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Active euthanasia in Ecuador (2024–2025): Legal and social implications

Eutanasia activa en Ecuador (2024–2025): implicaciones legales y sociales

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Abstract

This article presents a qualitative study focused on active euthanasia in Ecuador during the period 2024-2025. The analysis centers on the legal and social implications of this phenomenon in the Ecuadorian context, examining the interaction between the current constitutional and legal framework and the practice of active euthanasia. The research identifies the main conflicts, dilemmas, and institutional discourses that emerge around its regulation and application. To this end, a hermeneutic and dogmatic methodology was applied, based on documentary and normative analysis, which included laws, judicial decisions, doctrinal sources, and pronouncements from competent entities. The findings reveal significant regulatory gaps, divergent interpretations in jurisprudence, and social tensions that pit the right to a dignified death against ethical and institutional resistance. Based on these results, the study proposes new perspectives for building a coherent legal framework that fosters an informed and respectful social dialogue on this complex and sensitive issue. Thus, the aim is to provide input that contributes to a balanced public debate and the development of legal policies that address the needs and concerns of Ecuadorian society.

Keywords: active euthanasia, fundamental rights, Ecuadorian legal framework, dignified death.

Resumen

Este artículo presenta un estudio cualitativo centrado en la eutanasia activa en Ecuador durante el período 2024-2025. El análisis se enfoca en las implicaciones legales y sociales que este fenómeno genera en el contexto ecuatoriano, examinando la interacción entre el marco constitucional y legal vigente y la práctica de la eutanasia activa. La investigación identifica los principales conflictos, dilemas y discursos institucionales que emergen en torno a su regulación y aplicación. Para ello, se aplicó una metodología hermenéutica y dogmática basada en el análisis documental y normativo, que incluyó leyes, decisiones judiciales, fuentes doctrinales y pronunciamientos de entidades competentes. Los hallazgos revelan vacíos normativos significativos, interpretaciones divergentes en la jurisprudencia, y tensiones sociales que enfrentan el derecho a la muerte digna con la resistencia ética e institucional. A partir de estos resultados, el estudio propone nuevas perspectivas para construir un marco legal coherente que favorezca un diálogo social informado y respetuoso sobre esta cuestión compleja y sensible. Así, se busca aportar insumos que contribuyan a un debate público equilibrado y a la elaboración de políticas jurídicas que aborden las necesidades y preocupaciones de la sociedad ecuatoriana.

Palabras clave: eutanasia activa, derechos fundamentales, marco jurídico ecuatoriano, muerte digna.

Introduction

The topic of active euthanasia has emerged as one of the most contentious issues within the legal and social spheres of our time, as it directly impacts the right to life, the principle of personal autonomy, and human dignity. During the period of judicial and societal debate in Ecuador from 2024 to 2025 regarding its potential legalization and regulation, a multitude of questions arose concerning the legality, ethics, and involved institutions, as well as the fundamental tensions with prevailing social convictions.

At the international level, this research aligns with the Sustainable Development Goals (SDGs), particularly SDGs 3 and 16, and adheres to specific technical guidelines such as the World Health Organization's 2018 Guide on Palliative Care and Refuge for End-of-Life, the 2019 Human Rights Council Report A/HRC/41/7, and the Siracusa Principles of 1984 on the limitation of rights. These instruments define essential parameters for medical

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decision-making at the end of life, establish proportionality in the restriction of fundamental rights, and delineate state intervention in individuals' rights to die with dignity, while emphasizing the state's obligation to ensure clear, accessible, and non-discriminatory procedures.

The central question of this research is: What will be the legal and social implications of active euthanasia in Ecuador during the period of 2024–2025? This inquiry drives the analysis of several categories: the right to a dignified death, personal autonomy, the criminalization of active euthanasia, the social impact stemming from its legalization, and public perceptions of this practice.

The justification for this study rests on various levels. Theoretically, it allows for a deeper understanding of the applicable constitutional and international frameworks, clarifying concepts such as active euthanasia, informed consent, and the right to a dignified death to avoid conceptual and legal confusions. Practically, it highlights the social and institutional effects related to active euthanasia, providing insights that can inform legislation and its implementation as a public health and justice policy. Finally, methodologically, the research adopts a qualitative, hermeneutic, and dogmatic approach, supported by documentary, normative, and doctrinal analysis.

