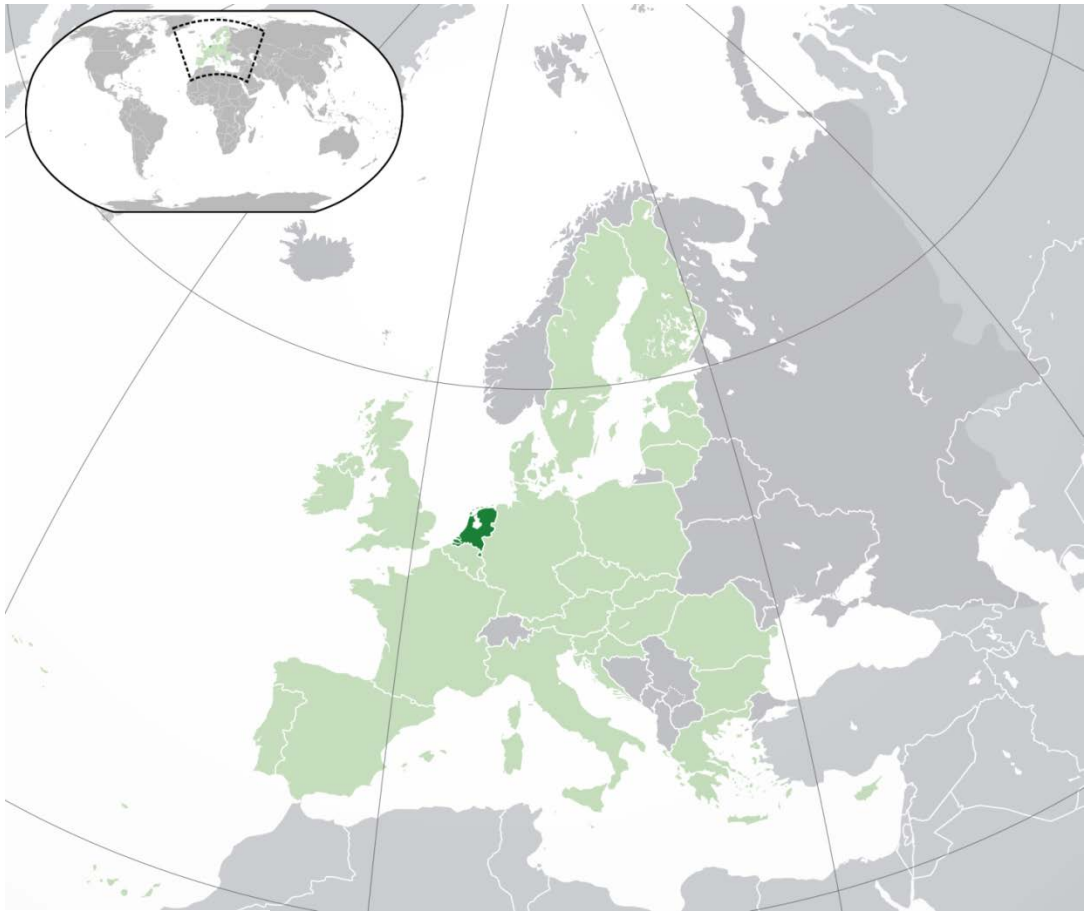
The euthanasia law in the Netherlands

Data sources and empirical studies in the Netherlands



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Bregje Onwuteaka-Philipsen

In the coming 12 minutes

Oversight of the way empirical data are collected in order to inform policy on euthanasia and physician-assisted suicide

With focus on:

- The different sources / methods
- Some examples of which information they bring
- How it is used in policy

First briefly:

The law on euthanasia and physician-assisted suicide

Euthanasia and physician-assisted suicide

- Euthanasia: a physician administers drugs with the intention to end the patient's life on the explicit request of the patient
- Physician-assisted suicide: similar to euthanasia but the physician provides the drugs and the patient takes them

Difference with physician-assisted dying in the U.S.:

- The physician is supposed to be present
- The physician should be prepared to perform euthanasia in case of complications

Current euthanasia law - procedure-

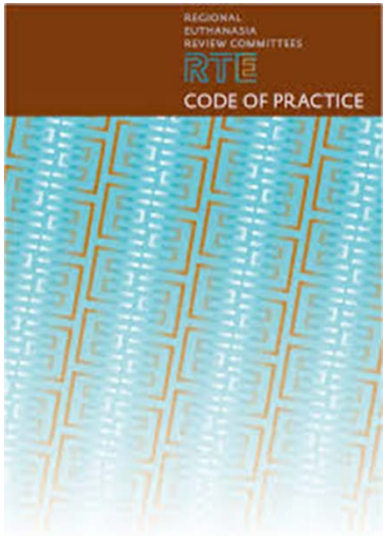
- All cases have to be reported
- Reporting to euthanasia review committee
  - Lawyer, physician, ethicist -
- Verdict on basis of ‘criteria for due care’
- Verdict ‘non compliant’ → to public prosecutor

Euthanasia law - content-

Criteria for due care:

- The patient has made a voluntary and well-considered request to die;
- The patient is suffering hopeless and unbearable
- The physician has informed the patient about his/her situation and prospects;
- There is no other reasonable solution;
- Consultation of an independent doctor;
- Administration with due medical care.

