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### **The Malta Health Network submission for Consultation on Assisted Voluntary Euthanasia**

The Malta Health Network (MHN) is closely following the ongoing national discussion on Assisted Voluntary Euthanasia (AVE), a topic of profound ethical importance and emotional sensitivity. MHN reaffirms its core belief that all human life possesses intrinsic value—irrespective of age, ability, or health condition. At the same time, we recognise and honour the diverse perspectives shaped by the lived experiences of patients, families, caregivers, and healthcare professionals within our member organisations.

While acknowledging the complexity of AVE, MHN emphasizes the urgent need for well-funded, equitable, timely access to high-quality, holistic national palliative and end-of-life care. This includes addressing physical pain, emotional suffering, and psychological needs, all while preserving the dignity and wellbeing of individuals. Critically, such care must also extend support—particularly psychological—to the families and healthcare professionals involved.

Although the National Palliative Care Strategy was launched in early 2025, its implementation remains uncertain. The timely rollout of the strategy, including the structure and processes for both institutional and community-based services, requires significant improvements in workforce training, capital and technical investment, and the procurement, access, and safe disposal of medications and equipment. MHN believes that initiating a strategy for AVE before ensuring the full and effective implementation of palliative care services may be premature and potentially harmful. It risks creating the perception that the healthcare system can assist individuals in dying more easily than in living with dignity and comfort.

### **Key Recommendations and Concerns:**

- 1. Prioritising Palliative Care:** AVE services must never compromise the quality of palliative care. Optimal care must be accessible before the introduction of assisted dying services.
- 2. Advance Care Directives:** MHN proposes the prioritised discussion of advance care directives, followed by appropriate legislative measures. Public

education should be inclusive, ensuring that people with progressive and terminal conditions—including the elderly—are fully informed of all available options.

3. **Regulatory Board Representation:** While MHN notes the proposed regulatory board under the Ministry of Health will include medical and legal professionals, it is deeply concerned about the absence of a patient representative. MHN urges that a nominee from health-related NGOs be appointed to ensure that patient rights and dignity are safeguarded at every stage.
4. **Definition and Oversight of Terminal Illness:** The six-month prognosis criterion is difficult to define in practice. The regulatory board as proposed will overlook the input of primary health physicians caring for the patient requesting AVE. This is especially relevant in the absence of a national patient registration system, potentially enabling patients to seek favourable assessments without continuity of care.
5. **Psychiatric Assessment:** The proposal mandates the involvement of one psychiatrist to verify decision-making capacity. In other health care instances, however, legal requirements ask for more than one psychiatrist to be involved to safeguard patients in such vulnerable situations, given that in such cases, cognitive clarity may be impaired by illness, pain, or medication.
6. **Next-of-Kin Notification:** The consultation document indicates that patients can withhold their AVE decision from relatives. This should be addressed to protect both the patient's and next of kin's rights and familial relationships.
7. **Conscientious Objection:** Although the document acknowledges doctors' right to abstain from participation, MHN is concerned that this right should be extended to all other healthcare and health related professionals, and medical and health care students. Furthermore, obligations to refer patients elsewhere may inadvertently compromise the moral autonomy of all professionals involved.
8. **Procedural Clarity:** The identity of the professionals who would ultimately carry out AVE remains undefined. Clear guidelines and protections are required for those willing to perform the procedure, including concern over a formal listing mechanism.
9. **Governance and Safeguards:** MHN finds the provisions on audits, feedback, abuse prevention, and enforcement vague. Stronger guarantees are needed to establish a transparent and just process—particularly in investigating potential coercion, undue influence, and accountability for ethical violations.

MHN is aware that some of its member organisations have submitted their position formally. This paper was agreed upon by the Malta Health Network and officially endorsed also by the following member associations: Malta Chiropractic Association Europa Donna Malta, Association of Private Family Doctors, Malta Association of Crohn's & Colitis & SOS Malta.