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A Dignified End: A Right to Live, Die or Exist?[**]

Introduction

It is part of human nature to take things for granted. Nobody ever sees walking or the ability to move our arms or legs as a privilege until they are incapacitated. Very few appreciate their immune system until they are sick. In short, we do not recognise a privilege or register its actual value until it is taken away.

This is not true of those with a severe physical disability or terminal illness. The ability to move their limbs, walk unaided or perform the most basic of absolutions appears to them as a luxury or privilege that will be forever denied. Autonomy is a privilege that is denied to those with severe disabilities or a terminal illness. One response is to ask how this can be remedied through 'empowerment'. While the reality of their physical illness cannot be altered, it is clear that the attitudes and practices of wider society can be challenged and potentially even altered.

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However, empowerment and mobilisation will only conceivably benefit those who are able to participate in society to some extent. Clearly this does not apply to those who are bed-ridden or who are unable to perform the most basic of functions (getting out of bed, walking, washing unaided). In these circumstances, where alternatives are either absent or exhausted, is it not appropriate to ask whether the individual should be permitted to end their own life? Is this not the final dignity that we should grant to the severely disabled and terminally ill?

This paper seeks to answer this question of whether individuals with severe physical disabilities and/or terminal illnesses should be permitted to end their own life. It initially defines key terms, such as 'assisted suicide, 'dignity' and 'euthanasia' and then proceeds to outline the Constructivist theoretical framework that will be applied at a later stage of the paper. Key legal reference points, including the Universal Declaration of Human Rights (UNDR), the International Convention on Civil and Political Rights (ICCPR), the European Convention on Human Right (ECHR) and different components of the Swiss legal order are then examined in closer detail. The emphasis then shifts from constituteons, conventions and codes to consider British and South African legal cases in which a right to die has been advanced and argued. The different components of the theoretical framework are then related back to the preceding material before the paper offers a conclusion which summarises preceding points.

Key Definitions

Before delving further into the research key definitions need to be understood; starting with Euthanasia. Euthanasia is understood as employment of not performing procedures which allow accelerating or inducing the death of the incurably ill patients, in order to free them from the suffering that torments them. Euthanasia is performed or not performed by a physician or an outside party. Assisted suicide (which is another term which needs clarifying) is performed with the same intentions of euthanasia in mind, but actually performed by the patient, not an outsider. The patient in question is the one who performs the action which causes death. Finally, the term assisted death encompasses both concepts of assisted suicide and euthanasia. (Castro et al. 2016)

The final term needing clarification is dignity. Dignity is generally understood as being treated ethically and with respect; and to be treated as a human being with inherent worth. Dignity has no agreed upon definition internationally; it is mentioned in many human

rights conventions, declarations, as well as in many constitutions of varies countries but what dignity actually is- is not mentioned. (McCrudden 2008)

The attribute of dignity sets humans apart from all other living creatures – for this reason, it would appear strange and even perverse to speak of animals being denied a rightful possession of dignity. While the individual possesses or lacks this attribute, it is derived from rights that are defined socially and institute-onal practices that are applied within a social context (totalitarianism and authoritariannism can, upon this basis, be conceived as a denial of human dignity). However, dignity is also some-thing that adheres in the relationship between the individual between the individual and their own self-image – that is, in the way that they view, perceive or understand themselves. In short, even if society perceives an individual to be lacking in dignity, then the individual may ascribe and grant this attribute to themselves.

This paper breaks dignity down into three constitutive elements of auto-nomy, will power and rationality. The severely disabled or terminally ill individual quite clearly lacks autonomy as they are dependent upon others in almost every aspect of their everyday life. Their possession of will power is quite clearly evidenced by the fact that they actively desire the end of their own existence. They are rational to the extent that they are able to identify their own interest and explain how assisted death or euthanasia is consistent with this interest. Their rational faculties remain, in almost all cases, (with the exception of those whose mental capacities have been diminished by illness) fully intact.