Case law / code of practice



Some essentials

- Force majeure of physician
- Suffering is subjective
- Both psychological and physical suffering
- Patient does not have to be terminally ill
- Suffering stems from a medical (psychiatric or somatic) illness; includes:
- Combination of complaints related to old age

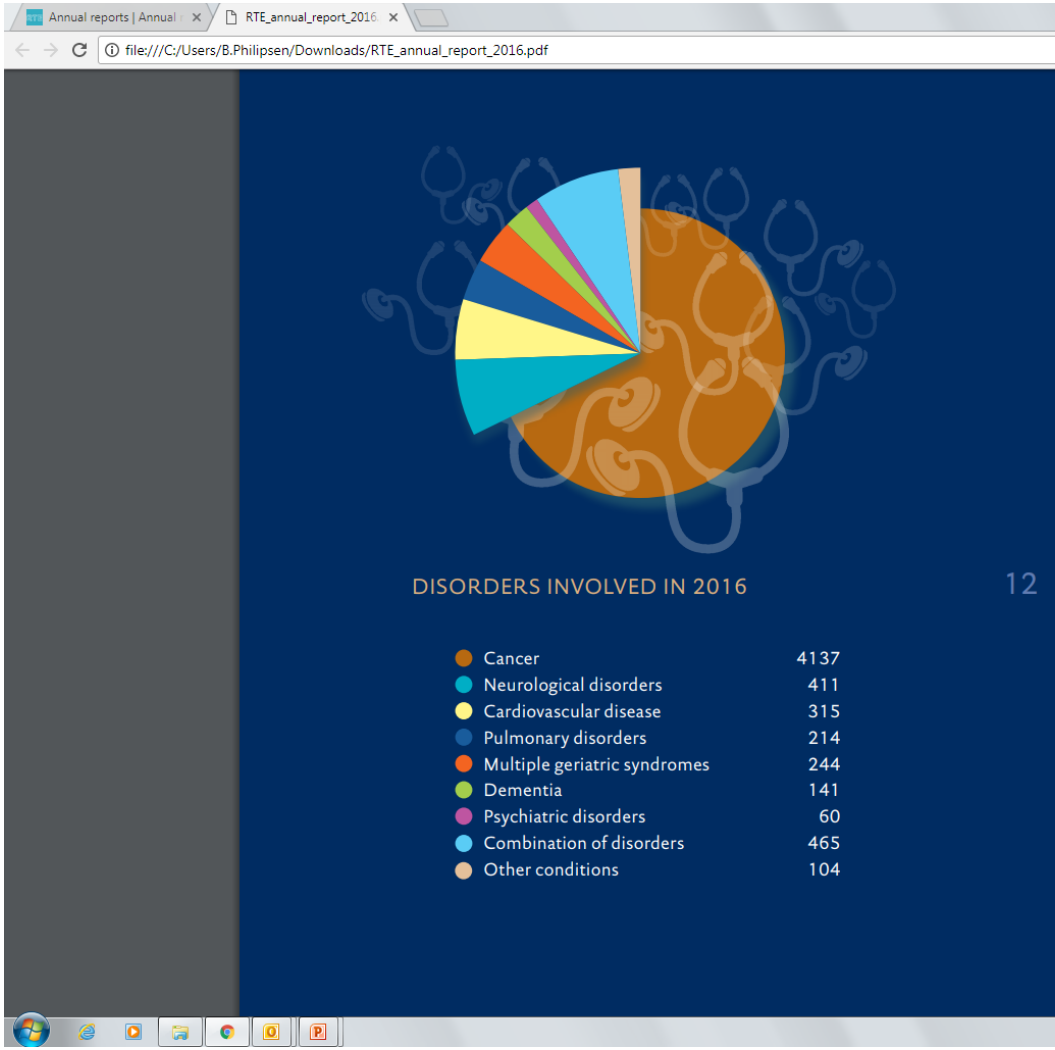
Yearly source of information

The annual reports of the review committees

It provides insight in:
- Characteristics of all reported cases
- Case descriptions of relevant cases

But not in:
- Unreported cases
- All requests / refused requests
- More than basic descriptives
- Context of end-of-life decision making

➔ Evaluation studies



Developments in euthanasia policy related to empirical research

1985	Report State committee on euthanasia		Developments in euthanasia practice Developments in public debate
1990		1st national study on euthanasia	
1993	Notification procedure euthanasia (through District Attorney)		
1995		2nd national study	
1998	Euthanasia review committees		
2001		3rd national study, (European study in 6 countries)	
2002	Euthanasia law		
2005		4th national study, 1st evaluation of the law	
2010		5th national study, 2nd evaluation of the law	
2015		6th national study, 3rd evaluation of the law	

Methods -1-

Nationwide study every 5 years:

1990, 1995, 2001, 2005, 2010

- Death-certificate study

  Stratified sample of approximately 6000 deaths; questionnaire to attending physician (75%-78% respons)

  Neutral questions to assess incidences

- Interviews / survey with sample of physicians

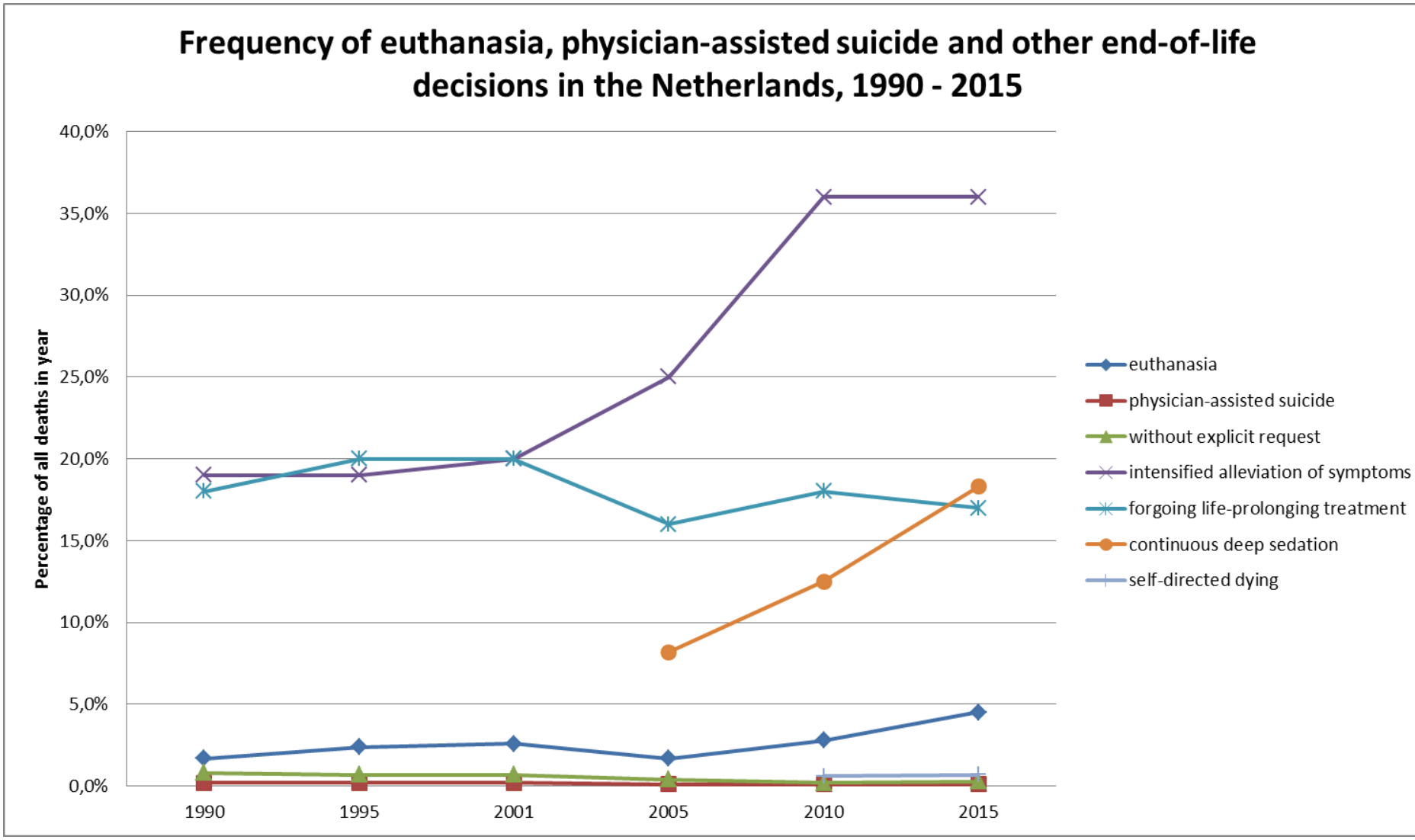
  Experiences and opinions of physicians

