

# Euthanasia legislation in the EU

## SUMMARY

Although euthanasia and assisted dying remain highly controversial in large parts of the globe, an increasing number of countries have legislation on it in place or are considering doing so. This is due to changing attitudes, advancements in medical technology and an ageing population.

Several EU countries are at the forefront of these legal changes; at the same time, each of them has come up with its own solutions for addressing challenges such as how to avoid abuse.

Neither EU law nor the European Convention on Human Rights contain provisions precluding EU countries from legislating on euthanasia. In response to questions from Members of the European Parliament, the European Commission has made it clear the EU is not competent to deal with the issue in any way.

Four EU countries – Belgium, Spain, Luxembourg and the Netherlands – have legislation in force that allows euthanasia to be administered by a physician. Germany, Italy and Austria allow assisted suicide only.

The Netherlands and Belgium, the two EU countries that were the first to allow euthanasia, have seen an increasing number of people apply for euthanasia over the years, with studies showing no sign of the legislation leading to any abuse.

In addition, several EU countries are working on legislation on euthanasia or assisted dying. These include: Ireland, France, Cyprus, Malta, Portugal and Slovenia. The Portuguese parliament adopted relevant legislation back in 2023; however, owing to vetoes by the Portuguese president and rulings by the country's constitutional court, it has still not entered into force.



## IN THIS BRIEFING

- Introduction
- EU position
- European Convention on Human Rights
- EU countries with euthanasia legislation in place
- EU countries allowing assisted suicide only
- EU countries working on euthanasia or assisted dying legislation



### Box 1 – Glossary

**Active euthanasia:** deliberately ending a life to relieve suffering using direct intervention.

**Passive euthanasia:** deliberately withholding or ending life-sustaining treatment

**Assisted suicide:** helping someone to end their life deliberately.

Countries can have their own definition of what they consider euthanasia.

In this briefing, euthanasia refers to active euthanasia unless explicitly stated otherwise.

## Introduction

After the Netherlands became the first country in the world to legalise euthanasia in 2002, more countries have been addressing the challenge of what to do with people who request a termination of their life because of unbearable suffering. This could be either in the form of euthanasia as administered by a physician or in the form of assisted dying, when a person is given the means to do so themselves.

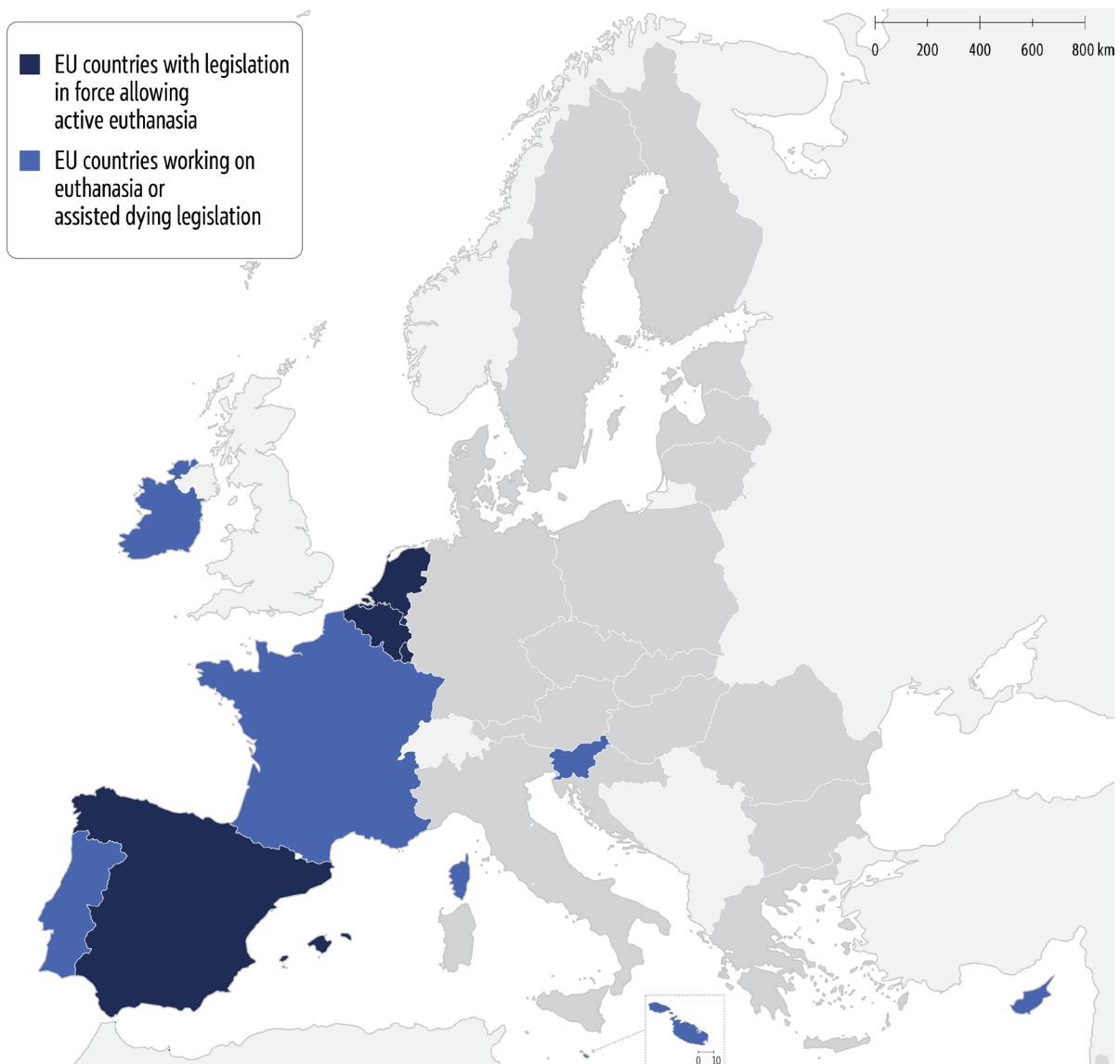
Euthanasia remains a highly controversial issue. In most countries in the world, active euthanasia is [banned](#), and passive euthanasia is not allowed.

