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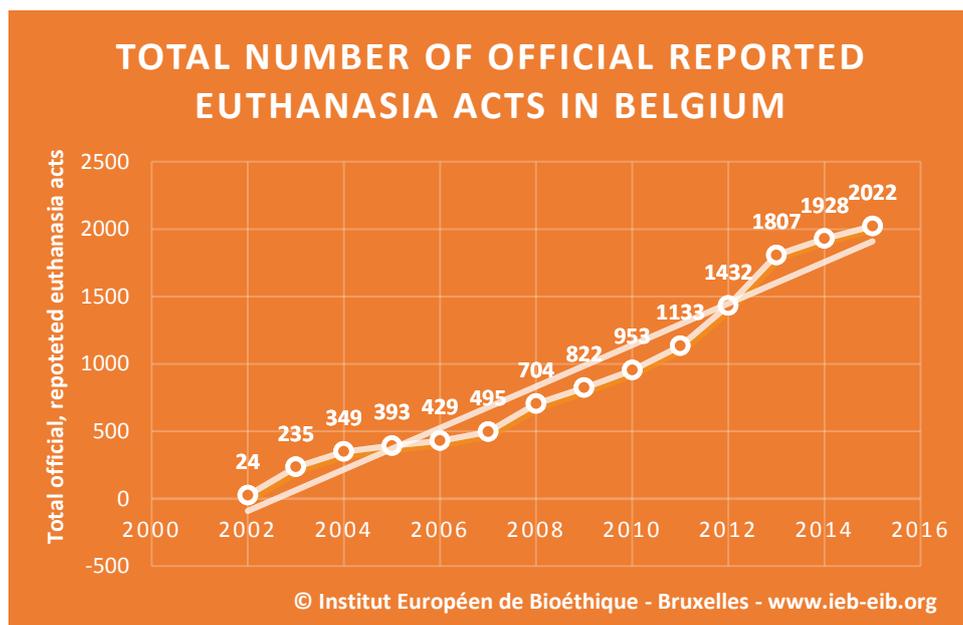
Analysis of The Seventh Report of the Federal Commission for Euthanasia Control and Evaluation to the Legislative Chambers (for the Years 2014 and 2015)

The law of 28 May 2002 on euthanasia requires the Federal Commission responsible for monitoring and enforcing the law to report to the legislature every two years. The seventh report has just been published and covers the years 2014–2015.

In this paper, the IEB presents a brief analysis of the report.

Since 2002, officially **12,726** people have been euthanized in Belgium. The figures for the last two years (2014 and 2015) are, respectively, 1928 cases and 2022 cases.

2002	24		2009	822
2003	235		2010	953
2004	349		2011	1133
2005	393		2012	1432
2006	429		2013	1807
2007	495		2014	1928
2008	704		2015	2022



These figures indicate a 41% increase in the number of euthanised people over 4 years.

