

# What do we know from empirical studies on end-of-life decisions in the Netherlands?



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# Developments in euthanasia policy related to empirical research

1985	Report State committee on euthanasia	
1990		1 <sup>st</sup> national study on euthanasia <i>and other end-of-life decisions</i>
1993	Notification procedure euthanasia (through District Attorney)	
1995		2 <sup>nd</sup> national study
1998	Euthanasia review committees	
2001		3 <sup>rd</sup> national study, (European study in 6 countries)
2002	Euthanasia law	
2005		4 <sup>th</sup> national study, 1 <sup>st</sup> evaluation of the law
2010		5 <sup>th</sup> national study, 2 <sup>nd</sup> evaluation of the law
2015		6 <sup>th</sup> nationale study, 3 <sup>rd</sup> evaluation of the law

Developments in euthanasia practice

# In the coming 15 minutes

Oversight of empirical data on end-of-life decisions in the past 25 years

With focus on:

- Euthanasia and physician assisted suicide
- The most recent results

First briefly:

- the law
- the methods used



- All cases have to be reported
- Reporting to euthanasia review committee
- Verdict on basis of 'criteria for due care'
- Verdict 'non compliant' → to public prosecutor
- Concerns about professional conduct → Health inspectorate

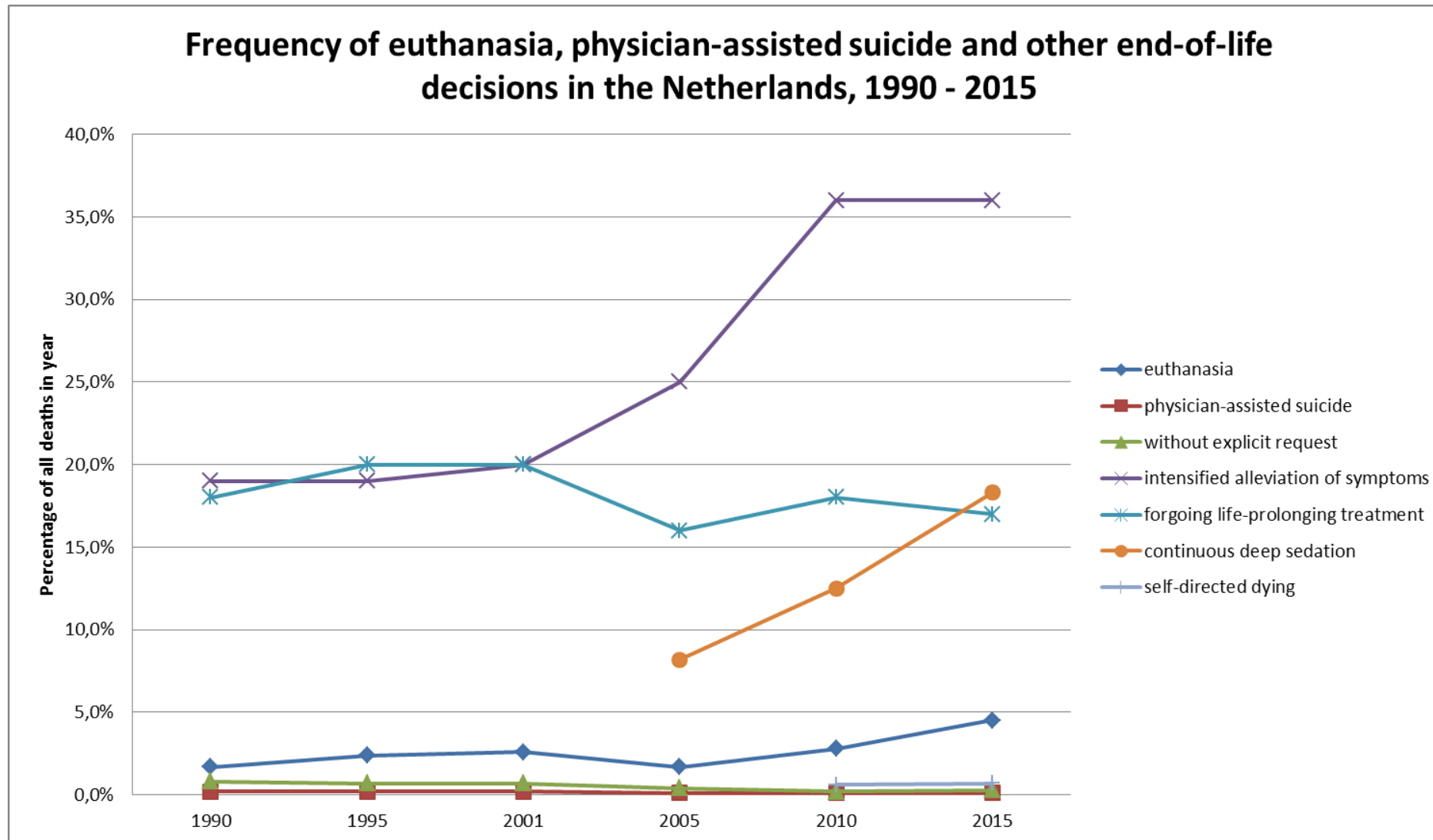
## Criteria for due care:

- 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.

# Methods – death certificate study

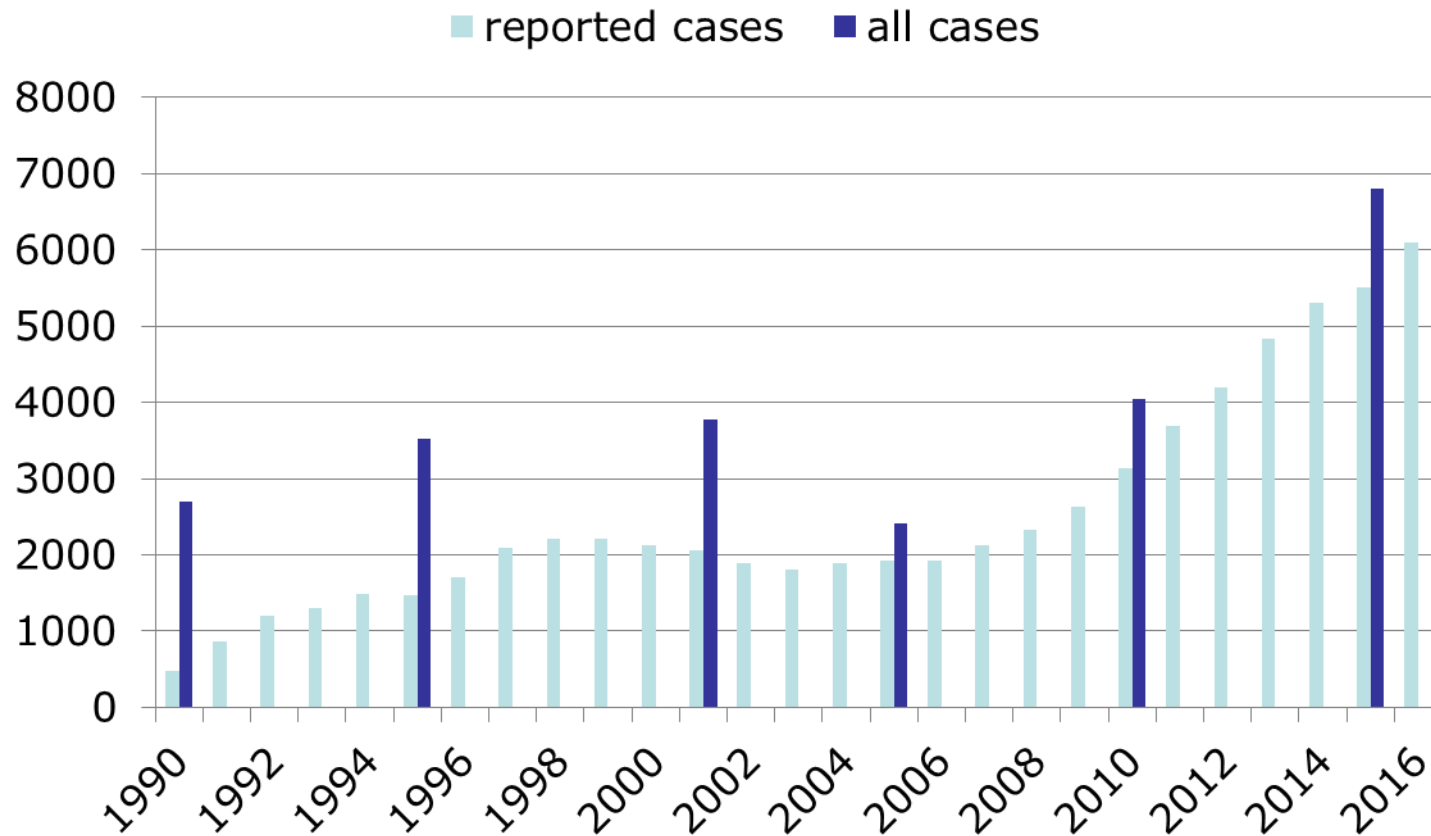
- Aim: to study incidence and circumstances of end-of-life decisions (including euthanasia and PAS) in the Netherlands
- Nationwide stratified sample of deaths through death registry
- Sample of about 6000 deaths between August 1 and December 1
- Written questionnaire to the attending physician
- Every 5 years: 1990, 1995, 2001, 2005, 2010, 2015
- Response between 74% -78%

