



Vrije Universiteit Brussel

ONDERZOEKSGROEP



# 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

ELDs = end-of-life decisions with a possible or certain life-shortening effect

- **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”

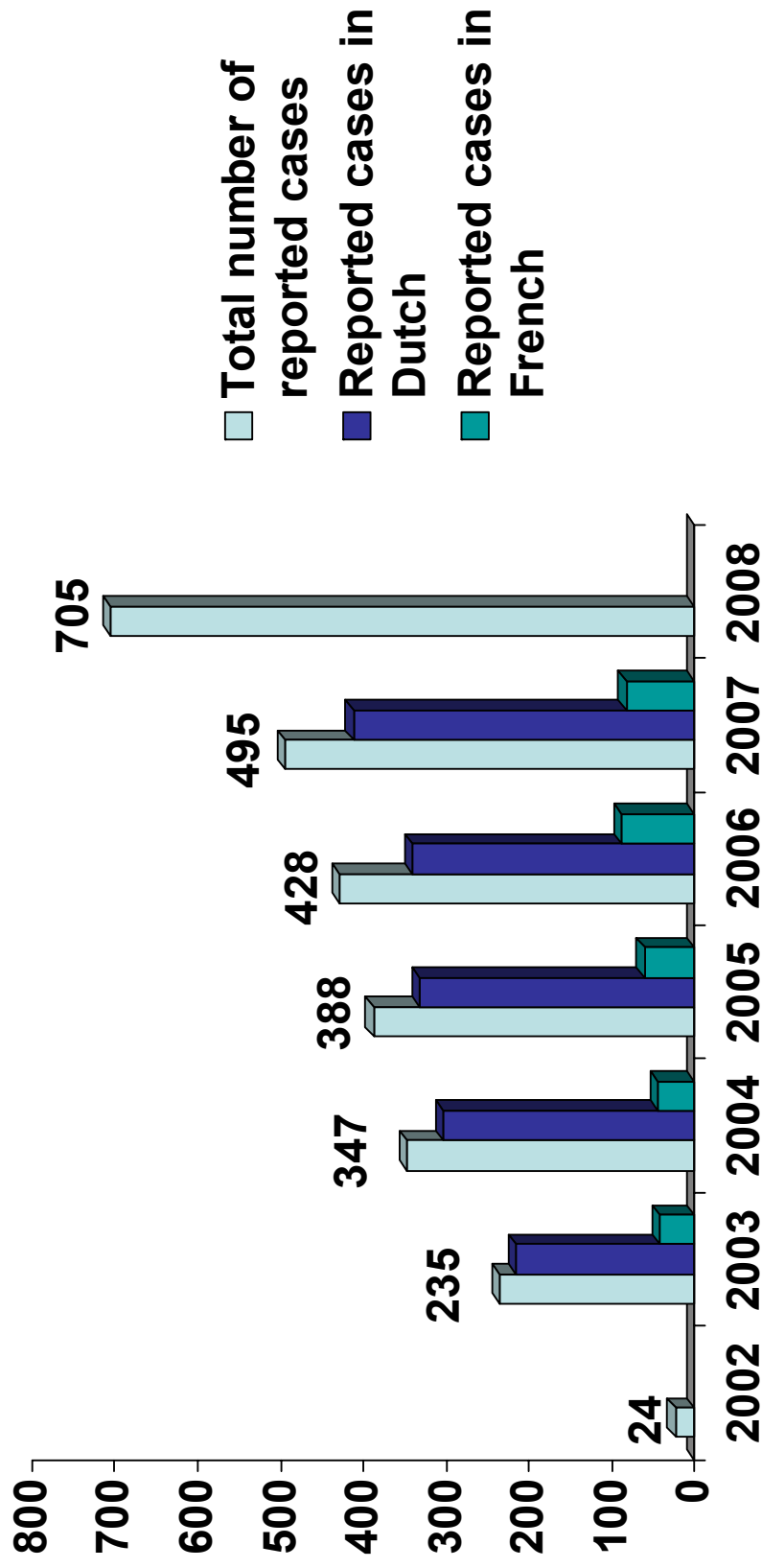


## 1. How was the law on euthanasia implemented in Belgium?

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

Smets T, Bilsen J, Cohen J, Rurup ML, Delyens L. Legal euthanasia in Belgium: Characteristics of all reported euthanasia cases. **Medical Care** 2010 Feb;48(2):187-92.

