



Euthanasia and other end-of-life decisions in medical practice

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Background

- NL and BE have a law on euthanasia, making these countries « social laboratories » for an ethical highly debated medical practice
- Several European countries are debating legalisation of euthanasia, and this debates should be evidence based

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- Background of euthanasia laws
- Methods of ELD studies
- Trends in the Netherlands
- Trends in Belgium
- Euthanasia in “vulnerable” people?

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Background of the euthanasia laws

- implementation in 2002
- euthanasia (& PAS in NL)
- physician must be in a state of 'conflict of duties'
- principals:
 - › main origin of the suffering must be a mental or physical disease
 - › mental & physical suffering equally severe
 - › "terminal phase" is not required

Unbearable and hopeless suffering

- suffering is a personal experience
- unbearableness is highly individualistic
- prospectlessness is a medical judgment
- is the treatment likely to be effective?
- are there no reasonable alternatives left?

Euthanasia: key requirements of due care

- due care requirements:
 - › voluntary and well considered request
 - › unbearable and hopeless suffering
 - › patient must be well informed
 - › no treatment alternatives
 - › consultation of independent physician
 - › careful performance

Societal context with a law on euthanasia

- societal openness in debating end of life issues
- immunity from criminal prosecution for physicians who meet the strict conditions of due care
- controlled and open practice of euthanasia (and assisted-suicide)
- a more open context for all end-of-life decisions in medical practice
- euthanasia has been accepted as an option in palliative care (cfr policy and practice)
- conscientious objection possible

Review Procedure

- reporting obligatory
- review and judgement by a review committee
- BE: 1 national committee
- NL: regional committees
 - › Physician
 - › Legal expert
 - › Expert on ethical issues

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Background of ELD studies

- Nationwide empirical data about end-of-life decisions in medical practices are scarce
- 2003 Lancet: EURELD study in 6 countries (BE, Dk, IT, NL, NO, SE)
- Longitudinal and nationwide data available in Belgium (1998, 2001, 2007) and the Netherlands (1990, 1995, 2001, 2005)

3 main ELD-categories

§ **NTD** = withdrawing or withholding of life-prolonging treatment with possible or certain life-shortening effect

(e.g. mechanical ventilation, tube feeding, dialysis)

§ **IAS** = intensified alleviation of symptoms with a possible life-shortening effect taken into account (double effect doctrine)

(e.g. increased dosages of morphine or morphine like products)

• **PAD** « Physician-Assisted Death »

• = prescription, supply or administration of drugs with the explicit intention to end the patient's life

3 PAD-categories

Euthanasia = administration of drugs with the explicit intention to end the patient's life at the explicit request of the patient

PAS = prescription or supply of drugs with the explicit intention to end the patient's life at the explicit request of the patient

LAWER = administration of drugs with the explicit intention to end the patient's life, "without" the patient's explicit request

- (assistance in dying)

ELD classification

In view of 3 criteria:

1. treatment option of the physician:
 1. (non) treatments versus
 2. providing/administering drugs
2. intention of the physician to hasten death
3. explicit request of the patient

Design of « death certificate study »

Death Certificate study (vs physicians' survey)

- Mortality follow-back survey
- Stratified sample of > 5,000 – 10,000 deaths
- Inclusion : shortly after death (2 to 3 months)
- Mail survey to all sampled physicians who signed the death certificate
- In case of non-sudden death: 4 pages postal questionnaire

