Euthanasia in Uruguay and Its Impact on the Region

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The recent legalization of euthanasia in Uruguay constitutes a historic milestone that warrants thorough reflection from ethical, legal, and social standpoints. This decision evokes a sense of satisfaction regarding Uruguayan citizens, while simultaneously giving rise to a degree of regret with respect to the Argentine context. "Dying with dignity" is not a rhetorical slogan, but rather a fundamental right that ought to be safeguarded by any Constitution that acknowledges individual autonomy and moral freedom.

Among the various strategies available to achieve this objective, euthanasia and assisted suicide occupy a significant position in certain countries; in others –such as Argentina– they continue to be classified as criminal offenses, carrying prison sentences ranging from eight to twenty-three years. In Argentina, as in Uruguay, advance directives or living wills may be drawn up, and the withdrawal of life-sustaining treatment is permitted in cases of medical futility. Nevertheless, physician-assisted dying at the explicit request of the patient remains prohibited, even when conducted within a regulated protocol and with full decisional capacity and informed consent. The pursuit of a dignified death constitutes one of the ethical foundations of medical practice; it represents a moral stance and an act of compassion and care. By contrast, refraining from action in the face of suffering due to legal constraints or personal convictions constitutes a profoundly unethical act and amounts to an abandonment of the patient.

In our country, there have been legislative initiatives aimed at the decriminalization of euthanasia –some of which have already lost parliamentary status– that failed to generate sustained public debate. It is striking that, despite the significance of the issue, the authors or sponsors of these bills were seldom heard in either the legislative arena or the media. Legislative engineering is undoubtedly complex; however, the absence of legal scholars from this discussion is noteworthy, given that this is not merely a healthcare issue but also a matter of freedom, autonomy, self-determination, and privacy. As physicians, we are able to assess decision-making capacity, safeguard autonomy, and promote adequate informed consent; nevertheless, the obstacle lies at the legal level and extends beyond the scope of our clinical practice.

A SECULAR URUGUAY, AN ARGENTINA ROOTED IN CATHOLICISM

Uruguay is a secular country that formally separated Church and State in 1917. Since then, its public policies—including those related to healthcare—have been grounded in ethical and rational arguments rather than religious references. Within this context, legal abortion (2012), same-sex marriage (2013), and, more recently, euthanasia (2023) were approved. In all of these cases, the guiding principles were individual rights and moral freedom.

Argentina, by contrast, although it ceased to be a confessional state following the constitutional reform of 1994, retains a strong Catholic imprint in its political, educational, and healthcare cultures. The State continues to provide partial funding to the clergy, and much of the public discourse remains influenced by religious doctrine, particularly on matters of life and death. Consequently, in our country, life is often conceived as a sacred value, and any intervention that alters its natural course—even when intended to relieve pain or suffering—tends to provoke ethical and political resistance.

CAN THE URUGUAYAN EXPERIENCE FOSTERTHE ARGENTINE DEBATE?

This question reveals a tension between optimism and pessimism: the proverbial glass half full or half empty. If the process of abortion legalization is taken as a point of reference –an endeavor that required eight years of intense public debate and was ultimately approved by a narrow margin– it could be argued that the path toward the legalization of euthanasia will be similarly challenging. The current level of media attention may well diminish in the near future. Nevertheless, from a more optimistic standpoint, the debate is already

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underway in academic and university contexts, as well as in bioethics forums, where growing awareness can be observed regarding the need to decriminalize medical assistance in dying.

The question of whether Argentine society is "mature" enough to engage in this debate is frequently raised. Those who express such doubts often adopt a position of moral authority, as though autonomy were a privilege or an innate virtue. Yet autonomy does not emerge spontaneously: it is cultivated, it is promoted, and it is socially constructed.

It is often argued that Argentine society is not yet "mature" enough for this debate. Those who advance this claim tend to position themselves on a moral high ground, as though autonomy were a privilege or an innate virtue. Yet autonomy does not arise spontaneously: it is taught, fostered, and socially constructed. In the medical field, informed consent precisely entails providing individuals with the necessary tools to make free and autonomous decisions, regardless of their economic, educational, or social status.

ANALYSIS OF THE URUGUAYAN LAW

Uruguayan law establishes that any individual requesting euthanasia must be psychologically competent, a condition assessed through interviews with two physicians and, if deemed necessary, with the input of a mental health specialist. Nevertheless, excessive bureaucratization of this process should be avoided: in most cases, decision-making capacity can be adequately assessed by the treating physician.

The law also requires that the applicant be affected by an incurable and irreversible terminal illness. This requirement, present in most comparative legislations, may be subject to critique: if euthanasia is grounded in freedom, autonomy, and dignity, conditioning access on a life expectancy of three or six months appears to respond more to the need to reassure legislators and healthcare professionals than to protect patients. It is nonetheless noteworthy that Uruguayan law broadens this criterion by stating that the applicant must be experiencing "unbearable suffering and a severe and progressive deterioration in quality of life," a formulation that encompasses individuals with neurodegenerative conditions such as amyotrophic lateral sclerosis or advanced Parkinson's disease.

CONCLUSION

In summary, Uruguayan law represents a significant advance in the recognition of the right to die with dignity. Its approach respects personal autonomy, acknowledges suffering as an ethical limit, and grants patients the possibility of deciding the manner and timing of their own death. It is to be hoped that Argentine legislators will take note of this experience and move forward in drafting similar legislation. Public health, medical ethics, and, above all, human dignity demand no less.

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