However, because of [changing attitudes](#), [advancements in medical technology](#) and an [ageing population](#), more countries are increasingly taking a new look at the issue. A [study from 2023](#) showed that, out of 35 high-income countries, the citizens of all but two had become more positive about euthanasia over the past 40 years. A [study from 2024](#) found that support has been increasing. According to the author, 'the number of countries that have legalized EAS [euthanasia and assisted suicide] is rising, and in these places, the number of people who use them is also continuously increasing'.

On their [website](#), the World Federation of Right to Die Societies lists 11 countries, as well as some states in the United States (US) and Australia, that allow assisted dying (including, in some cases, euthanasia administered by physicians). It also highlights legal developments in several countries that could lead to new legislation on the matter. One example would be the United Kingdom, where the House of Commons 20 June 2025 voted in favour of a [bill legalising assisted dying](#) in England and Wales.

In the EU, four countries have legislation in force that allow euthanasia to be administered by physicians: Belgium, Spain, Luxembourg and the Netherlands. Several other EU countries are currently working on legislation to allow euthanasia and/or assisted dying. Figure 1 shows both groups of countries on a map of Europe.

Figure 1 – Map showing EU countries with legislation in force allowing active euthanasia and EU countries working on legislation regarding euthanasia or assisted dying in 2025



Source: Compiled by the author, based on own research, 2025; graphic by Stéphanie Pradier.

## EU position

Under [Article 168](#) of the Treaty on the Functioning of the European Union, Member States are responsible for defining and delivering their national health services and medical care. This also includes palliative care and whether to allow euthanasia. As Member States have differing views on the issue, a [research article on the issue](#) concluded that an EU-wide approach would be unlikely:

*For difficult issues such as euthanasia, it is unlikely that a top-down approach will ever be successful in Europe. To avoid alienating member states, the courts will continue allowing national discretion in these types of policy areas. Forcing legalization would be too difficult for many states to accept considering the differing views on rights and religion.*

Over the years, Members of the European Parliament (MEPs) have raised several euthanasia-related issues in their questions to the European Commission, including to enquire about the latter's position on the issue (see Box 2). However, the Commission has generally indicated that it does not intend to get involved, as it is the Member States' responsibility. See, for example, its [answer](#) to an MEP's [questions](#) in 2017: 'Responsibility for healthcare, including care for terminally ill patients as well as

the ethical questions referred to, rests with Member States. Therefore, the Commission does not intend to make recommendations on the matter.'

