2018
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VIENNA
MASCC/ISOO
ANNUAL MEETING
SUPPORTIVE CARE IN CANCER

Euthanasia: The Belgian Experience

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Faculty Disclosure

X	No, nothing to disclose
	Yes, please specify:

Euthanasia or assisted suicide

- is the practice of ending a life of a patient to stop the unbearable suffering in a painless manner
- using a lethal drug
- practised on a patient that has given full consent
- can be provided by a PHYSICIAN (eg Benelux) or a NURSE (Canada)

- Administration (EUTH) vs prescription (AS)

Different jurisdictions

- **Switzerland: "**Assisted Suicide"
- **USA:** Oregon "Physician-assisted death" or "aid in dying" (1997), followed by Washington (2008), Montana (2009), Vermont (2013), California (2015), Colorado (2016), District of Columbia (2016), Hawaii (2018), and Benelux: Euthanasia (2002)
- **Columbia** mercy killing or euthanasia (1997)
- **BENELUX** "euthanasia" & PAS (NL/BE2002 and Luxemb. 2009)
- **Canada**: MAID – "Medical Assistance In Dying" (2016)
- **Australia**: Victoria VAD "Voluntary Assisted Dying" (2018)
- etc

content

- The law
- Developments
- Involvement of Palliative care in EUTH

I. Belgian Law on Euthanasia (2002)

The laws: definitions

- **BE: Euthanasia**
  - euthanasia is defined as intentionally terminating life by someone other than the person concerned, at the latter's request
  - Can only be requested by the PATIENT, not by others
  - Can only be provided by a PHYSICIAN

NO criminal offence, when:

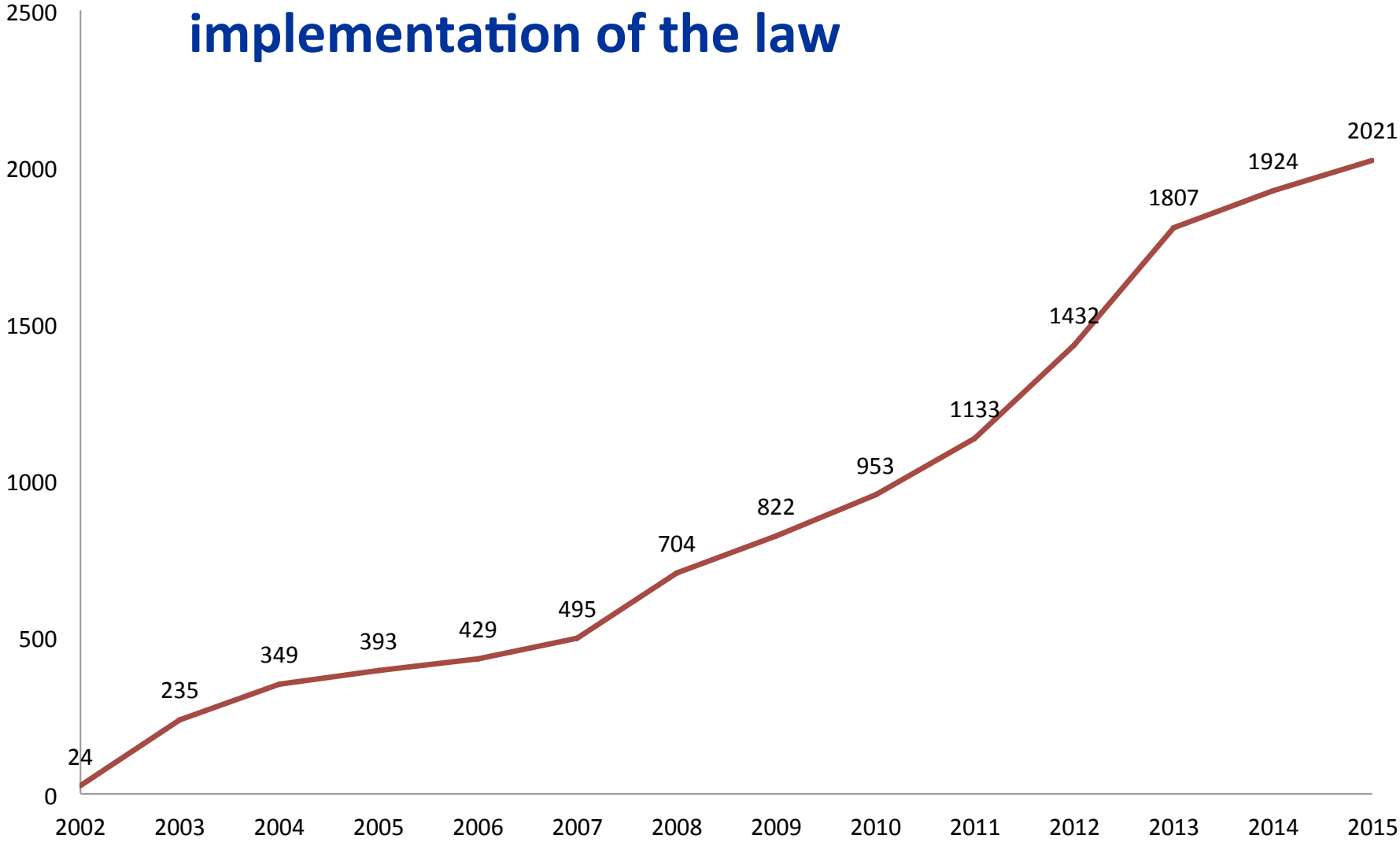
- Patient:
  - Reached age of majority (since 2014 also for minors)
  - Legally competent and conscious at moment of making request
- Request must be written:
  - Voluntary
  - Well considered
  - Repeated
- Medical condition:
  - Medically futile condition of constant and unbearable physical or mental suffering,
  - resulting from a serious and incurable disorder caused by illness or accident