- Judicial evaluation

- Other substudies relevant to debate at that time

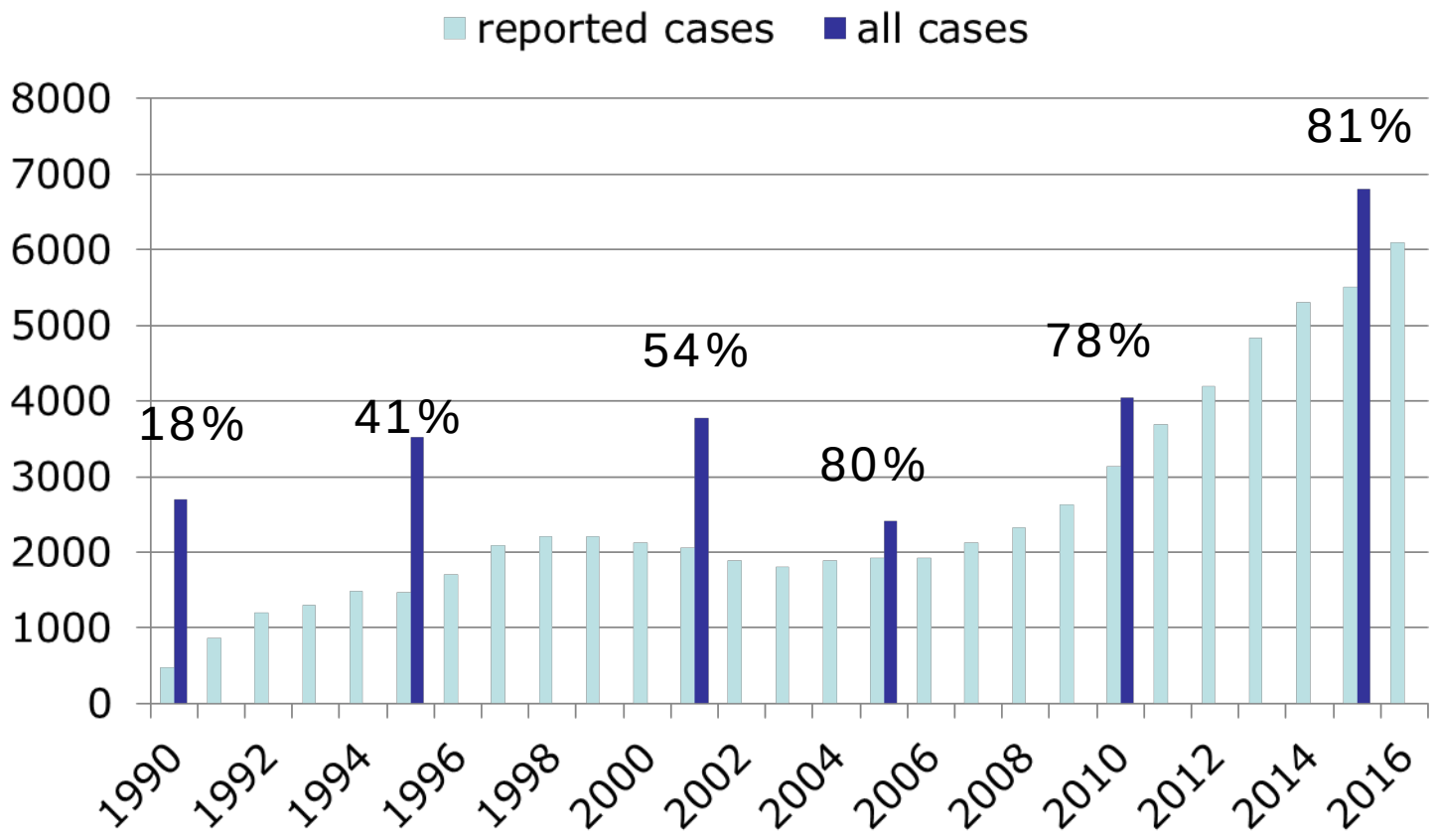
  E.g. in 2015 on requests from psychiatric patients