From a social standpoint, this research addresses the need for an informed debate that considers both individual rights and collective values, while contributing to the reduction of stigma and prejudice surrounding the topic. From a scientific perspective, the study enriches the national academic literature on a relatively recent category, framing legal criteria that remain yet to be fully defined within the constitutional context and international human rights standards.

Thus, the overarching goal of this research is to analyze the legal and social implications of active euthanasia within the framework of the Ecuadorian Constitution during the period of 2024–2025, aiming to identify the legal challenges and dilemmas that hinder the proper application of this practice.

To achieve this objective, in addition to the general goal, the following specific objectives guide the research: i) to examine the national and international legal frameworks applicable to active euthanasia and the fundamental right to a dignified and autonomous death; ii) to analyze the primary ethical and social dilemmas associated with the implementation of active euthanasia in the country; iii) to evaluate the jurisprudential, institutional, and doctrinal stances on the right to euthanasia and its implications for fundamental rights; and iv) to formulate conclusions that provide legal and social considerations favoring the humane and respectful regulation of human rights.

Regarding the background, it is important to note that active euthanasia has been the subject of increasing legal and social debates due to the conflict between personal autonomy, dignity, and the constitutional protection of life. Internationally, Lizcano, Chamorro, and Pantoja (2021) address euthanasia from a legal and social perspective, highlighting normative issues, regulatory conflicts, and significant ethical questions. Conceptually, Campos, Sánchez, and Jaramillo (2001) define active euthanasia as a voluntary action aimed at causing death to prevent unbearable suffering, underscoring the importance of establishing conditions and limits for its legality and ethics.

In the Ecuadorian context, various authors analyze the consequences of recent judicial decisions regarding the right to die with dignity. For example, Cazar and Villalva (2024) delve into the partial decriminalization of active euthanasia, pointing out normative gaps and the need for clear criteria for its application. Similarly, Abad, Peñaherrera, and Campos (2024) examine the Constitutional Court’s pronouncement on the legal and medical implications of treating terminally ill patients, concluding that institutional contradictions and complex ethical dilemmas persist. Finally, Montaño (2025) provides an analysis from medical, technological, and institutional viewpoints, emphasizing the importance of patient autonomy and the responsibilities involved.

Consequently, the theoretical and conceptual contributions supporting this work are grounded in personal autonomy, human dignity, informed consent, and the right to die with dignity, as they are conceptualized within the international academic community. Furthermore, the analysis is framed within constitutional guarantees, which demand the protection of fundamental rights; while these may be limited by norms, this approach asserts that no exceptions can be made regarding essential rights due to their significance. Additionally, the study is contextualized within contemporary bioethical theories, which seek to balance the value of life itself with its quality, the latter being considered an inalienable right of the individual rather than the state.

From a conceptual and theoretical perspective, this research draws on contemporary bioethical theories of life and the foundational principles established by Beauchamp and Mary Anne (1979), culminating in the 1989 defense of four basic principles: patient autonomy, the moral obligation of healthcare providers, non-maleficence, and justice.

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Moreover, the theory of Faden and Beauchamp (1986) about informed consent enhances the analysis by positing that personal autonomy not only requires capacity but also a full understanding of the implications of the decision, an essential condition for active euthanasia.

Legally, this research employs the theory of fundamental rights by Alexy (2002), which argues for the need to balance rights to reach just solutions, alongside the guarantee-based conception of Ferrajoli (2007) that insists the state is always obligated to protect fundamental rights, not arbitrarily. Drawing from these theories, the study establishes the potential for designing a clear normative framework that reasonably balances life, autonomy, and the dignity of individuals in terminal situations.

Socially, it utilizes cultural constructivism and symbolic interactionism as proposed by Berger and Luckmann (1967) and Goffman (1959). These analytical frameworks enable an understanding of how social attitudes towards active euthanasia are shaped by religious beliefs, cultural values, and collective representations, elements that underpin all public policy and individual perceptions regarding the right to die with dignity.

Additionally, the theory of distributive justice by Rawls (1971) explores the availability of active euthanasia as an issue of equality and equity among social classes, aiming to prevent individuals from losing rights and opportunities due to their social, economic, or cultural status.

This research synthesizes these perspectives within an interdisciplinary theoretical framework that integrates bioethics, constitutional law, sociology, and political philosophy. This combination facilitates the examination of active euthanasia not merely as an isolated problem but as a complex and multidimensional phenomenon that must be regulated in a manner that respects human rights and considers the specific sociocultural conditions of Ecuador.