# 25 years end-of-life decision-making



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

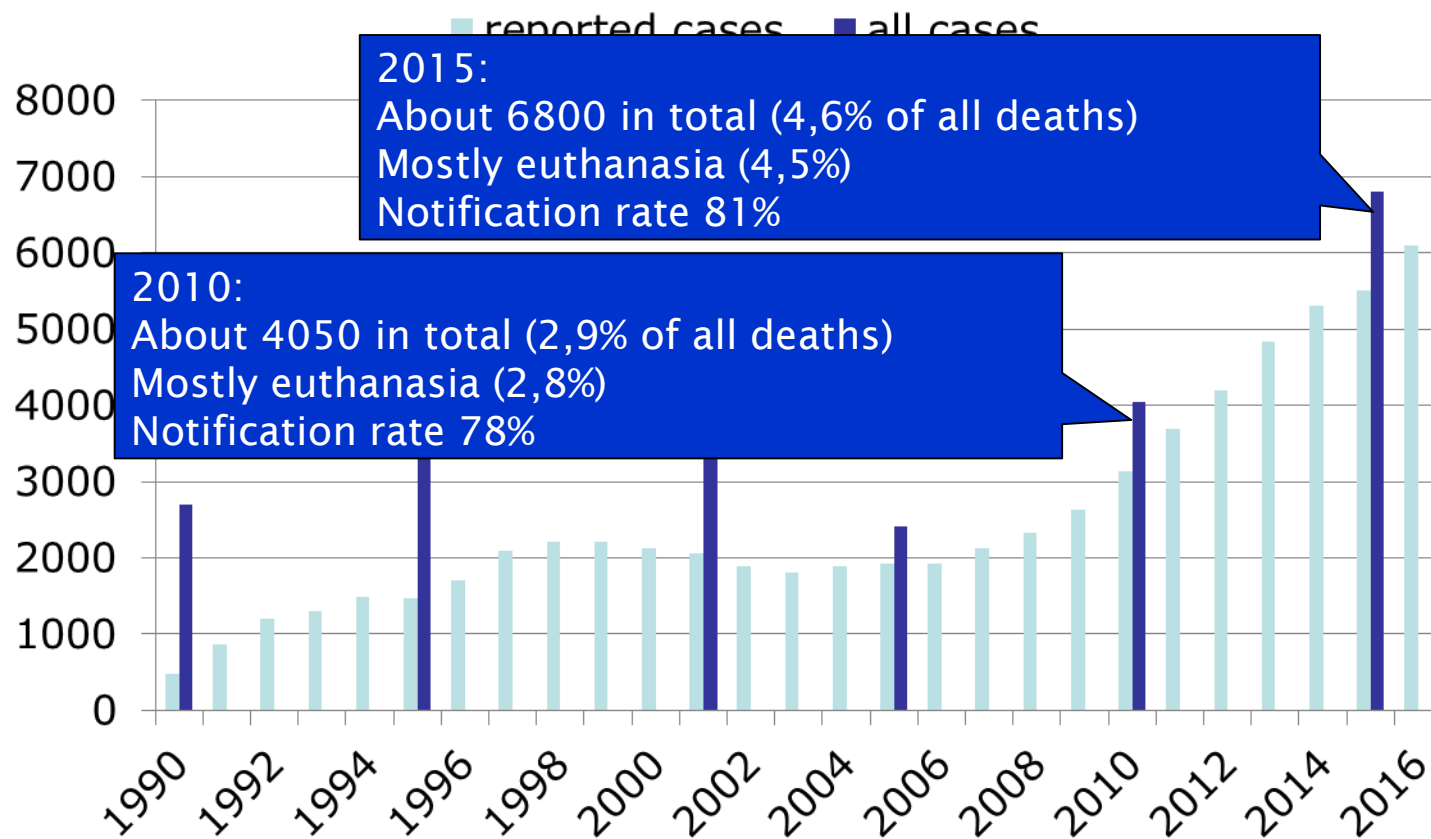
# Number of cases of euthanasia and physician-assisted suicide (reported and total)