Theoretical Framework

This paper will adopt a Constructivist (see Moller, 2012) theoretical model which is also called the Global Model of Human Rights and has four cornerst-ones, but before discussing the cornerst-ones; here is a history of the theory and why it is being used in the paper. The global model does not actually have a specific date of origin because it is the result of observing the behavior of different courts first in Europe and then around the world. The courts in these countries were observed to rule differ-ently in particular to rights than how courts were normally ruling (some may see them as more lax, but it was more than that). After these observations, judges, law makers and citizens started pinning down the differences between the 'old' dominant model of viewing rights, and the new way rights are seen. This theory is important to this research paper in particular because I would not even be allowed to ask the question my

research paper is about with the dominant narrative in mind. The dominant narrative holds the right to life to be sacred without broadening what life is.

This model combines four different features: 1) rights inflation; 2) positive obligations and socioeconomic rights; 3) horizontal effect; and 4) balancing and proportionality. (Moller, 2012)

The first feature reflects the growing predisposition of courts to recognise rights. The use of the word 'inflation', in interjecting a pejorative overtone, suggests an unwelcome development that is viewed with a certain degree of trepidation.

The second feature originates in the distinction between 'negative' civil and political rights and 'positive' social and economic rights. The recognition of new rights and obligations therefore anticipated the emergence and development of 'positive' economic and social rights. Both 'rights inflation' and 'positive rights' anticipate a broadened horizon of legal and state intervention.

The third feature relates to the origins and sources of recognized rights. In the established traditions, rights descended vertically from the citizen to the state. The state was the active party in this relationship, as was attested to by the fact that rights only existed to the extent that it 'recognized' or 'granted' them. The Global Constitutional Model instead suggests a different relation, in which rights are guaranteed by fellow citizens, and can therefore be said to be 'horizontal' in character.

The fourth feature imposes itself upon judges or legislators when they reflect upon the legal significance of assisted death and euthanasia. The obligation of balancing is a reflection of the fact that they are simultaneously accountable to both the individual applicant and the general public. In ensuring that the benefits of any proposed measure are in proportion to the damage that will be inflicted upon either party, the judge/ legislator 'balances' the individual and public interest and ensures that benefits and negative impacts will be in proportion. (Moller, 2012)

Key Legal Codes, Constitutions and Declarations

Article Three of the Universal Declaration of Human Rights (UDHR), which upholds a frequently invoked 'right to life', clearly states that "[e]veryone has the right to life, liberty, and security of person." (UDHR 1948). Article 25 (1) of the same document clarifies that "[e]veryone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and

medical care and necessary social security in the event… in circumstances beyond his control." Article One of the ICCPR states that: "All peoples have the right of self-determination. By virtue of that right, they freely determine their political status and freely pursue their economic, social and cultural develop-ent."

These articles clearly establish that all are entitled to a standard of living that is deemed to be adequate human being, who is free to determine how they would like to live. This in turn raises the question of what happens when this is not possible. Furthermore, what is to be done when this situation does not derive from the actions or another individual or a state actor but instead derives from uncontrollable influences that are not reducible to the actions (or inaction) of a single actor>

Article 11 (1) of the ICCPR (International Convention on Civil and Political Rights) states: “The Stat[e] Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improve-ement of living conditions…" This Article, which closely corresponds to the relevant article of the UDHR (indeed, it is almost identical), clearly establishes that it is not sufficient to merely; rather, the main goal is instead to attain a standard of living that meets a prior standard of dignity (UDHR, 1948; ICCPR, 1966: Article One; Article 11 of the ICESCR (International Convention on Economic, Social and Cultural Rights); 1966).

The European Convention on Human Rights (ECHR) is an important point of reference because European countries have provided so many of the cases and court issues that are related to assisted suicide and euthanasia. Euthanasia is currently legal in Belgium, Luxemburg and the Netherlands. Assisted suicide is also legal in Germany and Switzerland (Dignitas).