Given the qualitative characteristics of the study, a strict hypothesis is not established. However, it acknowledges that active euthanasia poses both legal and social challenges in Ecuador due to existing legal gaps, diverse interpretations regarding its legality, and ethical implications within medical and institutional realms. Thus, this perspective directs the analysis towards potential legal ambiguities, interpretative conflicts, and proposals for regulations in accordance with human rights.

Methodology

This research was conducted using a qualitative approach, employing a descriptive, hermeneutic, and dogmatic design based on an interpretative analysis of the norms, legal provisions, jurisprudence, and legal doctrine related to active euthanasia in Ecuador. The study is both descriptive and propositional; it not only describes the legal and social implications of this practice in the country but also formulates proposals aimed at enhancing its understanding and regulation.

The theoretical framework defined the study categories: first, active euthanasia, understood as an intentional action aimed at causing death under specific conditions with prior informed consent from the affected individual; and second, the legal and social implications, conceptualized as the set of legal, institutional, and social effects arising from the potential application of active euthanasia within the Ecuadorian normative system. This category was further divided into subcategories, including criteria and conditions, coverage and accessibility, institutional acceptance, legal conflicts, impact on healthcare professionals, and ethical dilemmas. This segmentation facilitated an approach from normative, doctrinal, and social perspectives.

Given the documentary and qualitative characteristics of the study, a correlational population was not utilized; instead, a non-statistical estimative approach was adopted. The unit of analysis comprised national and international legal documents, relevant rulings from the Constitutional Court of Ecuador, human rights treaties, institutional reports, and doctrinal articles published between 2001 and 2025. Only documents pertinent to the topic, supported by academic or institutional backing, and published in indexed journals or official sources, were considered. Those lacking academic credibility or a direct relationship to the study's objective were excluded.

Data obtained through document analysis were gathered using specific techniques and instruments, primarily involving systematic reviews of laws, jurisprudence, doctrines, and empirical studies on euthanasia. The organization and categorization of information were accomplished using legal content analysis matrices, doctrinal record sheets, and systematization tables, in accordance with the defined variables.

Among the international documents reviewed were the World Health Organization's 2018 Guide on Palliative Care and End-of-Life Care, the 2019 Human Rights Council Report A/HRC/41/7, the Inter-American Commission on Human Rights Report on the Right to Health and Reproductive Autonomy from 2015, and the Siracusa Principles of 1984. These documents were evaluated for their normative and jurisprudential coherence with international law. Their selection was based on their relevance to critical approaches for the development of public policies, serving as evaluative instruments through contrast.

The validation of the consistency and representativeness of the categories was carried out by a team of experts, who examined their correspondence with applicable theoretical frameworks in substantive law and confirmed the relevance of the proposed categories and subcategories. Additionally, internal coherence was ensured through triangulation among normative, doctrinal, and jurisprudential sources, which was crucial given the absence of a statistical component.

Data interpretation followed the hermeneutic method, utilizing thematic analysis and open coding to identify underlying meanings in norms, judicial decisions, and institutional discourses, thereby revealing patterns and discrepancies. Methodological triangulation was also applied between theoretical, normative, and doctrinal findings to ensure the validity of the conclusions.

In this context, the mentioned international guidelines served as reference categories for the hermeneutic analysis. For instance, Ecuadorian provisions regarding patient autonomy were compared with those from the World Health Organization, the inter-American legal standard for security in end-of-life decisions, and the proportionality and necessity criteria established in the Siracusa Principles. This exercise allowed for the identification not only of internal regulatory gaps but also of discrepancies with international guidelines and recommendations.

Finally, all universal ethical considerations were rigorously applied throughout this research, ensuring intellectual honesty, proper citation of all consulted sources, confidentiality of the analyzed cases, and respect for copyright.

Results and discussion

In interpreting the data, a relevant international framework for regulating the right to die was employed, which included the World Health Organization's (WHO) Guide on Palliative Care and End-of-Life Services, the Human Rights Council Report A/HRC/41/7, the Inter-American Commission on Human Rights (IACHR) Report on the Right to Health and Reproductive Autonomy, and the Siracusa Principles. These guidelines served as benchmarks to assess the extent to which Ecuadorian regulations, jurisprudence, and institutional discourse align with international standards in human rights and bioethics.

