

## EUTHANASIA IN ALBANIA: LEGAL CHALLENGES AND PERSPECTIVES

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**Abstract:** Debates surrounding the moral dilemmas of euthanasia date back to ancient times. Many of the historical arguments used for and against this practice remain unclear even today. Indeed, any form of discussion on this topic often provokes emotional responses from both medical professionals and the general public. For this reason alone, the issue will continue to be debated at all levels of society. The aim of the study is to closely examine the Albanian reality regarding euthanasia. A focus group was conducted with 11 professionals from various fields, including doctors, social workers, psychologists, legal experts, etc. Nevertheless, euthanasia remains a controversial and sensitive topic in Albania, where the absence of a clear legal framework leaves professionals facing significant ethical and human dilemmas. Doctors confront the suffering of terminal patients, but are legally restricted from taking actions that might be interpreted as life-ending. Psychologists observe wishes for a 'dignified end,' often linked to depression or prolonged suffering, but lack sufficient tools to provide comprehensive emotional support. Social workers and legal professionals face institutional neglect and legal gaps, which leave this issue unaddressed. They are confronted with a constant tension between personal ethics, legal obligations, and human demands that exceed their professional scope.

**Keywords:** Euthanasia, legal right, professional ethics, dilemma, right to life.

## ЕВТАНАЗИЯТА В АЛБАНИЯ: ПРАВНИ ПРЕДИЗВИКАТЕЛСТВА И ПЕРСПЕКТИВИ

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**Резюме:** Дебатите около моралните дилеми на евтаназията водят началото си още от древността. Много от историческите аргументи, използвани за и против тази практика, остават неясни и до днес. Несъмнено всякаква форма на дискусия по тази тема често провокира емоционални реакции както от медицинските специалисти, така и от широка част от обществеността. Поради тази причина, въпросът ще продължи да бъде обсъждан на всички нива на обществото. Целта на статията е да се изследва отблизо албанската реалност по отношение на евтаназията. Извършен е разговор с фокус група от 11 професионалисти от различни области, включително лекари, социални работници, психолози, юристи и др. Въпреки това, евтаназията остава противоречива и чувствителна тема в Албания, където липсата на ясен правен ред поставя професионалистите пред значителни етични и морални дилеми. Лекарите се сблъскват с мъката на терминално болните пациенти, но са правно ограничени от действия, които биха могли да бъдат интерпретирани като довеждащи до края на живота. Психолозите наблюдават желания за „достоеен край“, често свързани с депресия или продължително страдание, но нямат достатъчни инструменти за предоставяне на цялостна емоционална подкрепа. Социалните работници и правните специалисти се сблъскват с

институционално пренебрежение и правни пропуски, които оставят този въпрос неразрешен. Те се изправят пред постоянно напрежение между личната етика, правните задължения и човешките изисквания, които надхвърлят техния професионален обхват.

**Ключови думи:** евтаназия, законно право, професионална етика, дилема, право на живот.

## 1. Introduction

Euthanasia remains one of the most complex and debated topics in the field of medical ethics and law, sparking intensive discussions globally. It raises fundamental questions<sup>1</sup> about the right to life, individual autonomy, and the moral and legal limits that should be imposed on the intentional termination of life<sup>2</sup>. In an era where medical technology has advanced significantly and the possibilities for prolonging life are abundant, questions about quality of life and dignity at the end of life have gained special importance.

### 1.1 Definition of Euthanasia varies and includes several main forms:

- **Active euthanasia:** Direct intervention intended to shorten a patient's life, usually to relieve hopeless suffering.
- **Passive euthanasia:** Discontinuing or not initiating life-prolonging treatments, allowing the patient to die naturally.
- **Assisted euthanasia:** Providing means (usually medication) for the patient to end their life in a controlled way with medical assistance.

At the global level, some countries such as the Netherlands, Belgium, Canada, and several U.S. states have legalized various forms of euthanasia and have developed legal frameworks regulating its implementation. In these countries, public and professional debate has led to the recognition of terminal patients' rights and efforts to ensure a balance between respect for autonomy and the protection of life.

In Albania, euthanasia remains a highly sensitive and unresolved issue. The lack of a clear legal framework, combined with the strong influence of traditional norms and religious beliefs, places this topic at the center of ethical and practical dilemmas for health, legal, and civil society

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<sup>1</sup> Kalemaj, I. (2021). *End-of-life decisions in Albania: The call for an ethical revision*. Academia.edu. [https://www.academia.edu/88886996/End\\_of\\_Life\\_Decisions\\_in\\_Albania\\_The\\_Call\\_for\\_an\\_Ethical\\_Revision](https://www.academia.edu/88886996/End_of_Life_Decisions_in_Albania_The_Call_for_an_Ethical_Revision)

Downie, J., & Fleming, J. (2001). *Euthanasia and Assisted Suicide: A Physician's and Lawyer's Perspectives*. Oxford University Press.

