

# National bioethics committees and the issue of death

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## Abstract

National bioethics committees play an important role in assessing ethical dilemmas in medicine and biotechnology, particularly in debates on assisted death, including palliative care, euthanasia, and assisted suicide. Composed of experts from various disciplines, these committees weigh principles such as autonomy, beneficence, non-maleficence, and justice. Their functions include advising lawmakers, fostering public debate, and shaping legal ethical frameworks. This text analyzes arguments in favor—such as respect for autonomy, relief of suffering, and human dignity—and against, such as the inherent value of life, the risk of abuse, and conflicts with medical ethics. Examples of national bioethics committees in Spain, France, and Italy illustrate both similar and differing approaches. National bioethics committees are essential for guiding policy and promoting balanced dialogue.

**Keywords:** National bioethics commissions. Political incidence processes. Assisted dying. Politics. Bioethical principles.

## Resumo

### Comissões nacionais de bioética e a questão da morte

As comissões nacionais de bioética são importantes na avaliação de dilemas éticos em medicina e biotecnologia, particularmente no debate sobre a morte assistida, incluindo cuidados paliativos, eutanásia e suicídio assistido. Compostas por especialistas de diferentes disciplinas, ponderam princípios como autonomia, beneficência, não maleficência e justiça. Suas funções incluem aconselhar legisladores, promover o debate público e estruturar marcos éticos legais. Este texto analisa os argumentos a favor, como respeito à autonomia, alívio do sofrimento e dignidade humana, e contra, como o valor inerente à vida, os riscos de abuso e conflitos com a ética médica. Exemplos de comissões nacionais de bioética na Espanha, França e Itália mostram abordagens que são semelhantes e diferentes. As comissões nacionais de bioética são fundamentais para orientar políticas e promover um diálogo equilibrado.

**Palavras-chave:** Comissões nacionais de bioética. Advocacia. Morte assistida. Política. Princípios de bioética.

## Resumen

### Comisiones nacionales de bioética y la cuestión de la muerte

Las comisiones nacionales de bioética son importantes para evaluar dilemas éticos en medicina y biotecnología, sobre todo en el debate sobre la muerte asistida, que incluye cuidados paliativos, eutanásia y suicidio asistido. Compuestas por expertos de distintas disciplinas, ponderan principios como autonomía, beneficencia, no maleficencia y justicia. Sus roles incluyen asesorar a legisladores, fomentar el debate público y trazar marcos ético-legales. Este texto revisa argumentos a favor, como el respeto a la autonomía, el alivio del sufrimiento y la dignidad humana, y en contra, como el valor inherente de la vida, los riesgos de abuso y conflictos con la ética médica. Los ejemplos de comisiones nacionales de bioética en España, Francia e Italia muestran enfoques que son tanto similares como diferentes. En resumen, las comisiones nacionales de bioética son clave para guiar políticas y promover un diálogo informado y equilibrado.

**Palabras clave:** Comisiones nacionales de bioética. Incidencia política. Muerte asistida. Política. Principios de bioética.

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Advances in medicine and biotechnology have raised a variety of matters and challenges related to the assisted death issue, such as palliative care, euthanasia, and assisted suicide. This topic has proven controversial worldwide, with implications for the fields of medical ethics, law, and philosophy. In this context, national bioethics committees (NBC) play an important role in evaluating policies on these practices<sup>1</sup>.

Composed of experts in varied fields such as medicine, philosophy, law, and theology, including lay people, the NBC offers ethical analysis on complex topics. Its role is important in the debate on assisted death because it considers principles such as patient autonomy, beneficence, non-maleficence, and justice.

The principle of autonomy means that people can make free and informed decisions about their health and life in situations of extreme suffering and terminal illness. The principle of beneficence refers to the fact that, beyond ending a person's life, assisted death primarily seeks to alleviate and end the patient's suffering. The principle of non-maleficence consists of avoiding causing people greater pain or suffering than they are already experiencing, so that assisted death must minimize the people's pain or suffering as much as possible. Finally, the principle of justice refers to not imposing differential treatment, much less unjustified burdens, on people who choose an assisted death.