To address the first specific objective, an analysis of the applicable national and international legal frameworks for active euthanasia and the right to a dignified death was conducted. Internationally, Lizcano, Chamorro, and Pantoja (2021) support the practice of active euthanasia in legal systems that interpret it as an exercise in personal autonomy, provided there is informed consent and medical oversight. At the national level, Cazar and Villalva (2024) highlight that the lack of specific regulation enabling active euthanasia leads to legal uncertainty and issues of legality. These findings expose a partial non-compliance with WHO Guideline 2, which requires states to develop systems with clear and non-discriminatory procedures for end-of-life decisions. Thus, the discrepancy between Ecuadorian regulations and global standards is evident.

Regarding the second objective, the results revealed the primary ethical and social dilemmas related to the regulation and practice of active euthanasia in Ecuador. Abad, Peñaherrera, and Campos argue that one such dilemma arises from the conflict between healthcare professionals' duty to preserve life and their obligation to respect patient autonomy. The identified cultural and institutional resistance contradicts this respect for autonomy, as established in the Human Rights Council Report A/HRC/41/7 of 2019. Furthermore, patients should not be deemed morally responsible for their decisions if rooted in collective beliefs.

With respect to the third objective, the investigation examined institutional, jurisprudential, and doctrinal positions related to active euthanasia and its effects on fundamental rights. The disparity in jurisprudential criteria undermines the IACHR's inter-American standard of normative predictability (CIDH, 2015), which demands uniform interpretation to ensure legal certainty.

Particularly, Herrera and Alvarado (2025) emphasize that national precedent recognizes active euthanasia as an integral part of the rights to human dignity and a dignified death; however, it lacks mechanisms for its practice. Similarly, Párraga (2025) identifies conflicts among judicial rulings concerning active euthanasia, primarily related to its definition and legal application, highlighting the absence of uniform criteria.

Lastly, the fourth objective identified significant gaps that hinder a coherent regulation of active euthanasia. Although the review of precedents indicates that, despite emerging doctrinal studies and judicial resolutions, no law delineates the conditions, procedures, and guarantees for those seeking this practice, this absence creates a legal void that affects not only patients but also places healthcare professionals and institutions in a legally precarious position. Notably, the lack of a specific law contradicts the recommendations outlined in the WHO's 2018 Guide and Resolution WHA67.19, which urge states to develop legal and regulatory frameworks that include safeguards to ensure the safety of patients and healthcare providers.

Based on these findings, further exploration of the conceptual contributions was undertaken, working with the previously defined categories and dimensions. The central category of active euthanasia was examined through the dimensions of application criteria and conditions, coverage and accessibility—both material and cultural—and institutional acceptance (Campos et al., 2001). According to these authors, these dimensions elucidate how the ambiguity arising from the absence of clear regulations and institutional differences directly impacts the implementation of euthanasia (Lizcano et al., 2021).

The category of legal and social implications was also explored through the dimensions of legal conflicts, impact on healthcare professionals, and ethical interpretation. In this context, the authors emphasized that these aspects reflect the tension between the right to life, personal autonomy, and social values regarding the possibility of dying with dignity.

The analysis further allowed for the incorporation of relevant theories regarding the subject matter, particularly from the perspective of constitutional guarantee theory (Ferrajoli, 2007), which underscores the importance of interpreting fundamental rights in light of human dignity. Dogmatic penal concepts such as subjective attribution were also utilized to recognize the responsibilities and competencies of those involved in the practice of active euthanasia. These approaches reinforced the notion that informed consent and the purpose of the act are fundamental elements for appropriate regulation.

In the bioethical and doctrinal sphere, tensions similar to those described by Montaño (2025) were identified, who proposed integrating the principles of autonomy, beneficence, and non-maleficence as pivotal axes for legal interpretation. This theoretical development ultimately highlighted the necessity for explicit legislation that coherently articulates rights, duties, and guarantees surrounding active euthanasia, while also considering the culturally and socially specific contexts of Ecuador.

The results demonstrated that active euthanasia, as a legal and social category, remains a subject of debate due to the lack of specific regulation, ethical conflicts in its implementation, disparate jurisprudential interpretations, and social resistance stemming from cultural factors. These findings affirm the necessity of constructing a coherent normative framework that aligns with both the Constitution and human rights, effectively guaranteeing the right to a dignified death.