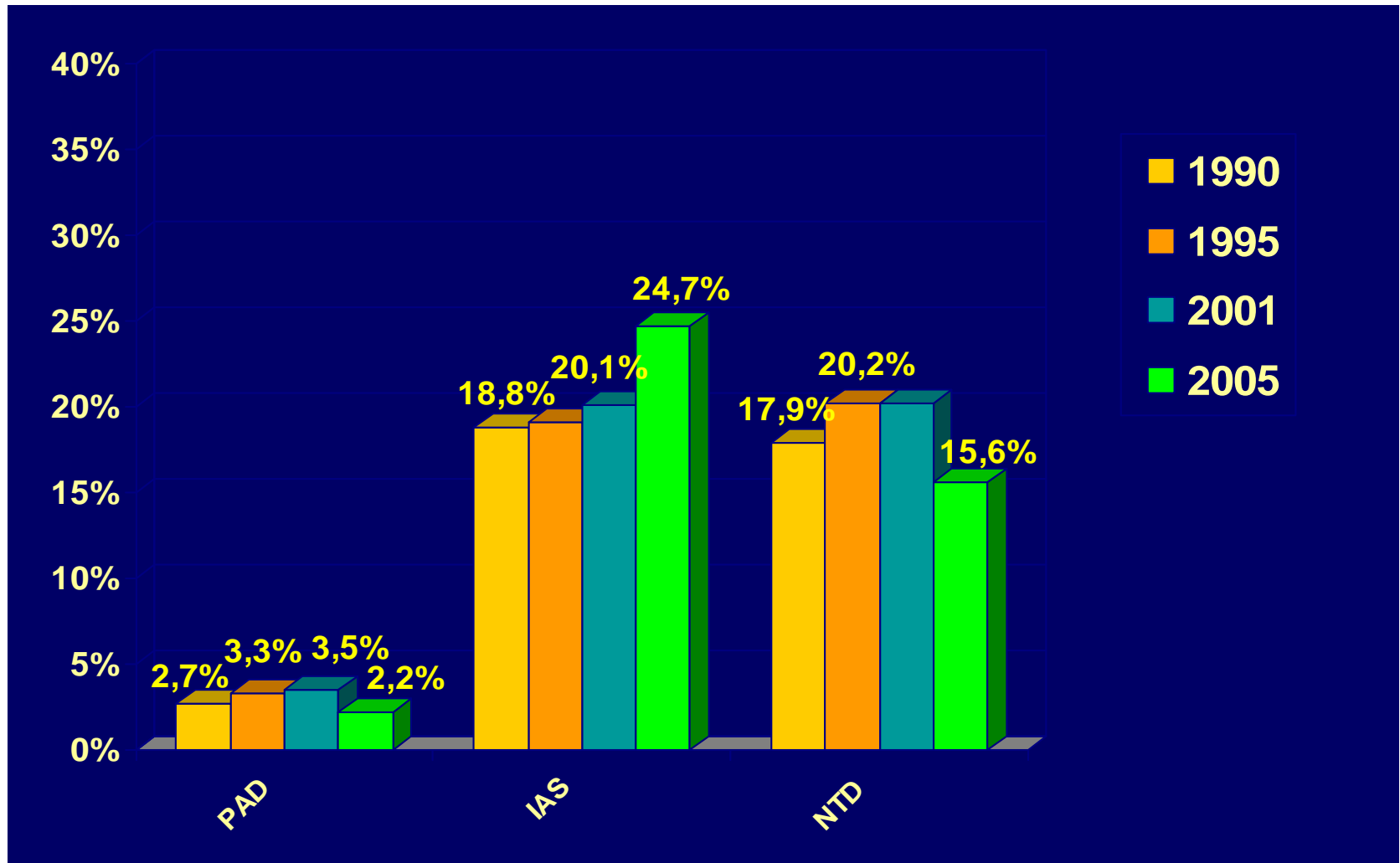
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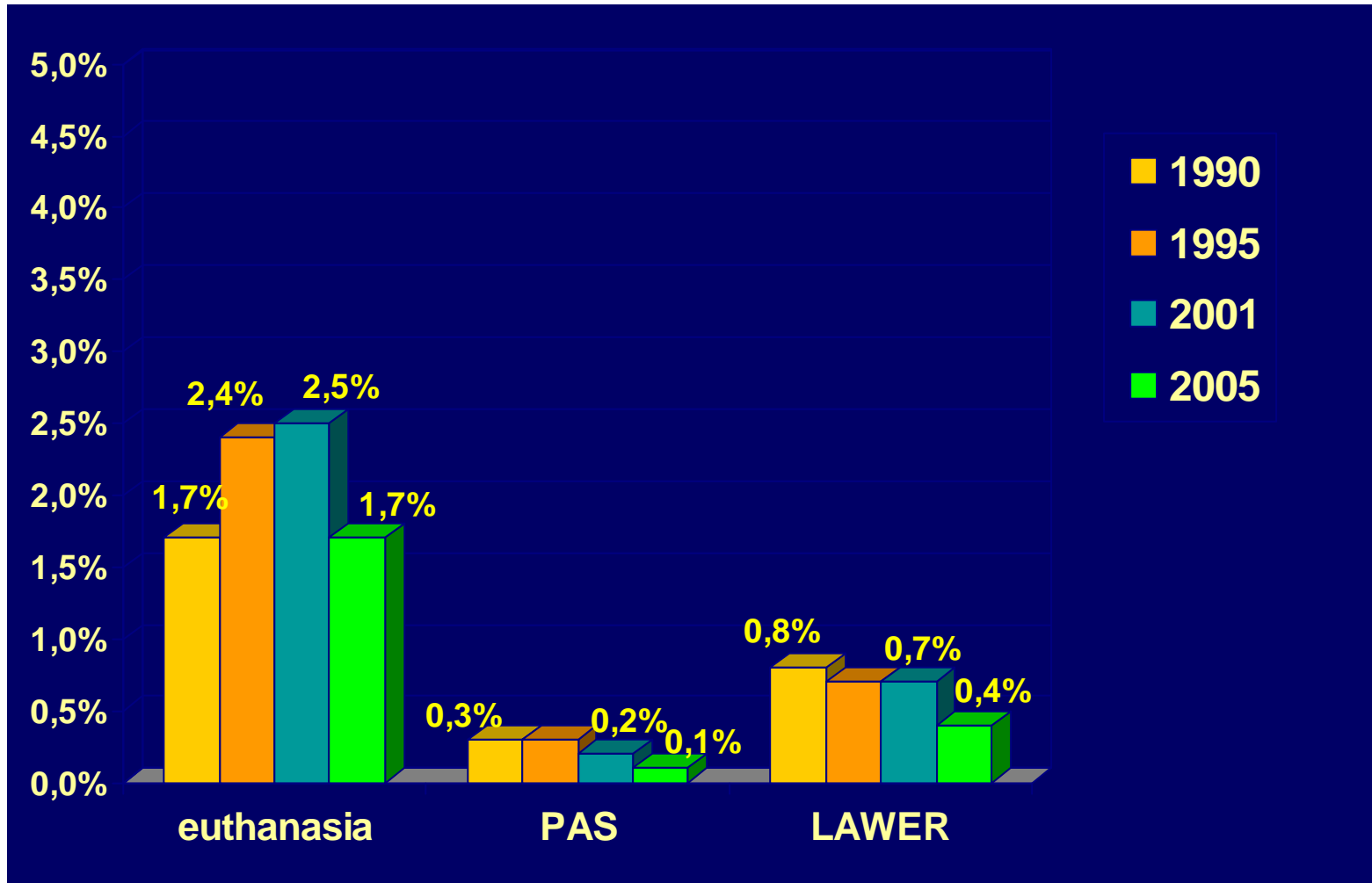
main ELD publications for the Netherlands

- van der Maas PJ, van Delden J, et al. Euthanasia and other medical decisions concerning the end of life. **Lancet** 1991;338:669-74
- van der Wal G, van der Maas PJ, et al. Euthanasia and other end-of-life decisions in the Netherlands 1990-1995. **N Engl J Med** 1996;335:1699-1705
- Onwuteaka-Philipsen BD, et.al. Euthanasia and other end-of-life decisions in the Netherlands in 1990, 1995, and 2001. **Lancet** 2003;362(9381):395-9
- Heide A van der, et.al. End-of-life practices in the Netherlands under the Euthanasia act. **N Engl J Med**. 2007;356(19):1957-65