The relief of suffering and human dignity are arguments that support the position in favor of assisted dying. In contrast, arguments against it focus on the value of human life, possible abuse of vulnerable people, and conflicts with traditional medical ethics that prioritize protecting life.

The role of NBC is essential for balancing these arguments, as they provide an ethical and legal framework that guides political and social decisions. Examples of national committees such as the Bioethics Committee of Spain (CBE) and the French National Consultative Ethics Committee for Health and Life Sciences (CCNE) illustrate how these institutions address the issue of assisted death. In Spain, Organic Law 3/2021<sup>2</sup> regulates the right to request and receive assistance in dying,

while in France, the CCNE has promoted a broad public debate on the end of life.

Based on an approach to the debate on assisted death within NBC, and a contextualization of their responsibilities and ethical arguments across many case studies, this study aims to analyze how these committees can contribute to the creation of public policies capable of balancing personal dignity and autonomy with the fundamental ethical values of our societies regarding assisted death.

## National bioethics committees

### Debate on assisted dying

National bioethics committees play an essential role in evaluating ethical dilemmas in medicine and biotechnology, particularly in the debate on assisted dying, which includes palliative care, euthanasia, and assisted suicide. These committees provide careful and balanced analysis based on strong ethical principles and multidisciplinary approaches.

Given that the NBC are made up of experts from various fields of knowledge, their responsibilities are as follows:

- Ethical evaluation: they analyze principles such as patient autonomy, beneficence, non-maleficence and justice, and apply them to the context of assisted dying.
- Policy advice: they offer recommendations to legislators and public policy makers on the regulation of assisted dying.
- Promotion of public debate: they facilitate education and public discussion about assisted dying, and ensure that citizens are informed about the ethical arguments.

### Arguments for and against

Among the arguments that favor this practice, the following stand out:

- Patient autonomy: the right of individuals to make decisions about their own lives, especially in cases of extreme suffering and terminal illness.
- Relief from suffering: assisted dying can be an act of compassion to relieve unbearable suffering.

- Human dignity: allowing assisted dying can be a recognition of the dignity of the individual, which avoids the unnecessary prolongation of life.

The arguments against this practice are the following:

- Intrinsic value of life: human life has an intrinsic value that must not be undermined.
- Risks of abuse and coercion: legalization can lead to abuse and pressure on vulnerable individuals.
- Traditional medical ethics: assisted dying conflicts with medical ethics that focus on protecting and caring for life.

### Examples of NBC

- Spain: Organic Law 3/2021<sup>2</sup> regulates the right to request and receive assistance in dying. The Spanish Bioethics Committee (CBE) published reports and statements highlighting the risks and the need for a rigorous ethical framework.
- France: National Consultative Ethics Committee for Life Sciences and Health (CCNE) has promoted public debates on the end of life and has issued opinions and reports with suggested ethical approaches to assisted dying.
- Italy: Italian legislation on palliative care and the use of opioid analgesics includes key regulations such as Law 12/2001<sup>3</sup>, Law 38/2010<sup>4</sup>, and Law 219/2017<sup>5</sup>. The National Bioethics Committee (CNB) has issued numerous opinions addressing topics such as euthanasia, assisted suicide, and palliative care.

Thus, NBC play an essential role in guiding public policy and promoting informed and respectful dialogue on assisted dying, seeking a balance that respects both the autonomy and dignity of individuals and fundamental ethical principles.

### Spanish Bioethics Committee, euthanasia and assisted suicide

As mentioned above, in Spain, Organic Law 3, enacted on March 24, 2021<sup>2</sup>, deals with the right to request and receive assistance in dying. Although not required to do so, the CBE issued a

report to offer additional points for reflection on euthanasia. This committee argued that there was insufficient justification for considering euthanasia a right and recommended maintaining the current prohibition<sup>6</sup>.

The CBE argued that euthanasia should be analyzed in relation to the essential value of human life and suggests that legalization could devalue the protection of life. It also highlights the risks of abuse and coercion, especially in a context of injustice and lack of solidarity, as evidenced by the COVID-19 pandemic<sup>6</sup>.