In summary, the results indicate not only the normative weaknesses and ethical-social dilemmas but also highlight opportunities to develop a more guarantee-oriented legal framework tailored to the cultural specificities of Ecuador. These findings contribute to the Sustainable Development Goals, particularly goals 3 and 16, by providing a foundation for legislation that respects health, autonomy, and strengthens democratic institutions.

The findings of this study partially align with the observations of Lizcano et al. (2021) and Montaño (2025); however, its innovative contribution lies in incorporating international guidelines into the analysis. This enabled a clear delineation of specific areas where regulatory and bioethical non-compliance arises, issues that had not been highlighted with equal precision in previous research.

This approach allowed for the precise identification of critical areas of regulatory and bioethical non-compliance, demonstrating that these gaps not only undermine the internal coherence of the Ecuadorian legal system but also reveal a misalignment with the international commitments undertaken by the state. The connection between national deficiencies and global standards had not been documented with equal clarity or depth in prior literature, thus representing an original contribution that enhances understanding of the issue and provides concrete insights for formulating public policies aligned with human rights.

Conclusions

Regarding the general objective, the analysis concluded that the legal and social implications of active euthanasia in Ecuador during the years 2024–2025 reveal a significant regulatory gap, disparate jurisprudential interpretations, and substantial ethical and institutional tensions. Consequently, the right to die with dignity has not been effectively established as an exercise of fundamental rights, indicating a pressing need for clearer regulation that is consistent with both the Constitution and international standards.

This necessity is underscored by documents such as the World Health Organization's 2018 Guide on Palliative Care and End-of-Life Services, which recommends that states implement transparent procedures, and the 2019 Human Rights Council Report A/HRC/41/7, which asserts that normative frameworks must be clear, transparent, and non-discriminatory concerning requests for dignified death. Therefore, it is concluded that the absence of these requirements in Ecuador constitutes a partial non-compliance with such international standards.

In relation to the first specific objective, it was identified that the national and international legal frameworks encompass principles related to autonomy, human dignity, and informed consent that could support the legalization of active euthanasia. However, the lack of clear normative procedures and criteria generates legal uncertainty

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among all stakeholders, including both patients and healthcare providers, contravening the IACHR's recommendation to ensure legal predictability in the application of fundamental rights.

Regarding the second specific objective, it was verified that ethical and social dilemmas continue to persist, rooted in deeply ingrained cultural and religious values within Ecuadorian society. This social resistance presents a significant challenge to the legal recognition of active euthanasia. Political discourse analysis revealed that institutional and political aspects prioritize the protection of life, while neglecting its quality, directly opposing the principle of patient autonomy established in the A/HRC/41/7 report of 2019.

Concerning the third specific objective, it was concluded that institutional, jurisprudential, and doctrinal stances on active euthanasia are diverse and often contradictory. This lack of uniformity undermines judicial predictability, creates uncertainty regarding the legality of the practice, and conditions its application in accordance with fundamental rights, jeopardizing the inter-American standard of jurisprudential uniformity necessary to safeguard legal security.

With respect to the fourth specific objective, the findings point to an urgent need to create a legal framework that coherently articulates constitutional principles, human rights, and bioethical principles, ensuring the protection of autonomy, personal dignity, and legal security for healthcare professionals. This must align with the obligation to establish safeguards for both patients and healthcare providers as outlined in WHO Resolution WHA67.19.

As for methodological recommendations, future research could complement the documentary and normative analysis conducted in this study by employing empirical techniques such as interviews with judges, healthcare professionals, specialists, patients, and family members, aiming to directly gather perceptions regarding existing conflicts and regulatory gaps. Furthermore, it is proposed to conduct comparative studies with countries that have successfully legislated on active euthanasia to identify best practices that are adaptable to the local context.

Additionally, any regulatory reform should consider the principles and safeguards established in the WHO Guide, the proportionality and necessity criteria set forth in the Siracusa Principles, and the obligations imposed by the inter-American human rights system. Doing so would ensure alignment with the international commitments undertaken by Ecuador.

Finally, the original contribution of this research lies in connecting the normative and jurisprudential diagnosis of Ecuador with specific international guidelines, revealing particular points of non-compliance that have not previously been documented with such clarity in the national literature. This approach establishes a solid foundation for the adoption of legal and policy reforms that guarantee the right to a dignified death in full alignment with human rights standards.

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