# reported euthanasia cases (N= 2622)

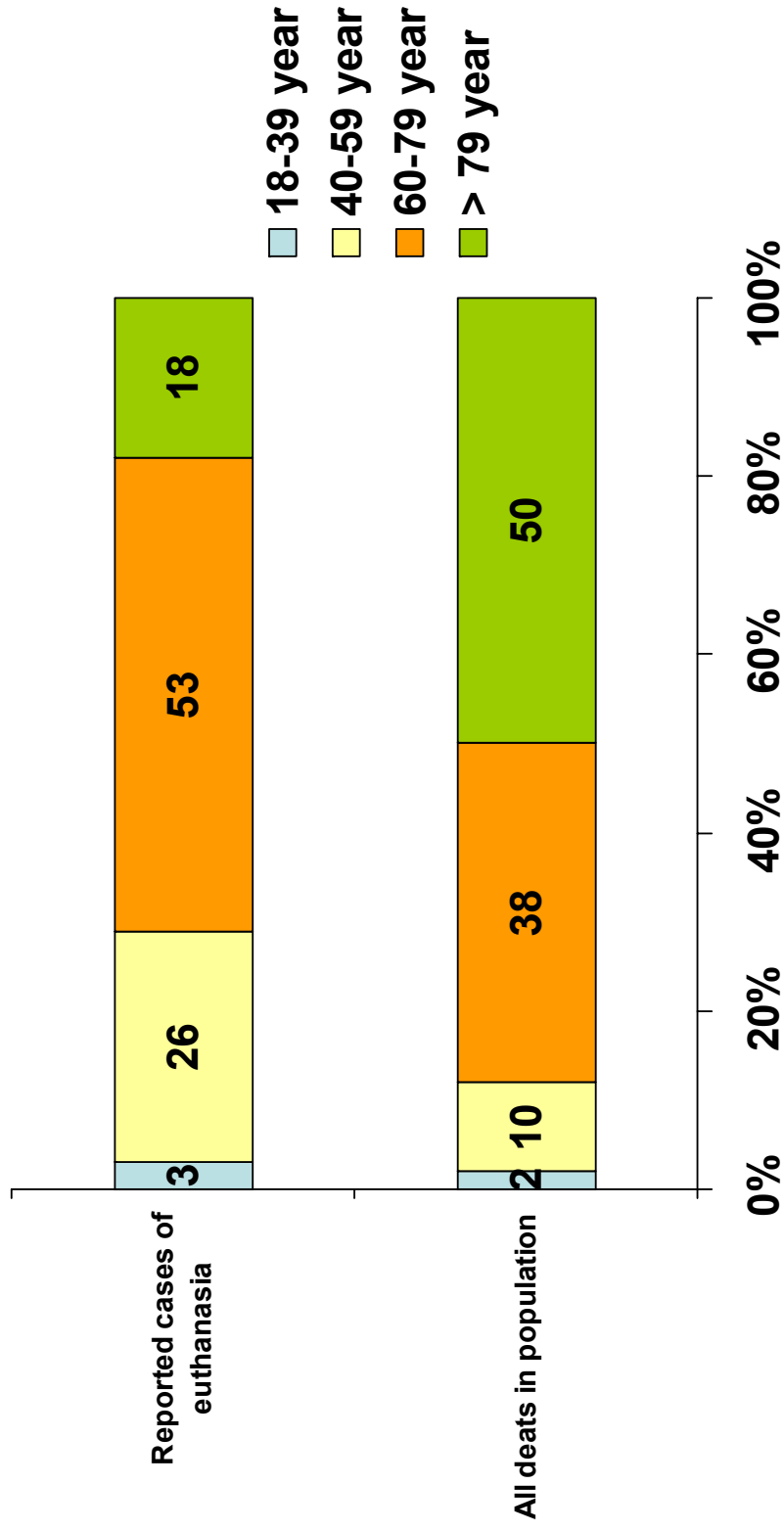


Smets T, Bilsen J, Cohen J, Rurup ML, Delyens L. Legal euthanasia in Belgium: Characteristics of all reported euthanasia cases. **Medical Care** 2010 Feb;48(2):187-92.



# reported euthanasia cases

## Age patient



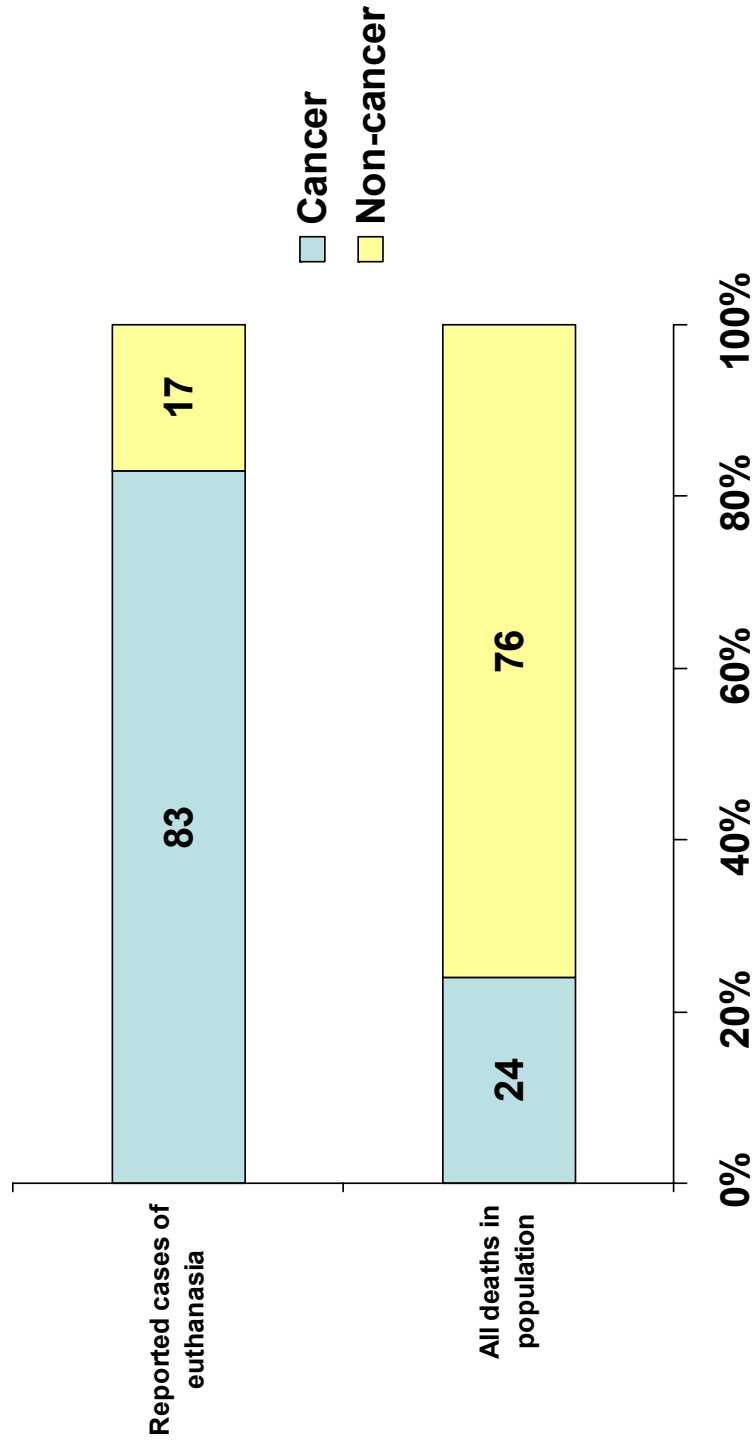
Smets T, Bilsen J, Cohen J, Rurup ML, Delyens L. Legal euthanasia in Belgium: Characteristics of all reported euthanasia cases. **Medical Care** 2010 Feb;48(2):187-92.





