



The proposed law on assisted dying. February 18, 2026

(Second reading at the French National Assembly:
from 16 February 2026 to 27 February 2026).

The French Academy of Medicine confirms its position on the issue of end-of-life in an opinion voted in plenary session on Tuesday June 27, 2023, entitled: “Promoting a dignified and peaceful end to life: Responding to inhuman suffering and protecting the most vulnerable people”¹.

The Academy was speaking in the case where the legislator was to embark on a new law to recognize exceptional situations not covered by the existing legislation. This has now occurred.

The Academy’s text aimed to reconcile the dual objective of protecting the most vulnerable people and responding to some unbearable suffering not covered by the existing regulations.

The Academy asserted that the aim of helping people suffering from serious incurable diseases, for whom the life-threatening is inexorable in the medium term, to die as painlessly as possible is a difficult but reasonable task.

Distinguishing between assisted suicide and euthanasia, the Academy called for strict safeguards to be put in place in the event of assisted suicide being adopted by the legislature. These included, in particular, a collegial assessment prior to the decision and the exclusion from the scope of all disorders that could impair the patient's discernment.

The bill, which has been under discussion for many months at the French National Assembly, includes many of these proposals and conditions.

Nevertheless, the French Academy of Medicine **draws attention to two points** concerning the text as it stands²:

- Article 4 of the bill, as passed on first reading by the French National Assembly, set out the conditions under which a person seeking assistance in dying could be granted such assistance. These conditions included ‘*constant physical or psychological suffering*’ linked to a condition that was refractory to treatment or unbearable, according to the person, when the latter chose not to receive or to stop receiving treatment.

¹ Opinion adopted after a wide-ranging debate by 64% of the members present (60 in favor, 24 against and 10 abstentions).

It was added that *‘Psychological suffering alone cannot, under any circumstances, allow a person to benefit from aid in dying’*, which excluded people suffering from suicidal pathologies.

Today, this part of the sentence no longer appears in the text, giving rise to an ambiguity of interpretation with a high risk of deviation for patients receiving care appropriate to their psychological state.

Article 17 of the bill provides a criminal penalty for *‘preventing the practice of or obtaining information on aid in dying... either by disrupting access to establishments where aid in dying is practiced... or by exerting moral or psychological pressure...’*. The **offence of obstruction**, in the same terms as the provisions on voluntary termination of pregnancy, would thus be retained for assisted dying. Moreover, no such provision has been made until now for deep and continuous sedation. This measure is misunderstood by, and worrying for, the professionals involved in the delicate task of caring for, and supporting, patients at the end of their lives. As a result, the aim of applying the new law in a climate leading to an adherence of healthcare professionals across the country is being undermined.

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