

Belgium: A sixteen year experiment with euthanasia

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Belgium legalised euthanasia in 2002.

Increase in number of deaths

In Belgium deaths by legal euthanasia have increased nearly tenfold (982%) from 235 in 2003 – the first full year of legalisation – to 2,309 in 2017. From 2016 to 2017 alone the increase was 13.85%. Officially reported euthanasia accounted for 2.1% of all deaths in Belgium in 2017.¹

In Flanders in 2013 a total of 6.35% of deaths were physician assisted deaths: 4.6% by euthanasia on request; 0.05% by assisted suicide; and 1.7% by “hastening of death without an explicit request from the patient”.²

In 2013 euthanasia by request accounted for 6.3% of all deaths in Flanders of persons aged 65-79.³

Increased willingness of doctors to grant requests for euthanasia

A study of the granting of requests for euthanasia by doctors in Flanders comparing 2007 and 2013 data shows that by 2013 doctors were 1.4 more likely to grant requests for euthanasia overall (55.4 % in 2007; 76.7% in 2013); 1.7 times more likely to grant requests from women (45.7% to 76.4%); twice as likely to grant requests from persons over 80 (38.1% to 75.4%); twice as likely to grant requests from persons with no or only primary school education (35.1% to 69.5%); two and a half times more likely to grant request from patients with cardiovascular diseases (29.6% to 73.2%); 1.5 times more likely to grant requests from patients with respiratory diseases (47.1% to 72.7%); 1.4 times more likely to grant requests from patients with diseases of the nervous system (69.5% to 100%); 3.8 times more likely to grant requests for diseases other than cancer; cardiovascular, respiratory or nervous system disorders (18.8% to 70.7%) and three times more likely to grant requests from persons in nursing homes (22.9% to 68.2%).⁴

This data indicates that initial reservations about euthanasia requests from persons with particular characteristics or conditions are rapidly swept away with a clear trend towards euthanasia on demand.

¹ European Institute of Bioethics, *Euthanasia in Belgium : 10 years on*, October 2012, p. 3 <http://www.ieb-eib.org/en/pdf/20121208-dossier-euthanasia-in-belgium-10-years.pdf> ; “Belgian euthanasia cases hit record high”, *News24*, 27 January 2016, <http://www.news24.com/World/News/belgian-euthanasia-cases-hit-record-high-20160127> ; “2024 cases of euthanasia reported in Belgium in 2016”, *Genethique: weekly news summary*, <http://www.genethique.org/en/2024-cases-euthanasia-reported-belgium-2016-67000.html#.WJe2SFN96Uk> ; http://statbel.fgov.be/nl/modules/publications/statistiques/bevolking/bevolking_-_cijfers_bevolking_2010_-_2012.jsp ; Commission fédérale de Contrôle et d’Évaluation de l’Euthanasie Huitième rapport aux Chambres législatives années 2016 – 2017, p. 2 https://organesdeconcertation.sante.belgique.be/sites/default/files/documents/8_rapport-euthanasie_2016-2017-fr.pdf

² K. Chambaere et al. “Recent trends in euthanasia and other end-of-life practices in Belgium”, *New England Journal of Medicine*, 17 March 2015, <http://www.nejm.org/doi/pdf/10.1056/NEJMc1414527>

³ Sigrid Dierickx et al., “Comparison of the Expression and Granting of Requests for Euthanasia in Belgium in 2007 vs 2013”, *JAMA Internal Medicine*, Published online 10 Aug 2015, <http://archinte.jamanetwork.com/article.aspx?articleid=2426426>

⁴ Sigrid Dierickx et al., “Comparison of the Expression and Granting of Requests for Euthanasia in Belgium in 2007 vs 2013”, *JAMA Internal Medicine*, Published online 10 Aug 2015, Table 1: Euthanasia requests and granted requests in Flanders, Belgium, 2007 vs 2013, <http://archinte.jamanetwork.com/article.aspx?articleid=2426426>