# reported euthanasia cases

## Diagnosis patient



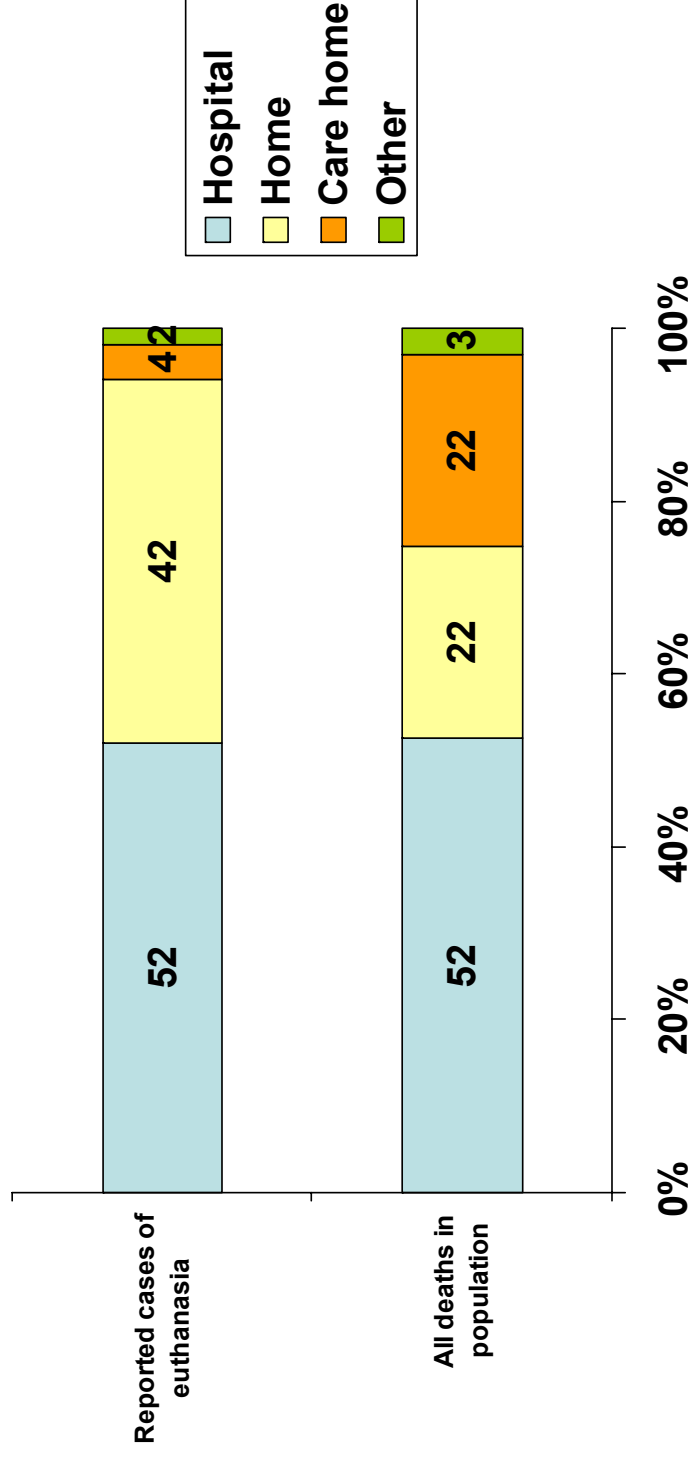
Smets T, Bilsen J, Cohen J, Rurup ML, Delyens L. Legal euthanasia in Belgium: Characteristics of all reported euthanasia cases. **Medical Care** 2010 Feb;48(2):187-92.





# reported euthanasia cases

## Place of death



Smets T, Bilsen J, Cohen J, Rurup ML, Delyens L. Legal euthanasia in Belgium: Characteristics of all reported euthanasia cases. **Medical Care** 2010 Feb;48(2):187-92.





## reported euthanasia cases

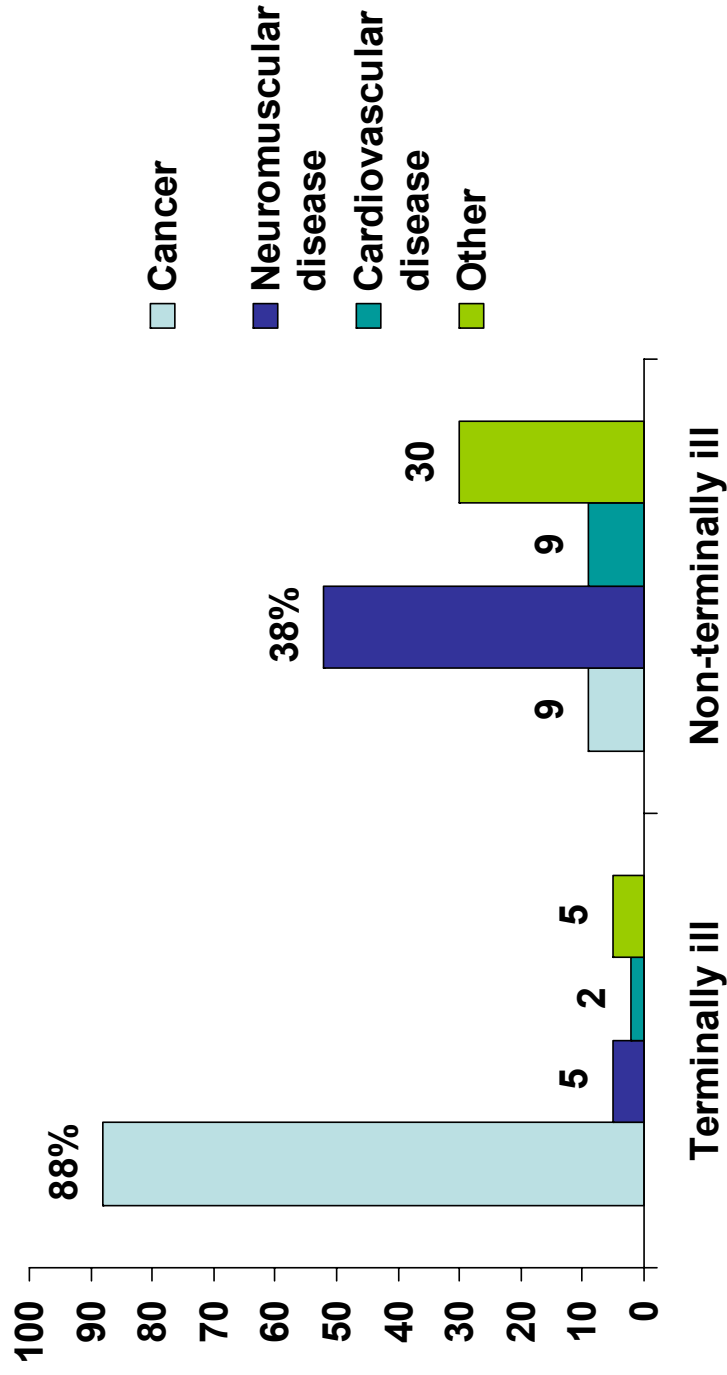
- Terminally ill patients: **93%** (N=1790)
- Non-terminally ill patients: **7%** (N=126)