25 years end-of-life decision-making



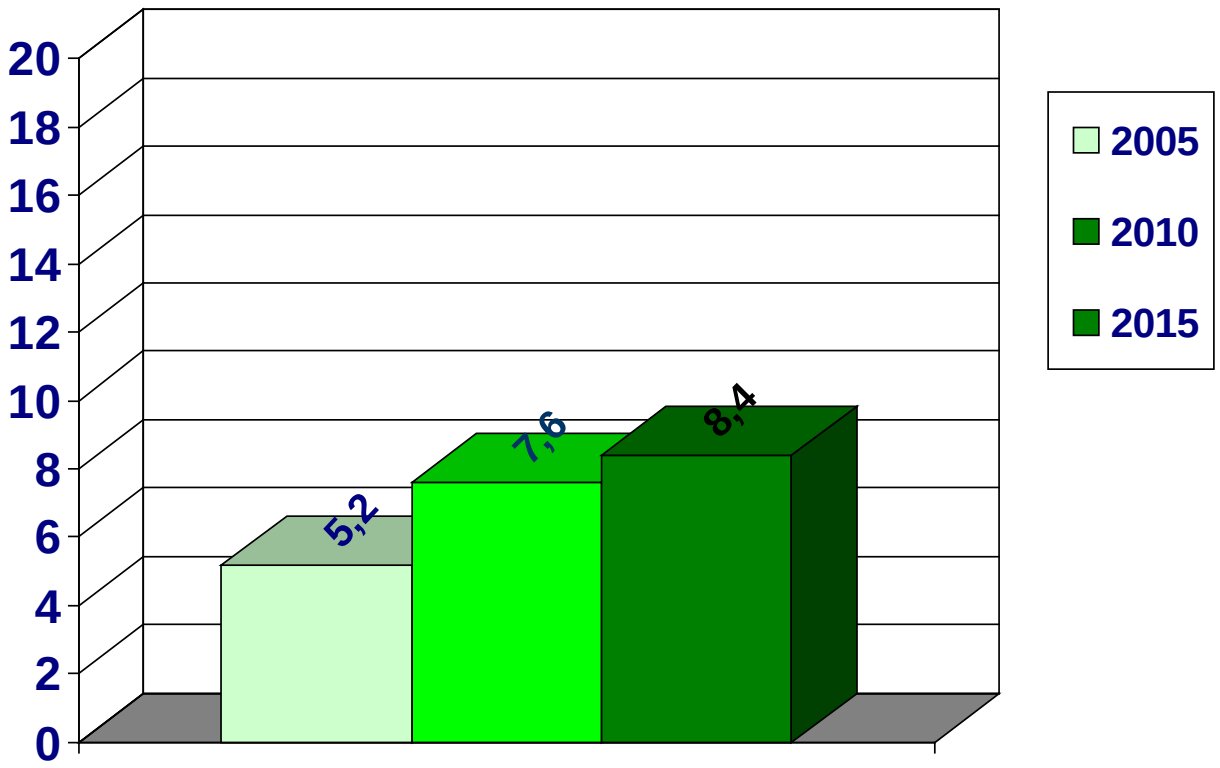
Source: van der Heide, van Delden, Onwuteaka-Philipsen, NEJM 2017

Number of cases of euthanasia and physician-assisted suicide (reported and total; %=notification rate)



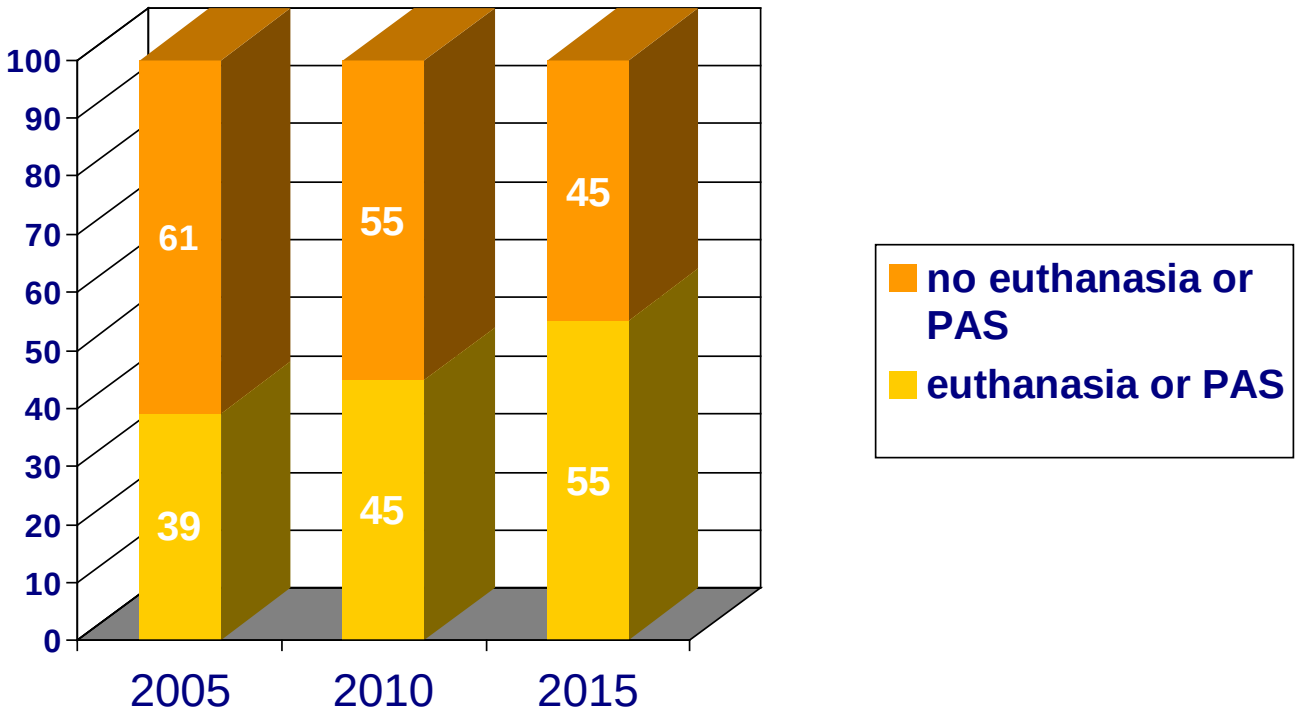
Source: Onwuteaka-Philipsen, Legemaate, van der Heide et al, Report on third evaluation of the euthanasia law, 2017.[in Dutch]

