physical illness.

Similarly, there are currently advocates within the United Kingdom of more expansive forms of assisted dying. The organisation My Death, My Decision ‘campaigns for an assisted dying law that would give adults of sound mind, who are either incurably suffering or terminally ill, the option of an assisted death.’[22] They are proponents of ‘assisted dying’ but not of the restriction of this term (nor indeed of this practice) to people with terminal illness.

The key problem with the narrow stipulative definitions considered above is that effectively they seek to restrict the legitimate meaning of the term ‘assisted dying’ to the practice in the United States in those States where assisted dying is legal. This includes only self-administration (that is, assisted suicide) by adults who are terminally ill. However, in no jurisdiction outside the United States are analogous practices restricted in this way: either they also include euthanasia for people with a terminal illness (as in New Zealand and Australia); or also include assisted suicide for people without a terminal illness (as in Switzerland, Austria and Germany); or also include assisted suicide and euthanasia for people without a terminal illness (as in the Netherlands, Belgium and Canada). Indeed, in Belgium and the Netherlands the practice also extends to minors.

The attempt to restrict ‘assisted dying’ to the practice in the United States is contradicted by the use of similar language in other countries. The preferred term in New Zealand is also ‘assisted dying’, and in Canada is ‘medical assistance in dying’, and in Australia is ‘voluntary assisted dying’. More fundamentally, there is very widespread agreement, shared by proponents and opponents of the practice, that some form of ‘assisted dying’ is legal in countries in such as Switzerland, the Netherlands, Canada and New Zealand. This is reflected, for example, by the BMA map of ‘Physician-assisted dying legislation around the world’.[15]

To seek to restrict the meaning of ‘assisted dying’ to one form of practice inevitably leads to people using the term inconsistently. This is well illustrated by the BBC website article which, having stated that assisted dying is where ‘someone who is terminally ill seeks medical help to obtain lethal drugs which they administer themselves’ goes on to refer to Dignitas, as ‘the Swiss assisted dying association’ (when Swiss practice is not limited to people with terminal illness) and later states that assisted dying ‘is legal in some parts of Australia’ (when Australian practice is not limited to self-administration) and, again, reports that, ‘more than 200 million people around the world have legal access to some form of assisted dying’ (when this number includes countries such as Canada and the Netherlands where euthanasia and assisted suicide are provided to people who are not terminally ill). Even within the same article, the BBC does not consistently apply its own definition of ‘assisted dying’. This is because the stipulative definition offered departs from the common usage of the term.

**WHY DEFINITIONS MATTER**

The stipulative definitions of ‘assisted dying’ discussed here originated in an attempt by a campaign group to fix the meaning of the term ‘assisted dying’ so as to exclude the language of ‘assisted suicide’ from public debate and to delegitimise that language by associating it exclusively with partisan opposition to a change in the law. At the same time the stipulative definition seemed to promise that the practice, once legalised, would not expand to include euthanasia or to apply to people without a terminal illness, for this was simply not what was meant by ‘assisted dying’. However, while this move was attractive for rhetorical and political reasons, it came at the cost of inconsistency with common use. It fails to acknowledge that a particular proposal for ‘assisted dying’, presented in a particular Bill, will be one possible form of a practice that we know to exist in different forms in different countries.

This paper has argued that, if the term ‘assisted dying’ is to be used, then it needs to be used consistently and that to begin with a narrow stipulative definition, such as that given by the BMJ or BBC websites, always leads to inconsistency because it fails to acknowledge the wider generic meaning.

Law can provide a narrower technical meaning of a term but public debate must acknowledge the public meaning of words. For words do not simply mean whatever we deem them to mean, but have a meaning that comes first from their common use:

When I use a word,’ Humpty Dumpty said in rather a scornful tone, ‘it means just what I choose it to mean — neither more nor less.’

’The question is,’ said Alice, ‘whether you can make words mean so many different things.’[23]

The term ‘assisted dying’, if it is to be used consistently and responsibly, should reflect the generic sense that covers both assisted suicide and euthanasia and is not necessarily limited to people with a terminal illness. A definition along these lines should also relate the term to the well-established language of ‘euthanasia’ and ‘assisted suicide’, as for example, the definition provided in the POSTbrief.

Note that the present paper is not recommending that people should use the term ‘assisted dying’ rather than ‘euthanasia’ or ‘assisted suicide’, nor does it engage with the question of whether the term ‘assisted dying’ is euphemistic or is misleading in some other way.[14, 24, 25] The focus of this paper is not the connotations of this language but only the denotation: if the term is being used, what practice(s) does it refer to?

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1. Because the term ‘euthanasia’ also denotes the painless destruction of non-human animals, the search term was ‘(euthanasia[MeSH Terms]) NOT (animal)’. For the other three terms it was ‘All Fields’. [↑](#footnote-ref-2)