Requirements routinely flouted

In 2013 in Flanders some 26.77% of all physician assisted deaths involved the explicitly intended hastening of death by administering drugs without an explicit request from the patient despite the legal requirement for an explicit request. “*This can include cases where a patient request was not judged as explicit by the physician, where the request came from the family or where the physician acted out of compassion.*”⁵

Another study found that, contrary to the law which authorises only doctors to perform euthanasia, nurses administered the lethal drugs in 12% of cases involving an explicit request and in 45% of cases without an explicit request.⁶

It is clear that in Belgium the legal requirements for euthanasia are routinely flouted.

Organ donation following euthanasia

Belgium allows organ donation after euthanasia.

The first four cases of organ donation (2005-2007) following euthanasia involved persons who were not in the terminal phase of a terminal illness but who had a “*debilitating neurologic disease, either after severe cerebrovascular accident or primary progressive multiple sclerosis*”.⁷

In 2011 a report was published on a partially overlapping set of four cases lung transplants taken from persons who were euthanased between 2007 and 2009. The cases each involved “*an unbearable non-malignant disorder*”, including two cases of multiple sclerosis. One case involved a 52 year old woman with a mental disorder manifested with the symptom of automutilation – cutting to cause self-harm. Her consent to euthanasia and organ donation was accepted despite this particular mental illness.⁸

In a paper delivered to the 21st European Conference on General Thoracic Surgery held in Birmingham in May 2013, Dirk Van Raemdonck and his colleagues reported on a total of six lung transplants following death by cardiac arrest brought on by the administration of euthanasia carried out in Belgium between January 2007 and December 2012. Of the six cases, three of them had neuromuscular disorders and three had neuropsychiatric disorders. The authors conclude “*More euthanasia donors are to be expected with more public awareness.*”⁹

⁵ K. Chambaere et al. “Recent trends in euthanasia and other end-of-life practices in Belgium: Supplementary Appendix”, *New England Journal of Medicine*, 17 March 2015
http://www.nejm.org/doi/suppl/10.1056/NEJMc1414527/suppl_file/nejmc1414527_appendix.pdf

⁶ Els, Ingehlbrecht et al., “The role of nurses in physician-assisted deaths in Belgium”, *Canadian Medical Association Journal*, 2010, 182:905-910, <http://www.cmaj.ca/content/182/9/905.full.pdf> ,

⁷ D Ysebaert et al. “Organ Procurement After Euthanasia: Belgian Experience”, *Transplantation Proceedings*, 2009, 41: 585–586, http://www.coma.ulg.ac.be/papers/death/organ_euthanasia09.pdf

⁸ D Van Raemdonck et al., “Initial experience with transplantation of lungs recovered from donors after euthanasia”, *Applied Cardiopulmonary Pathophysiology* , 2011, 15: 38-48, http://www.applied-cardiopulmonary-pathophysiology.com/fileadmin/downloads/acp-2011-1_20110329/05_vanraemdonck.pdf

⁹ D Van Raemdonck et al., “Lung transplantation with grafts recovered from euthanasia donors”, Abstracts, 21st European Conference on General Thoracic Surgery, Birmingham, 26-29 May, 2013, Abstract O-099, p, 137, <http://www.estsmeetings.org/2013/images/documents/ests-abstracts-2013.pdf>

There seems to be no awareness of the exploitation involved in accepting consent to euthanasia followed by organ donation from patients with mental illness.

The 2016-2017 report notes that some patients wish to donate their organs and help others in this way. Doctors are not required to mention organ donation in the document recording. Organ donation has been reported in 8 patients for the years 2016 - 2017. Patients had either a nervous system disorder or a mental and behavioral disorder. The majority of them were Dutch speakers, age 50 to 69, female and the death was not expected in the near future.¹⁰

No notification of family

In April 2012 Tom Mortier's mother was euthanased on the grounds of chronic depression. Tom writes:

I was not involved in the decision-making process and the doctor who gave her the injection never contacted me.