Article Two of the Convention reiterates the right to life (‘everyone has the right to respect for his private and family life, his home and his correspondence’) whereas Article Eight relates to the right to privacy (‘there shall be no interfere-nce by a public authority with the exercise of this right’). The latter clearly establishes that public authorities with a view to upholding national security (subject to safeguards) and preserving the ‘rights and freedoms of others’.

In a previous case (An appeal from: [2013] EWCA Civ 961 2014), the applicants cited both articles, and claimed that they had the right to live in dignity and die in a dignified manner. The invocation of a right to live in a case in which the applicants wish to attain

the right to die may, at first glance, appear grimly ironic. However, here it should be clarified that the application arises within a concern to protect and uphold a certain qualify of life. It is upon this basis, and not a 'right to die' that severely disabled and terminally ill people have sought permission to end their own lives. The right to privacy is somewhat more straightforward to explain – it is invoked with a view to demonstrating that the state does not have the right to intrude upon this most private of matters. Intuitively, this appeal has a strong attraction – after all, what could be more personal to an individual (and therefore deserving of protection from unwarranted state interference) than their own death? (Charter of Fundamental Rights of the European Union, 2012)

Switzerland is important for the current discussion because it has permitted euthanasia and assisted suicide since 1998. In many respects, it functions as a case study or even 'test case' for a number of the objections that have been made to assisted death and euthanasia. In the view of the current author, it clearly demonstrates that the rights of the individual to a dignified existence can be reconciled with necessary safeguards that protect the weak and vulnerable.

An institution which upholds the right of a person to die with dignity first originated in Switzerland – hence why the Swiss Civil Code features so prominently in the current discussion. Article 16 of the Code observes that a person is deemed to be capable of judgement if he/she is not underage and is not inhibited by "a mental disability, mental disorder, intoxication or similar circumstances." Article 19 (1), mean-while, establishes that "[p]ersons who are capable of judgment but lack the capacity to act may only enter into legal obligations or give up rights with the consent of their legal representative."

While assisted suicide and euthanasia is not illegal in Switzerland, Article 115 of the Swiss Federal Criminal Code (StGB) establishes that an individual (guided by 'selfish motives') who induces another person to commit suicide can, in the event that a suicide attempt has been made, expect to be imprisoned for up to five years. This is just one example of how safeguards can be put in pace, with a view to protecting the interests of the vulnerable from those who would seek to benefit from their death. (The Swiss Civil Code, 1987) (Dignitas Brochure 2014)

At first glance the Article ostensibly appears to be concerned with the ability to carry out legal transactions and enter into contracts. In my reading it also encompasses the mental capacity to reach judgements and differentiate between right and wrong. If the

physically disabled and terminally ill retain this capacity, then it raises the question of why they should be deprived of the right to exercise it in deciding upon the circumstances and timing of their own death.

Article Seven of the Swiss Federal Constitution establishes that "[h]uman dignity must be respected and protected." Article Ten, which upholds rights of life and personal freedom, further clarifies that each person is entitled to 'liberty', 'physical and mental integrity', 'freedom of movement' and protection from torture and "any other form of cruel, inhuman or degrading treatment".

Dignity can be said to be the starting point, rationale and end objective of any written legal document. We would therefore be entitled to question the precise purpose of human rights if they did not promote or further dignity. Is it not then the case that the reverse applies – does the denial of human dignity (for it is clear that those who are afflicted by terminal illnesses and severe physical illnesses are living in an undignified manner) not constitute a denial of human rights?

Article Ten's emphasis upon physical and mental integrity is also important because those who suffer from severe physical disability and terminal illness are clearly infringed upon in this regard. From one perspective, the act of suicide could be read as a final reassertion of the individual's control over their own physical condition. While we cannot hold a single individual or government to account for impeding this sense of integrity, this does not change the fact that it is impeded.