Belgian law: procedure

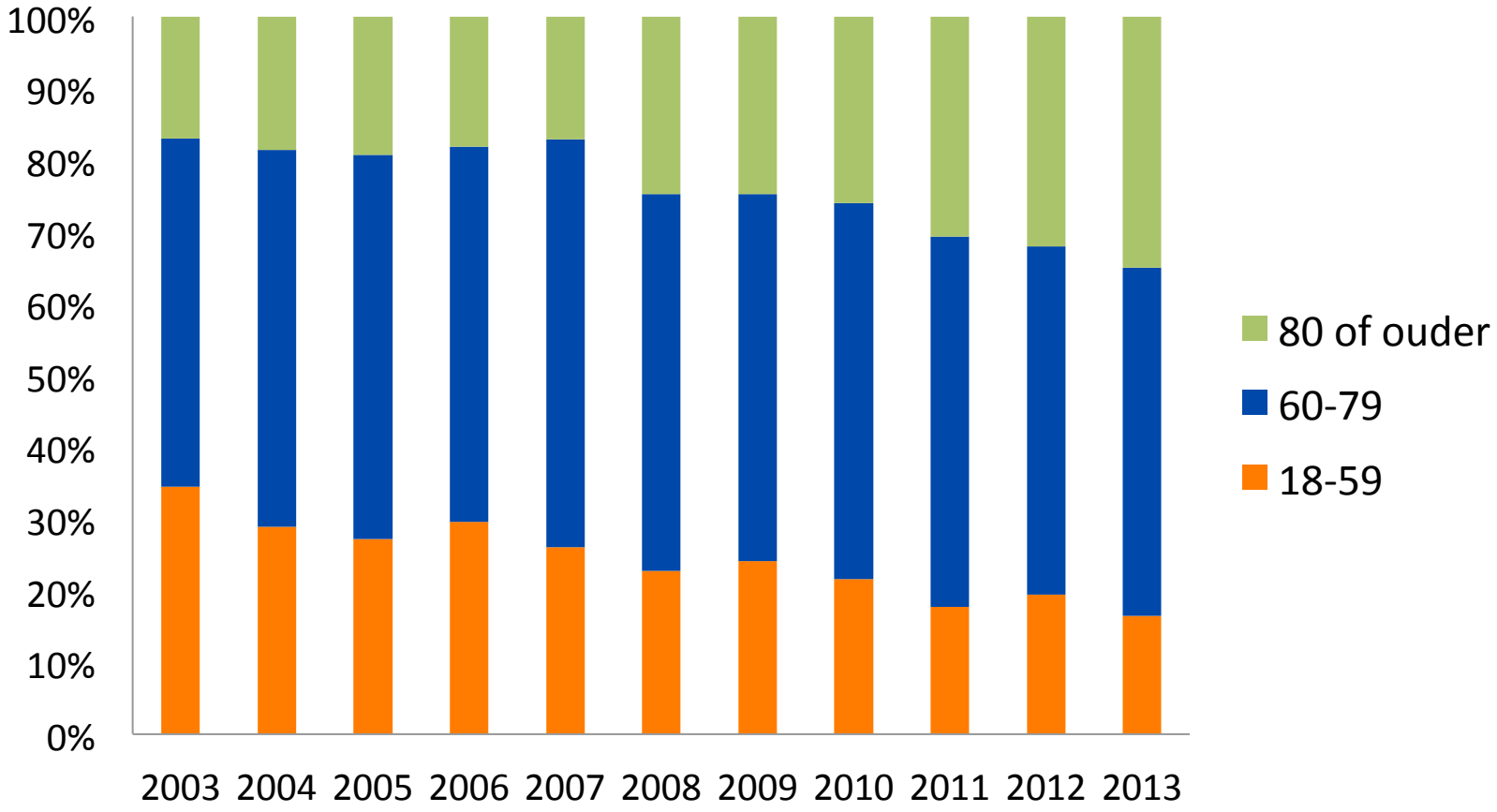
- Inform the patient about
  - his condition and life expectancy
  - possibilities of treatment
  - possibilities of palliative care
- Together with the patient, the physician must come to the belief that
  - there is no reasonable alternative
  - request is written, completely voluntary and without external pressure
- Different conversations to be sure of unbearable suffering
- Consult another independent physician and discuss with the nursing team
- In case the patient is not expected to die in the near future:
  - Allow at least one month between the request and the act
  - Consult a second physician

II. developments in euthanasia practice under Belgium euthanasia law ?

Increase in number of reported euthanasia cases in Belgium since implementation of the law



Proportion of older people (>80y) dying from euthanasia has increased over the years