Since then, my life has changed considerably. Up until now, I am still trying to understand how it is possible for euthanasia to be performed on physically healthy people without even contacting their children. The spokesman of the university hospital told me that everything happened according to my mother's "free choice". After my mother's death, I talked to the doctor who gave her the injection and he told me that he was "absolutely certain" my mother didn't want to live anymore.

The death of my mother has triggered a lot of questions. How is it possible that people can be euthanased in Belgium without close family or friends being contacted? Why does my country give medical doctors the exclusive power to decide over life and death? How do we judge what "unbearable suffering" is? What are the criteria to decide what "unbearable suffering" is? Can we rely on such a judgment for a mentally ill person?

After all, can a mentally ill person make a "free choice"? Why didn't the doctors try to arrange a meeting between our mother and her children? How can a medical doctor be "absolutely certain" that his/her patient doesn't want to live anymore?¹¹

Euthanasia for non-terminal conditions

In 2015 there were 299 cases of reported euthanasia for non-terminal conditions (14.8% of all cases). These cases included 107 cases of so-called "polypathology" where death was not expected soon and there was no particular major illness or disorder, as well as 57 cases of mental or behavioural disorders. Additionally there was one case of euthanasia for a congenital abnormality or chromosomal disorder.¹²

The Euthanasia Evaluation and Control Commission describes "polypathology" as including

¹⁰ Commission fédérale de Contrôle et d'Évaluation de l'Euthanasie Huitième rapport aux Chambres législatives années 2016 – 2017, p. 58

https://organesdeconcertation.sante.belgique.be/sites/default/files/documents/8_rapport-euthanasie_2016-2017-fr.pdf

¹¹ Tom Mortier, "How my mother died", *MercatorNet*, 4 February 2013, http://www.mercatornet.com/articles/view/how_my_mother_died

¹² Federale Controle- en Evaluatiecommissie Euthanasie, Zevende verslag aan de Wetgevende Kamers (2014 - 2015), 7 Oct 2016, p. 10, <https://www.lachambre.be/flwb/pdf/54/2078/54K2078001.pdf>

situations where mobility difficulties, increasing deafness or loss of vision have led to loneliness, social isolation or a decreased ability to engage in various activities as sufficient justification for euthanasia. Urinary or fecal incontinence, described as a loss of dignity, is also mentioned in this context.¹³

By 2017 there were 375 cases of reported euthanasia of people whose deaths was not expected in the near future. This represents 16.2% of all cases of reported euthanasia.¹⁴

In 2017 there were 181 cases of reported euthanasia for “poly pathology” where death was not expected soon accounting for 7,83% of all reported cases. This represents a 69.1% increase in just two years from 2015.¹⁵

In 27 (7.2%) of these cases the mandatory one month waiting period between the written request for euthanasia and its execution was not complied with by the euthanasing doctor. The Euthanasia Evaluation and Control Commission took no action on these cases other than sending the offending doctor “a didactic letter to remind the doctor of the procedure to be followed in case of unexpected death in the short term”.¹⁶

No physical suffering

In 2017 some 87 (3.76%) cases involved no physical suffering at all. This included 14 cancer cases and 15 other cases of physical illness. There were also 18 cases of “poly pathology” as well as 40 cases of mental ill health.

The psychic suffering, putting aside the psychiatric conditions, included “addiction, loss of autonomy, loneliness, despair, loss of dignity, despair at the thought of losing ability to maintain social contacts, etc.”¹⁷

Euthanasia for disability such as blindness

In December 2012 identical twin brothers were euthanased on the grounds of their psychological distress at learning they were both going blind. The brothers were reportedly distressed that they would not be able to see each other.¹⁸

Commenting on this case, Dr. Marc Maurer, President of the [US] National Federation of the Blind, said: “*This disturbing news from Belgium is a stark example of the common, and in this case tragic,*