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# reported euthanasia cases

## Diagnosis patient

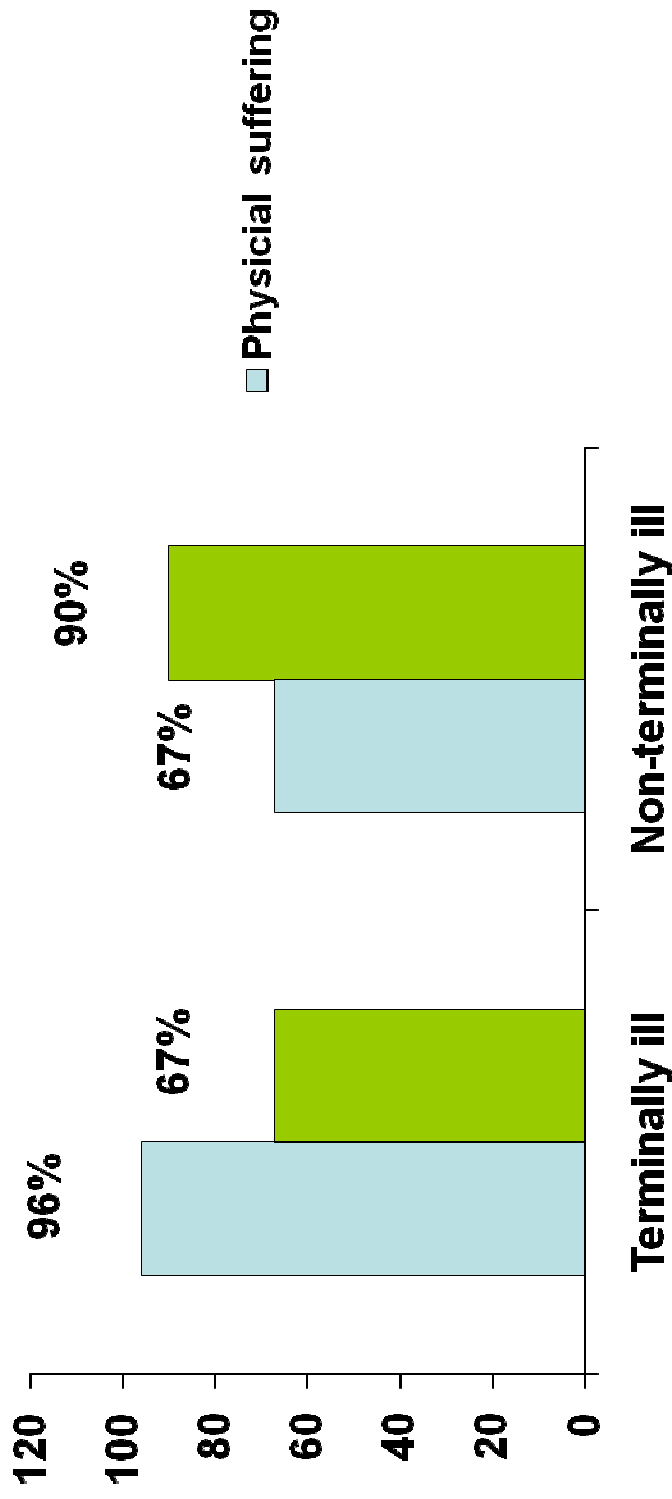


Smets T, Bilsen J, Cohen J, Rurup ML, Delyens L. Legal euthanasia in Belgium: Characteristics of all reported euthanasia cases. **Medical Care** 2010 Feb;48(2):187-92.



# reported euthanasia cases

## Reported suffering



Smets T, Bilsen J, Cohen J, Rurup ML, Delyens L. Legal euthanasia in Belgium: Characteristics of all reported euthanasia cases. **Medical Care** 2010 Feb;48(2):187-92.



# 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 )

Chambaere K, Delyiens L et al. Continuous deep sedation until death in Belgium. **Archives of Internal Medicine** 2010 Mar 8;170(5):490-3

Bilsen J, Delyiens L et al. Medical end-of-life practices under the euthanasia law in Belgium. **New Engl J Med**. 2009 sep; 361(11):1119-21

Chambaere K, Delyiens L et al. A post-mortem survey on end-of-life decisions using a representative sample of death certificates in Flanders, Belgium: research protocol. **BMC Public Health** 2008 Aug;8:299

# 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)

	1998	2007
	N=1,925	N=3,623
Sudden death	33.3	31.9
Non-sudden death, no end-of-life decision	<b>27.4</b>	<b>20.3</b>
Non-sudden death, end-of-life decision performed	<b>39.3</b>	<b>47.8</b>
Physician-assisted dying	4.4	3.8
- Euthanasia	<b>1.1</b>	<b>1.9</b>
- Physician-assisted suicide	0.12	0.07
- Life-ending without request	<b>3.2</b>	<b>1.8</b>
Intensified alleviation of pain and symptoms	<b>18.4</b>	<b>26.7</b>
Non-treatment decision	16.4	17.4
Continuous deep sedation (*2001)	<b>8.2*</b>	<b>14.5</b>

Bilsen J, Deliens L et al. Medical end-of-life practices under the euthanasia law in Belgium. **New Engl J Med.** 2009 sep; 361(11):1119-21



# Euthanasia cases (%)

	1998	2007
Male	<b>1.0</b>	<b>2.4</b>
Female	1.5	1.5
1-64 years	<b>2.4</b>	<b>4.2</b>
65-79 years	<b>1.0</b>	<b>2.6</b>
80+ years	0.9	0.8
Cancer	<b>2.1</b>	<b>5.7</b>
Non-cancer	0.9	0.5
At home	<b>2.6</b>	<b>4.2</b>
In hospital	1.0	1.7
In care home	0.6	0.3

Bilsen J, Deliens L et al. Medical end-of-life practices under the euthanasia law in Belgium. **New Engl J Med.** 2009 sep; 361(11):1119-21



