

Current euthanasia debate in Malta

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In May 2025 the Maltese government launched a public consultation on a proposed framework for Assisted Voluntary Euthanasia (AVE). Over the following eight weeks thousands of individuals and dozens of organisations — medical bodies, palliative-care groups, religious organisations, academics, political parties and civil-society campaigns — made submissions. This article synthesises material published publicly during and shortly after the consultation (May–July 2025). Sources used include the official government consultation page, position papers from professional associations and the University of Malta, press coverage and civil-society releases. The article relies on the publicly visible submissions and statements that organisations published or that were reported in the press. Where relevant I cite the original consultation document and the main public position pieces.

On 7 May 2025 the Government of Malta published a consultation document titled Public Consultation on Assisted Voluntary Euthanasia (sometimes described in press coverage as an AVE or “assisted dying” consultation). The consultation sets out a principles-and-safeguards framework that the government says is intended to open a national debate and inform future legislation. The stated aim in government materials and statements by the Parliamentary Secretary leading the consultation was to respect personal dignity and autonomy in the context of terminal illness while ensuring tight eligibility criteria and safeguards.¹

The published proposal included three important points:

1. AVE/assisted dying would be limited to adult patients who are terminally ill and meet strict eligibility criteria (for example, prognosis limits, residency requirements and the patient’s explicit request). The consultation document repeatedly stressed that old age, disability or mental-health conditions would not by themselves be grounds for access.
2. The government framed palliative care as the first-line response, and the consultation document requires that palliative-care options be offered to every eligible person. However, the government also argued there are cases where palliative care cannot fully alleviate suffering and that a legal framework for assisted dying might be considered in those limited circumstances.
3. The document also set out proposed safeguards (for example, protections against coercion and criminalisation of pressure to request AVE) and discussed processes such as medical wills / advance directives and certification procedures — while inviting comment on the detail and possible alternatives.

The government opened the consultation for eight weeks, inviting submissions from the public and stakeholders; Parliamentary Secretary Rebecca Buttigieg led the launch and subsequent community sessions. The Ministry emphasised engagement with stakeholders and experts in health, ethics, disability and religion, and said the exercise was intended to be evidence-based and participatory. The consultation portal was run as part of the Office of the Prime Minister’s public consultation infrastructure¹; while

individual submissions are confidential unless the submitter agrees to publication, the government will typically publish a summary report and use the responses to inform policy-making. (As of the time of writing, the Government had not yet published a final, aggregated summary or an official white paper converting responses into legislative text — officials stated the review was ongoing and that a bill would follow.)

It should be noted that, as opposed to the proposal of the Bioethics Consultative Committee (BCC) a public consultation does not public education and discussion. The former costs more money but is what is proposed by the Committee for Bioethics (CDBIO) of the Council of Europe.

RESPONSES AND PUBLIC CAMPAIGNS

The consultation generated an unusually high civic response. During and immediately after the consultation period officials and press reports described a “record” number of submissions. Parliamentary sources and reporters noted hundreds of submissions in the early weeks and later indicated a much larger number once campaign activity intensified. One report cited the Parliamentary Secretary saying that more than 500 submissions had been received (this figure was an early count reported in mid-June).²

Conversely, Civil society campaigns amplified response numbers. The Life Network Foundation (a public-facing NGO opposed to legalising assisted dying) ran a campaign and delivered a petition and physical submissions, publicly presenting 11,571 signatures/submissions delivered to the Prime Minister’s Office as part of its campaign near the conclusion of the consultation.^{3,4} (Campaign organisers said these submissions had also been sent through the government consultation website.)

The Media polls in June showed public opinion was mixed: one MaltaToday survey reported support at roughly 49% for the government’s proposal “under certain conditions”⁵, with a substantial share undecided. Other smaller polls suggested a significant portion of the public prioritised investment in palliative care over legal change. So the consultation unfolded against a background of divided public sentiment and energetic campaigning on both sides.

However, the government's launch and follow-up reporting make clear that the consultation process was meant to engage a broad set of stakeholders. The Parliamentary Secretary and officials met with and invited input from:

- Medical professional bodies (for example the Medical Association of Malta and other doctor groups).
- Public-health and specialist medical associations, including the Malta Association of Public Health Medicine.⁶
- Palliative-care organisations and providers, such as Hospice Malta, which issued its own position paper in response to the consultation document.⁷
- Academic bodies and university academics, many of whom produced position papers or coordinated group submissions (notably an interdisciplinary group of University of Malta academics produced a formal position paper).⁸
- Religious bodies and faith-based organisations, including Catholic groups and senior Church organs that publicly warned against the proposal.⁹
- Civil-society organisations and campaigns, both those supporting the idea of a legislative framework for assisted dying and those opposing it (for example Life Network Foundation and coalitions of NGOs calling for strengthened palliative care).^{3,4,10,11}
- The Bioethics Consultative Committee of the Ministry of Health(2025) updated its document recommending safeguard should euthanasia within the last six months of life be introduced but emphasising the Palliative Care Strategy and more importantly Public education and debate rather than opinions in favour or against.
- Political parties and elected representatives, who submitted positions or participated in public events or press briefings (e.g., Momentum Party submitted an official position).^{12,13}

The public consultation portal and government statements also made clear that any member of the public could submit written comments online — and that the public sessions would allow direct engagement.

