Euthanasia and other end-of-life decisions after implementation of the law on euthanasia in Belgium

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Questions addressed

1. How was the law on euthanasia implemented in Belgium? (“reported case”)

2. How did the incidence of end-of-life decisions develop since the implementation of the law on euthanasia in 2002?

3. How does medical end-of-life decision-making vary according to language community (Dutch vs French) in Belgium?

4. How does medical end-of-life decision-making vary according to palliative care and end-of-life care?
ELDs = end-of-life decisions with a possible or certain life-shortening effect

- **Non-treatment decision**: forgoing a possibly life-prolonging treatment
  - With the explicit intention of hastening death

- **Intensifying symptom alleviation** using possibly life-shortening drugs (opioids)
  - Co-intended to hasten death

- **Administering, supplying, or prescribing lethal drugs with explicit life-shortening intention**
  - Euthanasia / Physician-assisted suicide
  - Life-ending *without* explicit patient request
• Continuous deep sedation until death

  – administering sedatives (barbiturates or benzodiazepines) to keep the patient in deep sedation or coma continuously until death:
    • with administration of artificial food and fluid
    • Without administration of artificial food and fluid

  – Life-shortening effect unclear in literature
  – “slow euthanasia”
Questions addressed

1. How was the law on euthanasia implemented in Belgium?

   • How many cases of euthanasia have been reported by physicians to the Federal Control and Evaluation Committee between 2002 and 2008?

Diagnosis patient

Reported cases of euthanasia

- Cancer: 83
- Non-cancer: 17

All deaths in population

- Cancer: 24
- Non-cancer: 76

Place of death

Reported cases of euthanasia:
- Hospital: 52
- Home: 42
- Care home: 42
- Other: 4

All deaths in population:
- Hospital: 52
- Home: 22
- Care home: 22
- Other: 3

• Terminally ill patients: 93% (N=1790)

• Non-terminally ill patients: 7% (N=126)
Diagnosis patient

Terminally ill: 88%
Non-terminally ill: 38%

Cancer: 5
Neuromuscular disease: 2
Cardiovascular disease: 5
Other: 9

Consultation services

- Life End Information Forum in Flanders (since 2003)

- Support and Consultation for Euthanasia in the Netherlands (since 1997)

  → Provide trained independent physicians for consultation in cases of a euthanasia request

  → Qualitative consultations in which the legally defined due care criteria are checked
Questions addressed

1. How was the law on euthanasia implemented in Belgium?

2. How did the incidence of end-of-life decisions develop since the implementation of the law on euthanasia in 2002?

=> Estimates according to a large sample of death certificates (3,623 cases in 2007)


Research method

- Representative sample of official Flemish death certificates in 1998 and 2007
- Questionnaire sent to physicians
- Anonymity guaranteed

- 6927 cases in 2007 (12% of all deaths)
- Response rate 58%
- Method and questionnaire identical to past study in 1998 (response 48%)
## End-of-life decisions (in % of all deaths)