# Life-ending without request (%)

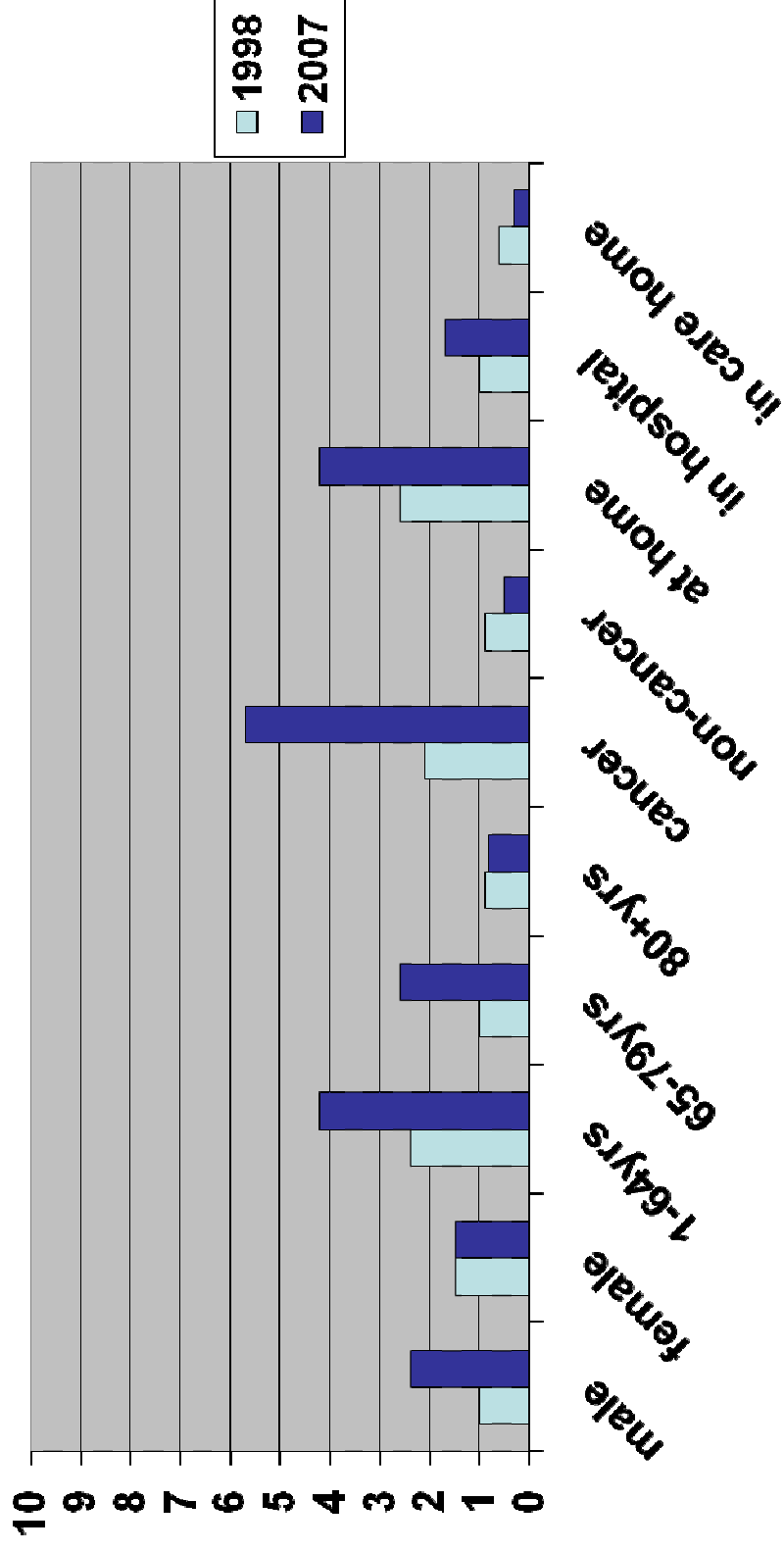
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# Euthanasia

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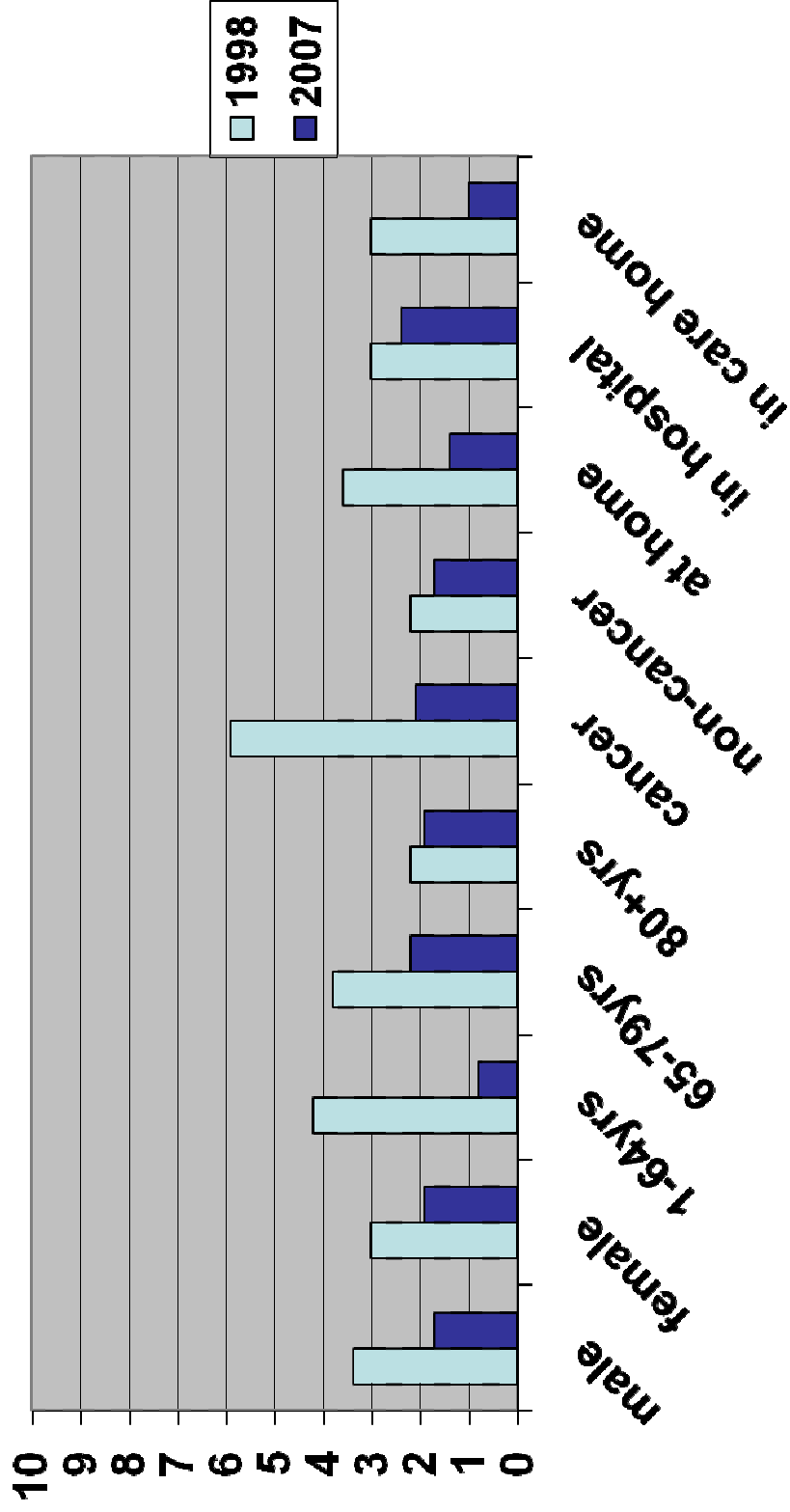