#### Box 2 – MEPs' questions relating to euthanasia since 2014

[National right-to-die laws and differences in patient treatment across Europe](#) (2025); [answer](#) by the European Commission

[EU funding for research on palliative care](#) (2020); [answer](#) by the European Commission

[Need for European regulation of the right to die in dignity](#) (2019); [answer](#) by the European Commission

[Euthanasia in the Netherlands](#) (2017); [answer](#) by the European Commission

[Euthanasia cases in Europe: increasing EU support for sick people and their families](#) (2017); [answer](#) by the European Commission

[Euthanasia](#) (2017); [answer](#) by the European Commission

[Ethical considerations relating to EU funding for research on end-of-life care](#) (2015); [answer](#) by the European Commission.

## European Convention on Human Rights

All EU countries are signatories to the [European Convention on Human Rights](#) and are bound by it, including in health matters. The most relevant articles relating to euthanasia are Articles 2 ([right to life](#)); 3 ([prohibition of inhuman and degrading treatment](#)); 8 ([right to respect for private life](#)); 9 ([freedom of conscience](#)); and 14 ([prohibition of discrimination](#)).

In its judgment [Mortier v Belgium](#), the European Court of Human Right found that states could allow assisted dying without this violating the right to life guaranteed by Article 2:

*As the Belgian Constitutional Court pointed out, the decriminalisation of euthanasia was intended to give individuals a free choice to avoid what in their view might be an undignified and distressing end to life... It must be said that human dignity and human freedom constitute the very essence of the Convention ...*

*Under these circumstances, the Court considers that, while it is not possible to derive a right to die from Article 2 of the Convention, the right to life enshrined in that provision cannot be interpreted as per se prohibiting the conditional decriminalisation of euthanasia.*

*In order to be compatible with Article 2 of the Convention, the decriminalisation of euthanasia has to be accompanied by the provision of appropriate and adequate safeguards to prevent abuse and thus ensure respect for the right to life. In this connection, the Court also notes that the United Nations Human Rights Committee has held that euthanasia does not in itself constitute an interference with the right to life if it is accompanied by robust legal and institutional safeguards to ensure that medical professionals are complying with the free, informed, explicit and unambiguous decision of their patient, with a view to protecting patients from pressure and abuse ...*

However, in the case [Dániel Karsai v Hungary](#), the Court also clarified that countries cannot be obliged to introduce legislation on assisted dying, pointing out that 'the majority of the Council of Europe's member States ... continue to prohibit [physician-assisted dying]'

## EU countries with euthanasia legislation in place

EU countries allowing euthanasia (in an active form) will be discussed in chronological order, starting from the first country to legislate on it.

## The Netherlands

The Netherlands was the first country in the world to decriminalise euthanasia in 2002, with the [Termination of Life on Request and Assisted Suicide Act](#). This legislation was later [updated](#). Both the termination of life on request and assisted suicide are prohibited under Articles 293 and 294 of the Dutch criminal code; however, the [Dutch legislation on euthanasia](#) created an exception for physicians, provided they meet the six due care criteria set out in the act and notified the municipal pathologist. The six criteria are:

- 1 be satisfied that the patient's request is voluntary and well considered;
- 2 be satisfied that the patient's suffering is unbearable, with no prospect of improvement;
- 3 have informed the patient about their situation and prognosis;
- 4 have concluded, together with the patient, that there is no reasonable alternative in the patient's situation;
- 5 have consulted at least one other, independent physician, who must see the patient and give a written opinion on whether the due care criteria set out in (1) to (4) have been fulfilled; and
- 6 have exercised due medical care and attention in terminating the patient's life or assisting in the patient's suicide.

Euthanasia must be requested by the patient personally, without undue influence from others. The request can be written or verbal. If a patient is concerned that they might not be able to express a request for euthanasia at a later stage, for instance because of advanced dementia or reduced consciousness, they can draw up a written request known as an advance directive. The patient would need to describe as specifically as possible the circumstances in which they would want to see their life be terminated. The physician then includes this information in the medical records. Even if the six criteria are met, a physician is not obliged to carry out euthanasia. In that case, the patient should be informed, and could then contact another physician.