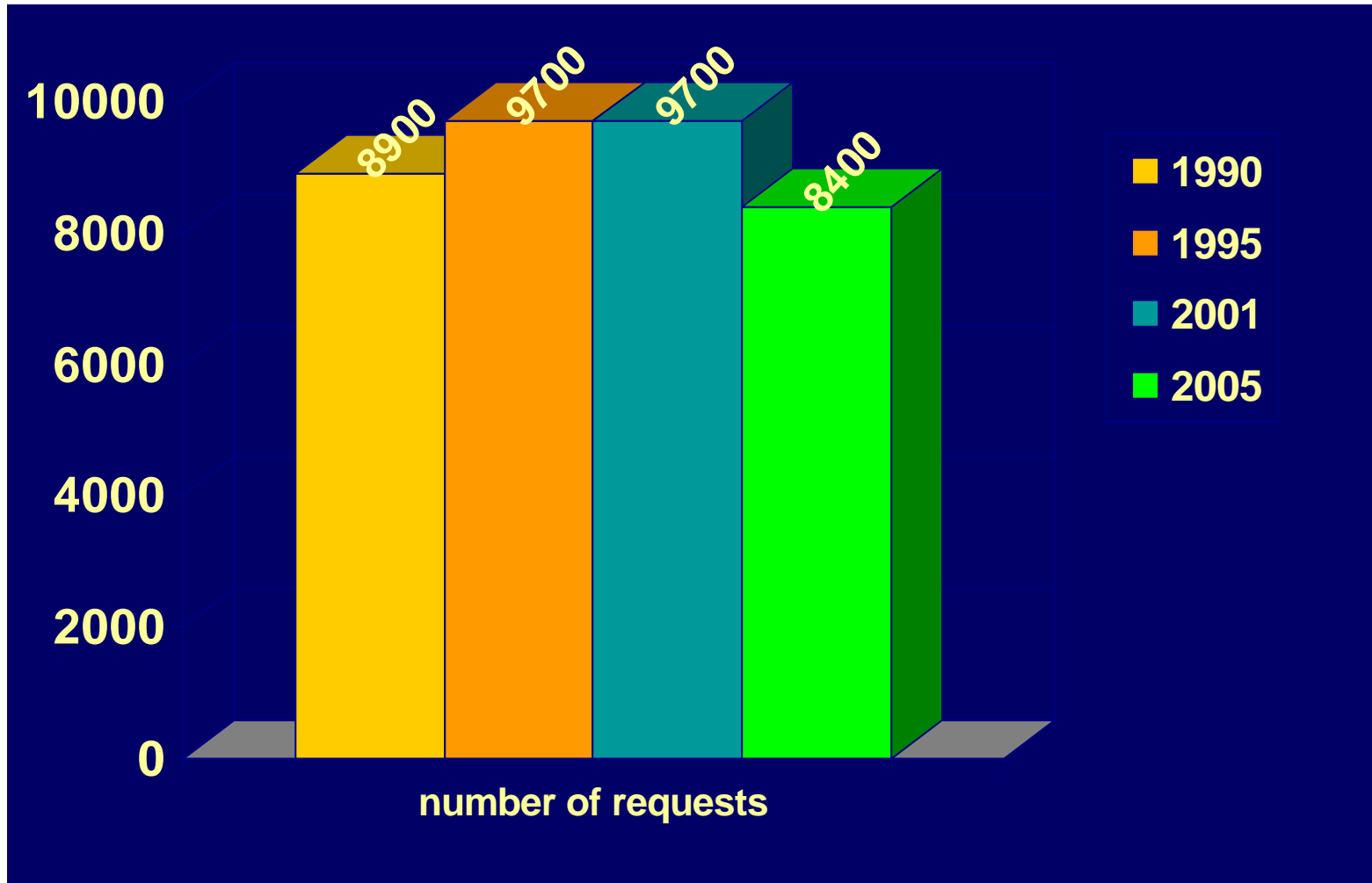
Incidence of ELDs in the NL (Estimates in percentages of all deaths)



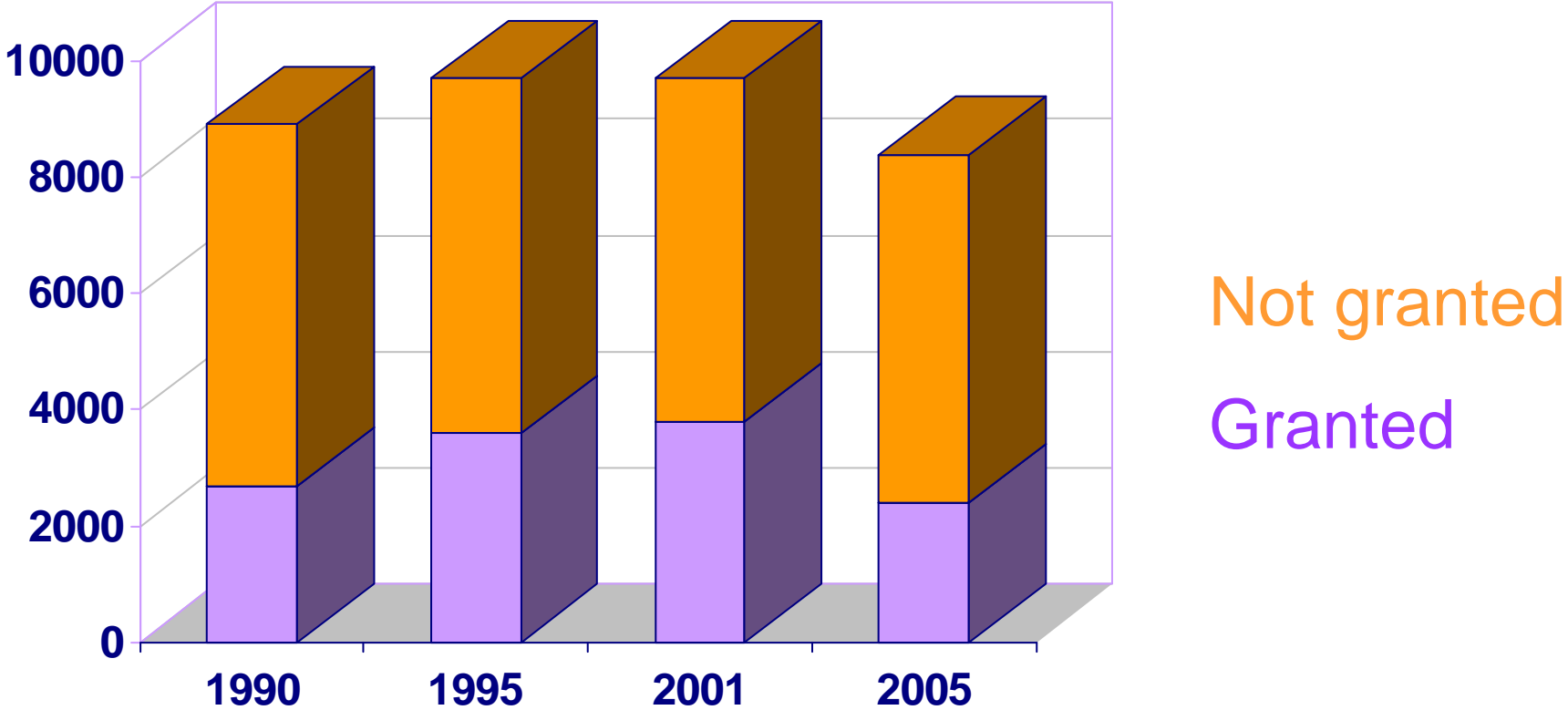
Incidence of euthanasia, PAS, LAWER in the NL (estimates in percentages of all deaths)