PRINCIPAL RESPONDENTS

The following are the major identifiable respondents or respondent-groups that made public responses or whose position papers were widely reported, with a concise summary of each position and citation to the source material. Whilst not an exhaustive list of the many individual submissions, this covers the main institutional voices that shaped public reporting and the debate.

The Medical Association of Malta raised ethical and professional concerns about the proposal, emphasising patient safety, the risk of normalising euthanasia, potential harms to the doctor-patient relationship, and the need to prioritise palliative care and resources. MAM's formal feedback argued for caution and for safeguards that protect vulnerable patients; it also raised concerns about whether the health system is prepared for such a change. MAM represents clinical professionals and was treated as a central stakeholder. Its response shaped media coverage and other professional groups' positions.¹⁴

Malta Association of Public Health Medicine (MAPHM) reviewed the government document and publicly stated that debating AVE at this juncture was "at best premature." They echoed MAM's call to prioritise investment in palliative care and advanced care planning, warned about statistical and public-health implications (for example how deaths would be registered), and expressed concerns about safeguards and implementation capacity. MAPHM framed the issue in public-health terms, raising concerns about system readiness and population-level effects rather than only clinical ethics.⁶

An interdisciplinary team of academics (law, medicine, theology, disability, social policy and ethics) of the University of Malta published a joint position paper.⁸ The Interdisciplinary group was led and drafted by the Faculty of Theology, although this is not mentioned in the position paper. They were critical of aspects of the consultation document — arguing the paper's language sometimes conflated assisted suicide and euthanasia, questioned the framing of advance directives, and urged more focus on palliative care and on protecting vulnerable groups. The group cautioned against hasty policy changes and urged rigorous analysis of legal, ethical and social implications. The academics' submission

added scholarly weight to the critique and was widely reported, encouraging more cautious public discussion. Subsequently another group of academics made a statement in favour of euthanasia.

Hospice Malta (a national NGO) issued a position urging caution and emphasising the centrality of palliative care. While acknowledging the sensitivity of the topic and the suffering that terminal patients can experience, Hospice Malta stressed that strengthening palliative-care services should be the primary policy priority and raised concerns about the broader implications of legalising assisted dying.⁷ As a leading palliative-care provider, Hospice Malta's view shaped the framing that palliative care must be central in any policy response. Moreover it has just finished a state-of-the art Hospice for around 16 beds. Whilst this seems to be a small number, in Malta it is relatively more feasible and preferable to die at home and the Hospice provides an excellent service in this regard.

Several Church bodies and Catholic organisations publicly opposed the proposal, warning that legalising euthanasia risks harming the most vulnerable and could signal a retreat from commitments to palliative care. A senior Catholic group described the proposal as "dangerous" and argued that discussion was premature until palliative care provision was comprehensively strengthened.⁹ The Life Network Foundation led a public campaign opposing AVE, collecting and delivering thousands of submissions/petition signatures (reported as over 11,500). Their public messaging stressed testimonies from families and palliative-care professionals and called for investment in palliative care rather than legalisation. They actively encouraged supporters to use the government consultation portal and to submit individual responses. The volume of submissions associated with the campaign amplified the anti-legalisation voice and created a visible mobilisation but not to the extent that it can make a difference.^{3,4}

However, there was also a cross-sector coalition of more than 30 organisations publicly urged the government to reject euthanasia and prioritise palliative care, citing risks to vulnerable populations and the need for stronger health-system supports. Their joint appeal was widely reported in early July.^{10,11} The coalition signalled broad organised opposition beyond strictly religious groups, including

NGOs, professional associations and social-welfare organisations. The coalition said that euthanasia proposal poses ethical and social risks for the most vulnerable in society.

In addition, the relatively newly formed political party Momentum submitted an official position to the consultation in favour of serious public discussion and supported advancing the debate (their public release framed the change as necessary for personal autonomy and dignity in terminal illness).^{12,13} This illustrates that political parties and actors were engaged on both sides. Political party submissions show the issue is being treated as a matter of public policy and party politics, not only clinical ethics.

Finally, several media outlets carried polls during June showing mixed results: some polls found near-even public support for a tightly framed assisted-dying proposal (for example ~49% in one MaltaToday poll), while other smaller polls suggested that a majority prefer prioritising palliative care over legalising assisted dying. These mixed poll results were frequently cited in the media coverage of the consultation.⁵ Varied polling shows public opinion is not uniform and both sides could claim support among sections of the electorate.

The Bioethics Consultative Committee (BCC) was not one of the main respondents although it was called by the committee of the Parliamentary Secretary in charge of the debate. Several years ago, the BBC had published a statement on end-of-life in general and included a section on euthanasia, but not so much for the last six months of a terminally ill patient. The statement was given to two consecutive Ministers but was never put on the website. This is indeed a pity as it could have served well before the consultation process, showing the intended direction that end of life was being taken seriously. Attempts to change the law tend to be difficult unless there is a strong push from the government and therefore pain relief and refusal of treatment remain only on the government patient charter but there are no clear definitions on futile treatment being the sole responsibility of the doctor and that no-one can impose on her to effect further treatment considered to have no use. There is an ongoing case on this which is an appeal by a family who had lost the initial hearing in court which would have had to decide whether it could go to open further legal proceedings.