% of deaths preceded by a request for euthanasia or physician-assisted suicide (PAS)



Source: van der Heide, van Delden, Onwuteaka-Philipsen, NEJM 2017

Requests that did / did not lead to euthanasia or PAS (% of all requests)

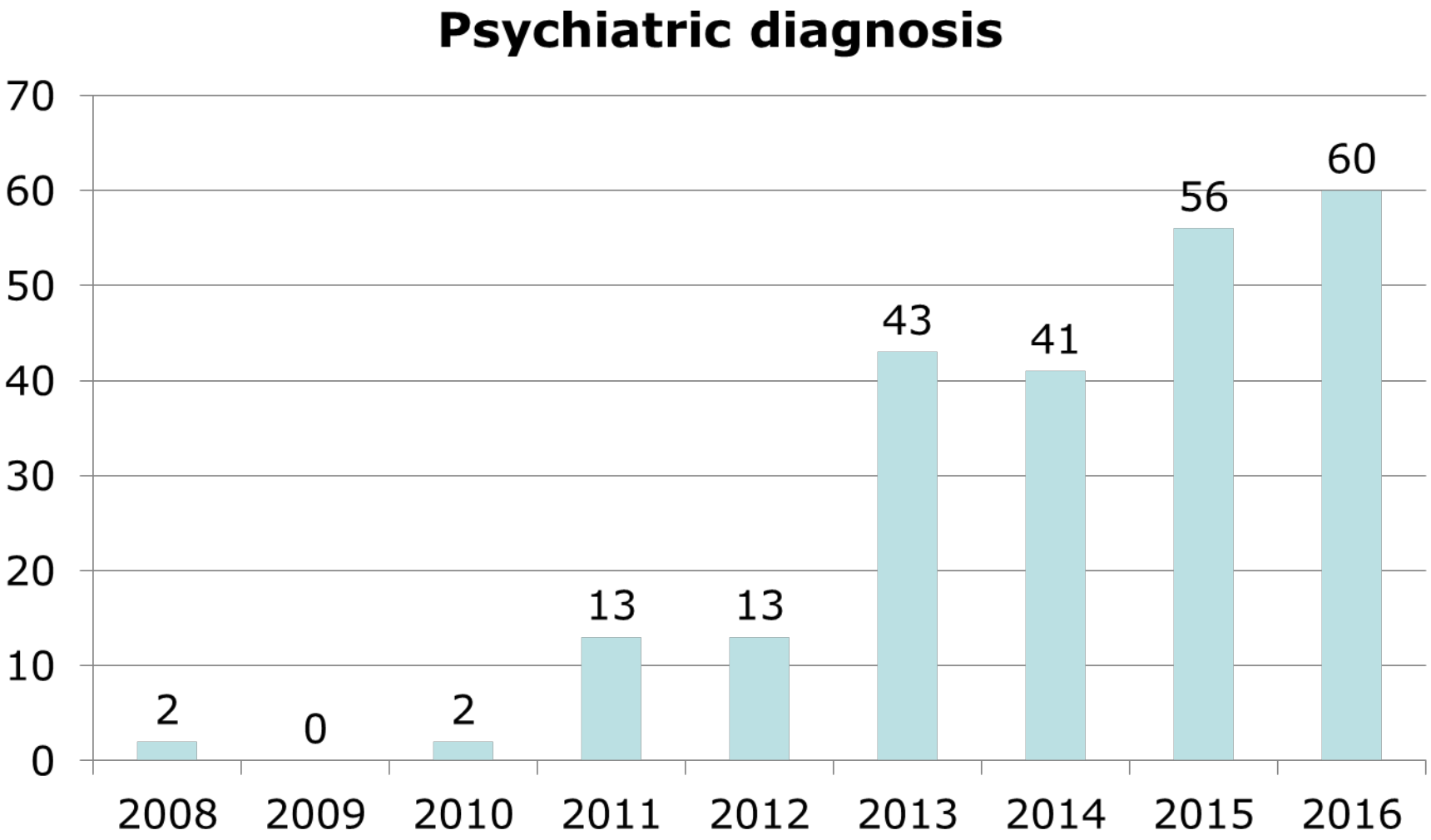


Source: van der Heide, van Delden, Onwuteaka-Philipsen, NEJM 2017

Background increase of euthanasia incidence

- Incidence of euthanasia increased somewhat in older people
- The estimated shortening of life increased somewhat (but rarely more than half a year)
- Most patients still have cancer or other serious somatic disease
- There is an increase in debate about euthanasia in patients with dementia, *a psychiatric illness*, or completed living