¹³ Ibid., p. 28

¹⁴ Commission fédérale de Contrôle et d’Évaluation de l’Euthanasie Huitième rapport aux Chambres législatives années 2016 – 2017, p. 3
https://organesdeconcertation.sante.belgique.be/sites/default/files/documents/8_rapport-euthanasie_2016-2017-fr.pdf

¹⁵ Ibid

¹⁶ Commission fédérale de Contrôle et d’Évaluation de l’Euthanasie Huitième rapport aux Chambres législatives années 2016 – 2017, p. 18
https://organesdeconcertation.sante.belgique.be/sites/default/files/documents/8_rapport-euthanasie_2016-2017-fr.pdf

¹⁷ Ibid., p. 21

¹⁸ Bruno Waterfield, “Belgian identical twins in unique mercy killing”, *The Telegraph*, 13 January 2013, <http://www.telegraph.co.uk/news/worldnews/europe/belgium/9798778/Belgian-identical-twins-in-unique-mercy-killing.html>

*misunderstanding of disability and its consequences. Adjustment to any disability is difficult, and deaf-blind people face their own particular challenges, but from at least the time of Helen Keller it has been known that these challenges can be met, and the technology and services available today have vastly improved prospects for the deaf-blind and others with disabilities. That these men wanted to die is tragic; that the state sanctioned and aided their suicide is frightening.”*¹⁹

Euthanasia for victims of sexual abuse

In late 2012 a 44 year old woman known as Ann G was euthanased by her psychiatrist on the grounds of unbearable psychological suffering. She had been treated for anorexia since her teenage years by psychiatrist Walter Vandereycken. In 2008 she publicly accused Vandereycken of sexual abusing her under the guise of therapy. In October 2012 he admitted to years of sexual abuse of several of his patients. Following this admission Ann G spoke of some temporary relief from “*the cancer in her head*” but subsequently persisted in her request for euthanasia.²⁰

Ann G will not be available to testify against her abuser if charges are laid.

Euthanasia for gender dysphoria

On 30 September 2013 Nathan Verhelst was euthanased on the grounds of unhappiness following a sex change operation. Nathan (previously known as Nancy) had been rejected by a family who hated girls. Commenting on the euthanasia Nathan’s mother said:

*“When I saw 'Nancy' for the first time, my dream was shattered. She was so ugly. I had a phantom birth. Her death does not bother me.”*²¹

The doctors who approved and carried out euthanasia on Nathan Verhelst effectively affirmed the rejection Nathan had experienced since childhood.

Euthanasia for same sex attraction

In June 2016 the BBC interviewed a 39 year old Belgian man, known as “Sebastien”, who was in the process of being assessed for euthanasia on the grounds of his sexual attraction to men which he said he had never accepted and found unbearable. The outcome of his assessment has not been reported. However, Gilles Genicot, a member of Belgium’s Federal Euthanasia Evaluation and Control Commission, commented “*It's more likely he has psychological problems relating to his sexuality. I cannot find a trace of actual psychic illness here. But what you cannot do is purely rule out the option of euthanasia for such patients. They can fall within the scope of the law once every reasonable treatment has been tried unsuccessfully and three doctors come to the conclusion that no other option remains.*”²²

¹⁹ <https://nfb.org/national-federation-blind-comments-belgian-euthanasia-deaf-men-losing-sight>

²⁰ “Patiënte van psychiater Vandereycken krijgt euthanasia” *De standard*, 28 January 2013, http://www.standaard.be/artikel/detail.aspx?artikelid=DMF20130127_00448215

²¹ Bruno Waterfield, “Mother of sex change Belgian: 'I don't care about his euthanasia death’”, *The Telegraph*, 2 October 2013, <http://www.telegraph.co.uk/news/worldnews/europe/belgium/10349159/Mother-of-sex-change-Belgian-I-dont-care-about-his-euthanasia-death.html>

²² Jonathan Blake, “Man seeks euthanasia to end his sexuality struggle”, *BBC News*, 9 June 2016, <http://www.bbc.com/news/world-europe-36489090>

Euthanasia for children

On 12 December 2013 the Belgian Senate voted 50-17 in favour of a bill to amend the euthanasia law to allow “emancipated minors” to request euthanasia on the same terms as adults; and to allow “unemancipated minors” with the capacity for discernment to request euthanasia for a hopeless medical situation resulting in death shortly and who have reported a constant and unbearable physical suffering that cannot be appeased and that results from a serious and incurable disease or an accident.²³ For unemancipated minors at least one parent must consent to the act of euthanasia.