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# Life-ending without request

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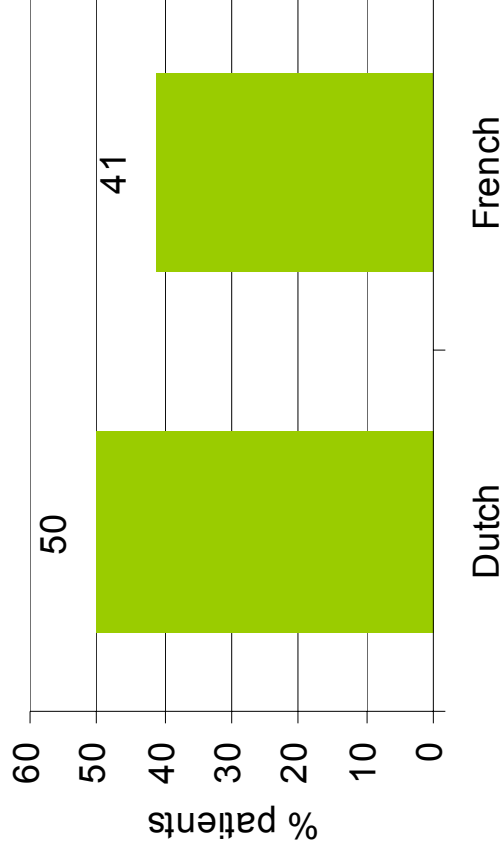
# Dutch vs French-speaking communities in Belgium

- 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?

# Dutch-speaking and French-speaking communities

End-of-life decisions with possible or certain life-shortening effect among **non-sudden deaths**



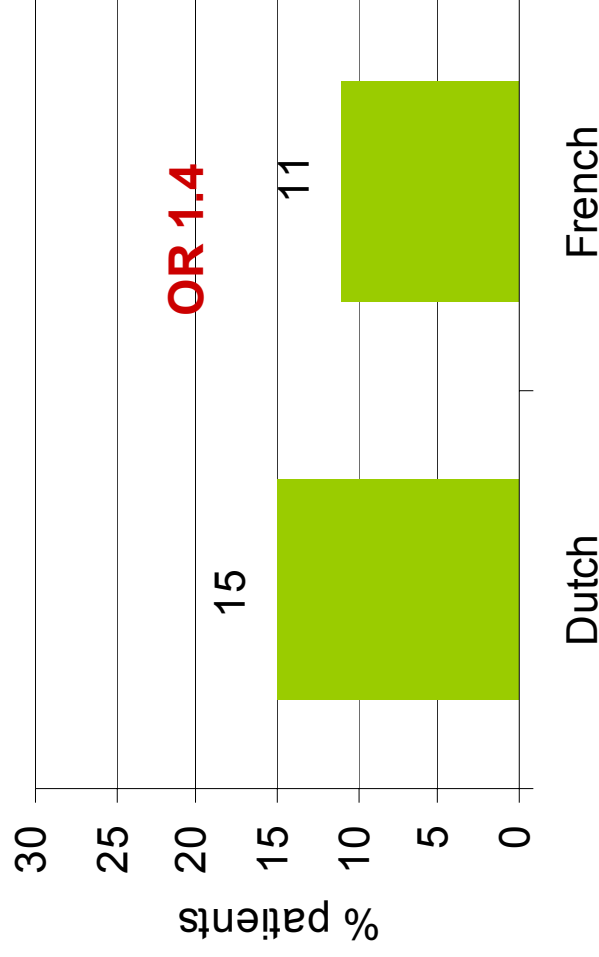
Van den Block L, Deliens L et al. Euthanasia and other end-of-life decisions: a mortality follow-back study comparing medical practice in the two cultural communities of Belgium. **BMC Public Health** 2009 Mar 9;9:79.



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# Dutch-speaking and French-speaking communities

End-of-life decisions co-intended or with the explicit intention **among non-sudden deaths**



Van den Block L, Delyens L et al. Euthanasia and other end-of-life decisions: a mortality follow-back study comparing medical practice in the two cultural communities of Belgium. **BMC Public Health** 2009 Mar 9;9:79.