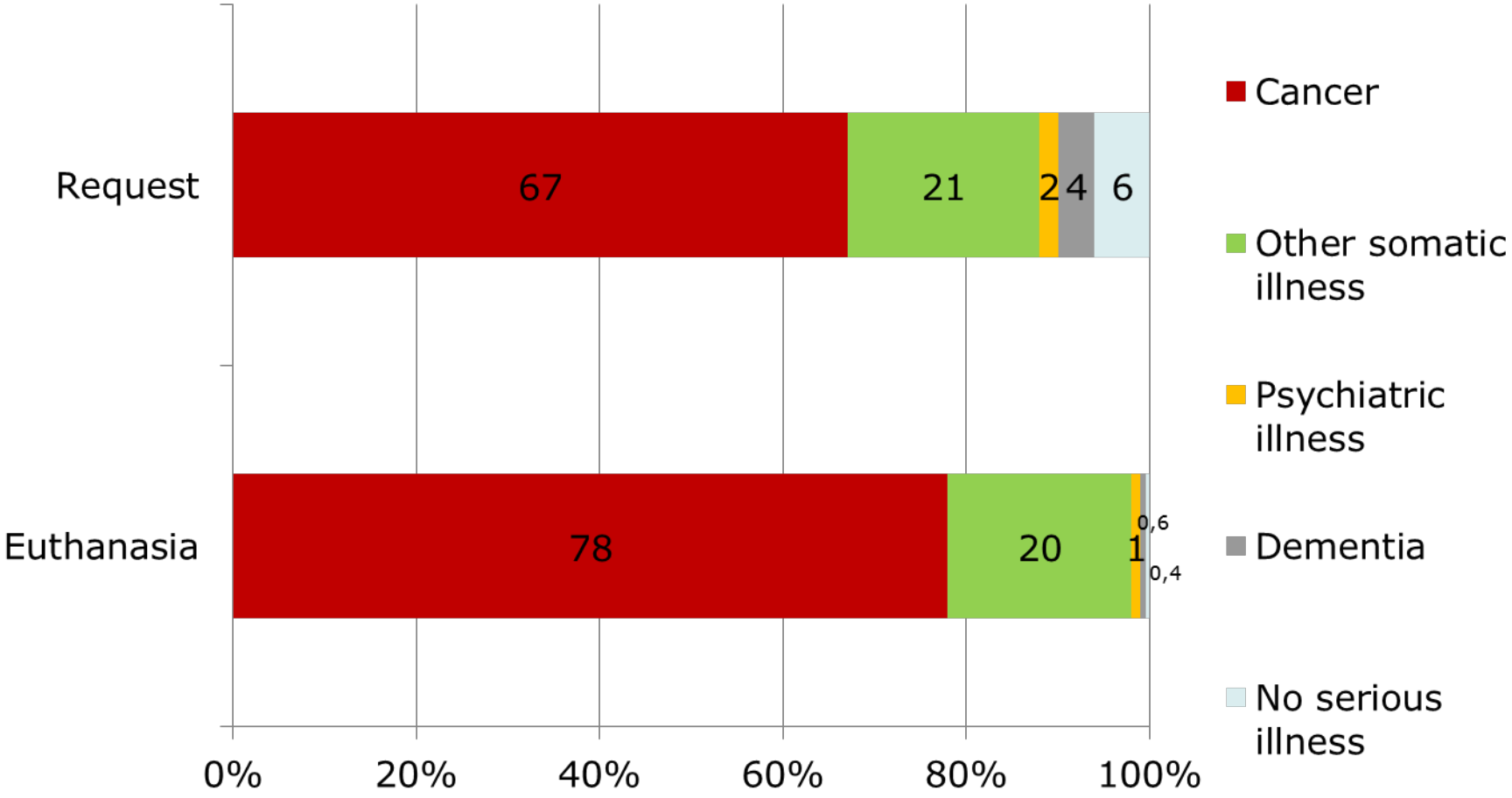
Source: reported cases (abs numbers)