Once euthanasia has been performed, the physician must inform the municipal pathologist, who is the doctor who investigates the cause of death, and provide this doctor with a detailed report, among other documents. One of the country's five regional euthanasia review committees then reviews the report and the procedure to assess whether the euthanasia was carried out according to the law. If a physician is found to not fulfil one or more criteria, the findings are reported to the public prosecution service, which can then start an investigation. The physician involved could be sentenced to up to 12 years in prison or a fine for euthanasia, and up to three years in prison or a fine for assisted suicide. Minors must be at least 12 years old to request euthanasia. In addition, if a minor is between 12 and 16 years old, the parents or guardian must indicate whether they agree with the child's request for euthanasia; if a minor is between 16 and 18 years old, the parents must be involved in the decision making. Physicians need to have sufficient knowledge of the patient's medical history to be able to assess whether the suffering is unbearable and without prospect of improvement. This means that in the case of a person who does not reside in the Netherlands and has arrived only recently, it is for the physician to decide whether such an assessment is possible. However, applications by individuals who are not Dutch and/or are living outside the Netherlands happen rarely, according to the [Dutch Association for Voluntary Euthanasia](#).

The euthanasia legislation seems to be widely supported in the country. According to a [2019 survey](#), 87 % of adults living in the Netherlands believe euthanasia should be possible under certain circumstances.

A [2009 research article](#) analysing two decades of euthanasia in the Netherlands concluded it had not led to any abuse, such as ending the lives of vulnerable patient groups without their consent:

*Our studies show no evidence of a slippery slope. The frequency of ending of life without explicit patient request did not increase over the studied years. Also, there is no evidence for a higher frequency of euthanasia among the elderly, people with low educational status, the poor, the physically disabled or chronically ill, minors, people with psychiatric illnesses including depression, or racial or ethnic minorities, compared with background populations.*

A [2007 study](#) looking at euthanasia cases in both the Netherlands and the US state of Oregon, which also allows euthanasia, reached a similar conclusion:

*Rates of assisted dying in Oregon and in the Netherlands showed no evidence of heightened risk for the elderly, women, the uninsured (inapplicable in the Netherlands, where all are insured), people with low educational status, the poor, the physically disabled or chronically ill, minors, people with psychiatric illnesses including depression, or racial or ethnic minorities, compared with background populations.*

## Statistics

In 2023, there were 9 068 notifications of euthanasia, equivalent to 5.4 % of the total number of deaths in the Netherlands that year, according to an [annual report on euthanasia](#). This is 4 % more notifications than the previous year (8 720). Nearly all notifications related to termination of life on request (97.7 %); 2.1 % were notifications of assisted suicide, and 0.2 % involved a combination of the two. Patients with common somatic (i.e. physical) conditions accounted for 88.7 % of all notifications, including cancer (56.3 %); neurological disorders such as Parkinson's disease, multiple sclerosis and motor neurone disease (6.7 %); cardiovascular disease (4.3 %); pulmonary disorders (3.7 %); and a combination of conditions, usually somatic (17.6 %). Patients with a form of dementia accounted for 3.7 %, and patients with psychiatric disorders for 1.5 %. Nine notifications were based on an advance directive (eight of them were related to patients with an advanced form of dementia). Regarding age, 79.9 % of applicants were 60 years old or above, and only 1.2 % of applicants were aged between 18 and 40. Only two notifications (0.02 %) related to minors aged 16 or 17. The [number of cases](#) has risen over the years. In 2002, the first year the legislation was in force, there were 1 882 reported cases. By 2012, there were 4 188, and by 2016, they had increased to 6 091.