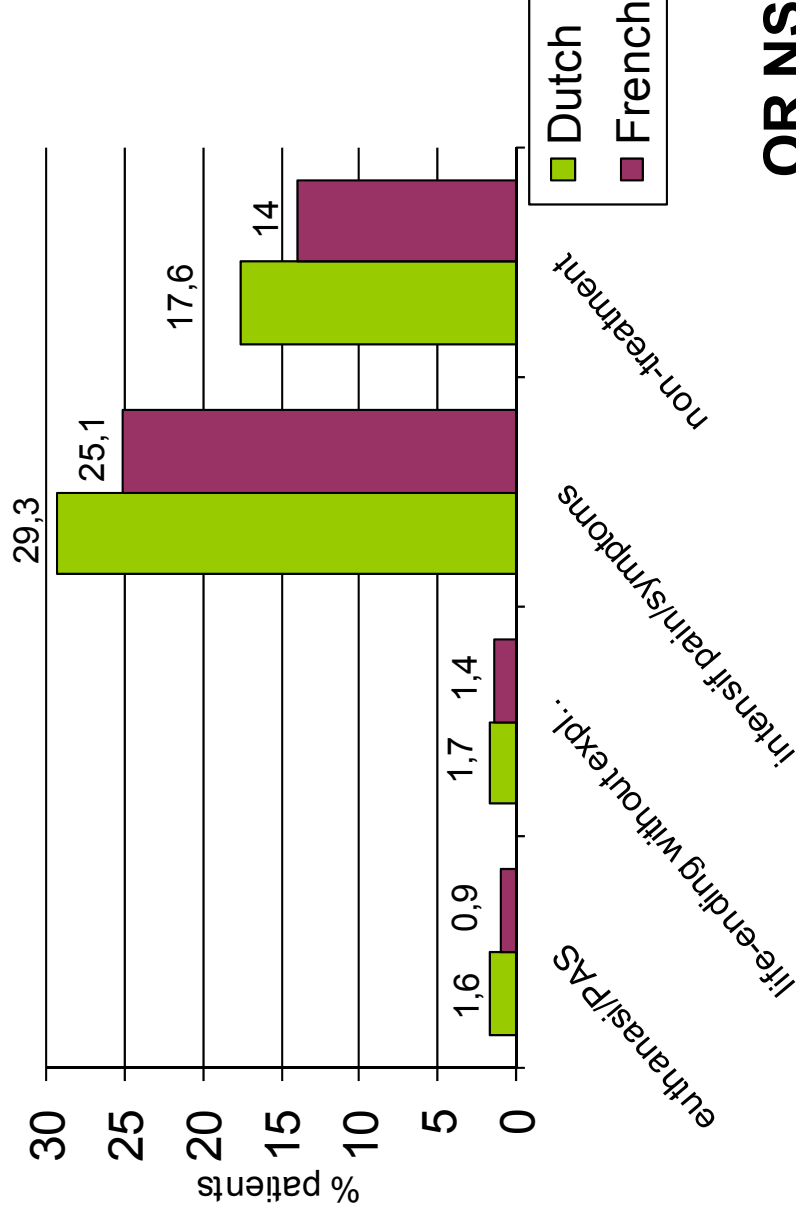






# Dutch-speaking and French-speaking communities

## End-of-life decisions among non-sudden deaths



## OR NS

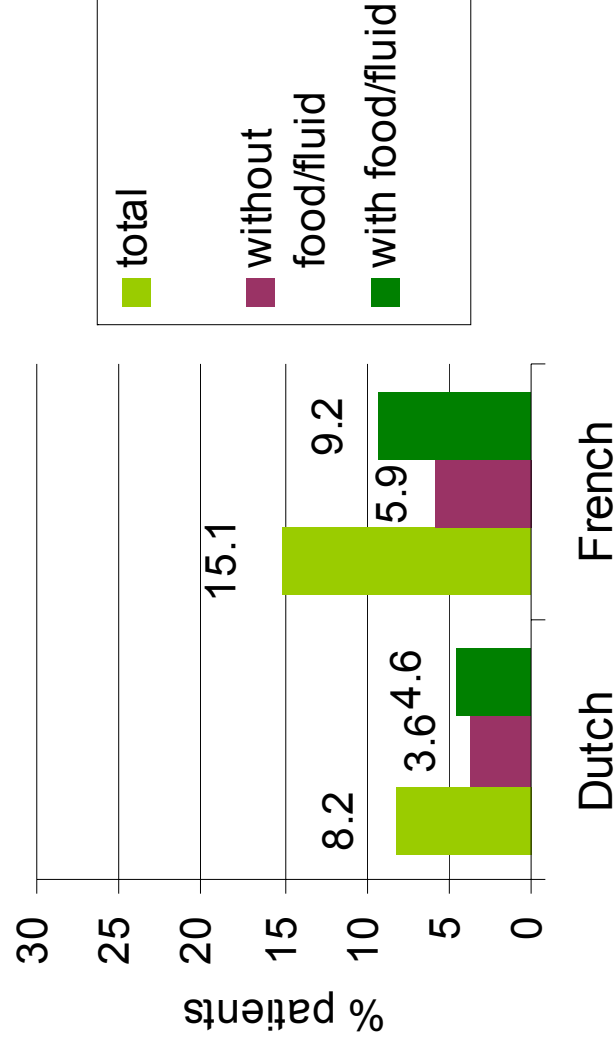
Van den Block L et al. Euthanasia and other end-of-life decisions: a mortality follow-back study comparing medical practice in the two cultural communities of Belgium. **BMC Public Health** 2009 Mar 9;9:79.



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# Dutch-speaking and French-speaking communities

## Continuous deep sedation among non-sudden deaths



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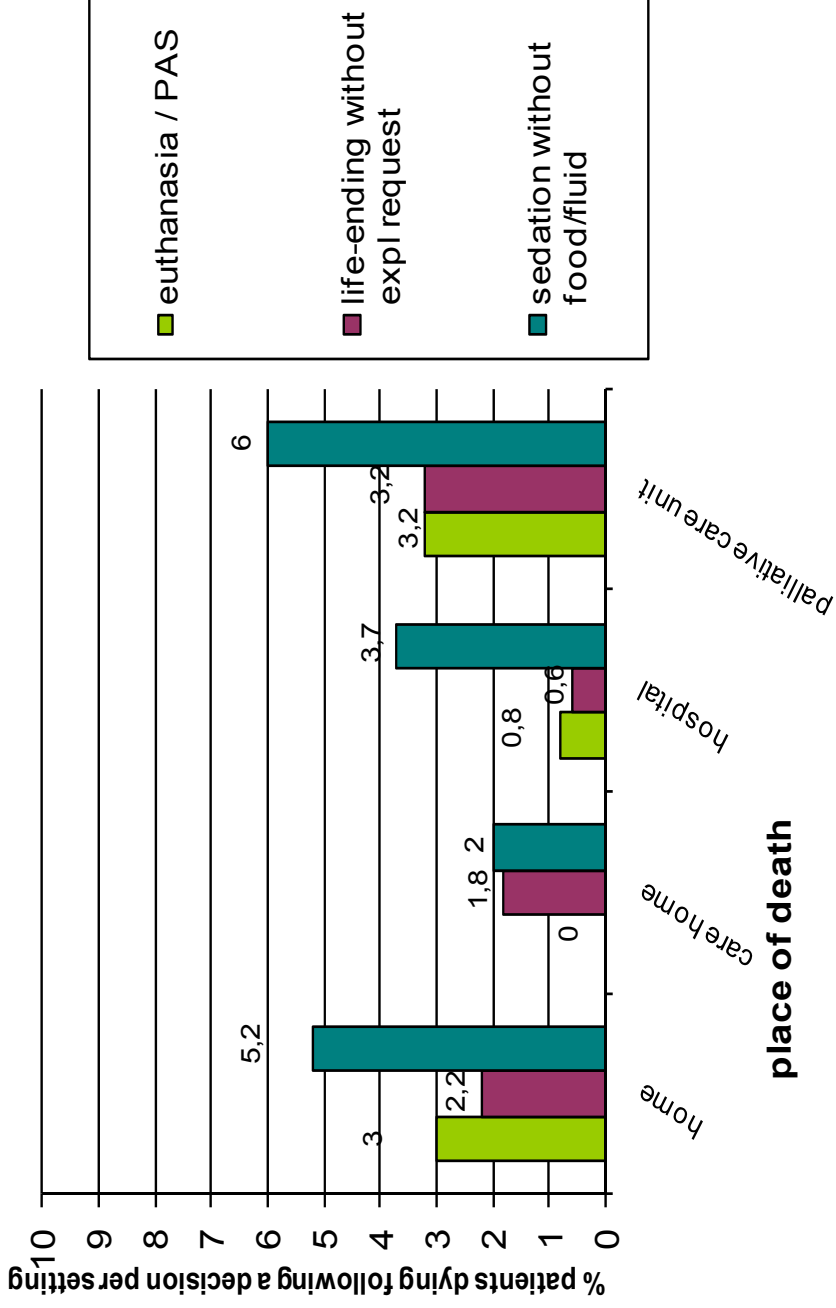