Repeated studies in Lancet and NEJM show higher incidences

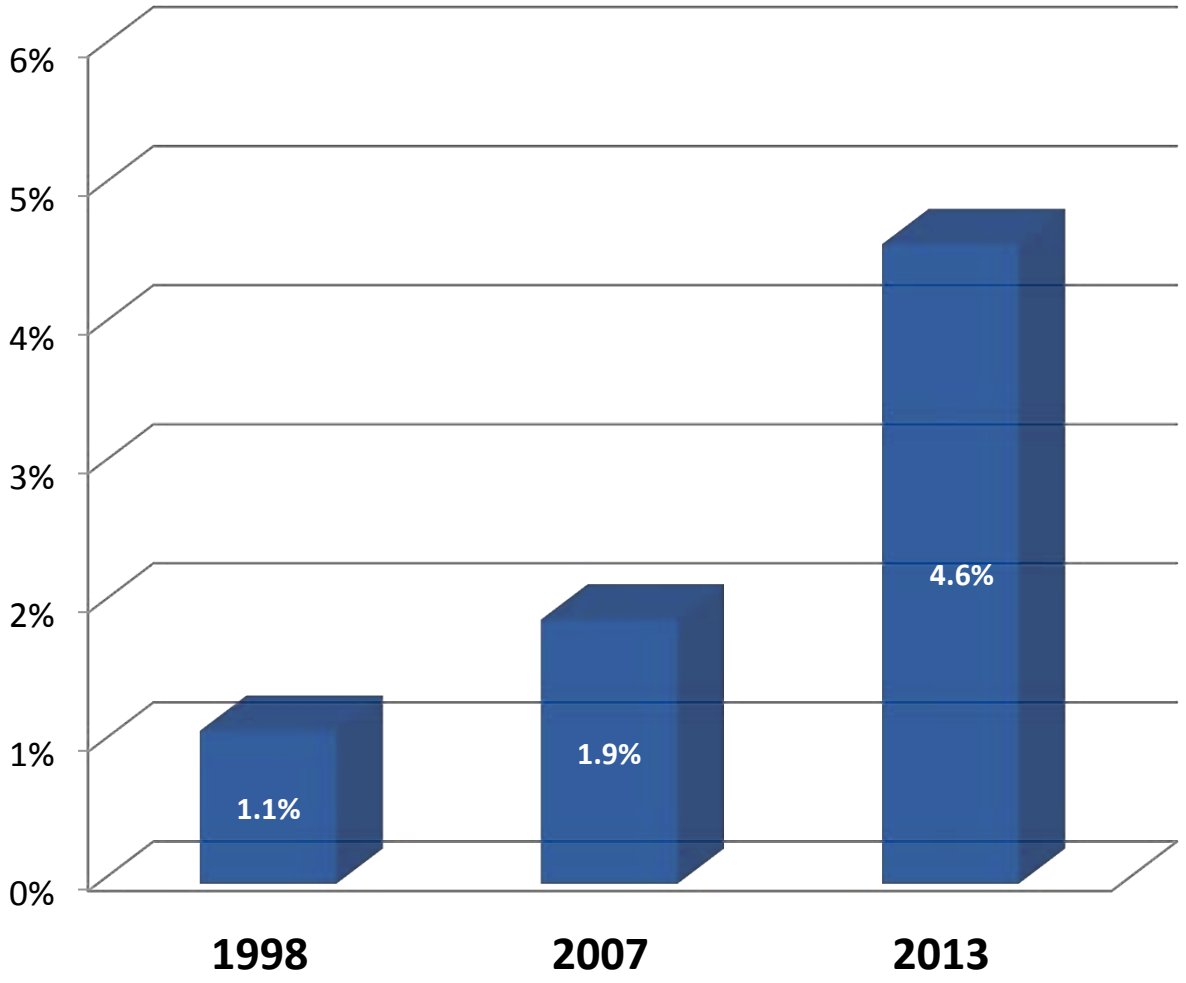
Death certificate surveys in Flanders, Belgium

Large-scale sample of deaths (certificates) in Flanders
1998 – 2001 – 2007 – 2013 … 2019 (in preparation)
2013: 6200 deaths

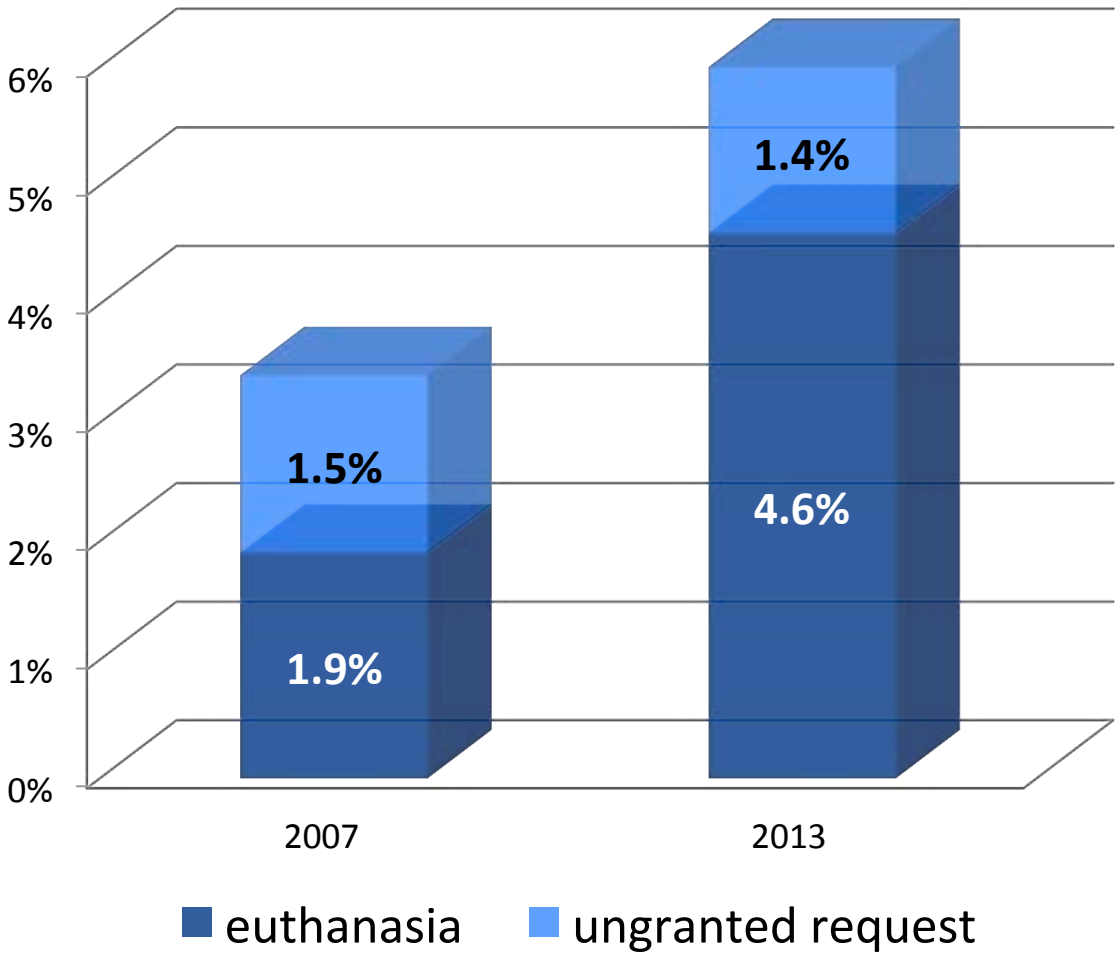
Mail survey to attesting/attending physicians
Absolute anonymity guaranteed