## Belgium

In 2002, Belgium passed a [law to decriminalise euthanasia](#) in specific circumstances, which entered into force the same year. It only applies when euthanasia is performed by a physician abiding by the [conditions and procedures](#) set out in the law. Euthanasia must be requested by the patient, who at the time of the request is of sound mind and conscious; is in a medically hopeless condition; and has persistent and unbearable physical and/or psychological suffering that cannot be alleviated and is the result of a serious and incurable condition caused by accident or illness. This request must be voluntary, considered, repeated, and must not be due to any external pressure. Minors requesting euthanasia have to be of sound mind and judgment, as well as be in a medically hopeless condition that will lead to death within the foreseeable future. A patient can sign an advance declaration stating that a doctor may perform euthanasia in the future if the person involved is no longer able to express their will because of being irreversibly unconscious (i.e. in a coma or vegetative state). The doctor must check in advance that the patient is suffering from a serious and incurable condition caused by accident or illness and is unconscious, and that this condition is irreversible according to the current state of science.

Physicians have the right to refuse performing euthanasia; however, they will need to inform the patient, who can then approach other physicians. These rules only apply to patients domiciled in Belgium who are in possession of a national register number. Euthanasia cannot be requested by people living outside Belgium, although nationality is not a criterion. In [2020 to 2021](#), 79 people with a legal residence abroad came to Belgium for euthanasia. The actual number could have been higher, as doctors were not legally required to note in which country patients were living. In [2022 to 2023](#),

170 people with a legal residence abroad came to Belgium for euthanasia, with 90.6 % of them living in France. This represents 2.7 % of the total number of euthanasia cases that year. In its [report for the years 2022 to 2023](#), the federal committee responsible for overseeing euthanasia cases in Belgium highlighted the potential issues with people coming from abroad:

[Machine translation from French] *In addition to the fact that managing these requests represents an additional workload, it also raises fundamental questions about the accessibility of these services to foreign patients. This includes not only the adjustments necessary to handle these specific requests by Belgian physicians and services but also the risks of potential discrimination against these patients – which add to the difficulties and isolation already experienced by these patients and their loved ones in their medical journey. Indeed, although many cases demonstrate collaboration between Belgian and French practitioners, they also highlight communication challenges and the reality of interruptions in the continuity of care for these patients. Moreover, they reveal the logistical difficulties encountered in performing euthanasia in this context of medical mobility, particularly in a palliative setting sometimes compounded by severe complications, such as intestinal obstruction or malignant paraplegia.*

## Statistics

According to a [publication](#) of the 2024 figures for Belgium, 3 991 euthanasia cases were recorded – 16.6 % more than the previous year. These 3 991 represented 3.6 % of all deaths in Belgium in 2024.

Most patients were over 70 years of age (72.6 %), and only 1.3 % under 40. Only one case involved a minor in 2024. Since legislation was updated to allow requests by minors in 2014, there have only been six cases in total. The main reasons that led to the requests are as follows: cancers (54 %); polypathology (i.e. multiple chronic conditions) (26.8 %); serious neurological disorders (8.1 %); cardiovascular (2.6 %) and respiratory (2.9 %) conditions; and psychiatric conditions (1.4 %) and cognitive disorders (1.4 %). Euthanasia cases increased from 236 in 2003 to 3 423 in 2023. A [paper](#) looking into this increase attributed it mainly to demographic changes, particularly an ageing population. In addition, it did not find any evidence that legislation has led to a broadening of criteria. Belgium accepts psychiatric disorders as a valid reason for euthanasia. According to [one of the researchers](#), psychiatric conditions accounted for 1.3 % of cases between 2002 and 2023, and this has remained stable over time.

## Spain

In 2021, Spain adopted a [law that covers euthanasia and assisted suicide](#). According to the law, [patients must](#): be an adult and of sound mind and judgement; have the Spanish nationality, or have been domiciled in Spain for at least 12 months, or have a registration certificate; suffer a serious and incurable disease or a serious, chronic and disabling condition, which needs to be certified by a doctor; make two applications at least 15 calendar days apart, and not be subject to any external pressure; and give informed consent before receiving help to die.

The patient can request euthanasia in advance if they expect to be physically incapacitated at a later stage. After receiving the requests, the doctor has to begin deliberations with the patient, and subsequently ask them whether they would like to continue or abandon the request. The doctor will then need to consult another doctor, who will look at the medical history, examine the patient and check compliance with the legal requirements. If this doctor issues a report in favour of the request, the process continues. If the report is unfavourable, the patient can lodge a complaint. The patient can withdraw the request at any time. The doctor is not obliged to perform euthanasia and can refuse to do so. In this case, they need to inform the patient in writing, and notify them about the possibility of filing a complaint.