The language for euthanasia declarations

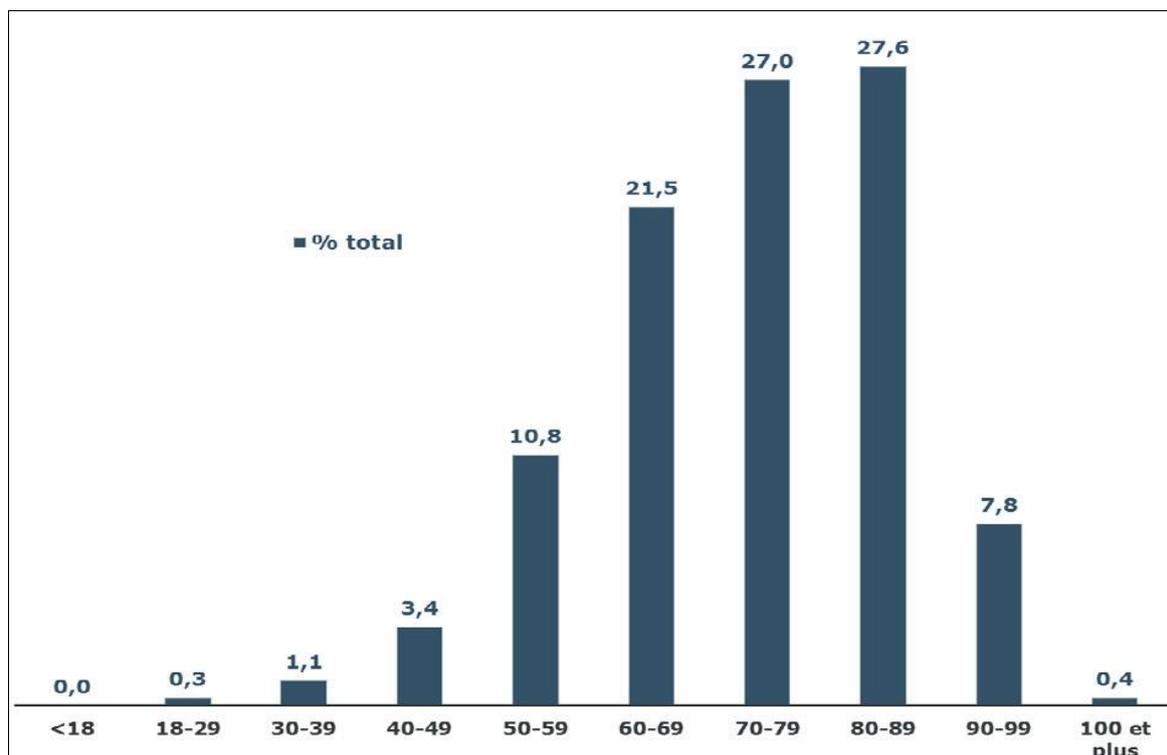
The substantial difference between declarations reported in Dutch and those reported in French persists, as in previous years: **80% were in Dutch and 20% in French**. The Commission states that "the reasons for this disproportion remain hypothetical. Only a cross-sectional study would be able to explain it."

The number of reported euthanasia acts in comparison to the number of actually performed acts of euthanasia

As in previous reports, the Commission reiterates that it "is not possible for [the Commission] to assess the proportion of the number of euthanasia acts reported in relation to the number of euthanasia acts actually performed."

The age of the euthanized people

63% of euthanasia acts were performed on **patients aged 40 to 79 years**, and 36% on patients older than 79 years. Note that 14 centenarians were euthanized in 2014–2015. For this period, no case of euthanasia of a minor was reported.



Source: The 7th Report of the Federal Commission for Euthanasia Control and Evaluation (for the Years 2014-2015), p.89

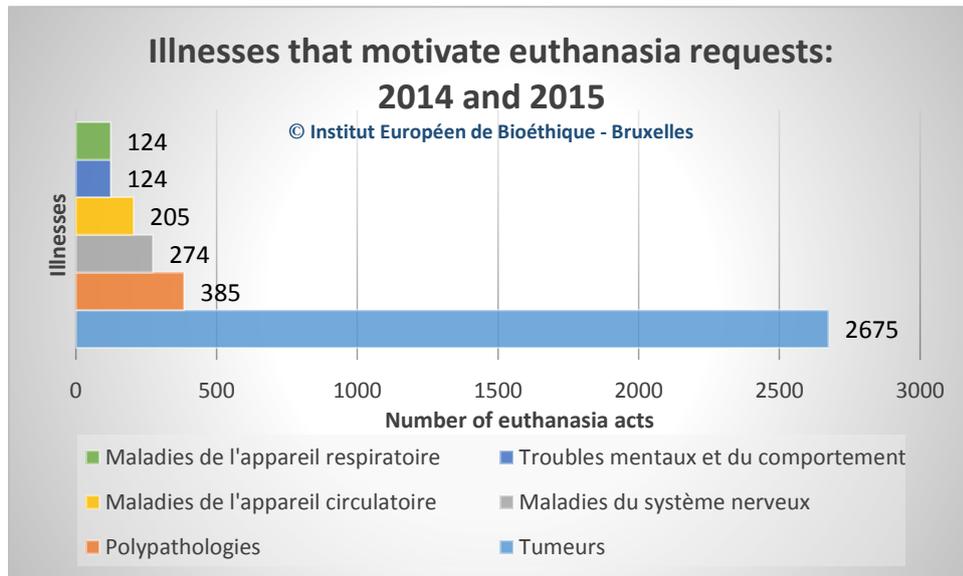
[NB for the graph : English uses the decimal point. The rightmost label should be 100+]

The place where the physician performed euthanasia

At home is where **44%** of the Belgian citizens who requested euthanasia preferred to be euthanised. Others were euthanised in hospital (**42%**), and, increasingly, in nursing homes (**12%**).