One should note that not every individual or small organisation that submitted views is available in the public record; the government's internal summary of submissions will be the most complete account of every respondent. Some submissions were made directly via the consultation portal and are not individually published; others were attached to wider campaigns or petitions (for example the Life Network petition). Reporting and poll results vary between outlets.

THE COMMON ARGUMENTS FOR AND AGAINST

In summary, the recurring themes for and against that shaped the debate seem to be the following:

In favour

Autonomy and dignity

Terminally ill adults should be able to choose the timing and manner of their death when suffering is intolerable and irreversible. The consultation itself framed AVE as an option for a strictly defined group of terminal patients.¹

Safeguards and tight eligibility

Proponents often argue that careful law-making with strict safeguards can minimise abuse, and pointed to models elsewhere as examples.

Real suffering despite palliative care

Some proponents suggest that while palliative care must be expanded and strengthened, it cannot in every case completely relieve suffering, so the law should allow a last-resort option. Parliamentary Secretary statements emphasised this point.¹

Against

Priority for palliative care

Many respondents (medical, public-health, hospice and NGO groups) said that the system needs far stronger investment in, and implementation of, palliative care before even considering legal change.

Risk to vulnerable groups

Critics warned euthanasia laws can disproportionately affect the elderly, people with disabilities, and socially isolated people, even if the

law nominally excludes them; they asked for stronger protections and better social supports.

Ethical and professional concerns

Medical associations emphasised risks to the doctor-patient relationship, conscientious objection for healthcare professionals, reporting and registration issues, and the moral implications for clinical practice.

These themes fed into the submissions: organisations worried about system readiness favoured delaying legislation and focusing on palliative care; organisations and individuals emphasising autonomy supported opening the legal route with safeguards.

WHAT NEXT?

From government statements and the pattern of public consultations in Malta, the likely steps are:

- Internal review: civil servants and legal advisers will consolidate submissions, identify recurring issues and red lines raised by stakeholders, and draft possible legislative approaches. The government has said it will consider the "huge volume" of submissions before introducing a bill.^{15,16}
- Drafting of a bill or white paper: depending on the review's conclusions, the government may publish a bill for parliamentary consideration or produce a formal white paper with recommended legislative text and safeguards.^{15,16}
- Political and parliamentary debate: any proposed bill would be subject to parliamentary scrutiny, party positions and likely further public debate — with the potential for amendments and for some MPs to emphasise conscience protections for professionals or expanded palliative-care funding as part of the legislative package.
- As the BCC wrote, a true public debate includes not only consultation but an analysis of knowledge based on reason and not merely feeling. It is important that in health care, as with individual patients, such processes follow an informed choice. The following are the guidelines, adopted from the CDBIO document on Public Dialogue, which was presented to the Ministries involved.

- A possible referendum, which was promised by the Labour Party prior to the elections.

are clear guidelines on how to engage in dialogue which are not the scope of this article.

BOX: AUTHOR’S NOTE

The need for public debate and education1

Article 9-11 of the European Convention on Human Rights (ECHR) establish the rights to: freedom of thought, conscience and religion, the right to freedom of expression, and the right to freedom of peaceful assembly and to freedom of association with others. The Oviedo Convention of the Committee of Bioethics (DH-BIO) of the Council of Europe exists to promote Human Rights, democracy and the rule of law in relation to biomedical science, which includes issues dealing with End-of-Life. The Convention acknowledges Public Debate in this regard:

‘Parties shall see to it that the fundamental questions raised by the developments of biology and medicine are subject of appropriate public discussion’ Article 28 of the Convention, entitled ‘Public Debate’.

Note: Public debate is not public consultations but involves engagement and education about main issues which was shown to be unclear. Both public consultations and referenda show merely a statistic based on opinion, whilst many may not know all the facts to both sides of the argument. Public dialogue, conversely is rather impossible in large groups as it tends to be polarised. There

CONCLUSION

Malta’s 2025 AVE consultation produced an intense, polarized but also highly participative national debate. The government’s proposed framework attempted to thread a needle — offering AVE strictly for a limited class of terminally ill adults, while insisting that palliative care remain a priority. That framing satisfied neither many professional bodies nor many advocacy groups: clinicians and public-health experts urged more investment in palliative care and care in policy timing; religious and pro-life groups mobilised large petitions; some political actors and civic voices argued for the primacy of autonomy.

The consultation’s legacy will depend on how government legislators reconcile competing demands: strengthening palliative care (as many respondents requested), protecting vulnerable people, and addressing the autonomy claims of terminal patients. Officials have committed to review the submissions carefully and to draft a bill in due course; the path from consultation to legislation will be shaped by legal drafting choices (definitions and safeguards), parliamentary politics, and continued public engagement.

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