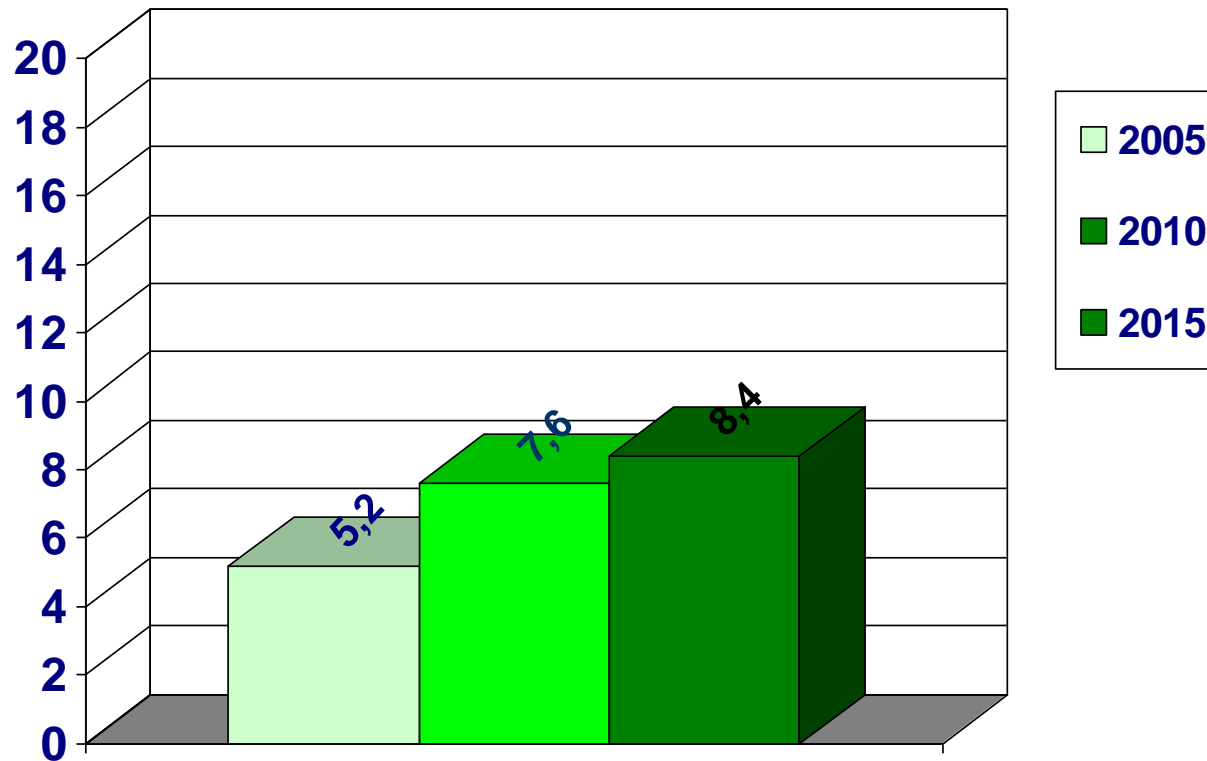
Source: Onwuteaka-Philipsen, Legemaate, van der Heide et al, Report on third evaluation of the euthanasia law, 2017.[in Dutch]