61% response, 3751 analysis cases

Incidence of euthanasia

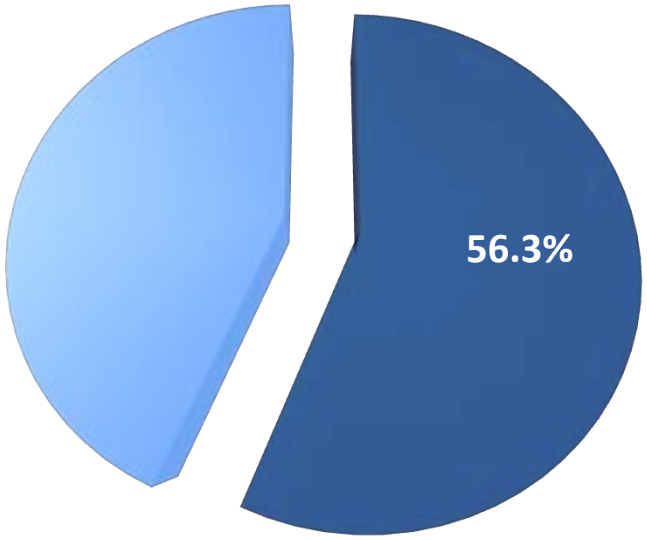


Requests for euthanasia

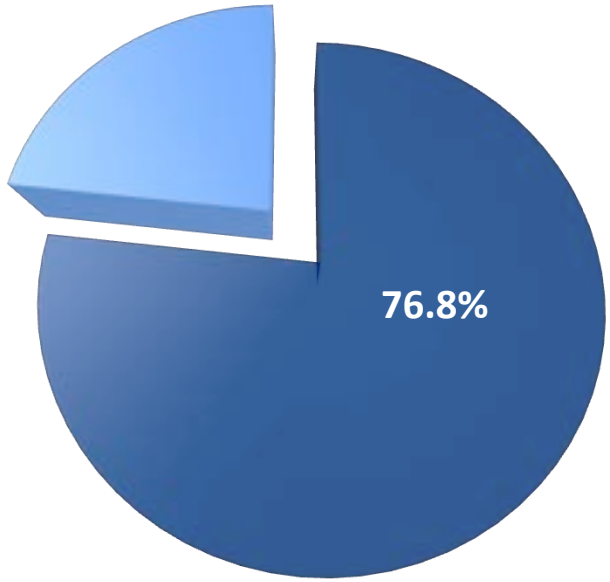


Granted requests