Prior to the enactment of Organic Law 3<sup>2</sup>, although not mandatory, the CBE had issued a statement on March 4, 2020, in which it committed to approving and publishing a report on the main bioethical aspects related to the end of life<sup>7</sup>. This report, dated October 6, 2020, sought to provide further elements for reflection and deliberation on the regulation of euthanasia, due to a “serious deficit in ethical deliberation” in public opinion and society<sup>6</sup>.

In this report, the CBE concluded that there was no ethical, legal, health, or social justification for recognizing a right to euthanasia or assisted suicide. It was unanimously agreed that there were strong reasons to reject the transformation of euthanasia into a subjective right and a public service, given the diversity of positions and sensibilities<sup>6</sup>.

The CBE emphasized that euthanasia should not be considered as an isolated issue, but rather in relation to the essential value of human life. Current law already protected human life by prohibiting euthanasia and assisted suicide. However, it recognized that there could be specific cases that would justify an exception to this rule. The early decriminalization of some specific cases could make it unnecessary to remove the general prohibition, suggesting that widespread legalization would devalue the protection of human life<sup>6</sup>.

The CBE also pointed out that the debate on euthanasia did not seek to restrict the will of free individuals, but rather to consider the effects on medical care and legal protection for the most vulnerable people. Legalization could lead to an increase in involuntary euthanasia and decisions

based on criteria of utility, which contradicts the intention of preserving dignity and autonomy in decision-making about the euthanasia procedure<sup>6</sup>.

The latest CBE report published on July 21, 2021, focused on conscientious objection in order to reconcile it with the provision of assistance in dying. It also criticized the way the law dealt with conscientious objection, noting that the register of objectors might not be effective in ensuring that assistance was provided to patients who requested it, and the way it introduced false moral dilemmas for healthcare personnel, thereby restricting their ideological freedom<sup>8</sup>.

Finally, the CBE proposed alternatives to conscientious objection and its registration that are compatible with the framework of the Law. It also addressed the issue of conscientious objection for legal entities that provide health services by suggesting the creation of a legal instrument that would allow these entities to continue operating in collaboration with the public administration without being forced to perform euthanasia<sup>8</sup>.

This committee has been critical of the legislative reform regulating euthanasia, highlighting the need to complete the regulatory framework in order to solve the problems identified in its reports. Furthermore, it has serious reservations about euthanasia and assisted suicide, mainly due to the risks of abuse and coercion in contexts of injustice and lack of solidarity, such as those evidenced during the pandemic. For these reasons, the CBE favors maintaining existing prohibitions and seeks to balance the protection of human life with the rights of patients who request assistance in dying.

### **The French Committee, palliative care, euthanasia and assisted suicide**

France has developed a solid and consistent legal framework regarding the end of life, consolidated by Law 99-477 of 1999<sup>9</sup>, Law 2005-370 of 2005<sup>10</sup>, and Law 2016-87 of 2016<sup>11</sup>, known as the Claeys-Léonetti Law.

Over the past three decades, the CCNE has issued seven documents related to the end of life.

The first document, from 1991, was an opinion about the European Parliament's proposed resolution on assistance to the dying persons. The CCNE warned about the legal uncertainty that could result from the legalization of euthanasia and defended palliative care as an alternative, questioning the European Parliament's moral stance on human dignity. This document showed clear disapproval of legitimizing the act of giving death to a sick person<sup>12</sup>.

In 2000, the French Committee published an opinion on end-of-life care, voluntary termination of life, and euthanasia, emphasizing palliative care as public policy. It also considered the possibility of exceptions to the prohibition of euthanasia in cases where palliative care was not sufficient to ensure a bearable end of life. The CCNE made it clear that euthanasia could only be performed if the requester gave their free, repeated, and express consent, either verbally or in writing. Although open to exceptions, the CCNE emphasized the importance of judicial bodies having the appropriate means to consider extreme situations<sup>13</sup>.

In 2005 and 2009, the CCNE issued opinions on the refusal of treatment and personal autonomy, as well as on ethical issues related to the development and financing of palliative care, which were ratified by subsequent documents<sup>14,15</sup>.

In 2013, it published an opinion on end-of-life care, personal autonomy, and advance directives, recommending that these directives be binding on the doctors responsible, except in justified cases. It also recognized a new right to obtain continuous sedation until death in the terminal stage. Although no consensus was reached on assisted suicide and euthanasia, some members agreed with legalization in some circumstances. This opinion prompted a national public debate on end-of-life issues and voluntary death in 2018<sup>16</sup>.