<sup>2</sup> Lewis, P. (2019). *Euthanasia and Assisted Suicide: Global Perspectives and Ethical Debates*. *Journal of Medical Ethics*, 45(6), 375–380.

professionals. This situation creates major challenges in the treatment of terminal patients and underscores the need for an open and well-informed societal debate.

## 1.2 Types of Euthanasia

Euthanasia can be classified as:

- **Voluntary euthanasia**<sup>3</sup> – when a person makes a conscious decision to die and seeks assistance to do so.
- **Non-voluntary euthanasia** – when a person is unable to give consent (for example, because they are in a coma) and another person makes the decision on their behalf, possibly because the patient had previously expressed the wish for their life to be ended in such circumstances

## 1.3 Global Context of Euthanasia

Around the world<sup>4</sup>, euthanasia is legally permitted only in a few countries and under very strict conditions. For example:

- **The Netherlands** was the first country to legalize active euthanasia in 2002, with a law that requires strict conditions to be met, including the patient’s consent and hopeless suffering.
- **Belgium and Luxembourg** followed the example of the Netherlands, allowing active euthanasia—even for patients with psychological issues—under controlled conditions.
- **In Canada**, euthanasia (or assisted dying) was legalized in 2016 for patients with incurable illnesses and unbearable suffering.
- **In some U.S. states**, such as Oregon and Washington, “death with dignity” laws exist that allow patients to obtain medication to end their life with a doctor’s assistance.

These countries have implemented strict control mechanisms, including multiple medical consultations, accurate documentation, and waiting periods, to prevent abuse.

## 1.4 Albania’s Position

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<sup>3</sup> Rietjens, J.A.C. et al. (2017). *Definition and recommendations for euthanasia and physician-assisted suicide: European perspective*. *The Lancet Oncology*, 18(9), e432-e440.

<sup>4</sup> Rietjens, J. A. C., Sudore, R. L., Connolly, M., van Delden, J. J. M., Drickamer, M. A., Droger, M., ... & van der Heide, A. (2017). Definition and recommendations for advance care planning: An international consensus supported by the European Association for Palliative Care. *The Lancet Oncology*, 18(9), e432-e440. [https://doi.org/10.1016/S1470-2045\(17\)30582-X](https://doi.org/10.1016/S1470-2045(17)30582-X)

In Albania<sup>5</sup>, euthanasia is not legalized and is considered a criminal offense under the Penal Code. There is no specific legislation addressing this issue. Key factors contributing to this situation include:

- **The influence of traditional and religious norms:** Albania is a society where religious and moral values play a strong role in how life and death are perceived, often leading to euthanasia being viewed as an unacceptable act.
- **Lack of developed palliative care:** Palliative care – which aims to ease the suffering of terminally ill patients without actively intervening at the end of life – is still in the developmental stage, with a shortage of specialists and resources.
- **Lack of public and institutional debate:** The issue of euthanasia is rarely discussed in public or political forums, leaving health and legal professionals in a situation without clear guidelines.

This situation<sup>6</sup> creates major ethical and legal challenges for doctors, psychologists, and legal experts who face patient suffering and demands for dignity at the end of life.

### **1.5 Legal Framework for Euthanasia in Albania**

In Albania, euthanasia is not legalized and is considered a criminal offense under the Penal Code. The Penal Code of the Republic of Albania prohibits the intentional termination of a person's life, classifying it as murder or another criminal act.

**Article 79 of the Penal Code** addresses the issue of intentional life termination and prescribes penalties for individuals who intentionally cause another person's death, with no exceptions for euthanasia-related cases. The lack of specific legislation on euthanasia means that practically any form of active intervention to end life is legally prohibited.

Furthermore, the absence of a legal framework for palliative care and the lack of institutional protocols increase the ethical and professional dilemma for doctors and healthcare professionals dealing with terminally ill patients.

Article 79<sup>7</sup> of the Penal Code of the Republic of Albania deals with intentional killing and provides for penalties for individuals who deliberately cause someone else's death, including cases related to the intentional ending of another person's life.