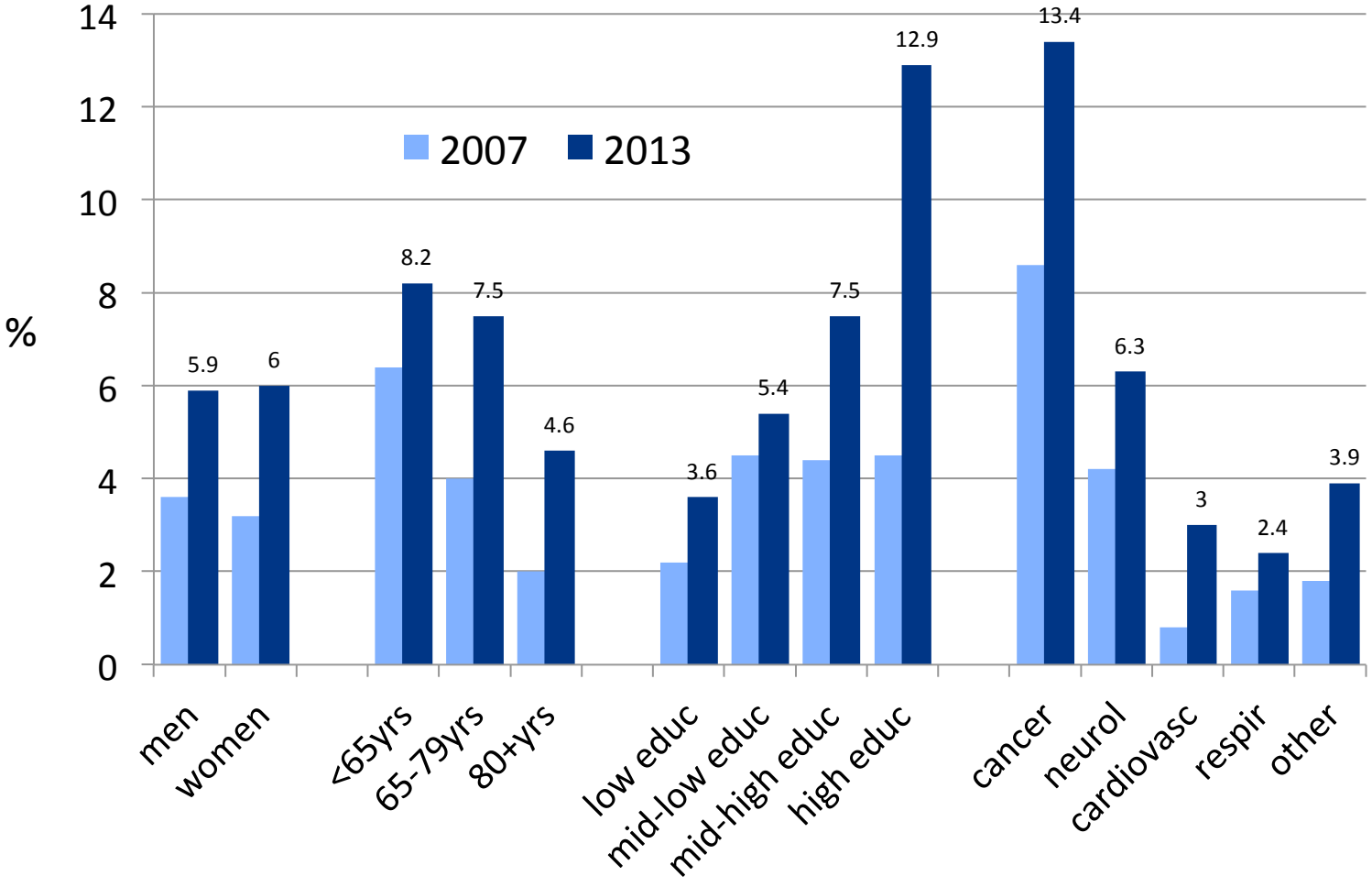
2007



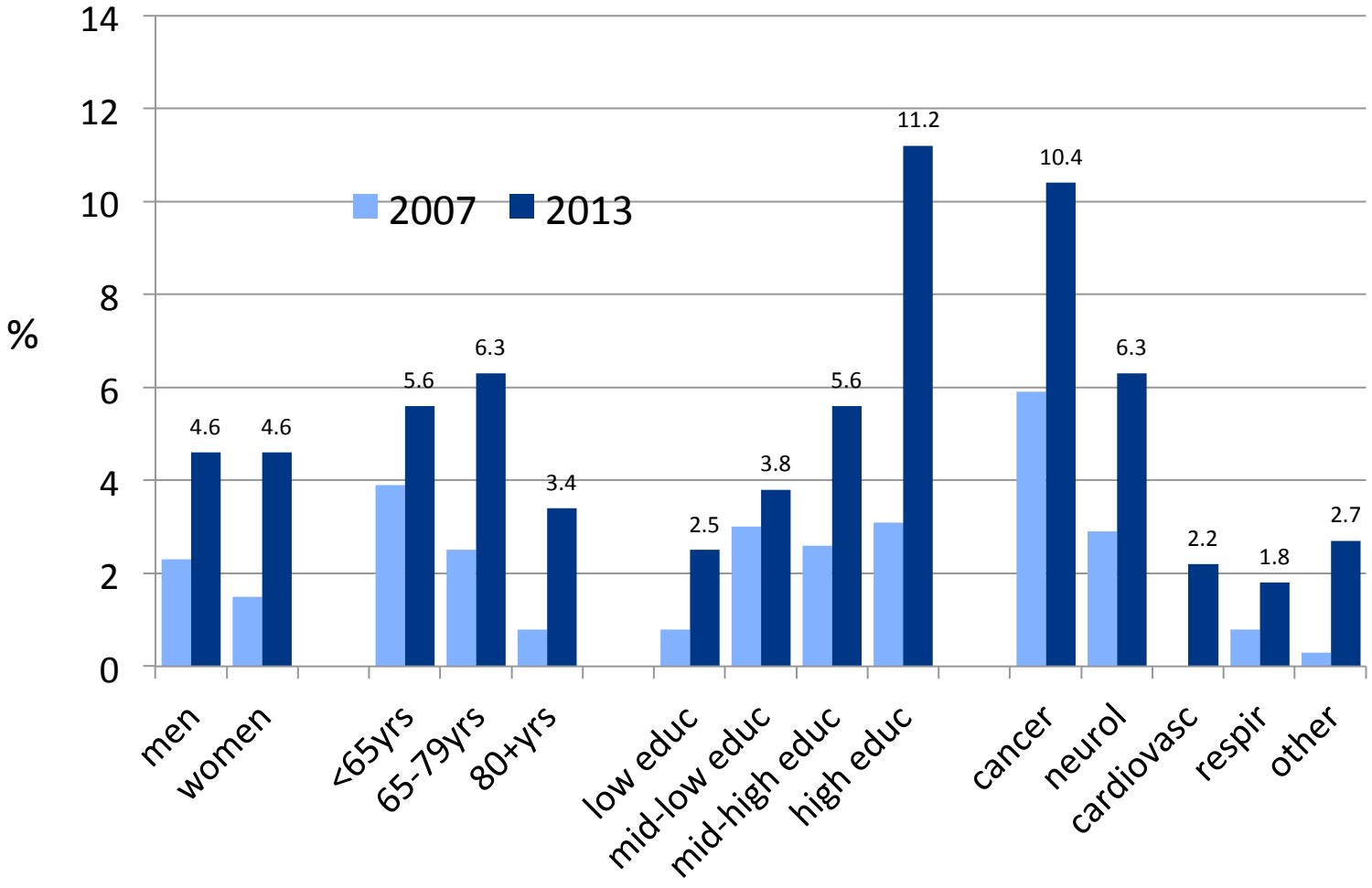
2013



Euthanasia requests by group



Euthanasia incidence by group



Possible raisons?