The proposed law was transmitted to the Chamber of Representatives on 13 December 2013²⁴ where it passed by 88 votes to 46 on 13 February 2014²⁵. It was signed into law by the King on 3 March 2014 and is now in effect.

Three children have so far been killed under the Belgian law in 2016 and 2017. These were a 17-year-old child who was suffering from muscular dystrophy; a nine year old child, who had a brain tumour, and an 11 year old child, who was suffering from cystic fibrosis.

Luc Proot a member of the Belgium’s Federal Euthanasia Evaluation and Control Commission, commented to Charles Lane of the *Washington Post* that he “saw mental and physical suffering so overwhelming that I thought we did a good thing”²⁶ As Lane points out he is referring to the Committee approving the cases after the fact based on reports from the doctors who carried out the killing. It is curious that Proot refers to “mental and physical suffering” when the Belgian law specifically refers only to “unbearable physical suffering” in relation to children in contrast to a reference to “unbearable physical or psychological suffering” for adults. This comment raises a doubt in relation to each of these three cases of child euthanasia as to whether there was “unbearable physical suffering” that could not be alleviated.

Good palliative care can relieve the various forms of physical suffering associated with end-stage brain tumours.²⁷

Relevant to these cases is a discrepancy between the French and Dutch language versions of Article 3 Section 1 of the Belgian euthanasia law in relation to children. The French language version reads “*qui entraîne le décès à brève échéance*”²⁸ which means “which will cause death in the short-term”. The Dutch language version reads “*binnen afzienbare termijn het overlijden tot gevolg heft*”²⁹ which means “will result in death in the foreseeable future”.

²³ http://www.senate.be/www/?MIval=/index_senate&MENUID=21320&LANG=fr

²⁴ <http://www.lachambre.be/FLWB/pdf/53/3245/53K3245001.pdf>

²⁵ <http://www.dekamer.be/doc/PCRI/html/53/ip186x.html>

²⁶ Charles Lane “Children are being euthanised in Belgium”, *Washington Post*, 6 August 2018, https://www.washingtonpost.com/opinions/children-are-being-euthanized-in-belgium/2018/08/06/9473bac2-9988-11e8-b60b-1c897f17e185_story.html?noredirect=on&utm_term=.388d76a167e4

²⁷ See for example: M. Cohn et al., *Transitions in Care for Patients with Brain Tumors: Palliative and Hospice Care*, 2014 https://www.ucsfhealth.org/pdf/transition_of_care_handbook.pdf ; Canadian Virtual hospice, *What can be expected as brain cancer progresses?*, http://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home/Support/Support/Asked+and+Answered/What+to+Expect+with+Various+Illnesses/Cancer/What+can+be+expected+as+brain+cancer+progresses_.aspx

²⁸ http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=fr&la=F&cn=2002052837&table_name=loi

²⁹ http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=nl&la=N&cn=2002052837&table_name=wet

There is a clear difference between death being caused in the “short-term” or in the “foreseeable future”.

Life expectancy for people with cystic fibrosis is increasing significantly in response to developments in treatment regimes. In the United States the median predicted age of survival for people with CF has now increased to 47 years.³⁰ It is by no means clear that the 11 year old child euthanased in Belgium in 2016 or 2017 was facing imminent death. He or she may have had years to live. Depression is also a particular issue with CF.³¹ The “mental suffering” mentioned by Luc Proot may have been relievable through appropriate treatment.