Key Legal Cases

Some countries ban suicide, and sometimes jail individuals for committing this 'offence'. Kai Moller has previously argued that this criminalisation of suicide is a violation of privacy. He observes: "The right to commit suicide centers on the individual person's right to decide for himself about the value of his remaining life and to prevent the government from passing judgment in this matter."

Individuals with severe physical disabilities and those in the final stages of a terminal illness do not have the physical capacity to carry out the act themselves – hence why they are dependent upon the assistance of medical practitioners or loved ones. Closer inspection of end consequences suggests that there is no clear distinction between outlawing suicide and outlawing assisted suicide – neither deters the act, but simply forces sufferers to resort to more painful and exteme methods. (Moller 2012)

Dignitas is an association which provides an alternative by upholding the right to die with dignity. It was founded on 17 May 1998 and was then registered as an association under Swiss law. In addition to providing sufferers with a range of services, it has also made an important contribution to debates pertaining to end-of-life issues. Direct beneficiaries of Dignitas's services are not at risk of further legal action (the dead cannot be prosecuted), but those who assisted them may face the risk of prosecution when they return to their home country. ("Who Is DIGNITAS" 2017)

A ruling on a British case was provided on the 25 June 2014, following on from a hearing which lasted from December 16-19 in the preceding year. Three people suffering from incurable and severe physical disabilities asked the court to either allow them to consume a lethal dosage of drugs or to be permitted to travel to Dignitas to die. They sought assurance that, in the aftermath of their deaths, their caregivers, family members and doctors would be protected from prosecution. (An appeal from: [2013] EWCA Civ 961 2014).

The first application was made by a man who had suffered a stroke a number of years previously. His request was denied and he was ultimately forced to starve himself before dying in 2012. The second appeal was made by the wife of the deceased, along with two other men with similar health conditions (An appeal from: [2013] EWCA Civ 961 2014). After hearing their cases, the court denied the two men the right to die. In justifying its stance, the court observed that if it relaxed the laws on assisted suicide many people, some of whom would lack a sufficiently strong justification, would choose to end their lives. In noting that social influence may also be a factor, the court also expressed a concern that a relaxation could contribute to a rise in the number of suicides. The court also expressed a view that the right to life and the protection of life was more important. In this instance, the court clearly sought to achieve a balancing of the right to live with dignity and the right to life. (An appeal from: [2013] EWCA Civ 961 2014). In subsequent years, British courts have continued to resist the proposition of a general law and have therefore sought to engage each case in isolation. (An appeal from: [2013] EWCA Civ 961 2014)

In my view, the court's fear of the wider consequences was not completely without foundation. However, in keeping with the principle of balancing, they should not be considered in isolation but should be considered in relation to the suffering that ensued when a man was allowed to starve to death, while his family and medical staff looked on in the knowledge that a simple drug injection

would have allowed him to end his life peacefully. (An appeal from: [2013] EWCA Civ 961 2014)

In concluding, the court agreed that the patients had a right to end their life, but did not seek to establish a law for the reason that it could be open to abuse. In committing itself to engage future cases upon an individual basis, the court reiterated its intention to balance individual rights against those of the vulnerable and society as a whole. (An appeal from: [2013] EWCA Civ 961 2014)

The second case related to a South African patient suffering from terminal prostate cancer. After a psychiatric examination he was found to be mentally sound and in full grasp of the meaning of death and its final significance. His doctors concluded that his cancer was in its final stages and that there was no chance of a recovery. He expressed a clear desire to die in familiar surroundings and with his loved ones around him.

He had explicitly requested a lethal dosage of a drug and had made it clear that he does not want the doctor administering the drug to be prosecuted. His case, which sought to legalize euthanasia, was proposed to the South African Health Ministry and Department in 1998. The applicant put forward a clear case, which clearly explained his reasons for the proposal and the grounds upon which it should it accepted (Robert James Stransham-Ford vs. Minister of Health 2015). He made it clear that he wanted the legislator to assess the issue, with a view to contributing to a legal bill that establish necessary safeguards.