Euthanasia requests in The Netherlands (estimates of absolute figures)



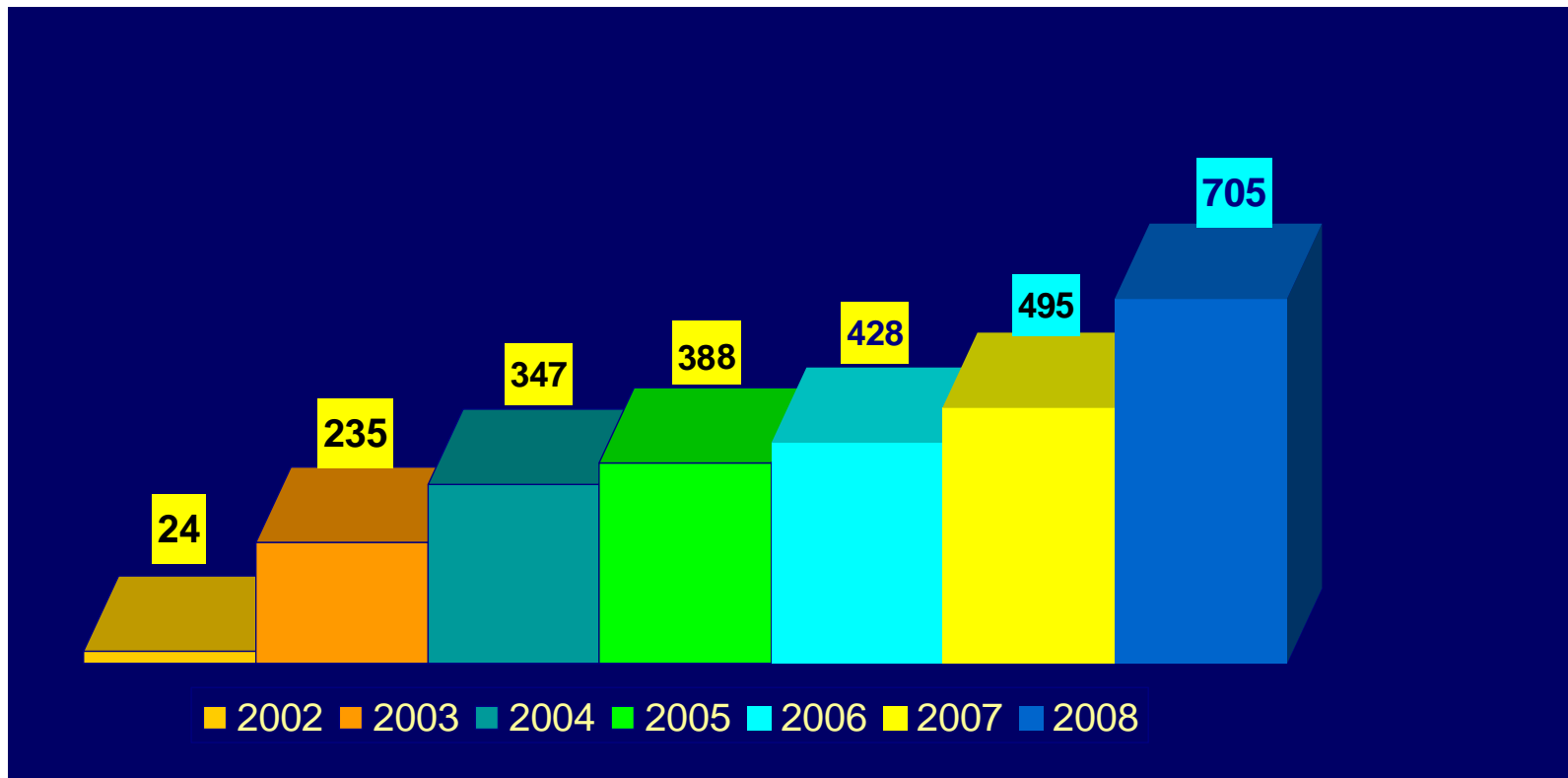
Granted and not granted requests for EAS



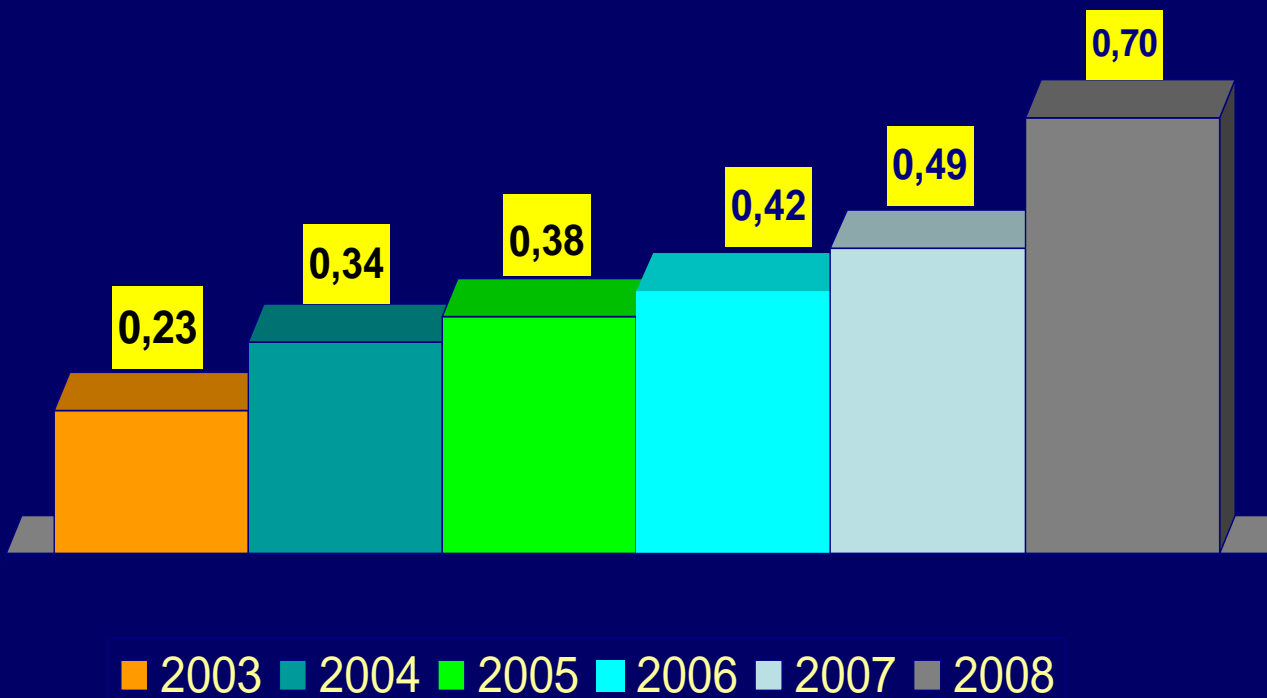
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- ELDs among the very old
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cases of euthanasia reported to the federal review committee
Cases reported in 2002 – 2008 (absolute figures) (N=2622)