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<sup>5</sup> Ligji Penal i Republikës së Shqipërisë (Kodi Penal), Neni 79 – Ndërprerja e qëllimshme e jetës.

<sup>6</sup> Kryeziu, A., & Bregu, S. (2020). *Ethical Challenges in End-of-Life Care in Albania and the Balkans*. Albanian Journal of Medical Ethics, 4(1), 15-22.

<sup>7</sup> Ligji Penal i Republikës së Shqipërisë (Kodi Penal), Neni 79 – Ndërprerja e qëllimshme e jetës

In more detail, this article stipulates:

- Any person who intentionally causes the death of another person is subject to imprisonment.
- There are no legal exceptions for cases such as active euthanasia or the intentional ending of life with the patient's consent.
- In some instances, the penalties may be lighter depending on the circumstances, but the act remains illegal.

Therefore, Albanian law does not permit active euthanasia and treats it as intentional murder, regardless of the patient's request or consent.

## **2. Study Methodology**

### **2.1 Purpose of the Study**

The purpose of the study is to examine the law in Albania regarding euthanasia in the country, to describe the current situation, and to present up-close the thoughts and opinions of several professionals who, in their line of work, deal with individuals who, at certain stages of life, wish to end their journey. The study also reflects the challenges and professional dilemmas that these professionals face daily in the exercise of their duties.

### **2.2 Measurement Instruments**

Semi-structured interviews were used as measurement instruments with various professionals from the fields of healthcare, law, and different religious beliefs.

### **2.3 Sampling**

A sample of 11 professionals was selected from healthcare, the legal field, and various religious communities.

## **3. Study Results**

From the focus group discussion with 11 professionals from various fields (doctors, psychologists, social workers, legal experts), three main issues emerged that represent the core challenges encountered in practice: **ethical dilemmas**, **legal limitations**, and the **tension between professional roles and human demands from patients**.

### **3.1 Ethical Dilemmas**

Participants reported strong feelings of moral uncertainty when faced with terminal patients who express a desire to end their lives with dignity. Doctors emphasized that, although they understand and empathize with the patients' suffering, they cannot act according to their conscience due to legal prohibitions and the absence of clear ethical guidelines. Psychologists also reported difficulty distinguishing between a desire for death as a symptom of clinical depression and a conscious, stable decision.

### **3.2 Legal Limitations**

All participants clearly stated that the lack of a legal framework for euthanasia creates legal uncertainty and penal risks for professionals. They expressed that any action that could be interpreted as assisting in ending a life constitutes a violation of the Penal Code and may lead to legal consequences. This legal vacuum forces professionals to act cautiously, avoiding bold decision-making even in cases that may be morally justified.

### **3.3 Tension Between Professional Role and Human Demands**

Doctors, psychologists, and social workers often face emotional and personal requests from patients or their family members that conflict with their legal and professional duties. This creates a constant tension between the ethics of caring for human suffering and the limitations imposed by the system. Professionals frequently feel institutionally unprotected and alone when faced with difficult decisions.

**3.4 Below, we present some impressions shared by professionals during the interviews:**

**1. Interview with a Doctor on Euthanasia**

<p>I am a doctor in the palliative care service and have been working for more than 10 years with patients suffering from terminal illnesses. My work focuses on relieving pain and improving the quality of life for patients who are in the final stages of their lives.</p>
<p>Euthanasia, in its classical sense, is a medical intervention that accelerates death – either by administering a substance that causes death, or passive, where life-sustaining treatments are stopped at the patient's request. There are important ethical and legal differences between these forms, and these vary greatly from one country to another.</p>
<p>It is one of the most difficult situations in medicine. First, there is an internal ethical conflict: as a doctor, you have sworn to save lives, but in rare cases, you may be asked to help someone die with dignity. Second, there is the emotional aspect – witnessing someone who is exhausted from pain and life. And third, there is the legal boundary: in most countries, including Albania and Kosovo, euthanasia remains illegal, so doctors are limited in what they can offer.</p>
<p>What is your personal opinion on euthanasia?</p>
<p><b>Doctor:</b> As a professional, I understand that sometimes the desire for death with dignity is actually a call for better and more compassionate care, not for a quick death. But I cannot deny that there are extreme cases where the desire to end life comes from real suffering that can no longer be alleviated. If one day our country were to legalize strict forms of euthanasia, it would need to be under very clear, supervised criteria, and limited only to the most extreme cases.</p>