Note: total number of reported cases from 2,331 in 2008 to 6,019 in 2016

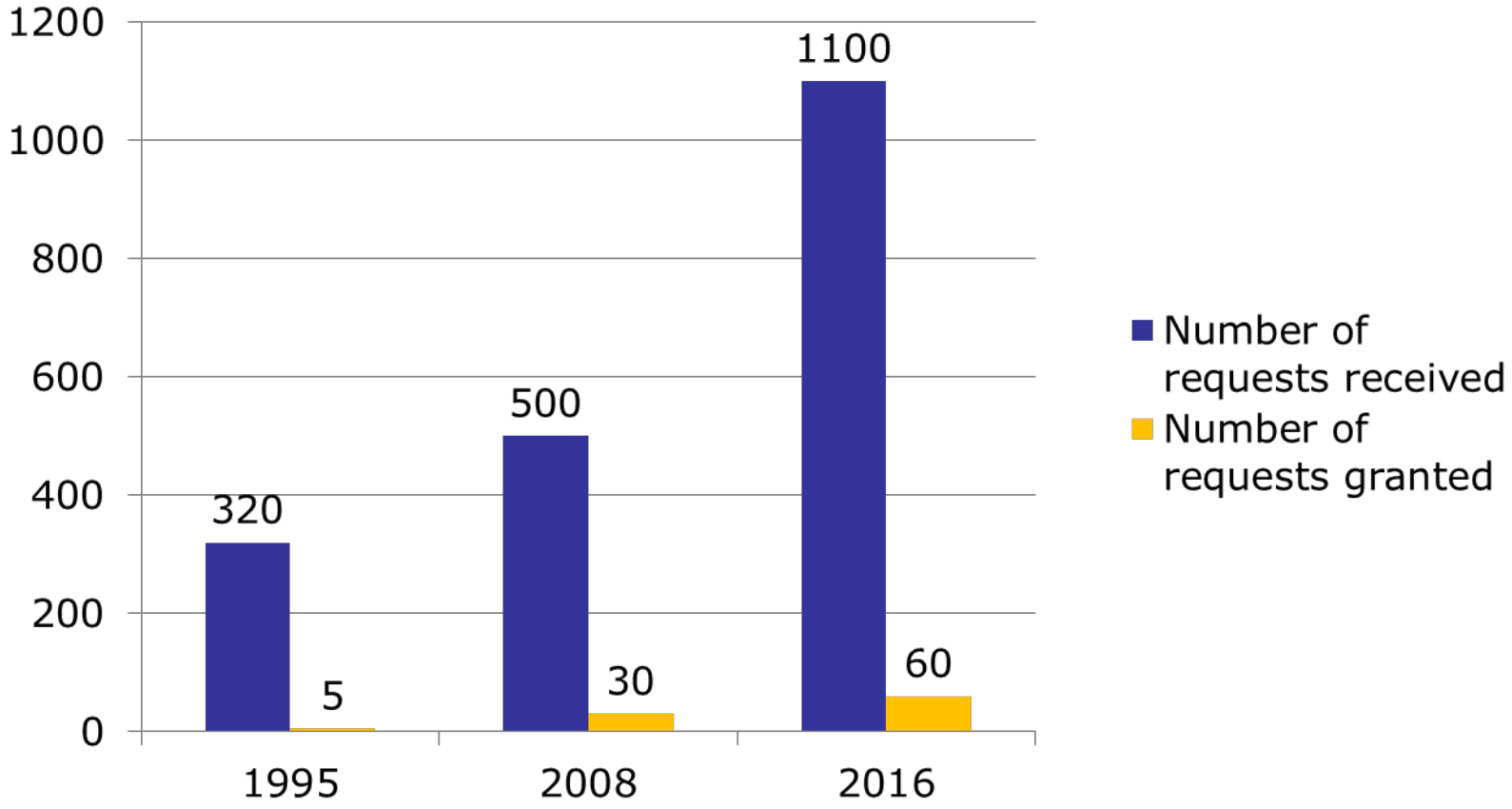
Source: physician survey

Source of suffering in explicit euthanasia requests and euthanasia cases in 2016



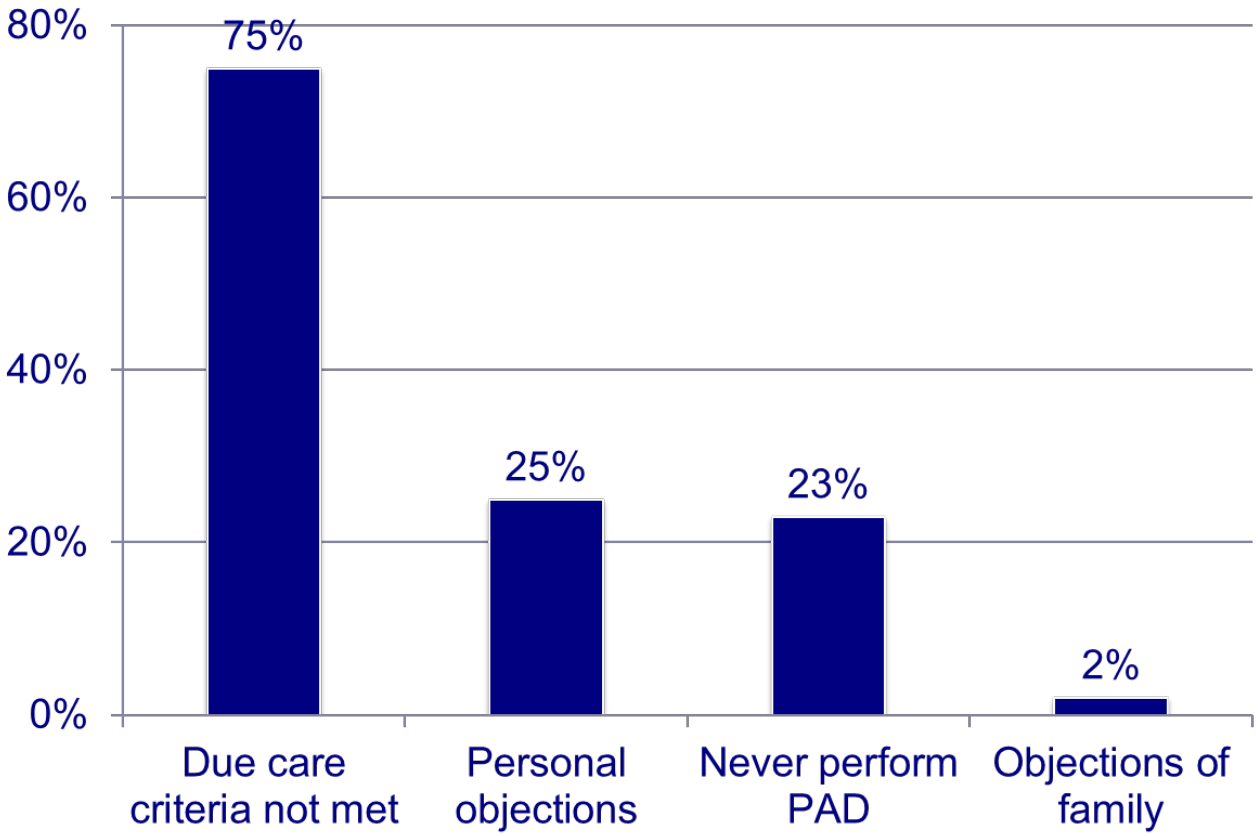
Source: survey psychiatrists

estimates for the Netherlands of requests and granted requests from psychiatric patients