The 17 year old child had Duchenne muscular dystrophy (DMD). “Until relatively recently, boys with DMD usually did not survive much beyond their teen years. Thanks to advances in cardiac and respiratory care, life expectancy is increasing and many young adults with DMD attend college, have careers, get married and have children. Survival into the early 30s is becoming more common, and there are cases of men living into their 40s and 50s.”³² On the available information it is not clear whether in this case the child was both imminently dying and experiencing unbearable physical suffering that could not be alleviated.

Euthanasia for prisoners and mental health detainees

On 15 September 2014 the Brussels Court of Appeal decided that Frank Van Den Bleeken, who has been detained since the 1980s as a mentally impaired man accused of rape and murder, could legally request euthanasia as an alternative to life in prison.³³

His euthanasia was scheduled for 11 January 2015 but was halted after the doctors treating him decided not to go ahead with it.³⁴

Euthanasia for suicidal ideation

Euthanasia has been approved for a 24 year old woman, known as Laura, on the sole grounds of her mental suffering based on suicidal ideation.³⁵ Belgium now treats suicidal ideation by facilitating suicide.

Between 2014 and 2017 two patients who were in an irreversible coma after a suicide attempt were euthanased based on an advance directive 5 months and 35 months respectively before the suicide attempt.³⁶

³⁰ Cystic Fibrosis Foundation, <https://www.cff.org/CF-Community-Blog/Posts/2017/Survival-Trending-Upward-but-What-Does-This-Really-Mean/>

³¹ Cystic Fibrosis Foundation, <https://www.cff.org/Life-With-CF/Daily-Life/Emotional-Wellness/Depression-and-CF/>

³² Muscular Dystrophy Association, *Duchenne Muscular Dystrophy (DMD)*, <https://www.mda.org/disease/duchenne-muscular-dystrophy>

³³ “Belgian murderer Van Den Bleeken wins ‘right to die’”, BBC News Europe, 15 September 2014, <http://www.bbc.com/news/world-europe-29209459>

³⁴ “Belgian rapist Van Den Bleeken refused ‘right to die’”, BBC News Europe, 6 January 2015, <http://www.bbc.com/news/world-europe-30699780>

³⁵ “Healthy Woman Will Die By Doctor-Assisted Euthanasia Over Suicidal Thoughts”, *Inquisitr*, 24 June 2015, <http://www.inquisitr.com/2196375/healthy-woman-die-doctor-assisted-euthanasia-suicidal-thoughts/>

³⁶ Commission fédérale de Contrôle et d’Évaluation de l’Euthanasie Huitième rapport aux Chambres législatives

Euthanasia for bipolar disorder

Dr Wim Distelmans, the chairman of the Belgian Euthanasia Control and Evaluation Commission, in March 2015, enthused about euthanasia as the solution for people with bipolar disorder:

*“Manic-depressive patients, in their manic moments, do the most improbable things: plunder their bank account, stay weeks in a five star hotel, buy numerous cars in one day. At that stage they are not mentally competent, that is obvious. But in moments of depression and exhaustion to the baseline, then they are indeed competent. Then they can say, for example: “I have lived for thirty years crazy highs and lows, I’ve tried everything to break that infernal cycle, including psychiatric hospitalization, but now I’m back on the baseline, and I know I have a few weeks left before I am back for a dip in the depth or a jump in height.” These are people who are eligible for euthanasia.”*³⁷

Euthanasia for psychiatric disorders, including Asperger’s

A total of 201 people with psychiatric disorders were killed by euthanasia in Belgium between 2014 and 2017 including for mood disorders such as depression, bipolar disorder (73 cases); organic mental disorders, including dementia and Alzheimer's (60 cases); personality and behavioural disorders (23 cases); neurotic disorders, and disorders related to stressors including posttraumatic stress disorder (16 cases); schizophrenia and psychotic disorders (11 cases); organic mental disorders, including autism (10 cases) and complex cases involving a combination of several categories (8 cases).³⁸