His proposal invoked the South African Constitution and the Bill of Rights. It explicitly referenced Section One of the Founding Provisions, which established that the Republic of South Africa was founded upon values of "human dignity, the achievement of equality and the advancement of rights and freedoms". It also referenced Section Seven ("This Bill of Rights [e]nshrines the rights of all people in our country and affirms the democratic values of dignity, equality and freedom"), Section Eight (which envisages a common law intervention when legislation does not give effect to a right in the Bill of Rights), Section 10 (which essentially restates the Constitution's commitment to dignity) and Section 12 (which asserts the right of the individual not to be "treated or punished [in] a cruel, inhumane or degrading way", his/her entitlement to "bodily and psychological integrity" and the security of his/her body) of the Bill of Rights. The applicant maintained that these sections of the Constitution and the Bill of Rights established his right to end his life on his own terms and protected those who helped him to achieve this end. (Robert

James Stransham- Ford vs. Minister of Health 2015)

His request was not engaged at the time when was submitted because the department was overwhelmed by the scale of the HIV/AIDS epidemic in the country. When the case was ultimately heard, the presiding judge suggested a number of basic safeguards that would prevent the abuse of euthanasia and assisted suicide. It observed that the patient has to be terminally ill, in an extreme state of suffering and immune from external influence or abuse. A separate medical practitioner (other than the one providing immediate care) would also be required to verify the diagnosis and his/her findings would need to be clearly indicated in writing. (Robert James Stransham- Ford vs. Minister of Health 2015).

In this instance, the judge acknowledged that the applicant was "terminally ill and suffering intractably and has a severely curtailed life expectancy of some weeks only" (1.3); furthermore, he was entitled to assistance by a qualified medical doctor. This doctor was permitted to either provide or administer the lethal agent (1.4), safe in the knowledge that he/she would not face further prosecution (1.6) (Robert James Stransham-Ford vs. Minister of Health 2015).

In engaging with the case put forward by the applicant, the South African legislators were confronted by the same concerns that would confront their counterparts in any jurisdiction. It was therefore no coincidence that the South African Law Commission echoed objections that had previously been made by UK Courts: it therefore maintained that the right to euthanasia and assisted suicide would be abused, and that the weak and vulnerable would be exploited.

Clearly there is a danger that terminally ill and severely disabled people could be pressurised into taking this course of action. It is also certainly conceivable that influence may be insidious and indirect and that they may well come to believe that this is an obligation that they owe to those providing their care (a likelihood that is enhanced by the fact that they are likely to be family and/or close friends). It is also true that there are clear problems with the application of psychological assessment. Foremost among these is the fact that the margin for error is, by virtue of the fact that the final assessment will result in the individual's death, substantially reduced. However, even in registering each of the preceding concerns, the Commission observed that concern for the weak and vulnerable was the only obstacle that impeded the legalization of active voluntary euthanasia. (Robert James Stransham- Ford vs. Minister of Health 2015).

Implementing Balancing, Proportionality and Horizontal Effect

Before we apply the theoretical model, it is first necessary to clarify a number of important points that derive from the preceding discussion. Firstly, the right to life cannot be reduced to the right to exist. If this were the case, then humans would be indistinct from other organic matter, such as a tree. As O'Reagan reiterates, the 'right of life' must be invoked to uphold a life worth living.

There is also a clear logical disconnect that derives from the fact that individuals are permitted to die under circumstances that are not of their own choosing (wars, famine, traffic accedents) but not when they have expressed a clear preference to end their own life. At the level of logic, it would surely make more sense to first address, and legislate accordingly, the former.