## Statistics

According to a [report](#) by the Spanish ministry of health, in 2023, 706 requests were filed, and 334 assisted suicides were performed. The largest age group was 70- to 79-year-olds (28 %); 25 % of applicants died before the request was handled, while 3 % changed their mind. Cancer (35 %) and neurological disease (35 %) were the most common conditions among applicants. It took an average of 67 days from the original request to it being carried out.

## EU countries allowing assisted suicide only

This section looks at EU countries allowing assisted suicide but not euthanasia. However, it does not look at passive euthanasia, such as refusing or withdrawing treatment.

### Germany

In 2020, Germany's federal constitutional court [ruled](#) against a ban on professionally assisted suicide. Assisting in suicide is allowed.

### Italy

Italy's constitutional court [ruled](#) in 2019 that assisted suicide must be permitted for patients who have a terminal condition, are suffering unbearably and depend on life-sustaining treatments as long as they are fully competent to take the decision. However, the ruling has not led to any national legislation on this, despite the constitutional court's [request](#). On 11 February 2025, Tuscany became the first Italian region to adopt [legislation](#) on medically assisted suicide. The first assisted suicide under the new law took place on 11 June 2025. The national government is [challenging](#) the regional law, and has asked the constitutional court to rule on it. Under Article 117 of the [constitution](#), Italian regions can legislate on matters not expressly reserved to the state within their territory. The same article lists competences that fall under the exclusive jurisdiction of the state and those that are under concurrent national and regional competence. For instance, according to Article 117(2)(m), the 'determination of the essential levels of benefits concerning civil and social rights that must be guaranteed throughout the national territory' falls under exclusive state jurisdiction, while according to Article 117(3), 'health protection' is under concurrent competence.

### Luxembourg

In 2009, Luxembourg adopted a [law on euthanasia and assisted suicide](#). It offers patients the option to die if their suffering is considered unbearable. It also protects doctors involved from prosecution. Doctors must meet certain formal and procedural conditions, such as conducting several interviews with the patients. They are not obliged to perform euthanasia or help with assisted suicide; however, in that case, they have to inform the patient within 24 hours, including the reasons for their refusal. To request euthanasia or assisted suicide, the patient has to have an incurable medical condition resulting from an accident or illness; and want to make end-of-life arrangements to avoid having to confront such a condition in the future. While the patient does not need to reside in Luxembourg or be a Luxembourgish national, they have to have a general practitioner in Luxembourg who has been their doctor for a sufficiently long, continuous period.

For the request to be legal, the patient must: be conscious at the time of the request; be of legal age, with the legal capacity to make their own decisions (i.e. they must not have been ruled incapable of making their own decisions by the court); have made the decision without any outside pressure; have an incurable medical condition, with no prospect of improvement, arising as a result of an accident or illness; be undergoing constant and unbearable physical and/or mental suffering as a result of that condition, with no hope of improvement.

Requests for euthanasia and assisted suicide cannot be made by minors, those under guardianship or protection, or legally incapable persons. Nor can their parents, guardians or trustees make such a request on their behalf.

Euthanasia has to be requested by the patient in writing, mentioning their personal details, and be dated and signed. The patient must be of legal age, with full legal capacity, and conscious at the time of application. In addition, they need to meet the conditions required for performing euthanasia. If the patient is permanently physically incapable of writing and signing the request, a person of legal age of the patient's choice may sign in the presence of the patient's doctor; in that case, their name must be included in the document. Patients can withdraw their request at any time. Such requests can also be made ahead of time if there is a possibility that the patient could later find themselves in an irreversible state of unconsciousness. These end-of-life arrangements can be updated or withdrawn at any time.

## Statistics

In 2022, there were 34 cases of euthanasia in Luxembourg, according to a [report on the years 2021 and 2022](#). This is 41.7 % more than the previous year, when 24 cases were declared. In the period 2009 to 2012, there were 19 cases; in 2013 to 2014, 15; in 2015 to 2016, 18; in 2017, 11; in 2018, 8; in 2019, 16, and in 2020, 25.