The 2018 General Assembly on Bioethics captured the enthusiasm of civil society, Internet users, associations, institutions, schools of thought, and scientific societies. In total, there were 33 regional meetings; 14,754 participants on the website; 15,541 contributions; 214,346 votes; 49 hearings of associations, institutions,

and schools of thought; and three hearings of scientific societies<sup>17</sup>. Considerations were divided between supporters of legalizing assisted suicide and euthanasia and those who believed that euthanasia should only be performed in exceptional cases<sup>17</sup>.

Associations, institutions, and schools of thought considered to be in favor of legalizing assisted suicide and euthanasia and against it expressed some hesitation about the use of deep and continuous sedation, either because it does not respond satisfactorily to all cases or because its excessive use may imply an additional risk<sup>17</sup>. However, scientific societies defended the efficacy of sedation as a medical procedure (including deep and continuous sedation) provided it was prescribed and administered by competent and trained personnel<sup>17</sup>.

The deep division of opinion prevented the General Assembly from reaching a consensus on the issues of assisted suicide and euthanasia. In fact, there was widespread and strong opposition to these practices among the healthcare professionals and scientific societies interviewed. The discussions highlighted the need to pay special attention to the most socially and physically vulnerable people, whose wishes and consent had not always been respected<sup>17</sup>. Beyond the opposition expressed to active assistance in euthanasia as the only solution for ending life, the diversity of topics covered and the nuanced assessment of the issues were a strong point of the public debate<sup>17</sup>.

In opinion 129 of 2018, the CCNE recommended not modifying the Claeys-Léonetti Law on end-of-life care until its content was fully understood and respected. It insisted on deepening knowledge of exceptional cases and called for the adoption of an active palliative care policy that incorporates a “palliative culture” in the training of health professionals, reduces territorial inequalities in its provision, facilitates the local organization of palliative care, promotes home care when required, and strengthens the scope and missions of palliative care teams even before implementing any changes in legislation<sup>18</sup>.

The CCNE's 2022 opinion called for strengthening public health measures in

palliative care, supporting early expression of wishes (designation of a trusted person and advance directives), and promoting the interprofessional nature of the collegiality of the medical opinion to suspend treatment. It also addressed conscientious objection by maintaining that active assistance in dying should be limited by strict conditions<sup>19</sup>.

Perhaps it should be noted that, in France today, active assistance in dying is still prohibited by criminal law and can only be provided in exceptional circumstances, which means that most of the time, people seeking assistance in dying have to go through an arduous and tortuous legal process to obtain authorization for the procedure. In this regard, it is considered that the solution to this problem must be left to the legislator, who should establish the conditions for accessing assistance in dying<sup>19</sup>.

For the CCNE, legislative change regarding active assistance in dying should consider, at least, some conditions: 1) the access should be limited to adults with serious and incurable diseases that cause refractory physical or psychological suffering and whose life expectancy is seriously compromised in the medium term; 2) the request for active assistance in dying is made by a person who is capable of making decisions at the time of the request, freely, in an informed way, and repeatedly, and is analyzed within the framework of an expert committee procedure; 3) the decision to proceed is documented and justified, and made by the physician responsible for the patient following a specialized procedure; 4) those who are unable to commit suicide have guaranteed assistance in dying through euthanasia<sup>19</sup>.

Eight members of the French Committee restricted any discussion about legislative change to prerequisites such as equitable access to palliative care throughout France and adequate support for decision-making. They also warned that the crisis in the healthcare system and staffing caused by the COVID-19 pandemic could complicate a legislative change.

The CCNE called for a new national debate on end-of-life care, which was widely welcomed. French President, Emmanuel Macron, created a citizens' convention entrusted to the Conseil

économique, social et environnemental (CESE). The Espaces Éthiques Régionaux (ERER), in collaboration with the CCNE, organized regional meetings between May 2022 and December 2023. The citizens' convention presented its final report on April 2, 2023. At the same time, the National Assembly's Social Affairs Committee published its report on the evaluation of Law 2016-87<sup>11</sup> of February 2, 2016, on the rights of sick people and people at the end of life.