A similar logical disconnect is also highlighted by the fact that the law permits the ending of an animal's life with a view to relieving suffering, but does not extend the same right to humans. The 1962 Animal Protection Act (UK) therefore establishes that it is "universally acceptable to permit an injured or sick animal to suffer is not only merciless and cruel but also a crime." (Robert James Stransham- Ford vs. Minister of Health 2015)

In working towards balance and proportionality, the state has the balance the right of the individual (to a dignified death and not to endure personal suffering in the full knowledge that the situation will never improve) against the need of vulnerable people in the same situation (who do not wish to die but who are being pressurised to take this course of action) or in general (who wish to die). The initial question is whether the prohibition of assisted suicide infringes the rights of the individual; the second question is then whether the relaxation of this prohibition would negatively impact the interests of vulnerable individuals and wider society.

The state does not just have an obligation to the individual who is enduring hugely challenging personal circumstances. It also has a wider obligation to provide its citizens from dying 'in bulk' (Huscroft, W. Miller and Webber 2016). There is also the issue of the morality (or lack thereof of medical practitioners – will relaxation not increase the likelihood that practitioners will be able to administer a lethal dose of drugs to a patient without their consent? (Moller 2012) (Huscroft, W. Miller and Webber 2016)

In balancing its obligations to the individual, vulnerable individuals and wider society, the state can legalize the practice and put various safeguards in place – as we have seen, Switzerland has

adopted this course of action. States can also decide against prosecuting medical staff who help the individual to commit suicide – this is the case in both the United Kingdom and South Africa, where each case is assessed on an individual basis. South African judges have however asked the South African Legal Commissioner and the Constitutional Court to clarify the issue by passing a bill or law. (Robert James Stransham- Ford vs. Minister of Health 2015) (An appeal from: [2013] EWCA Civ 961 2014)

It should be noted that the preceding emphasis upon the role of the state in helping to effect legal change may be somewhat misplaced. It appears to invoke a 'vertical' model, in which rights are granted to the individual by the state. However, this is questioned by the horizontal model that was outlined in the theoretical framework. In this second model, rights are established and upheld in the interaction between citizens. This has a clear implication for the current discussion because judges and legislators have, in resisting calls for a general law, so strongly emphasised the public interest. Public influence and influence from below could result in relevant legislation or influence social or cultural change. In engaging with an issue which has such a strong moral overtone, it is essential to acknowledge that law is framed within a wider social and cultural context.

The preceding discussion has touched upon a number of innovations (the removal of the threat of legal prosecution and assessment upon a case-by-case basis) that state actors have adopted in response to the complexities of assisted suicide and euthanasia. However, closer inspection has revealed them to be, at best, partial and incomplete.

The resistance that has been offered to so-called 'legal inflation' derives from a prior concern, and obligation, to uphold 'balance' and 'proportion'. However, here it should be noted that the main objections do not pertain to the principle itself but rather the sufficiency of safeguards that have been, and can, be put in place. However, none of these objections are, in themselves, sufficiently strong to cancel out the initial proposition.

Conclusion

This paper has sought to clarify whether assisted suicide and euthanasia should be conceived and understood as a right. It has replied in the affirmative. Even courts that do not formally recognise or implement this right do not dispute its existence. Rather, the key question is instead its implementation. This is the key conclusion that emerges from the engagement with important legal reference points and key cases.

Present implementation of the right has taken a variety of forms, almost all of which can be agreed to be unsatisfactory. The safeguard that medical practitioners would be protected from prosecution was not sufficient to prevent a British applicant from starving himself to death. The guarantee that legal prosecutions will not be forthcoming does nothing to address the many indignities and logistical hurdles that confront sufferers and their families when they seek to travel abroad to access Dignitas's services.

The situation could clearly be very different. In acting positively, the state could provide the facilities where euthanasia and assisted suicide procedures will be carried out. In upholding the principle that the conditions and circumstances in which life ends are part of medical care (rather than the point at which it ends), the state could also train psychiatrists and medical doctors. If the state does not wish these procedures to be carried out on its own territory, then it could meet the travel and accommodation costs of those who travel to Dignitas institutions.