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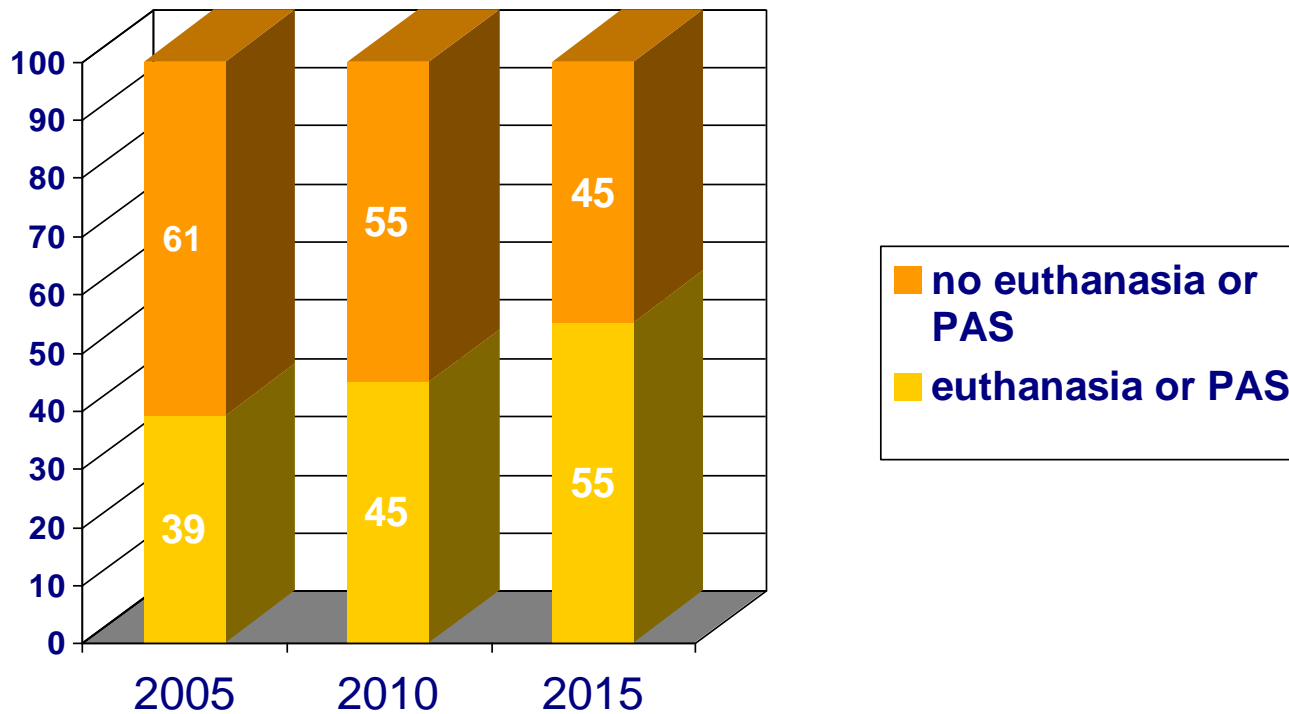


# % of deaths preceded by a request for euthanasia or physician-assisted suicide



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

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



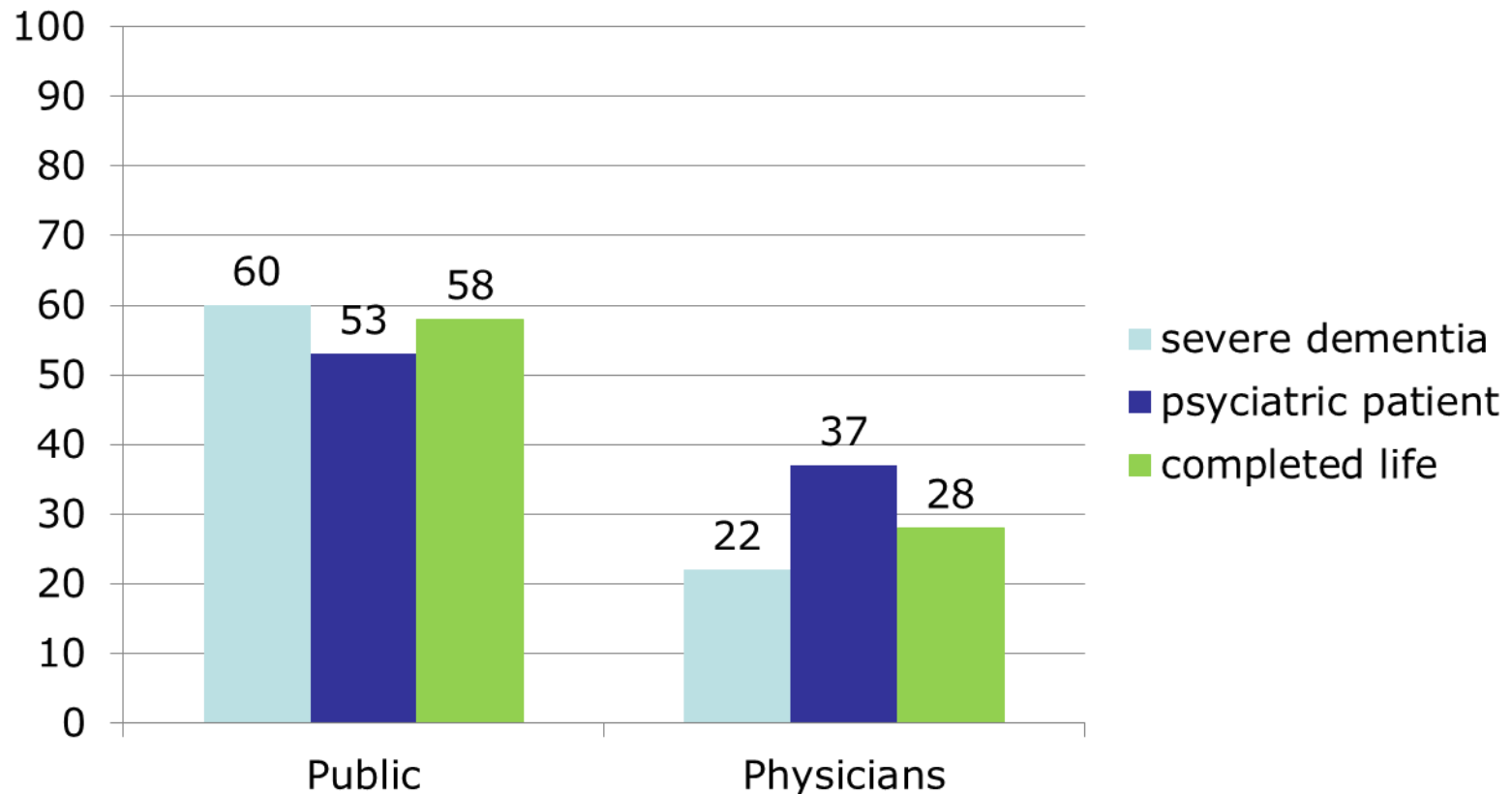
# Background increase of euthanasia incidence