After that, Macron's government promoted a bill including several criteria for choosing assisted death. Although the debate began in the legislature in May 2024, it was interrupted in June due to the dissolution of the Assembly. At the end of May 2025, the bill was approved in its first debate by the French National Assembly. It is expected to pass to the Senate in the fall, before returning to the Assembly for a second debate, scheduled for early 2026<sup>21</sup>.

France has established a robust legal framework for care in the end of life, with laws and CCNE documents emphasizing the importance of palliative care, patient autonomy, and consideration of exceptions in specific cases. The public debate and the recommendations of the French Committee reflect a society that seeks to balance the protection of human life with respect for the autonomy and dignity of patients at the end of life.

### **The Italian Committee, palliative care, euthanasia, and medically assisted suicide**

In Italy, legislation on the use of opioid analgesics and palliative care has been addressed through several important laws. These include Law 12/2001<sup>3</sup> on the use of opioid analgesics in pain therapy, Law 38/2010<sup>4</sup> on palliative care and pain management, and Law 219/2017<sup>5</sup> dealing with informed consent and advance directives. In addition, agreements have been established between the State and the regions to set minimum guidelines for social and health care for people at the end of life.

The CNB published key documents on end-of-life care in 1991, 1995, 2001, 2003, 2005,

2016, and 2019. In 1991, it issued an opinion on the European Parliament's proposal for assistance to terminally ill patients, emphasizing the importance of palliative care and rejecting therapeutic obstinacy. It highlighted the need for an in-depth debate on euthanasia, considering the moral, ethical, and legal aspects involved<sup>22</sup>.

The opinion of the aforementioned committee published in 1995 on bioethics related to the end of life, *Bioethical Issues Related to the End of Human Life* [Questioni bioetiche relative alla fine della vita umana], is quite comprehensive, and the topics developed were included in subsequent opinions<sup>23</sup>.

The 2001 opinion of the CNB addressed pain therapy, which coincided with the enactment of Law 12/2001<sup>3</sup>. It valued the fight against pain positively, but also pointed out the inequalities in access to pain therapies between regions, the unjustified delay in the prescription of this type of therapy, the reluctance of some physicians to prescribe analgesics, and the lack of a palliative care culture. And it concluded that the cost-benefit relationship between pain relief and the side effects on the patient's health and life had to be assessed together with the patient in light of the idea of quality of life that they had formed for themselves<sup>24</sup>.

The 2003 opinion of the CNB addressed advance directives by emphasizing that the patient's right to influence their treatment if deemed incompetent did not extend to euthanasia. It clarified that advance directives could refer to the withdrawal of treatments, but should not be interpreted as a right to demand euthanasia<sup>25</sup>.

In 2005, the CNB issued an opinion on feeding and hydrating patients in a persistent vegetative state. It stated that discontinuing these treatments could be considered legitimate in some cases without constituting direct euthanasia, provided that therapeutic obstinacy was avoided<sup>26</sup>.

The 2016 CNB opinion was focused on deep and continuous palliative sedation in the face of imminent death. It defined the requirements for its application, with an emphasis on the need for patient consent, the presence of refractory symptoms, and a clear diagnosis by the medical team. Despite the committee's efforts to differentiate this practice

from euthanasia, some members considered it to be “disguised” euthanasia. Finally, the CNB called attention to the training of healthcare professionals responsible for caring for terminally ill patients in bioethics issues and the advancement of interdisciplinary research in this field; it also urged the application of Law 38/2010<sup>4</sup> and its necessary integration at the regional level<sup>27</sup>.

In 2019, the Italian Committee published an opinion on medically assisted suicide, reflecting divisions of opinion among its members.

Some strongly opposed it, defending human life as an essential principle of bioethics and law. Others supported legalization, based on the principles of self-determination and beneficence. The other members preferred to focus on situations in which the patient could be suffering from an irreversible condition, with physical and psychological suffering that could not be treated or was considered absolutely intolerable, and still had the capacity to make own decisions freely and consciously, but not to end the own life, requiring the help of another person. They recommended not using the term suicide (even if medically assisted), as it was not the most appropriate in these cases. These members expressed the opinion that, although the prohibition on euthanasia established in criminal law (more specifically, as homicide) should be maintained, exceptional cases should be considered in which the conduct of the other party would not be penalized<sup>28</sup>.