**2. Interview with an Oncologist on Euthanasia**

<p>I have been working as an oncologist in a public hospital for more than 12 years, and during this time I have treated many patients with advanced-stage cancer. My work is not only about treating the disease, but also about caring for the patient as an individual – with all the suffering, fear, and difficult decisions that come at the end of life.</p>
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<p>Yes, although it is not common, there are cases when patients – especially those experiencing severe pain or deep feelings of despair – express the desire to end their lives. They often say things like “I don’t want to suffer anymore” or “I want to finish with dignity.” Even family members sometimes indirectly ask if there is “an easier way to go.” These are very difficult moments that require not only medical knowledge but also a great deal of empathy and sensitivity.</p>
<p><b>What are some of the ethical dilemmas you face as a doctor in these situations?</b></p>
<p>The main dilemma is balancing between “do no harm” and the desire to help. There are cases when every treatment seems pointless, and the patient themselves says, “Let me go in peace.” But as a doctor, you cannot do anything that actively shortens life. Other dilemmas include pressure from family members, conflicts between the patient’s wishes and those of their relatives, and the lack of infrastructure for dignified end-of-life care.</p>
<p><b>Do you think that one day euthanasia should be legalized in our country?</b></p>
<p>It is a very complex debate. If one day it is to be legalized, it should only happen after ensuring that our healthcare system provides quality end-of-life care, so that patients do not feel abandoned or forced to request it. Only under very strictly controlled conditions, with close medical and psychological supervision, would it make sense to consider it.</p>
<p><b>What is your message to society regarding this issue?</b></p>
<p>We should not be afraid to talk about the end of life. Dignity is not only about living well, but also about dying with respect and without pain. As doctors, we are here to stand by our patients, not to judge. And as a society, we must build a system that supports people in their most difficult moments—without letting them feel alone.</p>

### 3. Interview with a Psychologist in Palliative Care on Euthanasia

<p>I work as a clinical psychologist in a palliative care unit, where I assist patients who are at the end of life, as well as their families. My role includes emotional support, addressing death anxiety, managing depression, and helping them experience this phase with as much peace and dignity as possible. Requests for euthanasia usually do not come immediately. They arise as a result of a deep sense of exhaustion, lack of control, unmanageable pain, or depression. As a psychologist, I don’t judge the request – I listen to it. I understand it as an expression of suffering</p>
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and then work to understand what lies beneath it: Is it physical pain? Is it a sense of abandonment? Or the desire not to be a burden to others?
<b>What are the most common feelings that euthanasia evokes in patients and their family members?</b>
In patients, the most common feelings are: loss of control, fear of physical decline, the sense that life has lost its meaning, and especially the feeling of being a burden. In family members, the emotions are mixed: deep love, but also unbearable pain from watching their loved one suffer. There are cases where family members support the idea of euthanasia as an act of compassion, and others where they are in deep conflict with the very notion of 'allowing death'
<b>How do you view euthanasia from a psychological and ethical perspective?</b>
From a psychological standpoint, it is very important that a request for euthanasia does not stem from undiagnosed depression or social pressure. Only when an individual is emotionally clear and well-informed can we speak of a conscious choice. From an ethical perspective, the dilemma is profound: Do we have the right to intervene to end a life, even when it is requested? Can this be called compassion, or is it surrender?
<b>Do you think that the legalization of euthanasia would help or create more problems?</b>
It depends on how it is implemented. If euthanasia is legalized without first ensuring quality palliative care and strong psychological services, we risk that people may choose death simply because they have no alternatives for living with dignity. But if it is offered as a last resort, supported by a careful system of control and reflection, then it could be a way to respect the individual's will.
<b>What is your message to the public regarding this topic?</b>
We should not avoid the conversation about the end of life. Euthanasia is not just a medical or legal decision – it reflects how we treat suffering, dignity, and love. Let us speak with empathy, listen without judgment, and ensure that no one feels alone in their pain.