## Austria

In December 2020, the Austrian constitutional court [ruled](#) that it was unconstitutional to ban any form of assisted suicide without exception. This led to the Austrian parliament adopting [legislation](#) to legalise assisted suicide for those who are terminally ill or have permanent debilitating conditions in December 2021. They would also have to be at least 18 years of age and have their case assessed by two doctors, one of them being an expert in palliative medicine. Applicants would then have to wait at least 12 weeks before being granted access to the procedure.

## EU countries working on euthanasia or assisted dying legislation

### Ireland

In 2023, the Irish parliament (Oireachtas) set up a committee tasked with examining the need for legislation on assisted dying and making recommendations. It published its final report in March 2024, which was adopted by members of the lower house of the Irish parliament (Teachtaí Dála) in October 2024. The report recommends introducing legislation that would allow assisted dying in restricted circumstances. In most cases, it should only apply to people who only have six months to live at most; for those suffering from a neurodegenerative condition, it could be 12 months. Coercing someone into assisted dying should be a criminal offence. A [private bill on assisted dying](#) was put forward in June 2024, and its general principles were debated in parliament on 1 May 2025.

### France

On 27 May 2025, France's lower house of parliament adopted a bill on [palliative care](#) and a bill on [assisted dying](#). The latter would allow any French national or anyone aged 18 or over living in France to end their life by taking a lethal substance prescribed by a doctor, provided they suffer from an incurable illness. These patients would have to be at an advanced or terminal stage, and request the lethal medication of their own free will. A compulsory period of reflection would apply. Additionally, the bill on assisted dying would not apply to people with a neurodegenerative disorder or with severe psychiatric conditions. The French senate is expected to vote on the assisted dying bill later

in 2025, after which the lower house will vote on the final draft. Withholding artificial life support and deep sedation before death are already allowed in France.

## Cyprus

Irene Charalambidou, a member of the national parliament, put forward a [legislative proposal](#) to give terminally ill patients the option of assisted suicide. However, in June 2025, the human rights committee decided to [delay](#) the bill on assisted dying until after January 2026, to focus on a government bill on palliative care. Parliament's human rights committee was due to [discuss](#) the proposal article by article in September 2025. The bioethics committee has published its (advisory) [opinion on euthanasia](#).

## Malta

On 7 May 2025, the Maltese government launched a [public consultation](#) on assisted voluntary euthanasia, which ran until 2 July. The plans would apply to adult residents in Malta suffering from an incurable terminal illness that is expected to lead to their death in less than six months. In addition, they must have already tried all available treatments and therapeutic services. Euthanasia would not be allowed on the basis of mental health, disability or old age. Depending on the feedback received, the consultation could lead to the government drafting a legislative proposal.

## Portugal

The Portuguese parliament adopted a [law concerning euthanasia and assisted dying](#) back in 2023; however, it is still not in effect, as it has been vetoed by the Portuguese president twice, and also has been challenged by the country's constitutional court. In April 2025, the constitutional court [ruled](#) that part of the legislation was unconstitutional. As parliamentary elections took place in May 2025, it will be for the new government to re-amend the law so that it can be adopted. Under the legislation, Portuguese nationals or people residing in Portugal would have to be 18 or over and be terminally ill and in intolerable suffering to be allowed to request assistance in dying.

## Slovenia

In June 2024, [55 % of Slovenians](#) voted in favour of adopting a law that would regulate the right to assistance in the voluntary end of life. Although non-binding, this consultative referendum was supported by three major political parties, which proposed it. Following the referendum, the government worked on a new proposal; however, the inclusion of euthanasia was rejected following opposition by the medical profession. The [current proposal](#) only deals with assisted dying. The Slovenian parliament [approved](#) the bill on 18 July 2025. On 23 July, it was [vetoed](#) by the [National Council](#). The representative body for social, economic, professional and local interests sent it back to parliament for review, saying the proposal raised complex philosophical, ethical and legal issues that needed to be addressed. The Slovenian parliament subsequently [adopted](#) the act during an extraordinary session on 24 July. The law's opponents have called for a legislative (binding) [referendum](#) on the bill. On 1 September 2025, they started collecting signatures to be able to submit a request. Parliament will then have to call a referendum within seven days after the deadline for collecting signatures (5 October) has lapsed. If a majority of eligible voters votes against the act in the referendum, it is rejected, provided at least one fifth of voters voted against it.

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