The CNB defined euthanasia as the act of a physician or other person administering drugs at the free request of a conscious and informed subject to intentionally cause the immediate death of the requester. The purpose of euthanasia would be to anticipate death in order to end suffering.

However, euthanasia would differ from assisted suicide in that, in the latter case, it would be the applicant who performs the final act that causes the death, an act that is made possible by the decisive collaboration of a third party, who may be a physician, who prescribes and delivers the lethal product for a specified period of time and in compliance with the strict conditions laid down by the legislator. In most cases, assisted suicide would be provided by a physician, pharmacist, or nurse in healthcare facilities (medically assisted suicide)<sup>28</sup>.

Finally, the CNB made several recommendations, such as promoting awareness of citizens’ rights and updating healthcare professionals on existing laws, as well as promoting bioethical research and training<sup>28</sup>.

Despite having played a decisive role in the debate on palliative care, euthanasia and medically assisted suicide, only in December 2023 the CNB issued a new opinion on palliative care, attributable to the delay in the transition from the eighth term (2018-2022) to the ninth (2022-present)<sup>29</sup>. According to Tommaso Ropelato, the nature of the CNB as an advisory body to the Government, created by presidential decree and not by law, puts it at constant risk of disappearing<sup>30</sup>.

## Methods applied by national bioethics committees

There are two main models of reasoning in bioethics: top-down and bottom-up. Top-down methods are distinguished by applying a general rule (such as a principle, ideal, or right) to a specific case that fits that rule. Top-down methods include the deductive method and principlism, the latter proposed by Beauchamp and Childress.

Bottom-up methods, on the other hand, focus on experience with complex cases and the use of analogy rather than starting with principles or theories. Some examples of these procedures are the inductive method and casuistry<sup>31</sup>. These models are also identified with the methods of reasoning employed by the NBC in their discussions and publications. Specifically, this analysis addresses how the NBC have applied these methods in discussions about palliative care, euthanasia, and assisted suicide.

It is essential to consider that methods of reasoning in bioethics have always had a direct application to practical cases, especially difficult ones. However, the NBC has not played a prominent role in solving practical cases, which has prevented the development of specific rules of action for such situations.

The NBC rarely discusses bioethical principles. Publications by the CBE<sup>6,8</sup>, the CCNE<sup>13,16-18</sup>, and the CNB<sup>26-28</sup> on palliative care, euthanasia, and

assisted suicide highlight the absence of discussion on bioethical principles and the lack of rules of action for the resolution of practical cases. This is

because NBC, due to the high level of abstraction of their discussions, are not designed to solve practical problems.

**Table 1.** Recurrence of bioethical principles in publications on euthanasia in the CNB

| Autonomy                 | Beneficence              | Justice                 | Non-maleficence         |
|--------------------------|--------------------------|-------------------------|-------------------------|
| CBE, 2020 <sup>6</sup>   | CCNE, 2013 <sup>16</sup> | CBE, 2020 <sup>6</sup>  | CNB, 2016 <sup>27</sup> |
| CBE, 2021 <sup>8</sup>   | CNB, 2016 <sup>27</sup>  | CNB, 2016 <sup>27</sup> | CNB, 2019 <sup>28</sup> |
| CCNE, 2000 <sup>13</sup> | CNB, 2019 <sup>28</sup>  |                         |                         |
| CCNE, 2013 <sup>16</sup> |                          |                         |                         |
| CCNE, 2018 <sup>17</sup> |                          |                         |                         |
| CCNE, 2018 <sup>18</sup> |                          |                         |                         |
| CNB, 2005 <sup>26</sup>  |                          |                         |                         |
| CNB, 2016 <sup>27</sup>  |                          |                         |                         |
| CNB, 2019 <sup>28</sup>  |                          |                         |                         |

Source: own elaboration. CBE: Spanish Bioethics Committee; CCNE: National Advisory Committee on Ethics in Life Sciences and Health; CNB: national bioethics committees

NBC publications most frequently refer to the principle of autonomy, followed by the principle of beneficence. In these publications, it can also be seen that the NBC considered the principles of autonomy and beneficence both jointly and separately. In one of the NBC 's decisions, it can even be seen that they are accompanied by the other principles<sup>27</sup>.