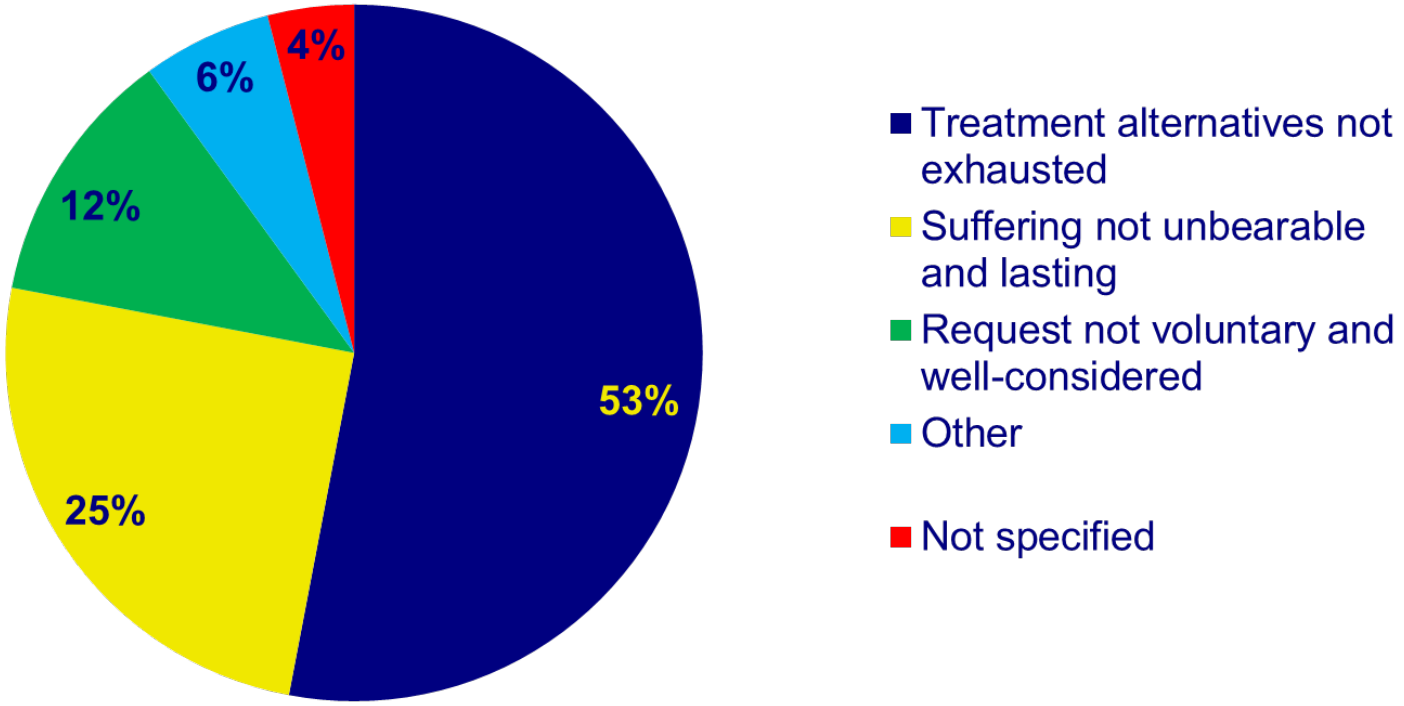
Source: survey psychiatrists

Redenen waarom psychiaters verzoeken weigerden (2016, n=66)



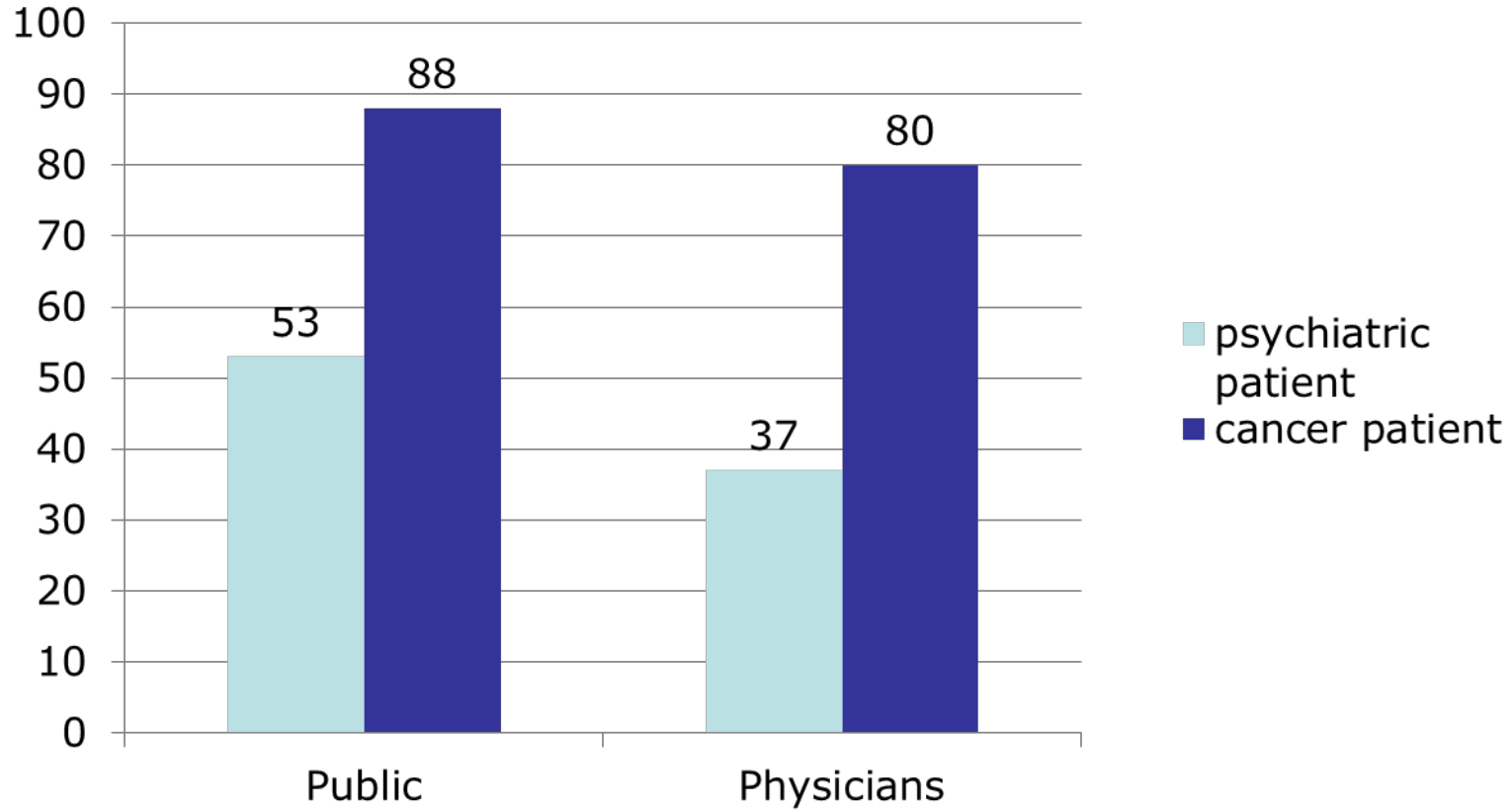
Source: psychiatrists survey

75% refused requests because the due care criteria were not met:



Source: survey Dutch Public and Physician survey

Public: *Should euthanasia be allowed?*
Physicians: *is it conceivable that you would ever grant a request?*



Source: Onwuteaka-Philipsen, Legemaate, van der Heide et al, Report on third evaluation of the euthanasia law, 2017.[in Dutch]

Conclusions

- Government values evaluation and public control
  - Review of cases
  - Year reports
  - Large scale evaluation every 5 years
- Insight in practice from many angles, eg in psychiatric cases
  - Much debated
  - Increase in cases; still very small group
  - Reluctance in psychiatrists and `other physicians related to due care criteria
- There are still research questions left, e.g. on patient and relatives experiences or normalization.

Questions?

Sources:

Annual reports euthanasia review committees. https://english.euthanasiecommissie.nl/the-committees/annual-reports

Onwuteaka-Philipsen, Legemaate, van der Heide et al, Report on third evaluation of the euthanasia law, 2017.[in Dutch, Engish summary]

van der Heide, van Delden, Onwuteaka-Philipsen, NEJM 2017

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