

Though Belgium legalised euthanasia in 2002, eighteen years after the Netherlands (in 1984), it has now overtaken the Netherlands in numbers of deaths. There were 1,803 reported cases in 2013 (more than double the 822 reported cases in 2009). According to research conducted by Chambaere (see below) these official figures underreport euthanasia by around 50%. What is more worrying is that research indicates that more than 1,000 patients a year (1.7% of all deaths) have their lives ended deliberately without having requested it. This figure has not declined with time.

The Belgium law came to prominence recently with the decision in February 2014 to extend euthanasia to children. This has caused concern among clinicians and bioethicists in other countries.

**AM Siegel, DA Sisti and AL Caplan 'Pediatric euthanasia in Belgium: disturbing developments.'** *JAMA* 311.19 (2014): 1963-1964.\*

**Carter, Brian S. 'Why Palliative Care for Children is Preferable to Euthanasia.'** *American Journal of Hospice and Palliative Medicine* (2014): 1049909114542648.\*[full text available]

For background to the original 2002 law and its initial implementation see:

**R Cohen-Almagor, 'Euthanasia policy and practice in Belgium: critical observations and suggestions for improvement.'** *Issues L. & Med.* 24 (2008): 187.\*[full text available]

See also a report analysing ten years of euthanasia practice in Belgium.

**E de Diesbach, M de Loze, C Brochier and E Montero** *Euthanasia in Belgium: 10 years on* **European Institute of Bioethics (April 2012)**

Research shows that the cases that are not reported are also less likely to involve a written request, less likely to involve specialist palliative care, and more likely to be performed by a nurse.

**Smets, Tinne, et al. 'Reporting of euthanasia in medical practice in Flanders Belgium: cross sectional analysis of reported and unreported cases.'** British Medical Journal **341 (2010): 5174.** \*[full text available]

Research on nurses in Belgium in 2007 showed that cases of life-ending without request were almost as common as cases of euthanasia, and that in 12% of euthanasia cases and 45% of life-ending without request it was a nurse who administered the lethal dose, actions which went 'beyond the legal margins of their profession.'

**Inghelbrecht, Els, et al. 'The role of nurses in physician-assisted deaths in Belgium.'** Canadian Medical Association Journal **(2010): 905-910.** \*[full text available]

On the ongoing issue of high levels of intentional life-ending without consent in Belgium see:

**Cohen-Almagor, Raphael. 'First do no harm: intentionally shortening lives of patients without their explicit request in Belgium.'** Journal of Medical Ethics **(2015): medethics-2014.** \*[full text available]

Research has also shown that, in Belgium, continuous deep sedation is used with the intention or co-intention to shorten life in 17% of cases, but that it is rarely instituted at the request of the patient (only in 12.7% if cases).

**Papavasiliou, Evangelia Evie, et al. 'Physician-reported practices on continuous deep sedation until death: A descriptive and comparative study.'** Palliative medicine **(2014): 0269216314530768.** \*

The most recent research (published in 2015) shows that while rates of euthanasia increase there has been no improvement in reporting and no reduction in cases of life-ending without request.

**K Chambaere et al. 'Recent Trends in Euthanasia and Other End-of-Life Practices in Belgium.'** New England Journal of Medicine **372.12 (2015): 1179-1181.** \*[full text available]

In the face of evidence of widespread ending of life without request some researches have sought to excuse these actions because a third of such patients had, 'at some

point' in the past, either explicitly or 'implicitly' expressed a wish that their lives be ended. However, the very attempt to downplay concerns about deaths deliberately brought about without an explicit request itself illustrates the degree to which non-voluntary euthanasia in Belgium is tolerated and is not regarded as shocking or as a practice in urgent need of correction.

**Chambaere, K., Bernheim, J. L., Downar, J., & Deliens, L. (2014). 'Characteristics of Belgian "life-ending acts without explicit patient request": a large-scale death certificate survey revisited.'** Canadian Medical Association Open Access Journal, **2(4)**, E262-E267.\*[full text available]

On the distinction between expressing a wish to die, a wish to hasten death, and a request, see:

**Monforte-Royo, C., Villavicencio-Chávez, C., Tomás-Sábado, J., & Balaguer, A. (2011). The wish to hasten death: a review of clinical studies. Psycho-Oncology, 20(8), 795-804.\***[full text available]

**Data from the annual reports** shows that an increasing percentage of those dying by euthanasia do not have cancer, but have neuro-psychiatric disorders or the comorbidities of old age. These cases increased from a combined 41 deaths in 2010 (4.3% of euthanasia that year) to 176 deaths in 2013, (9.7% of euthanasia).

Stories of individual cases are no substitute for quantitative research, but they help show the possible human meaning behind these statistics. Some illustrative examples are given below.

**'Marc and Eddy Verbessem, Deaf Belgian Twins, Euthanized' The World' Post 15 January 2013.**

**B. Waterfield, 'Belgian killed by euthanasia after a botched sex change operation' Telegraph 01 Oct 2013**

**R Aviv 'The Death Treatment: When should people with a non-terminal illness be helped to die?' New Yorker 22 June 2015**

**E O'Gara 'Physically healthy 24-year-old granted right to die in Belgium' Newsweek 29 June 2**

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