Of these 201 cases there were 25 cases of people under 40 being killed by euthanasia. In relation to these troubled young people the Commission observes “In the group of patients under 40, it is mainly personality and behavioral disorders. All these patients have been treated for many years, both outpatient and residential. There has always been talk of intractable suffering. For this type of disorder, serious psychological trauma at a very young age have been mentioned several times, such as domestic violence, psychological neglect or sexual abuse.”³⁹

Belgium is treating the victims of child abuse by domestic violence, neglect and sexual abuse by killing them.

Between 2014 and 2017 there were 60 cases of people killed by euthanasia for dementia. Of these cases death was only expected in the short term for 9 cases.⁴⁰

The breakdown for 2014-2015 is more detailed for the 124 people killed by euthanasia in Belgium in for mental and behavioural disorders, including depression (41); dementia (36); borderline personality disorder (14); bipolar disorder (9); obsessive-compulsive disorder (5); personality disorder (3); post-

années 2016 – 2017, p. 14,

https://organesdeconcertation.sante.belgique.be/sites/default/files/documents/8_rapport-euthanasie_2016-2017-fr.pdf

³⁷“ Jaarlijks vijftig keer euthanasie om psychiatrische redenen”, *HLN*, 20 March 2015, <https://www.hln.be/nieuws/binnenland/-jaarlijks-vijftig-keer-euthanasie-om-psychiatrische-redenen~a832222b/>, Translated with the aid of Google Translate

³⁸ Commission fédérale de Contrôle et d’Évaluation de l’Euthanasie Huitième rapport aux Chambres législatives années 2016 – 2017, p. 46, https://organesdeconcertation.sante.belgique.be/sites/default/files/documents/8_rapport-euthanasie_2016-2017-fr.pdf

³⁹ Ibid., p. 48

⁴⁰ Ibid., p.53

traumatic stress disorder (1); psychosis (1); schizoaffective disorder (1) and anorexia (1).⁴¹

A report on 100 cases where patients an outpatient psychiatric clinic in Dutch speaking Belgium who requested euthanasia between 2007 and 2011 found that of the 35 cases in which euthanasia had been carried out by December 2012 there were 9 men and 26 women, indicating women are more vulnerable to being killed for their poor mental health.

Of the 100 cases, 11 patients were under 30 years (average age was 47 years).

The conditions for which requests were considered included: depression, bipolar, schizophrenia, Asperger's syndrome (19 cases); post-traumatic stress disorder; complicated grief; eating disorders; obsessive-compulsive disorders; anxiety; and attention deficit hyperactivity disorder.

“In total, 48 of the 100 patients' euthanasia requests were accepted (48%), because LT (psychiatrist), in discussion with the patients' other practitioners and families, considered the requests to be based on reasons that were sufficiently tangible and reasonable, and because all legal requirements had been fulfilled.”⁴²

A nurse's view

Claire-Marie Le Huu-Etchecopar is a French nurse who has worked in Belgium since 2008. She has written about her experience with euthanasia in Belgium. These are two of the disturbing cases she has recounted:

Monsieur R. never asked for euthanasia: he was released from life out of 'compassion'

This was the view of an oncologist just after the euthanasia of Mr R. Some days before, the doctor informed his wife that her husband was in the terminal phase of lung cancer. The doctor added that the patient 'will suffer enormously, even though he was showing no signs of pain or distress at the moment'. His wife asked the specialist not to say a word to her husband 'so he doesn't suffer further' and at the same moment seeks euthanasia to spare him the 'horror of the end of life'. Mr R died by euthanasia without ever knowing of his illness and without deciding or even once expressing the wish to have recourse to euthanasia.

A sixty year old woman with dementia: The worrying influence of her entourage.