cases of euthanasia reported to the federal review committee
Cases reported in 2002 – 2008 (% of all death) (N=2622)



Characteristics of the decision-making process cases reported in 2002-2007 (N=1917)

Euthanasia cases 2002-2007	reported
Request	%
Current written request	97.9
Written adv directive	2.1
Consultation other physician	
Required 1st consult	100
Free 2nd consult	34.2
Palliative team	32.3
Drugs used	
Barbiturate	34.3
Barb. + neuromuscular relaxant	58.1

« estimated medical practices » main ELD publications for Belgium

- Deliens L, Mortier F, Bilsen J, et al. End-of-life decisions in medical practice in Flanders, Belgium: a nationwide survey. *Lancet* 2000; 356:1806-11
- Bilsen J, Cohen J, Deliens L et al. Medical End-of-Life practices under the Euthanasia law in Belgium. *N Engl J Med* 2009;361(11):1119-21
- Chambaere K, Bilsen J, Cohen J, Rietjens J, Onwuteaka-Philipsen B, Mortier F, Deliens L. Continuous deep sedation until death in Flanders, Belgium 2001-2007. *Arch Int Med (In press)*

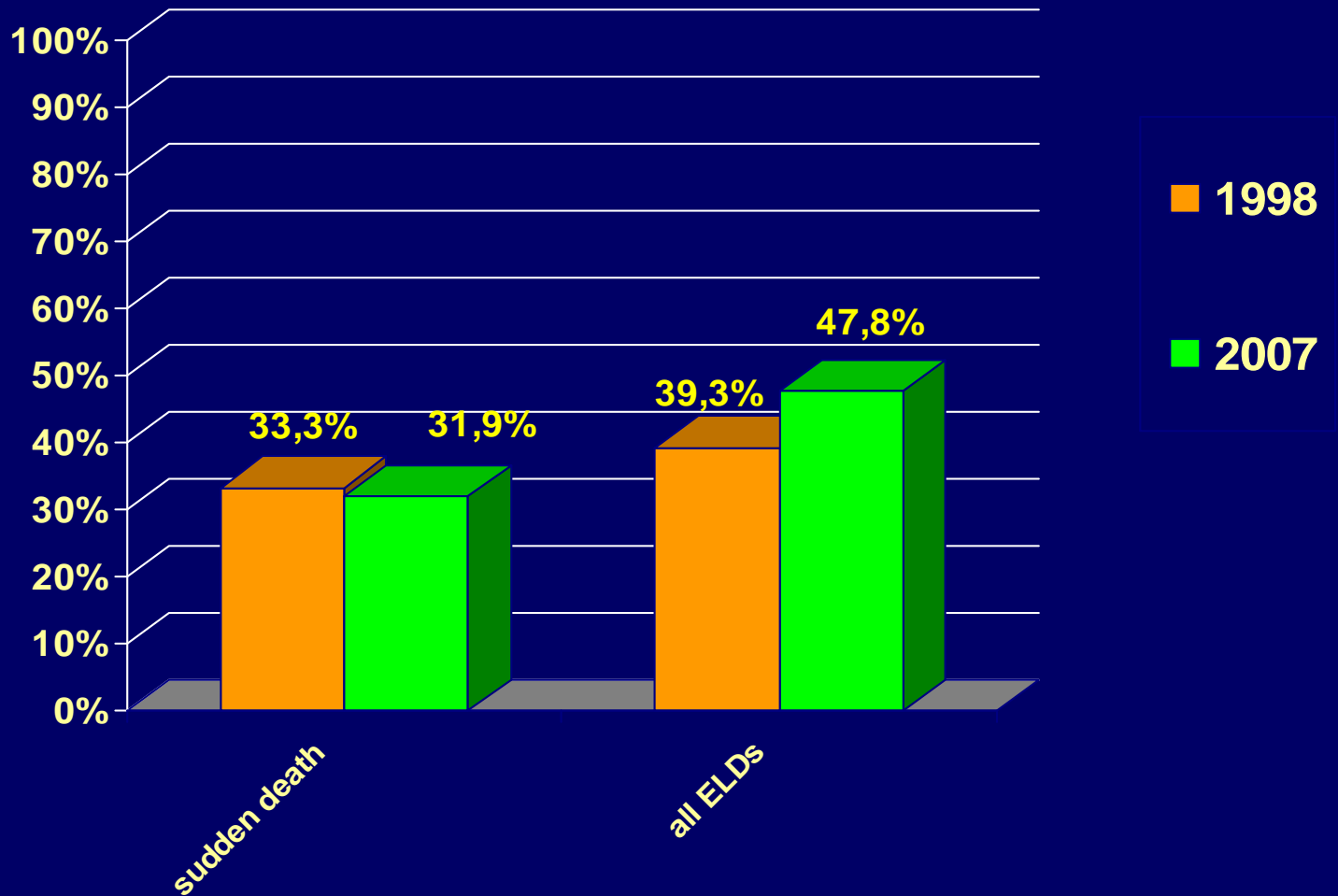
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- Van den Block L, et al. End-of-life decisions among cancer versus non-cancer patients in Flanders, Belgium. *J Clinical Oncology* 2006 20;24(18):2842-8.
- De Gendt C, Bilsen J, Mortier F, Vander Stichele R, Deliens L. End-of-life decision making and terminal sedation among very old patients. *Gerontology* 2009; 55(1):99-105.