- 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

# Opinions of public and physicians on euthanasia in different groups (%)

Public: *should this be allowed?*

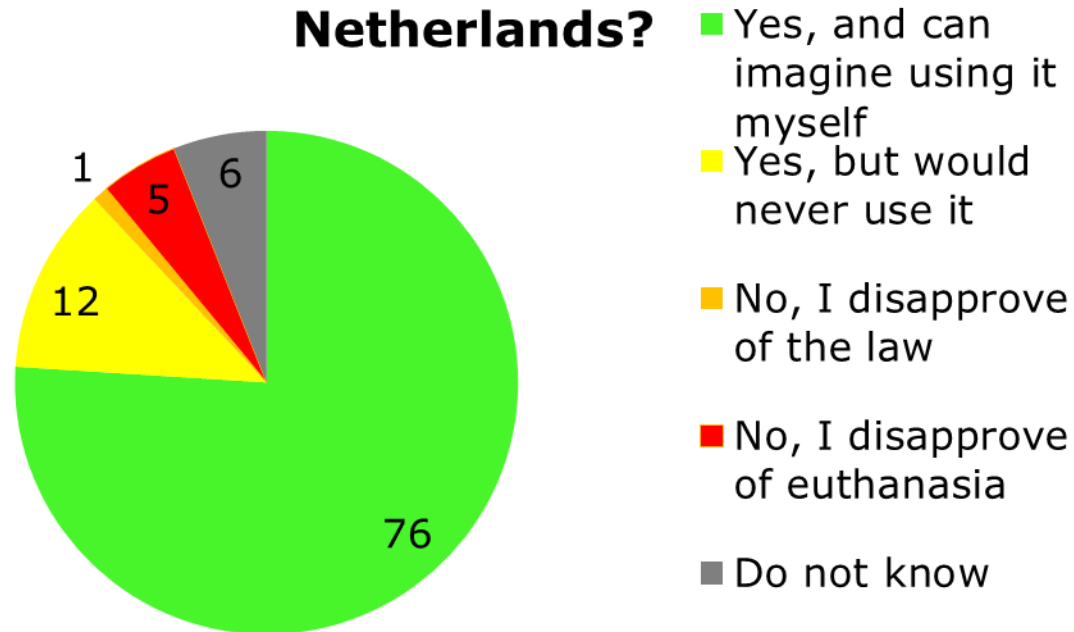
Artsen: *is it conceivable that you would ever grant a request?*



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

# Large public support for the euthanasia law

**Do you approve of the fact that there is a euthanasia law in the Netherlands?**



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

# Conclusions

- There are many empirical data available giving good oversight for policy
- Other research (e.g. qualitative ) is needed too
- Insight in consequences of regulating euthanasia and physician-assisted suicide in the Netherlands
  - Cannot straightforwardly be translated to other countries
  - Can inform but not replace ethical debate

