Dear Editor,

The topic of euthanasia for individuals with severe mental illnesses remains one of the most controversial issues within the realm of end-of-life contemplation (1). The public debate involves two major positions: on one side, proponents of life as a gift from God that one does not have the right to forsake; on the other, advocates for the freedom to decide for oneself, as the right to life cannot transform into an obligation to live. Two recent events have reopened the end-of-life debate, showing how the principle of self-determination, if not adequately balanced, can give rise to enormous questions. The first case involves a 50-year-old woman, Nathalie Huygens, who was a victim of rape in 2016. Due to the violence she experienced, the woman developed profound and understandable inner suffering that drastically undermined her life, leading her to attempt suicide. This situation persisted over the years despite therapies, family support, and repeated stays in psychiatric hospitals. For this reason, the woman decided to apply for euthanasia. Three healthcare professionals studied every aspect of the patient’s condition and deemed that her circumstances met the criteria allowed for accessing euthanasia. As a result, Nathalie Huygens’ request for euthanasia was granted, and the procedure was authorized (2).

The protagonist of the second case is a Belgian woman, Geneviève Lhetermitte, who in 2007 killed her five children and then attempted suicide, without succeeding. Over the years, she had always harbored the idea of dying and had applied to undergo euthanasia. The judging ethics committee subsequently granted her request because the required criteria were met (3). Belgium, with the law of May 28, 2002 (4), legalized euthanasia. The essential condition for requesting it was that patients, at the time of the request, were able to express their will consciously, and they are “in a medically futile condition of constant and unbearable physical or mental suffering that cannot be alleviated, resulting from a serious and incurable disorder caused by illness or accident”. Anyway, over the years, the criteria of the euthanasia law have expanded. Additional specific cases have been considered beyond those outlined in the 2002 law, allowing euthanasia even for individuals who suffer unbearably even in the absence of incurable conditions. This has led to the phenomenon known as the “slippery slope” (5). Many issues arise in this regard. First and foremost, when can a situation be deemed “unbearable”? Is this condition reliable when expressed by a depressed person? On the other hand, can an examiner evaluate how bearable another individual’s emotional situation is? Is the choice of a depressed person really free, or is it influenced by the mental disorder? The variety of answers that can be given to these questions demonstrates the high risk of disparate treatment between similar cases. The certain fact is that since 2002, the number of deaths due to euthanasia in Belgium has significantly increased, reaching 5,145 deaths in the 2020-2021 biennium. The number of depressed individuals, disabled individuals, and mentally ill people who “choose” euthanasia is also rising (6). The risk is that doctors may refrain from treating those who are suffering, limiting themselves to recording

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and fulfilling the requests. However, we must ask ourselves whether the “weariness of living”, which is inherently treatable, can be considered a sufficient reason to die.

In the Italian legal system, depression is not a reason to request euthanasia. In fact, if depressed patients are under treatment and commit suicide, the doctors’ duty of care could be considered. The Criminal Court will assess whether the physicians did everything they could to prevent patients from committing suicide (7).

Secular scholars might only consider euthanasia in cases where repeated psychiatric treatments have failed and the person expresses a conscious choice (8) (or has provided an advance directive (9)), but for now, there is nothing similar in our legal system.

In our opinion, severe psychological suffering, even if properly diagnosed, in the absence of an underlying incurable condition, should not be considered a sufficient reason to request euthanasia due to its irreversible effects. The lives of the women in the cases mentioned above are filled with suffering, but they also necessarily contain moments of relief, albeit fleeting, along with hope for future improvements. It is necessary to avoid decisions primarily in the name of “freedom” of choice, whereas great caution is needed before considering genuine the request for end-of-life of a depressed patient.

References