More requests:

Higher "visibility" via the media and personal experiences with euthanasia

Cultural/attitudinal shift? Focus on quality of death, control & self-determination

Generational shift (secularisation)

Higher granting rates:

Less reluctance by physicians: more trust, positive experiences

Less resistance in care institutions

General integration in the health care system ("normalization")

III. Involvement of palliative care in euthanasia practice in Belgium

Commonly stated that euthanasia does not fit well with palliative care (PC) – e.g. the European Association for Palliative Care (*EAPC white paper*)

Strong opposition:

- Incompatible with PC values ("not hasten death")
- Detrimental to PC as a profession and as a movement
- Argument: "adequate PC makes euthanasia redundant"

PC clinicians increasingly likely to be confronted with euthanasia requests => How do they respond in a context of legalised euthanasia?

Position change of Federation Palliative Care Flanders

- Before 2002: fully against legalisation of euthanasia
- 2003: "No polarisation, but dialogue and respect"
  "Palliative care involvement in euthanasia requests is possible"
- 2011: "PC can guarantee that euthanasia requests will be dealt with in a careful and caring way"
- 2013: "Euthanasia embedded in palliative care"

Palliative Care & euthanasia

- Advocates for legalisation of euthanasia worked in palliative care and vice versa

- Adequate palliative care made the legalisation of euthanasia ethically and politically acceptable

- The development of palliative care and the process of legalisation of euthanasia can be mutually reinforcing

Law in 2002

- **Law on Palliative Care**

  - structural embedding of palliative care in health care organisation
  - palliative services available in all care settings
  - universal access to palliative care (patient right)
  - reimbursement through health care insurance system (palliative status, lump sum, palliative leave)

Palliative Care since 2002

Federal budget for palliative care doubled between 2002-2011 (Chambaere & Bernheim 2016)

Belgium ranks among best countries in Europe – in terms of number of palliative care services per million inhabitants (Chambaere & Bernheim 2016)

PC Reach : specialist PC involved in EOL care in nearly half of all non-sudden deaths in Flanders (Beernaert et al 2015)

BUT only shortly before death (median: 10 days)

Belgian euthanasia law does not include compulsory palliative care consultation ("**palliative filter**")

However, requirement for physician to inform patient of all available reasonable treatment options, including palliative care.

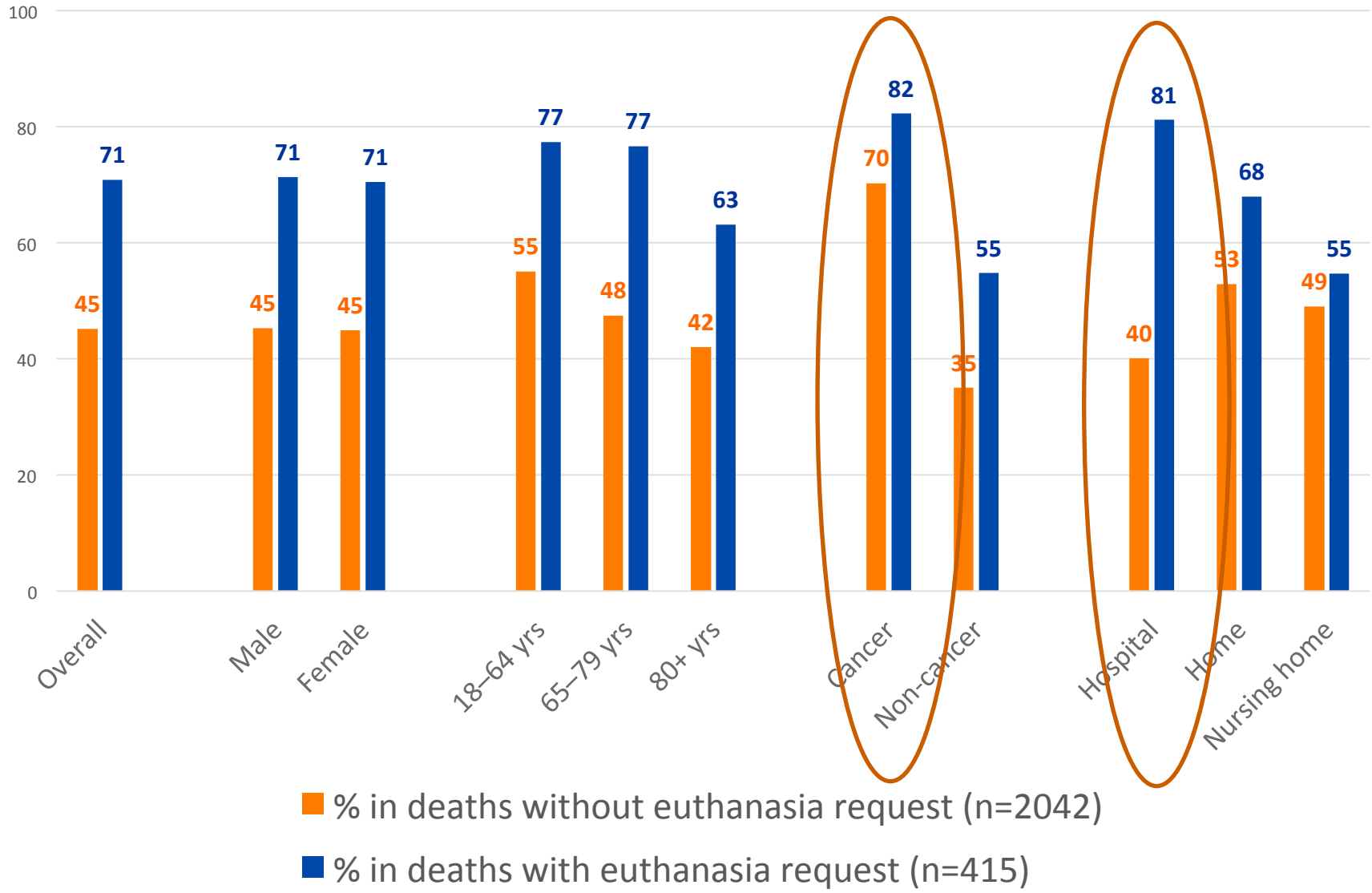
Patient is not required to try palliative care as it is a patient's right to refuse treatment, including palliative care treatment.

