

Guidelines for the application of euthanasia to patients suffering from mental illness as a result of a psychiatric disorder

On 27 April 2019 the National Council of the Order of Physicians of Belgium [issued](#) new “guidelines for the application of euthanasia to patients suffering from mental illness as a result of a psychiatric disorder”.

The guidelines begin by noting that the Belgium euthanasia law permits the euthanasia of psychiatric patients. However, “due to the specific problems of these patients, euthanasia should be performed on psychiatric patients with great caution”, observing that “a psychiatric disorder in itself usually does not result in the death of the patient in the foreseeable future”.

The guidelines therefore propose additional steps to those required by the euthanasia law including:

- 1) A meeting in person between the doctor considering euthanasing a person with a psychiatric condition and two psychiatrists to enable “an interdisciplinary collaboration where every doctor explains his views as objectively as possible. The doctors prepare a joint report and come to a joint decision, without being required to agree on everything.” The whole treating team including nurses should be present at this meeting. It should be billable as a “Multidisciplinary Euthanasia Consult”.
- 2) A determination that the psychiatric condition is incurable and hopeless should not be made unless all “all possible evidence-based treatment” has been tried. If a patient refuses “certain evidence-based treatments, the doctor cannot apply euthanasia”. However, “the doctor must show a certain reasonableness. He must not fall into a therapeutic obstinacy. The reasonable number of treatments to be followed is limited”.
- 3) Although the law only stipulates a waiting period of one month between a first request and actually euthanasing a patient in the case of a psychiatric disorder a longer period of time is required because “the evolution of the psychiatric patient's state of health is often unpredictable. The initially hopeless health situation can change considerably over time and provided that an appropriate care process is applied. It is currently not acceptable to grant the request for euthanasia of the psychiatric patient on the basis that a legal period of one month has elapsed after the written request, without this patient having followed a treatment process, spread over a long-term period.
- 4) Although the law makes it entirely optional for the person requesting euthanasia to involve their families every effort should be made in the case of a person with a psychiatric disorder to “to involve his family and loved ones in the process, unless there are good reasons for not doing so”.

While these new guidelines show some recognition that there is a problem with the normalisation of euthanasia as a response to persons with psychiatric disorders at the heart of the guidelines there is an abandonment of the patient by formalising a process in which a doctor agrees that his or her life is hopeless, not worth living and that suicide by doctor is the only appropriate response.