# End-of-life decisions and end-of-life care

- 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

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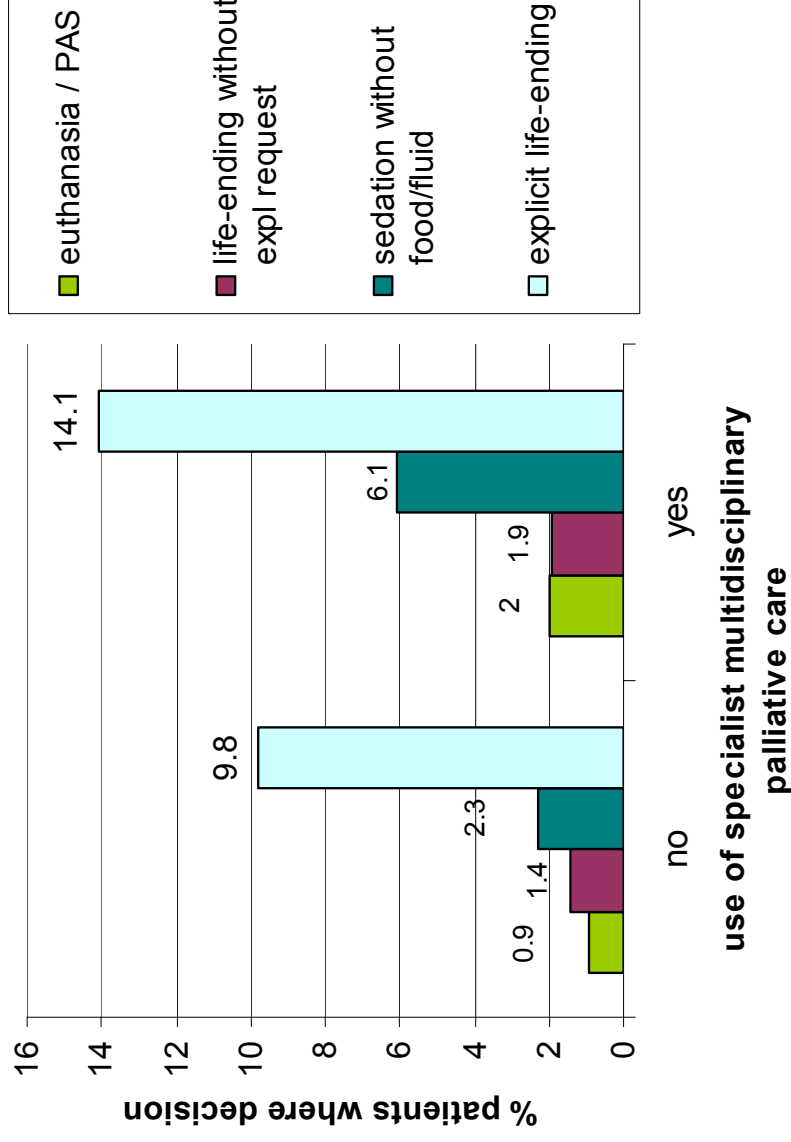
Van den Block L, et al. How are euthanasia and other medical end-of-life decisions related to the care provided in the final three months of life? **Brit Med J** 2009 Jul; 339:b2772





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# End-of-life decisions and multidisciplinary palliative care

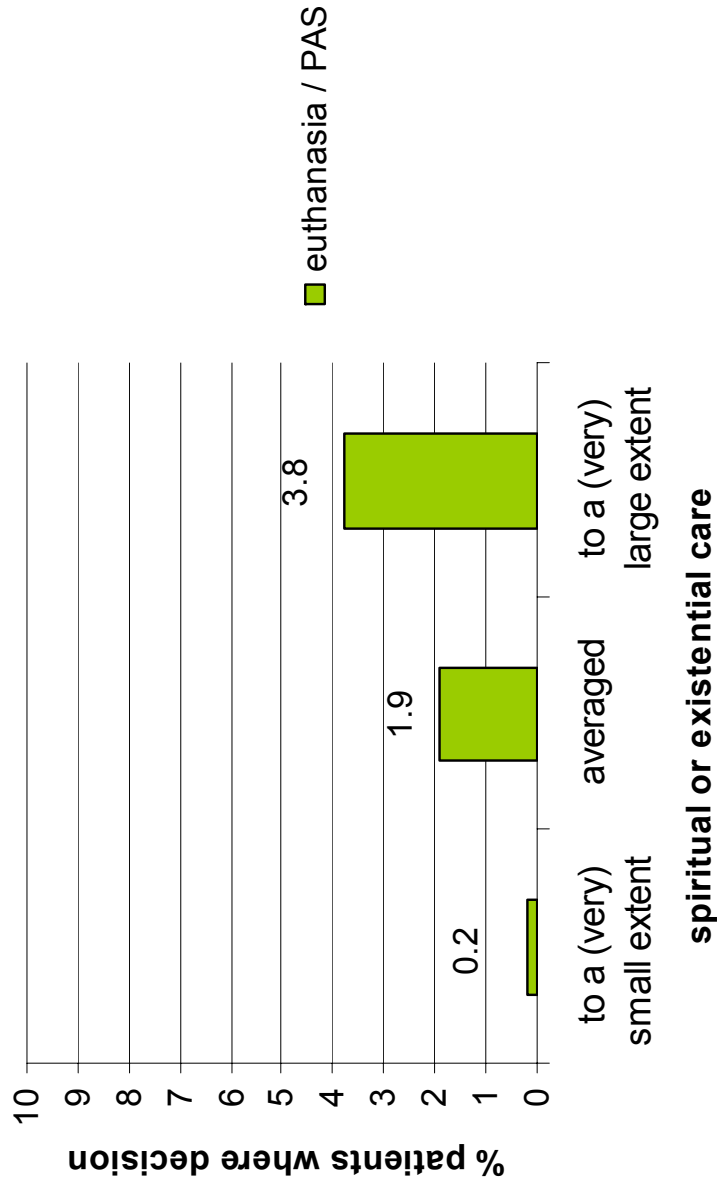


Van den Block L, et al. How are euthanasia and other medical end-of-life decisions related to the care provided in the final three months of life? **Brit Med J** 2009 Jul;339:b2772





# End-of-life decisions and spiritual/existential 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**



## Conclusions on Dutch-speaking vs French- speaking communities

- 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



## Conclusions concerning “palliative care”

- 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



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# Acknowledgement

## End-of-life Care Research Group Brussels



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