Sampling characteristics 1998 - 2007

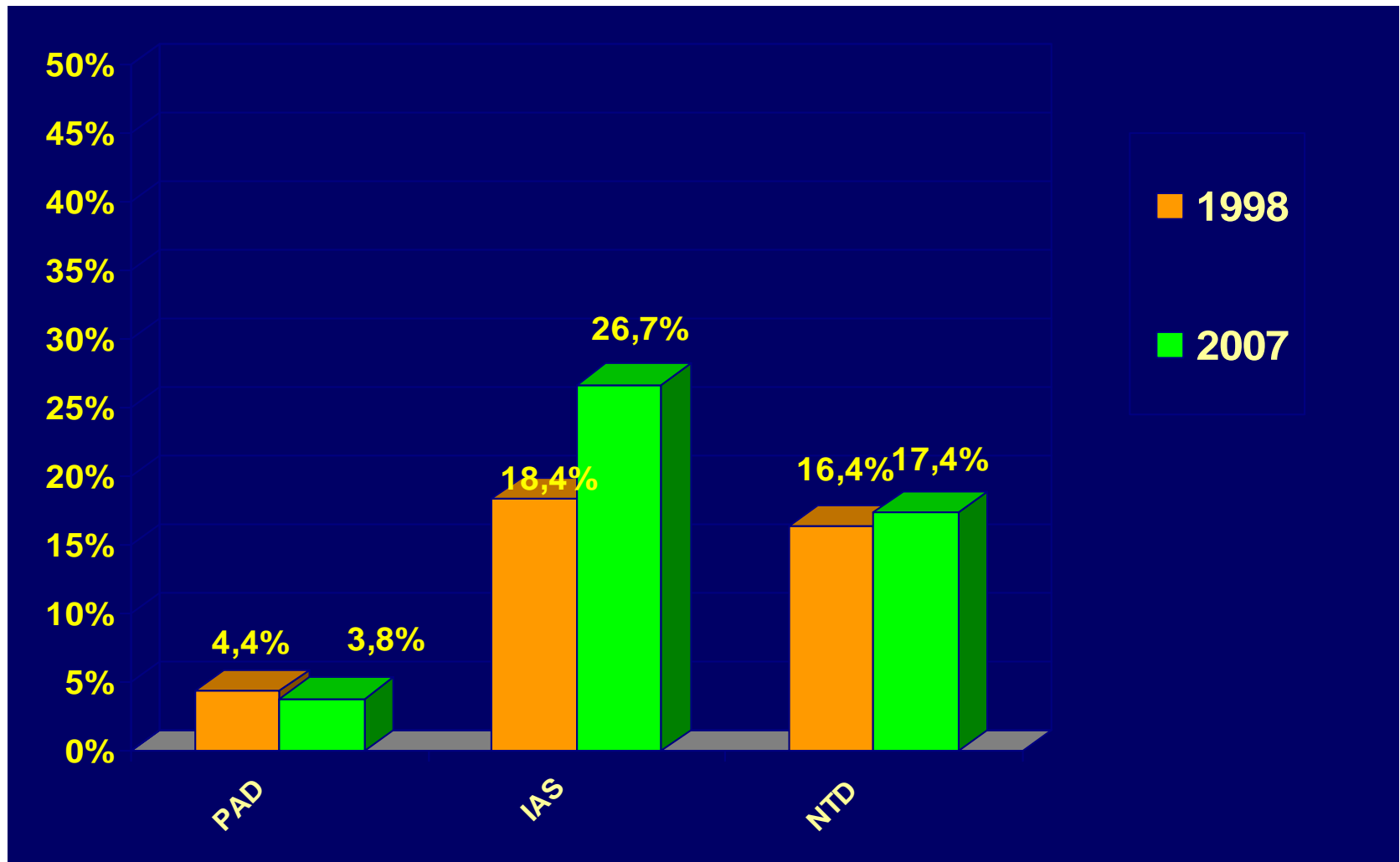
	1998	2007
All deaths in Flanders	56354	54881
Valid sample	3999	6202
Studied cases	1925	3623
Response rate	48,2	58,4

Incidence of ELDs in Belgium (Estimates in percentages of all deaths)