No requirement to report involvement of palliative care professionals on euthanasia report form to Federal Control and Evaluation Committee for Euthanasia

Research questions

- How often are palliative care services involved in the end-of-life care of people who request euthanasia?

Involvement of palliative care services in EOL care

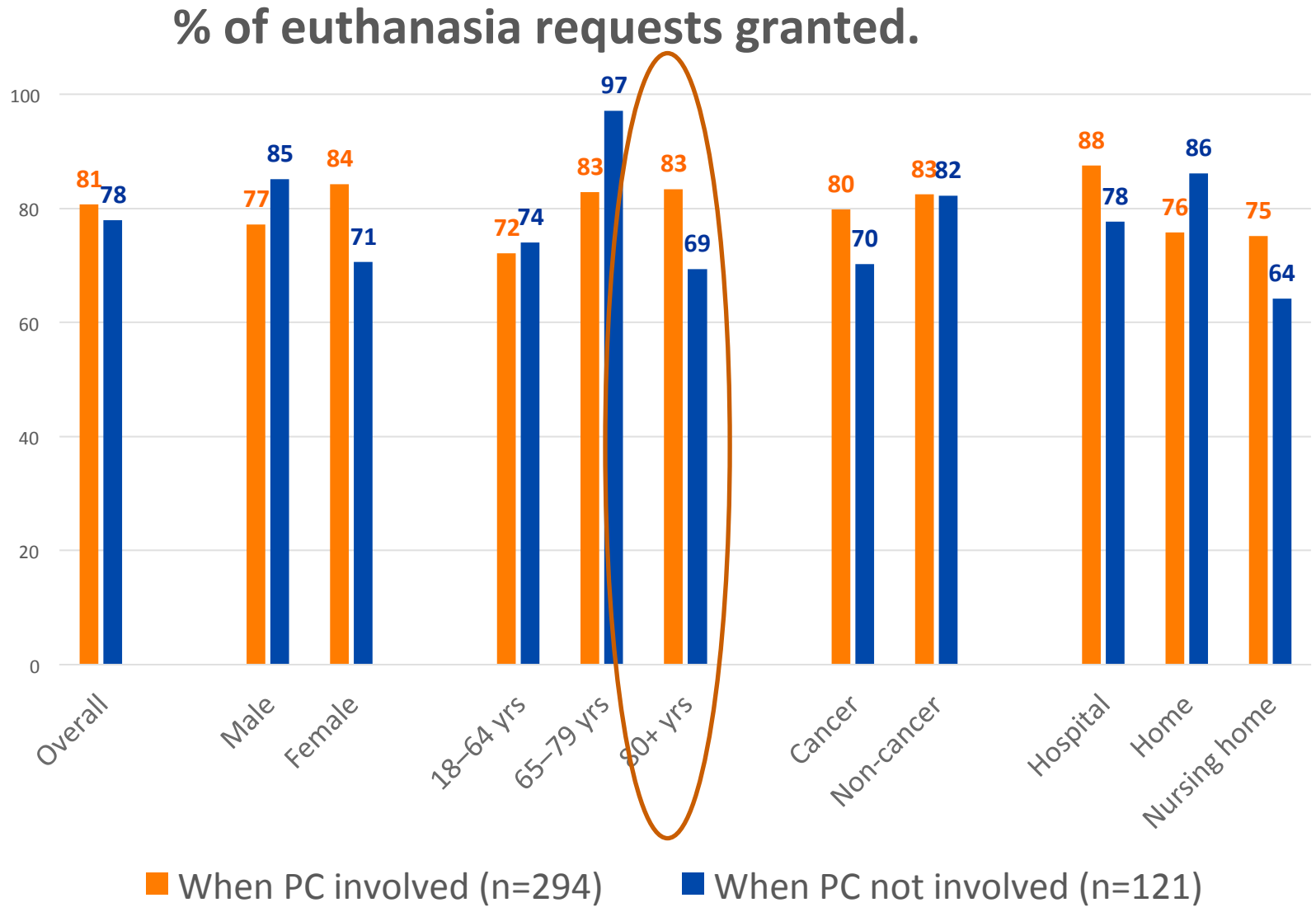


Research questions

- How often are palliative care services involved in the end-of-life care of people who request euthanasia?

- What are the reasons for physicians not to refer a patient requesting euthanasia to a palliative care service?

- Does the granting rate of euthanasia requests differ according to the involvement of palliative care services in end-of-life care?