Competition between bioethical principles is rarely observed, eliminating the need to harmonize them or weigh one against another to solve difficult cases. Thus, the NBC does not apply a method of weighing principles, which makes Atienza's proposal that the NBC could become the final authority for some cases discussed in lower-level bioethics committees, establishing a kind of "jurisprudence," unfeasible<sup>32</sup>.

The contribution of the NBC to the theoretical development of bioethical principles is limited. After examining their publications, it was found that the committees have had little influence on the theoretical development of these principles. However, this finding cannot be taken as absolute due to the limited sample of documents analyzed.

Another observation is that, in their discussions and publications, the NBC have paid more attention to legal rules than to bioethical principles. Although they claim that their analyses focus on

ethical rather than legal aspects, they often fall into the trap of considering that bioethics needs the law and lacks its own content<sup>33,34</sup>. This approach has led NBC to neglect fundamental debates on difficult cases, which need to be discussed in terms of principles, while maintaining tensions or conflicts between unresolvable principles.

In summary, NBC have not efficiently applied bioethical reasoning methods, such as top-down and bottom-up approaches, resulting in decisions with little internal justification. Their discussions and publications show an inclination toward legal rules over bioethical principles, limiting their contribution to the theoretical development of bioethics and the resolution of difficult practical cases. This trend suggests the need to review the role and approach of NBC to improve the consistency and validity of their decisions in the field of bioethics.

Final considerations

It has been observed that much of the published work of the NBC on euthanasia and assisted suicide has focused on defining, distinguishing, delimiting, refining, and clarifying concepts. In addition, these works addressed other issues such as conscientious objection, palliative care, end-of-life support,

refusal of treatment, anticipated wishes, deep and continuous sedation, pain therapy, and feeding and hydration of patients in a persistent vegetative state, among others.

Some findings have identified similarities between these institutions by comparing content on euthanasia and assisted suicide. For example, the CBE<sup>6</sup> report and the first two CCNE opinions<sup>12,13</sup> mention pastoral documents from the Catholic Church and individuals with clear ideological identification with this institution, suggesting that Catholic thinking has influenced the reflections of these institutions.

Likewise, the CBE<sup>6</sup> report and the latest CNB<sup>29</sup> opinion refer to the “slippery slope” argument against the legalization of assisted suicide. Furthermore, the documents from these three groups offer a clear perspective on issues related to the end of life care, euthanasia, and assisted suicide, with an emphasis on problems such as loneliness and isolation among the elderly population and deficiencies regarding the end of life care in the countries included in the study, which explains why these issues are addressed together.

While the CCNE has led the public debate on the end of life and voluntary death in two general assemblies, the CBE has not had the same capacity to call for a national debate.

This is because, in France, the law allows the CCNE to organize a general assembly to discuss reforms on ethical issues and social questions arising from advances in biology, medicine, and health, or, in the absence of a reform project, to convene a general assembly on bioethics at least every five years (art. 46, Law 2011-814)<sup>35</sup>.

In Spain, however, there is no law granting this power to the CBE, which explains its more passive role while various legislative procedures are carried out, such as the new Organic Law 3 of 2021<sup>2</sup>. On the other hand, although the CNB in Italy has organized conferences for schools and meetings with citizens, it does not have the same influence as the CCNE in France with its general assemblies. This suggests that the ability to lead public debate on bioethics, as the CCNE does in its assemblies, could enable the NBC in Spain, Italy, or other countries to have greater visibility and impact on society and politics.

Finally, the latest opinion by the French CCNE shows greater openness toward providing active assistance in dying under specific ethical criteria, revealing a willingness to adopt a position that goes beyond the legal framework. Thus, NBC may adopt conservative or liberal positions depending on the issue, but they can also develop a more proactive capacity if they are willing to recognize new arguments and adopt a more critical stance toward the status quo and the law.

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**Data availability:** All data used or generated in this study are described and presented in full in the body of the article.

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