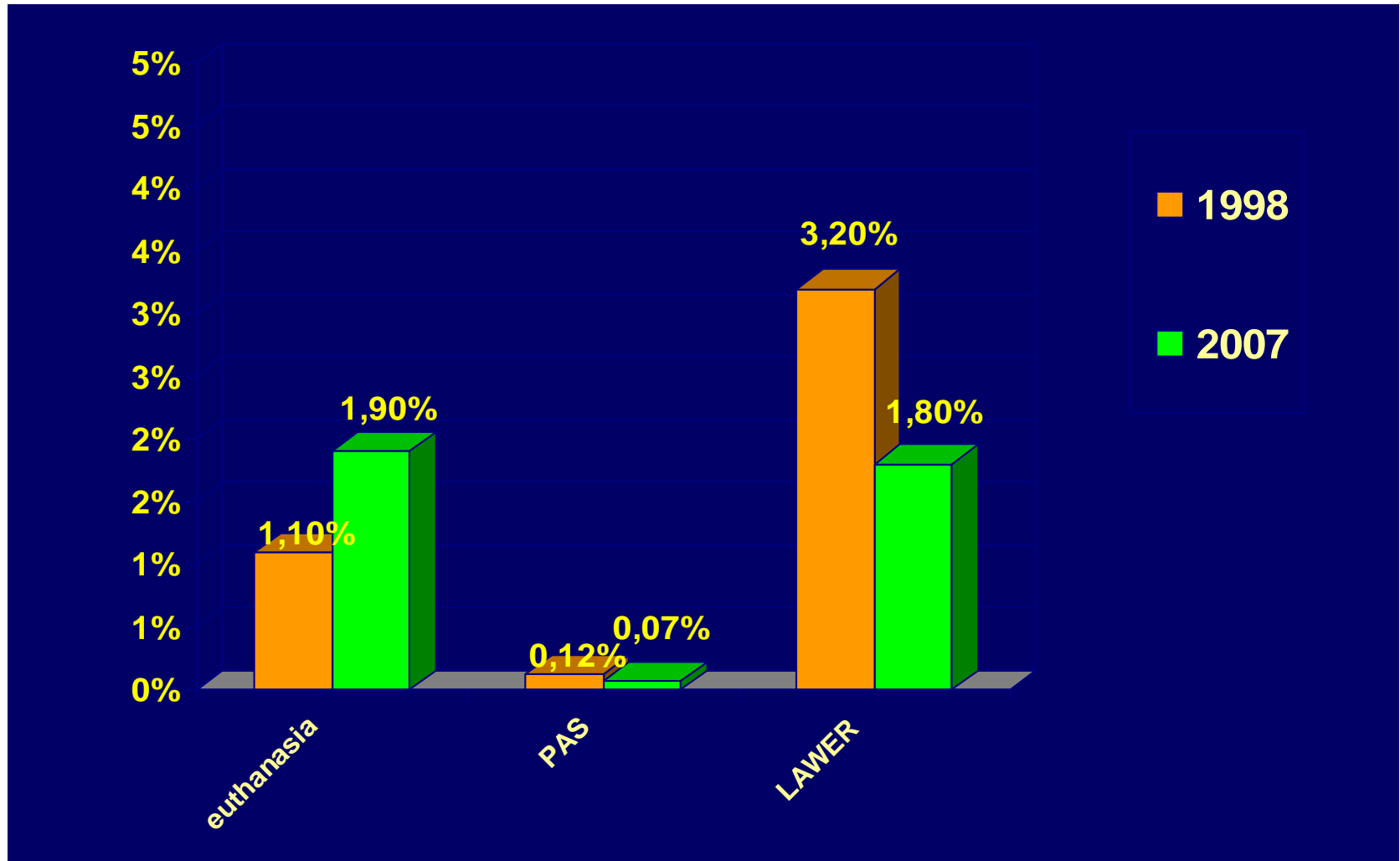


Incidence of ELDs in Belgium

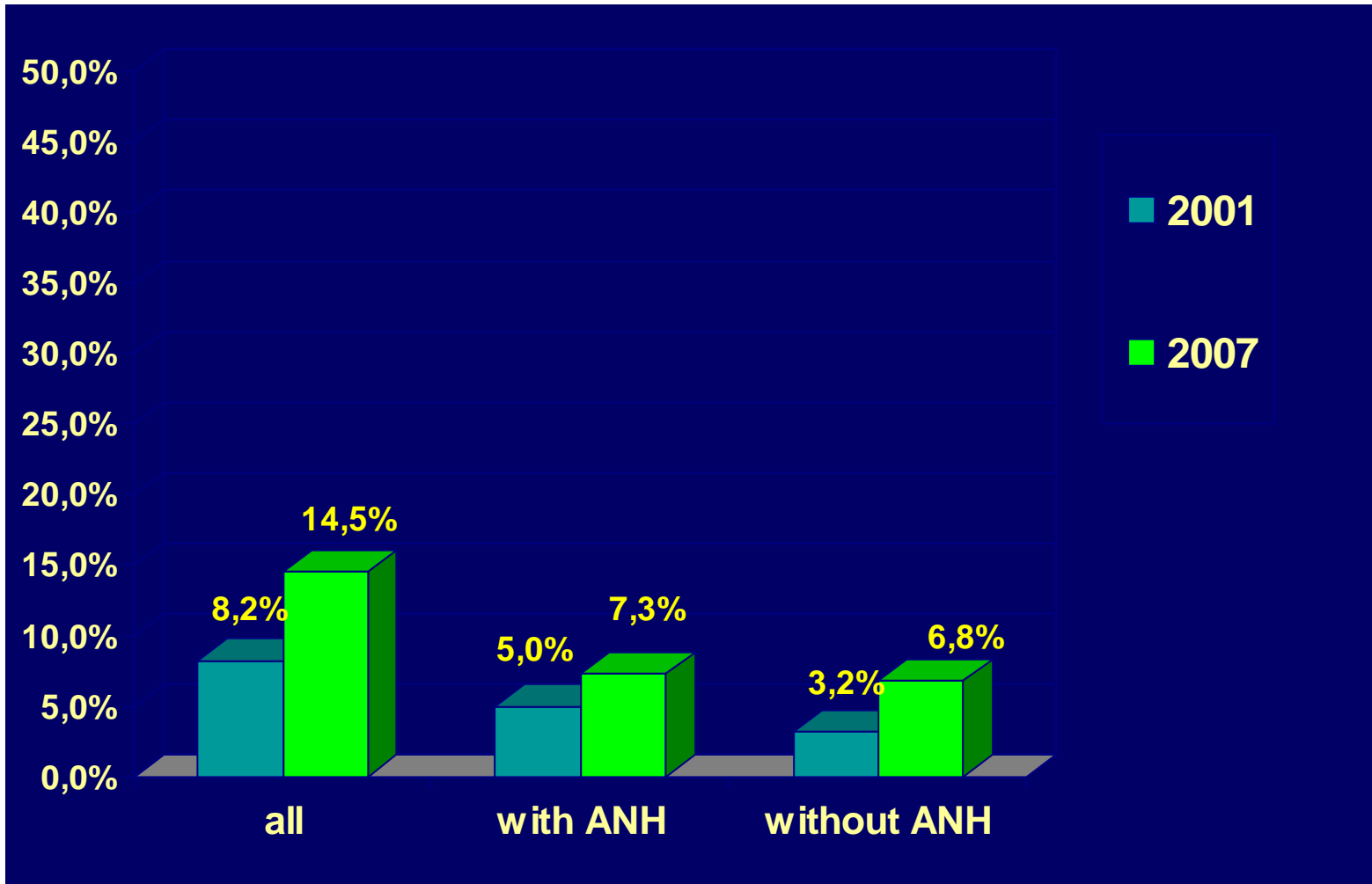
(Estimates in percentages of all deaths)



Incidence of PAD (EUTH, PAS, LAWER) in Belgium (Estimates in percentages of all deaths)