The illnesses that prompt euthanasia requests

The illnesses that encourage euthanasia requests were, in the overwhelming majority of cases, **cancers that had spread** or were extremely debilitating (67.7%). Among other reasons for euthanasia requests we find **polypathologies** (comorbidities) (9.7% or **385 people**), diseases of the nervous system (6.9%), diseases of the circulatory system (5.2%), **mental and behavioural disorders** (3.1% or **124 people**) and diseases of the respiratory system (3.1%).



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Green : Diseases of the respiratory system - Yellow: Diseases of the circulatory system - Orange: Polypathologies - Dark blue: Mental and behavioural disorders - Grey: Diseases of the nervous system Light Blue: Cancers

Cancer

The main condition for which a patient asks to be euthanized remains oncological disease (2,675 people, or 67.7% of total euthanasia acts). For **27 patients**, the physician felt that the patient was **not at life's end** and would not die in the near future.

It should be noted that "in nearly all cases, the physician indicated that the physical suffering of the patient had caused **severe psychological suffering that was to a large extent existential** and that palliative treatment was not be able to control this pain in a manner acceptable to the patient". Some cases presented as examples in the report also refer to a "**refusal of palliative care**" by the patient.

Polypathologies

During 2004–2005, only 20 people were euthanized because they were suffering from multiple pathologies, whereas **385 of these cases were recorded in 2014 and 2015**, making up nearly 10% of the euthanasia acts for this period.

Under the term polypathology, physicians mean the "coexistence of several serious and incurable disorders" linked to different dysfunctions that are sometimes **associated with old age, and therefore not necessarily fatal**. Various examples are cited in the Commission's report:

- disorders of gait and mobility due to osteoporosis;
- extremely limited movement, resulting in a loss of autonomy;

- eye disorders, including bilateral blindness, with the result that the patient is no longer able to read a newspaper or a book or to watch TV and becomes increasingly dependent on care, all of which has the effect of isolating him/her socially;
- hearing impairment, including complete deafness, which prevents the patient from having social contact;
- cardiac diseases that limit the physical capacity of the patient and reduce his/her real living space to just one room. His/her social life is reduced to the point that loneliness settles in;
- the onset of dementia, which instills in the elderly person the fear of a long mental and cognitive decline, and, at the end, a loss of his/her personality.

The report concluded that because no further improvement is possible and permanent disability has been established, in the face of constant, unbearable, unrelievable suffering, "patients therefore find themselves in a **hopeless situation that leads them to despair.**"

The Commission considers it also to be worth mentioning that it absolutely does not consider "advanced age as a disease! **In the absence of serious and incurable disease, advanced age or being tired of life does not justify euthanasia.**"

Mental and behavioural disorders

124 people with mental and behavioral disorders were euthanized in 2014–2015. Although the increase in the number of cases is not significant, the Commission stresses that "[the] most notable increase is in the euthanasia of patients with **dementia.**"

The waiting period between the request for euthanasia and the act itself for patients with mental and behavioral disorders

When the patient's death is not expected in the short term (non-terminal illness), the law on euthanasia requires a waiting period of **at least one month** between the written request of the patient and euthanasia. The report shows that indeed this waiting period was always respected.

67 euthanasia acts based on an advance declaration

Over the two years (2014 and 2015), the report indicates that **67 people** (2% of the total) **were euthanized although they were no longer able to express their wishes.** An advance declaration that they had written earlier was put into effect.

The nature of suffering

The law decriminalizing euthanasia states that suffering that justifies euthanasia must be "unbearable" for the person applying to be euthanized. The Commission explicitly notes **the subjective character of the feeling of suffering, which involves "the patient's personality and his/her ideas and values"**. As for the unappeasability required by the Act, the Commission specifies that a patient, by virtue of the law on patient rights, has the **right to refuse relief for his/her suffering**, just as he/she has the **right**, after discussion with a physician, **to refuse support and palliative care expertise.**

Life expectancy: short or not

The procedure for requesting euthanasia varies depending on whether death is expected in the short term or not. Namely, in cases where death is not expected in the near future, the law requires a **more**

extensive consultation process. The report stresses, nonetheless, that in many cases, **it is very difficult for the physician to make a prognosis about the end of life.**