<table>
<thead>
<tr>
<th>Description</th>
<th>1998</th>
<th>2007</th>
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<tbody>
<tr>
<td>N=1,925</td>
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<tr>
<td>Sudden death</td>
<td>33.3</td>
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<tr>
<td>Non-sudden death, no end-of-life decision performed</td>
<td>27.4</td>
<td>20.3</td>
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<tr>
<td>Non-sudden death, end-of-life decision performed</td>
<td>39.3</td>
<td>47.8</td>
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<tr>
<td>Physician-assisted dying</td>
<td>4.4</td>
<td>3.8</td>
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<tr>
<td>- Euthanasia</td>
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<tr>
<td>- Physician-assisted suicide</td>
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<td>0.07</td>
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<td>- Life-ending without request</td>
<td>3.2</td>
<td>1.8</td>
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<tr>
<td>Intensified alleviation of pain and symptoms</td>
<td>18.4</td>
<td>26.7</td>
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<tr>
<td>Non-treatment decision</td>
<td>16.4</td>
<td>17.4</td>
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<tr>
<td>Continuous deep sedation (*2001)</td>
<td>8.2*</td>
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<tr>
<th>Category</th>
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<tr>
<td>Female</td>
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<td>1.5</td>
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<tr>
<td>1-64 years</td>
<td>2.4</td>
<td>4.2</td>
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<tr>
<td>65-79 years</td>
<td>1.0</td>
<td>2.6</td>
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<tr>
<td>80+ years</td>
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<tr>
<td>Cancer</td>
<td>2.1</td>
<td>5.7</td>
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<tr>
<td>Non-cancer</td>
<td>0.9</td>
<td>0.5</td>
</tr>
<tr>
<td>At home</td>
<td>2.6</td>
<td>4.2</td>
</tr>
<tr>
<td>In hospital</td>
<td>1.0</td>
<td>1.7</td>
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<tr>
<td>In care home</td>
<td>0.6</td>
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<tr>
<td><strong>Life-ending without request (%)</strong></td>
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<tr>
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<td>1.7</td>
<td>3.0</td>
<td>1.7</td>
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<td>1.7</td>
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<tr>
<td>Cancer</td>
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<td>3.6</td>
<td>1.4</td>
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<td>1.4</td>
<td>3.6</td>
<td>1.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Non-cancer</td>
<td>2.2</td>
<td>3.0</td>
<td>2.4</td>
<td>3.0</td>
<td>2.4</td>
<td>3.0</td>
<td>2.4</td>
<td>3.0</td>
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<tr>
<td>At home</td>
<td>3.0</td>
<td>3.0</td>
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<td>3.0</td>
<td>1.0</td>
<td>3.0</td>
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<tr>
<td>In hospital</td>
<td>3.0</td>
<td>3.0</td>
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Euthanasia

Questions addressed

1. How was the law on euthanasia implemented in Belgium?

2. How did the incidence of end-of-life decisions develop since the implementation of the law on euthanasia in 2002?

3. How does medical end-of-life decision-making vary according to language community (Dutch vs French) in Belgium?
Dutch vs French-speaking communities in Belgium

- Federal Evaluation and Control Commission Euthanasia 2005-2006: disproportionate number of legally reported cases of euthanasia: 82% (Dutch) - 18% (French)
  - Non-explicable on the basis of population size: 60% - 40%
  - In home care: 92% - 8%

Do the two language communities of Belgium differ in incidence and types of medical end-of-life decisions? If so, how?
End-of-life decisions with possible or certain life-shortening effect among non-sudden deaths
End-of-life decisions co-intended or with the explicit intention among non-sudden deaths.

Dutch-speaking and French-speaking communities

End-of-life decisions among non-sudden deaths

Continuous deep sedation among non-sudden deaths

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4. How does medical end-of-life decision-making vary according to palliative care and end-of-life care?
End-of-life decisions and end-of-life care

- To what extent are medical end-of-life decisions part of palliative care provision?

- The WHO states that “palliative care intends neither to hasten nor to postpone death”

- Ethics Taskforce of the European Association of Palliative Care states that “euthanasia is not part of the responsibility of palliative care”
End-of-life decisions according to place of death

End-of-life decisions and multidisciplinary palliative care

Conclusions on “reported” euthanasia cases

- Euthanasia most often performed in younger patients, patients with cancer, and seldom in non-terminally ill patients.

- No significant changes in characteristics (sex, age, diagnosis, prognosis, place of death) of reported cases between 2002 and 2007.
Conclusions on incidence “trends”

- Enactment of the law was followed by an increase in all types of medical end-of-life decisions, except for life ending without request.
- No shift towards the use of life-ending drugs in vulnerable patient groups.
- Substantial increase in terminal sedation.
Euthanasia occurs less among French speaking people (but not significantly).

Terminal sedation occurs more often among French speaking people.

Moreover, French speaking doctors report less often than Flemish doctors to the Federal Control and Evaluation Committee on Euthanasia.
• Life shortening and palliative care do not have to oppose each other; they commonly coexist
• Euthanasia and other end-of-life decisions that shorten life are NOT related to a lower use of palliative care in Belgium
• Euthanasia occurs often within the context of multidisciplinary palliative care
Acknowledgement

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