This paper has affirmed, with reference to a range of legal sources, the existence of a right to assisted suicide and euthanasia. While this right has not been, due to wider social sensitivities, explicitly affirmed, it has been implicitly acknowledged. However, this incomplete progression is clearly insufficient and the key questions is not whether this right exists but rather how it can be more completely embodied and manifested in state practice.

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سلسلة أوراق عمل بيرزيت للدراسات القانونية

سلسلة إلكترونية، تصدرها وحدة القانون الدستوري بجامعة بيرزيت، ويشرف عليها كرسي الشيخ حمد بن خليفة آل ثاني للقانون الدستوري والدولي (الكرسي)، تعنى بنشر الأوراق البحثية المتخصصة في القانون، خصوصاً في حقول القانون العام التي من شأنها إفادة الطلبة والأساتذة والباحثين والمهنيين في هذه المجالات، في فلسطين والدول العربية. وذلك ضمن سعي الكرسي لتعزيز البحث العلمي القانوني في جامعة بيرزيت.

تضم السلسلة خمس فئات: المقالات المترجمة، مشروع موسوعة القانون الدستوري العربي المقارن، أوراق أبحاث طلبة الماجستير، أوراق المؤتمرات، وأوراق الموقف. وقد يجري استحداث فروع أخرى جديدة.

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وحدة القانون الدستوري
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كرسي الشيخ حمد بن خليفة آل ثاني للقانون الدستوري والدولي في كلية الحقوق والإدارة العامة بجامعة بيرزيت، هو أول كرسي متخصص في القانون الدستوري والدولي في فلسطين، أنشأته الجامعة عام 1996، وأعادت تفعيله عام 2015. تجيء تسمية الكرسي تكريماً من الجامعة لدولة قطر على وقفيتها الكريمة للجامعة منذ العام 1996. ويعمل الكرسي بالتشبيك مع وحدة القانون الدستوري في كلية الحقوق والإدارة العامة بالجامعة.

الرسالة:

"الارتقاء بالمواضيع القانونية الدستورية والدولية وبالتحديد الحالة الفلسطينية لاستغلالها بما يخدم مصالح الشعب الفلسطيني، وخدمة المجتمع وتطوير مؤسسات المجتمع المختلفة."

الرؤية:

رفع مستوى الوعي القانوني وتدريب المختصين على استخدام القانون الدولي وفقاً لغايته الأساسية، بالوسائل القانونية المشروعة لاسترجاع حقوق الفلسطينيين ومنحهم الحق في تقرير المصير، وملاحقة ومحاسبة كل من يرتكب الجرائم الدولية بحقهم. فضلاً عن صون وحماية الحقوق والحريات المختلفة لأفراد الشعب الفلسطيني على الصعيد الوطني والدولي.

وحدة القانون الدستوري في كلية الحقوق والإدارة العامة بجامعة بيرزيت، هي أول وحدة بحثية أكاديمية من نوعها في فلسطين. أنشأتها الكلية مطلع العام 2014، إيماناً منها بأهمية مواكبة فلسفة التعليم الحديث القائم على البحث العلمي، وبأهمية القانون الدستوري كأهم حقل من حقول القانون الذي ترتكز على أساسه أركان الدولة، وعلاقة السلطات الثلاث ببعضها، وكونه يُنظم حقوق الإنسان كأحد أهم الموضوعات السامية على الصعيدين الداخلي والدولي.

تضم الوحدة الباحثين والمهتمين في القانون الدستوري من أساتذة الكلية وطلبتها وخريجيها، وتهدف بشكل خاص إلى: تطوير البحث العلمي، تطوير تعليم القانون الدستوري، تقديم فرص تدريب للطلبة وإكسابهم الخبرات البحثية، ومواكبة التطورات على صعيد النظام الدستوري الفلسطيني.