% of euthanasia requests granted.
100
80
60
40
20
0
81
78
77
85
84
71
72
74
83
97
83
69
80
70
83
82
88
78
76
86
75
64
Overall
Male
Female
18–64 yrs
65–79 yrs
80+ yrs
Cancer
Non-cancer
Hospital
Home
Nursing home
When PC involved (n=294)
When PC not involved (n=121)

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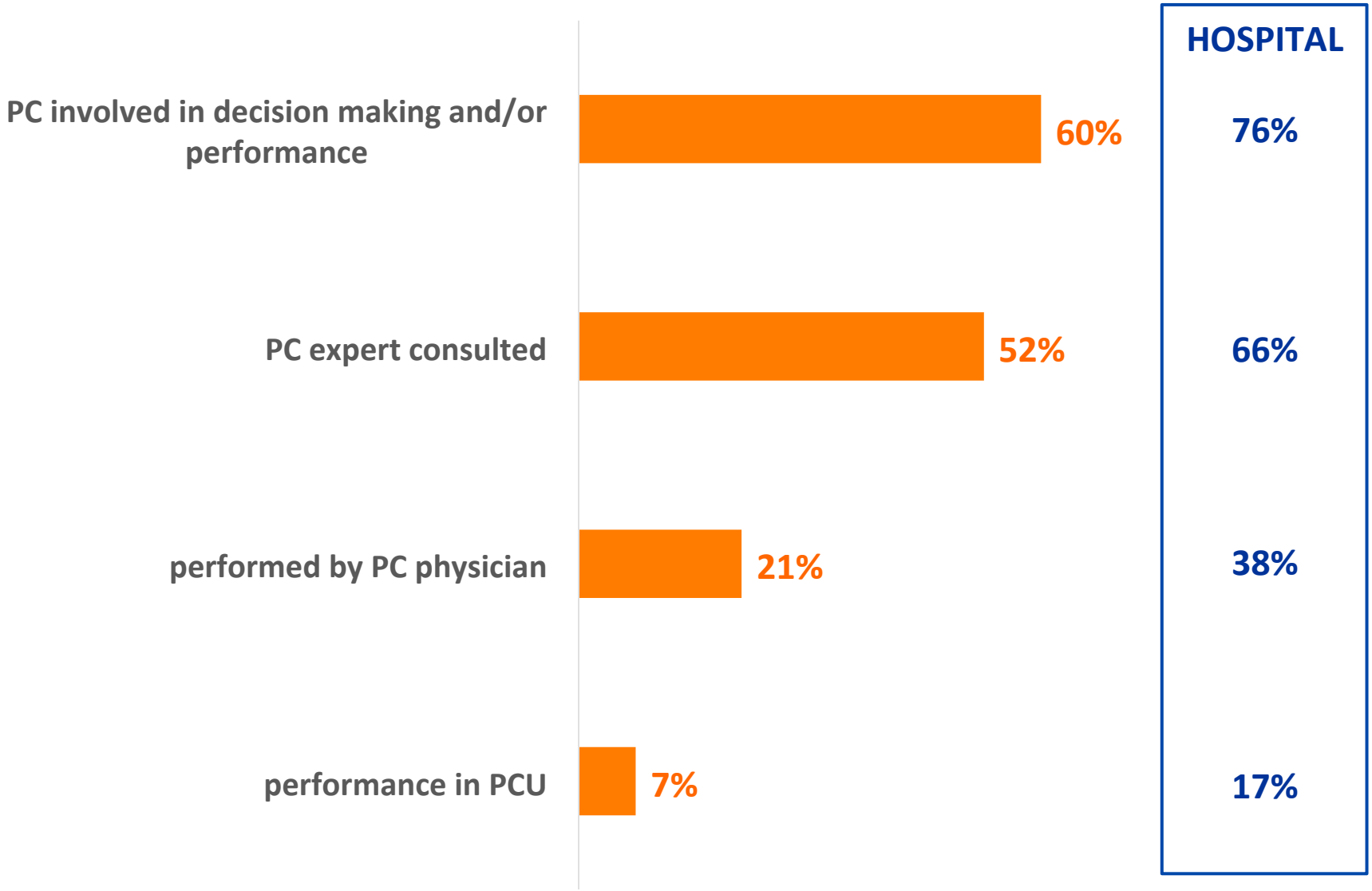
- What are the reasons for physicians not to refer a patient requesting euthanasia to a palliative care service?

- Does the granting rate of euthanasia requests differ according to the involvement of palliative care services in end-of-life care?

- What is the role of palliative care professionals in the decision-making process and performance of euthanasia?

Role of PC in euthanasia (n=349)



Conclusions concerning euthanasia developments in BE since legelazation

legal changes concerning euthanasia in Belgium since 2002 had a considerable impact on the incidence of ELDs in general

performance of euthanasia since the euthanasia law in Belgium is increased substantially (1% to 4% of all deaths) due to an increased number of patient requests and higher granting rates of physicians

Conclusions concerning euthanasia developments in BE 2001 - 2013

There is no negative impact on development of palliative care, on the contrary

"Traditional" groups (cancer, highly educated, age -80) remain the most prominent

"Non-traditional" groups also increasing requests and granting rates

Conclusions palliative care & euthanasia

Palliative care services were involved in the end-of-life care of 71% of those who requested euthanasia.

PC involvement is higher if a euthanasia request is voiced.

The likelihood of a request being granted was not lower in cases where palliative care was involved.

Palliative care professionals play a role in the euthanasia process in six out of 10 deaths by euthanasia, sometimes even performing euthanasia themselves.

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