Sample arguments for the motion.

This House would legalise euthanasia.

Structure/Teamwork
-Consistency in points, Signposts, role division

Dynamism (Response/Linkage)
-Make clash and relevant Issues through debate.
-Clarify clash and issues.

Persuasion/Expression
-choice of words, speech organisation

ESUJ Debate Club - Practice meeting(2025.08.24 (Sun.))

Round1:

This House would legalise euthanasia.

Background: In the case of terminal illness, medical treatment is a crucial issue not only for patients themselves but also their families. However, when it comes to options available to patients, choices are limited - especially regarding euthanasia.
Some European countries, such as Netherlands, Belgium, and Switzerland, have introduced legal framework for euthanasia.
In 2024, The Osaka High Court sentenced a doctor to 18 years in prison for the consensual killing – also described as murder at the victim's request - of woman with ALS (Amyotrophic Lateral Sclerosis). This raises a fundamental question: how should the right to die, or the way people choose to end their lives, be treated?

Proposition/Government

Stance: We should respect patients' rights to self-determination for pursuing individual quality of life (QOL).

1. Right to Self-Determination

(Claim)

-We should respect the right of individuals to determine their own end-of-life care, including the option of euthanasia, in the context of terminal disease.

(Reason)

-People have bodily autonomy. No one has the right to interfere with another person's body without their consent. This principle means that people's lives ultimately belong to themselves, not others - even for family members.

(Example)

-Similar principles apply in other areas of personal choice: organ donation and transplants (medical decisions), contraception and childbirth (reproductive choices), and healthcare access with informed consent.
All of these are directly connected to an individual's Quality of Life (QOL).

Opposition

Stance: As governmental role, we should avoid risks of abuse and misleading choices for patients and their families.

1. Lack of Legitimacy and Mismatch with Euthanasia

(Claim)

-We believe that euthanasia should not be placed as a primary option, it lacks legitimacy.

(Reason)

-It is extremely difficult to reach a social consensus or establish a legal framework for euthanasia that fits different cultural contexts. Bodily autonomy is important, but is not absolute. Individual freedom is limited in cases such as pandemics or severe accidents where broader risks must be considered.

(Example)

-Even though euthanasia has been discussed, there are major divisions in society: acceptance of active euthanasia (deliberately ending life through lethal injection), passive euthanasia (withdrawing life-prolonging treatment), and assisted suicide all vary greatly. Legalising euthanasia before reaching deeper understanding or consensus would be dangerous and premature.

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2. Role of the Government
(Lack of Proper Environment for Terminal Patients)

(Claim)

-The Government should have a responsibility to provide an environment that respects the right to self-determination and supports individual rights, including decisions at the end of life.

(Reason)

-Currently, there are no sufficient measures or systems in place to address the needs of terminal patients. This is caused by vague criteria and lack of consensus on issues such as euthanasia, death with dignity, and assisted dying.
As a result, the government has neglected the problem without providing clear solutions.

(Example)

-In Japan, so-called "consensual killing" cases continue to occur in hospitals. Judicial decisions have raised questions about the conditions for euthanasia, but the Diet and government have yet to establish proper legal guidelines. This leaves patients alive through life-prolonging treatments against their wishes, and even creates dangerous incentives for contract killings involving doctors.
-In contrast, countries such as the Netherlands and Belgium legalised euthanasia in the early 2000's. They established strict conditions and complex procedures, creating a safer and clearer framework for both patients and medical professionals.

Opposition

Stance: As governmental role, we should avoid risks of abuse and misleading choices for patients and their families.

2. Slippery Slope (Chain of Negativity)

(Claim)

-We should avoid the risks and wrongful choices that may arise from abuse of lethal injections or other risky medical procedures.

(Reason)

-Normalising euthanasia or assisted dying could gradually lower society's mental barriers, making abuse more likely.
Patients might also feel indirect pressure – financial or emotional - from their their families, leading to "choose" euthanasia out of obligation rather than genuine free will. In such cases, it is unclear whether the patient's decision is truly rational and autonomous.

(Example)

-In Switzerland, cases of assisted suicide with doctors have steadily increased, reaching 1,000 in 2017. The fact that even foreign applicants travel there for euthanasia highlights how quickly access can expand, raising concerns about control, oversight, and potential misuse.

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Sample definition / Reference

(Definition)
Definition:
Euthanasia is the act or practice of ending the life of a person who is suffering from an incurable disease.
Conditions:
The procedures for euthanasia would follow strict regulations, similar to those in the Netherlands or Belgium:

1. Patients must be adults (over 18 years old), conscious, and rational in making the decision.
2. A formal document must be signed, including the patient's will, the method of the practice, disclaimers, and warnings.
3. Multiple doctors must examine and confirm the the patient's condition: that there is no possibility of cure, that the patient is experiencing unavoidable severe pain, and that the decision reflects the patient's will.

(Reference)

●THE WEEK - Pros and cons of legalised assisted dying
https://theweek.com/news/society/957245/the-pros-and-cons-of-legalising-assisted-dying

●idebate.net - This House believes in the right to die
https://idebate.net/this-house-believes-in-the-right-to-die~b1132/

●BBC - Anti-euthanasia arguments
https://www.bbc.co.uk/ethics/euthanasia/against/against_1.shtml

●Spaceship Earth - 安楽死とは？安楽死が認められている国で起こっていること・日本で反対されている理由を解説
https://spaceshipearth.jp/anrakushi/

ESUJ Debate Club - Practice meeting(2025.08.24 (Sun.)) Round1:

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Comments/Questions after debate.

(Questions)

Q. I never expected the assisted euthanasia bill to pass in the UK parliament. Would it be good to narrow the case in Japan when you define the motion in a debate?
(Reference) BBC News – How could assisted dying laws change?
https://www.bbc.com/news/articles/c5y5d2g3wgxo

A. (1) If there's clear reason to narrow, such as trends or recent news, it may be acceptable. But if it is not, it should be avoided.
(2) e.g. PDA – It happens that narrowing the case inside Japan, but it is not appropriate unless it has a legitimate reason.
(3) In the assumption, limiting the discussion to a specific region is not expected. Moreover, the arguments raised not significantly different.

Q. How would you evaluate the argument about terminally ill patients who care for their family members and choose euthanasia?
(1) If you are the Government side (propose the motion), it would be inconsistent with 'bodily autonomy' argument.
(2) Choosing 'euthanasia' from pressure on financial burden of family, it would be considered as 'enforced choice', not patients free will. It should be avoided.

（以下、見直し）

Q. Euthanasia is still widely regarded as morally unacceptable, and this motion tends to be a philosophical one. Is it appropriate to address and make an argument based on the idea of a 'duty to live' or 'you must live'?

A. It is regarded as a weak argument. For example, if a patient receives morphine and dies, the government does not intervene in such individual medical decisions.