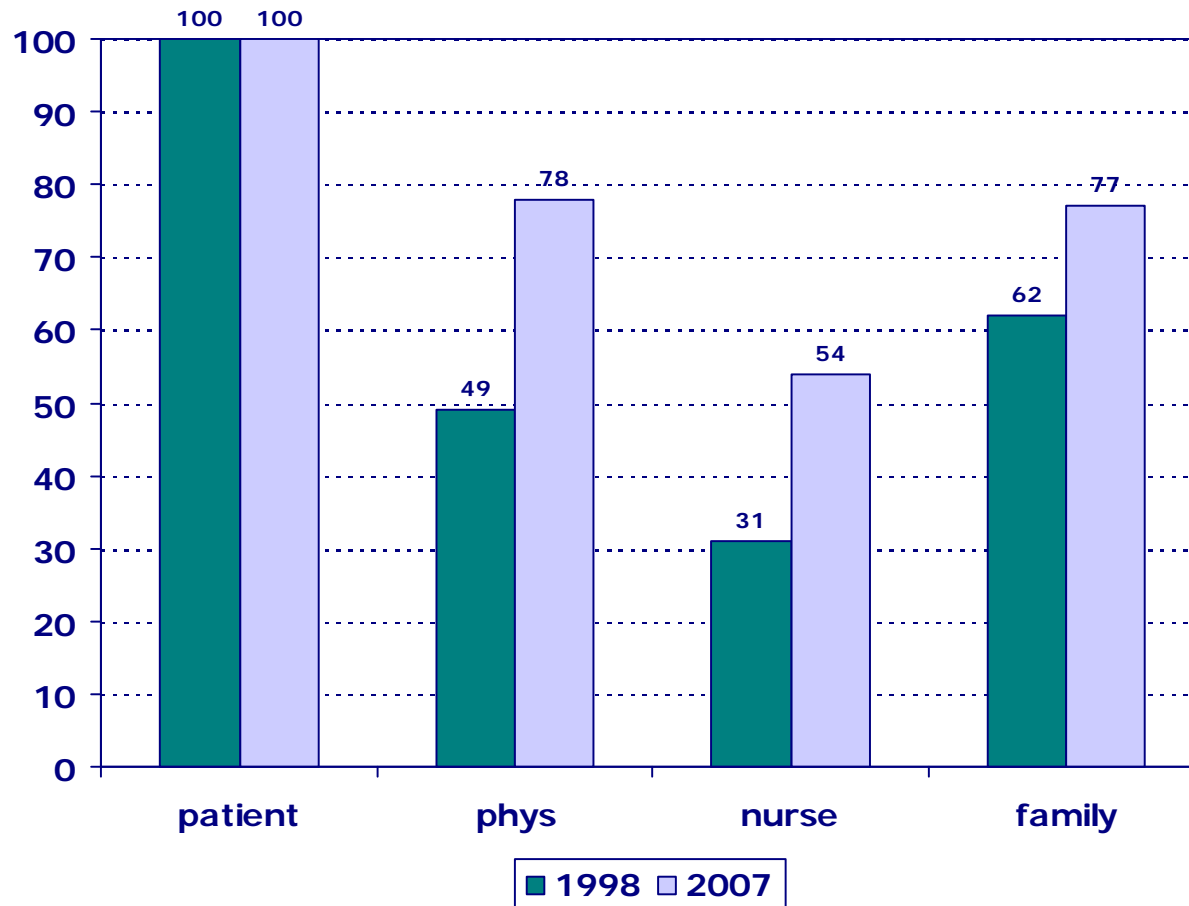


Incidence of CDS until death in BE (estimates in percentages of all deaths)



Decision making process in euthanasia cases

Who is consulted?



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- **ELDs among vulnerable people?**

Characteristics of reported euthanasia cases in BE

	Euthanasia Reported (N=1917)	All deaths
Age		
1-17	0	0.3
18-39	3.0	2.0
40-59	26.0	9.5
60-79	53.1	37.9
>79	17.9	50.2

Characteristics of reported euthanasia cases in BE

	Euthanasia reported (N=1917)	All deaths
Diagnose	%	%
Cancer	82.5	23.5
Non-cancer	17.5	76.5
Place of death		
Hospital	51.7	52.3
Home	42.2	22.4
Care home	4.3	22.0
Other	1.8	3.4

« estimated medical practices »
incidences of ELDs in Flanders

	<i>Euthanasia</i>	
	<i>1998</i>	2007
<i>Age</i>		
1-64	<u>2,4</u>	<u>4,2</u>
65-79	<u>1,0</u>	<u>2,6</u>
80+	0,9	0,8

« estimated medical practices »
incidences of ELDs in Flanders

	<i>Euthanasia</i>	
	<i>1998</i>	2007
<i>Cause of death</i>		
<i>cardiovascul.</i>	0,5	0,2
<i>cancer</i>	<u>2,1</u>	<u>5,7</u>
<i>respiratory</i>	1,2	0,8
<i>neurological</i>	3,7	4,0
<i>others</i>	<u>1,2</u>	<u>0,3</u>

« estimated medical practices »
incidences of ELDs in Flanders

	<i>Euthanasia</i>	
	<i>1998</i>	2007
<hr/> <i>Place of death</i>		
<i>home</i>	<u>2,6</u>	<u>4,2</u>
<i>hospital</i>	1,0	1,7
<i>care home</i>	0,6	0,3

Euthanasia and other end-of-life decisions in the Netherlands and Belgium

Conclusions

Conclusions (incidence figures)

- ELDs between 38-48 % of all deaths
- Intensification of APS in 20-25 % of all deaths
- NTDs between 15-20% of all deaths
- Terminal sedation (CDS) is common in end of life practice (8-14%)
- Administration of lethal drugs (PAD) is declining in both countries
- Less than 2% of all deaths involves euthanasia
- Euthanasia rate is declining in the NL, but (still) increasing in BE

Conclusions (EUTH among vulnerable, slippery slope?)

- Euthanasia relatively often in “younger” patients and not that often in the very old
- Quality of decision-making process improved substantially since 2002 (Law)
- Euthanasia allowed with physical or psychiatric disease, but only requests based on a physical disease are granted
- Ending of life without explicit request is declining in both countries
- Ratio between euthanasia and “life ending without request” is positive in BE, NL and CH, but negative in DK, NO, and IT (EURELD study, Lancet 2003)

Thank You!



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