#### **4. Interview with a Social Worker in Palliative Care**

I work as a social worker in a health center in Tirana that provides palliative care for patients with terminal illnesses. My role includes psychological support, mediation with the
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family, assistance in accessing services, and addressing the social, economic, and spiritual needs that arise in the final stage of life.
<b>Euthanasia is a very delicate topic. Is it an issue that comes up in your discussions with patients or their family members?</b>
Yes, although euthanasia is not legal in Albania, the topic comes up from time to time – especially when patients face severe pain, a lack of hope, or feelings of abandonment. It’s not common for someone to directly say “I want euthanasia,” but they may express it in ways like: “I’m tired,” “It would be better if I weren’t alive,” or “I don’t want to be a burden to anyone.” These are very important signals that we must approach with care and sensitivity.
<b>Do you think that the lack of widespread palliative care services in Albania affects how people feel and think about the end of life?</b>
Absolutely. When a person does not have access to professional help, when their pain is not relieved, when there is no psychological support or economic assistance – they feel there is no way out. In countries where palliative care is well-developed, the desire for euthanasia is much lower. In Albania, we still face serious shortcomings, especially in rural areas. This creates a sense of abandonment and makes the end of life much more difficult for many patients.
<b>How do these situations affect family members, and what kind of support do you offer them?</b>
Family members are often in a very emotionally overwhelming situation. Some don’t know how to cope with their loved one’s suffering, some feel guilty, and some refer to death as a “relief” for everyone. Our support involves providing information, active listening, helping them make careful decisions, and sometimes mediating family conflicts. Our role is to remind them that the end of life is also a moment of reflection – not just of pain.
<b>Do you have a personal or professional stance on the issue of euthanasia in the Albanian context?</b>
It is a very complex topic. Personally, I understand the desire of some patients to have control over how they leave this life, but I believe that in Albania we are still far from creating the conditions necessary for euthanasia to be addressed responsibly. Without a strong palliative care system, and without genuine psychological and social support, the decision for euthanasia risks not being a free choice, but rather a consequence of lacking alternatives.
<b>What would be your message to the public and to institutions regarding this issue?</b>

We should listen more and judge less. We must invest in palliative care – so that no one ends their life in pain, loneliness, or poverty. Euthanasia is not merely a legal issue – it is a reflection of how we care for the most vulnerable. And for that, we all share responsibility.

## 5. Interview with a Legal Expert on Euthanasia in Albania

I am a legal expert specialized in civil law and health law. I have worked for many years on issues related to patients' rights, the right to privacy, informed consent, and dignified treatment within the Albanian healthcare system. This has often brought me face-to-face with very delicate topics, such as the treatment of life and death.

### **What is the legal status of euthanasia in Albania? Is it permitted in any form?**

No. Currently, euthanasia is prohibited by law in Albania, in all of its forms. The Albanian Penal Code prescribes penalties for any act that accelerates the death of a person, even if the person has requested it. There is no legal provision that recognizes or permits euthanasia, whether active or passive. Such interventions are considered criminal acts – either as assistance in suicide or intentional homicide, depending on the circumstances.

### **Are there any discussions in Albania about the legalization of euthanasia?**

So far, no structured or advanced discussions have taken place. There have been some debates in the media and academic circles, but no concrete legal initiative has been proposed. Albania is a country with a legal system that prioritizes the protection of life, and it has yet to develop a proper framework for addressing end-of-life issues. Furthermore, palliative care services are not widespread enough to offer a real alternative to suffering..

### **How does the Albanian Constitution address the issue of euthanasia or the right to die?**

The Albanian Constitution protects the right to life as one of the fundamental and inalienable rights. It does not recognize a “right to die” or to request death with the assistance of a physician. From a legal standpoint, this is a very sensitive area because it touches not only on individual rights, but also on the responsibilities of the state and healthcare professionals to protect life and prevent abuse.

### **What are some of the legal or ethical risks if euthanasia were to be legalized in Albania?**

<p>The risks are numerous. First, there is the risk of abuse, especially toward the elderly, individuals with mental illnesses, or persons with disabilities. Second, the lack of healthcare and legal infrastructure to properly oversee such cases. Third, economic or social pressure could lead someone to consider euthanasia not as a free choice, but as an escape from a system that offers no support. Without very strong legal, ethical, and institutional safeguards, legalization would be dangerous.</p>
<p><b>In your experience, is there a need to reform the legal framework on end-of-life issues in Albania?</b></p>
<p>Yes, absolutely. Although I don't think Albania is yet ready to discuss the legalization of euthanasia, I do believe there is an urgent need to legally regulate the right to palliative care, to ensure dignified assistance for terminal patients, and to clarify the boundary between futile medical treatments and the right to refuse interventions that merely prolong suffering. These are essential steps before any discussion on euthanasia can take place.</p>
<p><b>What is your message to the public and policymakers regarding this issue?</b></p>
<p>We must be careful not to offer a legal solution to a problem that is fundamentally human and systemic. If euthanasia is seen as a solution to the lack of care, that is alarming. First, we need to build a system that provides dignity in both life and death – and only then can we begin to discuss the right to choose how someone leaves this world.</p>