The entourage, consisting of friends and some family due to conflict, seemed totally unprepared. They kept harassing caregivers demanding euthanasia for this lady. The Care team felt uncomfortable because they understood that despite the request of the patient there is another reality: that of feeling abandoned because of a lack of solidarity. Her companions were undoubtedly sincere, seeking [her] well-being. But their kindness was devoid of empathy, the perspective necessary for real solidarity. The whole time she was in hospital, she asked for a toothbrush. Instead of a toothbrush, they bring her what they believe to be good according to them: wine, cakes, but never meeting the lady's request.

Also, the majority of the care team feel frustrated because lots of measures have been put in

⁴¹ Federale Controle- en Evaluatiecommissie Euthanasie, Zevende verslag aan de Wetgevende Kamers (2014 - 2015), 7 Oct 2016, p. 8; p. 38, <https://www.lachambre.be/flwb/pdf/54/2078/54K2078001.pdf>

⁴² Thienpont L, et al. “Euthanasia requests, procedures and outcomes for 100 Belgian patients suffering from psychiatric disorders: a retrospective, descriptive study. *BMJ Open*, July 2015, <http://bmjopen.bmj.com/content/5/7/e007454.full.pdf+html>

place to improve her comfort and her desire to be more surrounded. Initially, she agreed to appropriate structures for her needs, and then under the influence of her environment, she rejected them. Those close to her are locked in the emotion of seeing their friend disabled. They cannot bear to see her different. Any other solution than euthanasia seems unimaginable to them. In a small notebook where they leave her messages while she's sleeping, the question of euthanasia is on every page. You can read words such as:

*Do not forget your euthanasia, it is your right, you have to ask the doctors or they'll never do it for you...*⁴³

A case of euthanasia without request

One case reported in 2016/2017 concerned an interruptive act of life without request from the patient.

In this complex case where the patient had not made an explicit request, some members of the Commission felt that the law on euthanasia had been violated and that the file should be sent to the public prosecutor. Indeed, demand is one of the essential legal conditions. However, other members considered that a referral to the prosecution was not appropriate. Two arguments have supported this position. On the one hand, the fact that the means used in such a situation of agony did not indicate not necessarily the practice of euthanasia. On the other hand, several members of the Commission pointed out that in this case the doctor was faced emergency characterized by an extremely painful agony suffered by the patient for 24 hours, while her life expectancy was at most 2-3 days. This patient was in danger of choking. In addition, the patient's behavior and non-verbal communication were interpreted by the physician, the nursing staff and the family members of the patient as a request for euthanasia. The two-thirds majority, legally required for referral to the King's Attorney (see Article 8 of the law) was not reached (9 for referral to the King's public prosecutor, 7 against).⁴⁴

This high threshold of two-thirds majority of the Commission for referral to the public prosecutor helps explain why only one case has ever been referred (in 2015).

Euthanasia tourism

The place of residence is only required to be reported in the second part of a euthanasia report filed by the doctor performing euthanasia. This part only gets open when questions arise. However, in 2016 and 2017 doctors did refer in the first part of the report to people who were foreigners who came to Belgium to seek euthanasia. There were 23 such cases reported in this way but there may be many more. Of the 23 reported cases "More than half of the deaths were expected in the near future" meaning several were cases where death was not expected in the short term.⁴⁵

⁴³ Claire-Marie Le Huu-Etchecopar, *Lifting the veil on euthanasia: what really happens in Belgium's healthcare system - a nurse's story*, 28 May 2014, <http://alexschadenberg.blogspot.com.au/2014/05/lifting-veil-on-euthanasia-what-really.html> ; Originally published in French under the title "Euthanasie: le model Belgie a la derive", <http://plusdignelavie.com/?p=2773>

⁴⁴ Commission fédérale de Contrôle et d'Évaluation de l'Euthanasie Huitième rapport aux Chambres législatives années 2016 – 2017, p. 30, https://organesdeconcertation.sante.belgique.be/sites/default/files/documents/8_rapport-euthanasie_2016-2017-fr.pdf

⁴⁵ Ibid., p.58