During the period covered by the report, **594 acts of euthanasia** were performed on patients **whose death was not expected in the short term** (15% of cases). Note that the Commission considers that, for **unconscious patients** whose life expectancy is undetermined, death is **always considered as expected in the short term.**

The physician(s) involved in the act of euthanasia

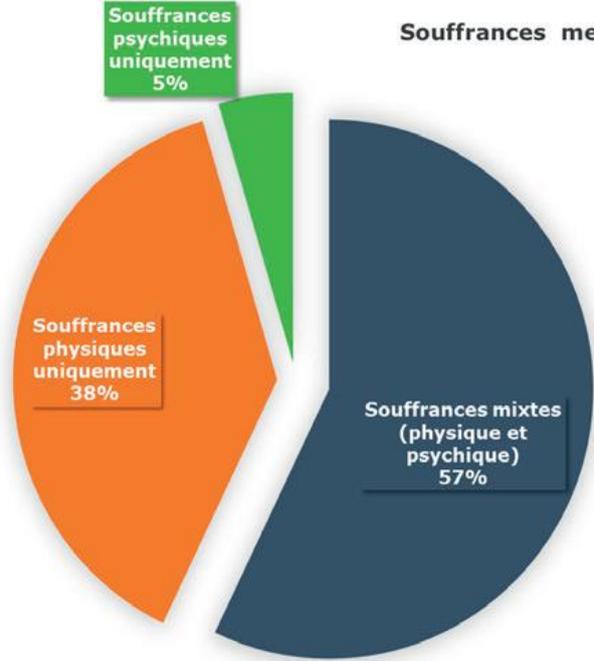
In cases where death is expected in the near future, the procedure for euthanasia requires that the physician receiving the request consults another physician. The report states that this consulted physician was, in 53% of the cases, a general practitioner. The report also states that **only 8% of the consulted physicians had been trained in palliative care.**

In the case of multiple pathologies, and even when death is not expected in the short term, **the Commission judged that the general practitioners could be considered "specialists".**

Finally, the Commission reports that, in some cases, the opinion of the second (consulted) physician was "not explicit enough". This served to justify the opening of Part I of the physician's declaration, dispensing with anonymity and, on occasion, questioning the physician. The concept of **physicians' independence** for those involved (with one physician practicing euthanasia and the other being consulted) was also explained by the Commission in a brochure for practitioners.

Suffering

Physical suffering is mentioned in 95% of the cases to justify euthanasia. Sometimes, psychological suffering is also mentioned.



The types of reported psychological suffering include dependence, loss of autonomy, **loneliness, despair**, loss of dignity, the fear of losing one's ability to maintain social contacts, etc.

the Federal Commission for valuation (for the Years 2014-

Assisted suicide

Although, based on work to prepare the law on euthanasia, assisted suicide **is not supposed to be part of the legal framework** in Belgium, the Commission reports cases that may be considered as medically assisted suicides and it views these cases as meeting the conditions set down by law, since the law "does not state the manner in which euthanasia must be performed."

The Commission's work

In 2014–2015, 75.3% of the declarations were accepted by the Commission without further examination. **Clarification was requested from the physician in 18.6% of cases. In 24.7%** of the cases, however, the Commission thought that **the physician had not taken the precautions required by law**. The report explains: "In rare cases, declarations of euthanasia were accepted by the Commission even though one or another point of procedure had not been followed to the letter, but it ascertained in each case perfect compliance with the essential requirements of the law (a conscious patient of sound mind, the existence of a voluntary, carefully thought-out, repeated request and a hopeless medical situation with constant, unbearable and unrelievable suffering resulting from a serious and incurable disease)". Note that in 2015, for the first time since the decriminalization of euthanasia, the Commission **sent a case to the courts**. (See [Bulletin IEB du 29/10/2015](#) [Bulletin of the IEB 29/10/2015].)

The Commission's recommendations on enforcement of the law

In conclusion, in its address to the House of Representatives, the Commission expressed its wish that means be deployed to:

- better inform citizens and practitioners about the practice of euthanasia and "encourage universities and colleges in charge of training medical staff to include in their curriculum instruction on matters to do with patients' end of life";
- make it easier to renew advance directives;
- introduce an electronic document for recording acts of euthanasia.

[Rapport de la Commission d'Évaluation 2014-2015](#) [The 7th Report of the Federal Commission for Euthanasia Control and Evaluation (for the Years 2014-2015)] (French text from page 69)