## **6. Interview with an Imam in Albania on Euthanasia**

<p>In Islam, life is a gift from Allah and it is sacred. It is not for us, as human beings, to decide the end of a person's life. Euthanasia is considered a sin and is forbidden. Allah is the One who gives life and the One who takes it away.</p>
<p><b>Is there any situation or condition in which euthanasia could be justified in Islam?</b></p>
<p>In Islam, there is no justification for active euthanasia. However, if medical treatments serve only to prolong suffering with no hope of recovery, it may be acceptable to discontinue further treatment that is unnecessary and harmful. But this does not mean hastening death – it means allowing death to come naturally.</p>
<p><b>According to Islamic teachings, how should families and doctors act when a patient is in a critical condition?</b></p>

They should be patient and care for the patient with compassion, praying for healing and strength. They should provide good care and not abandon the person in their suffering. Death is a natural part of life, and the believer must accept it with faith and patience.
<b>In Albania, how do you think religion might influence the debate on euthanasia?</b>
Religion is a guiding force for many people in Albania, especially when it comes to moral and life-related issues. Faith helps people find peace even in difficult situations. The debate on euthanasia must take these teachings into account and should not overlook the importance of religious values that uphold respect for life.

## **7. Interview with a Priest in Albania on Euthanasia**

The Catholic Church, like most Christian communities, considers life a sacred gift from God. Euthanasia, which involves intervention to hasten death, is morally unacceptable. We believe that every life should be respected and allowed to reach its natural end without interventions aimed at shortening it
<b>Are there any situations in which assistance in dying or the withdrawal of treatment might be considered acceptable?</b>
Yes, there is an important distinction between assisting in death and refusing treatment that only prolongs suffering without hope of recovery. The Church accepts palliative treatments and care that relieve pain, even if they may unintentionally affect the length of life. However, the intention must never be to cause death, but rather to alleviate suffering.
<b>According to the Christian faith, how should families and doctors act when a patient is in critical condition?</b>
Families should offer unconditional love and care, supporting the patient through prayer and their presence. Doctors have a sacred mission to heal and to relieve suffering, always respecting the dignity of life. It is important that no one feels alone in their most difficult moments.
<b>In Albania, what role does the Church play in the debate on euthanasia?</b>
The Church is a voice that seeks to protect the values of life and human dignity in society. We inform believers and the wider community about moral values and help them understand that suffering, though painful, has a spiritual meaning and can be a path toward reconciliation and forgiveness.

#### **4. Recommendations**

##### **1. Development of a clear and inclusive legal framework for euthanasia and palliative care**

- Draft legislation that clearly defines what healthcare professionals can do in cases of terminal illness, including ethical and legal guidelines for euthanasia and palliative treatments.
- Establish strict protocols for permitted practices, with protective measures for both professionals and patients.

##### **2. Strengthening and expanding palliative care services across the country**

- Invest in palliative care centers and services to provide comprehensive physical, psychological, social, and spiritual support for terminal patients and their families.
- Offer continuous training for healthcare professionals in pain management, palliative care, and communication with patients in advanced stages of illness.

##### **3. Education and training of professionals in ethics and end-of-life decision-making**

- Provide training and ethical guidance to doctors, psychologists, social workers, and legal professionals, focusing on complex situations related to euthanasia requests.
- Create multidisciplinary support or advisory groups to assist in decision-making for complicated cases.

##### **4. Establish mechanisms for psychological and social support for patients and families**

- Integrate psychologists and social workers into palliative care teams to provide ongoing emotional support and address feelings of despair and depression.
- Support families in managing emotions, conflicts, and decision-making during the final stages of life.

##### **5. Promote public dialogue and social education on end-of-life and euthanasia issues**

- Organize awareness campaigns and public debates involving professionals, religious leaders, lawmakers, and civil society to raise awareness and foster open discussion on moral, legal, and human aspects.

- Encourage open dialogue about death and end-of-life care to reduce stigma and support informed decision-making.

## **6. Inclusion of religious perspectives in shaping health and ethical policies**

- Consider religious beliefs and moral values in the formulation of legal and ethical frameworks for end-of-life care, while respecting cultural diversity and community faiths.
- Collaborate with religious representatives to build bridges of communication and offer spiritual support to patients and families.

## **7. Increase research and monitoring in the field of euthanasia and palliative care**

- Support further studies that analyze needs, perceptions, and the impact of palliative care services and end-of-life policies in Albania.
- Establish monitoring mechanisms to assess the impact of legal and healthcare changes on the well-being of terminal patients.

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