Journal Watch

Physician-assisted deaths under the euthanasia law in Belgium: a population-based survey

A presentation by Jamil Janmohamed, PGY2, Family Medicine, at the Journal Watch Rounds on July 7, 2010 at the Grey Nuns Tertiary Palliative Care Unit

Reference:

Chambaere K, Bilsen J, Cohen J, et al. Physician-assisted deaths under the euthanasia law in Belgium: a population-based survey. *CMAJ* 2010;182:895-901.

Abstract:

Background: Legalization of euthanasia and physician- assisted suicide has been heavily debated in many countries. To help inform this debate, we describe the practices of euthanasia and assisted suicide, and the use of life-ending drugs without an explicit request from the patient, in Flanders, Belgium, where euthanasia is legal.
Methods: We mailed a questionnaire regarding the use of life-ending drugs with or without explicit patient request to physicians who certified a representative sample (n = 6927) of death certificates of patients who died in Flanders between June and November 2007.
Results: The response rate was 58.4%. Overall, 208 deaths involving the use of life-ending drugs were reported: 142 (weighted prevalence 2.0%) were with an explicit patient request (euthanasia or assisted suicide) and 66 (weighted prevalence 1.8%) were without an explicit request. Eutha- nasia and assisted suicide mostly involved patients less than 80 years of age, those with cancer and those dying at home. Use of life-ending drugs without an explicit request mostly involved patients 80 years of older, those with a disease other than cancer and those in hospital. Of the deaths without an explicit request, the decision was not discussed with the patient in 77.9% of cases. Compared with assisted deaths with the patient's explicit request, those without an explicit request were more likely to have a shorter length of treatment of the terminal illness, to have cure as a goal of treatment in the last week, to have a shorter estimated time by which life was shortened and to involve the administration of opioids.
Interpretation: Physician-assisted deaths with an explicit patient request (euthanasia and assisted suicide) and without an explicit request occurred in different patient groups and under different circumstances. Cases without an explicit request often involved patients whose diseases had unpredictable end-of-life trajectories. Although opioids were used in most of these cases, misconceptions seem to persist about their actual life-shortening effects.

Background:

Euthanasia and physician-assisted suicide are heavily debated issues in medicine. In Canada the debate continues (proposed bill reaching Parliament, a pro-euthanasia proposal by the Quebec College of Physicians). Decriminalized (under formal conditions) in Belgium, Netherlands, Luxemburg, Oregon and Washington State.
Authors set out to gather information to shed light on overall occurrence of physician-assisted death, information regarding the performance of physician assisted death in vulnerable patient groups, (as described as the use of life-ending drugs without explicit patient request). Specifically they assessed demographic and clinical characteristics associated with assisted suicides with the goal to provide more evidence for the debate.

Methodology:

Looked at physician-assisted deaths in Flanders, Belgium from June-November 2007 by assessing death certificates, and assigning them to one of four groups based on the written cause of death. They then sampled an increasing proportion of each group based on the increasing likelihood that an end of life decision was made given the cause of death. This resulted in a sample of 6927, which was 25% of the deaths reported in that time period. A five page questionnaire was sent to each attending physician in each case and there was a response rate of 3623. Those cases in which the physician no longer had access to the chart (725) were excluded, making a response percentage of 58.4%. 5 page

questionnaire addressed issues such as if there was an assisted suicide, details regarding patient request, family and staff involvement in the decision, information regarding the method and administrator of medication, nature of the illness, and nature of treatment prior to assisted suicide.

Conclusions:
Euthanasia and assisted suicide occurred in 2.0% of all deaths in Flanders in that time period. There were a total of 208 physician-assisted deaths (142 with an explicit request and 66 without). A majority of the explicitly requested cases occurred in patients younger than 80 with malignancy, at home being managed by a GP. In those who did not explicitly request assisted suicide, a majority occurred in those above 80, while in hospital by a specialist with several potential causes of death (cardiovascular, respiratory and malignancy were the top 3). Of those not explicitly requested by the patient, reasons for why no request could be made included 70% of the time the patient was comatose and another 20% had dementia. A vast majority of those cases however, were discussed with the family and other caregivers, including other physicians. In those with an explicit request for assisted suicide, the majority occurred in those with an illness and had been receiving some form of treatment for over 6 months, whereas those without an explicit request often had an illness treated for less than 1 month (46%).
They also looked at medication use, such as use of opiods vs a combination of muscle relaxants and barbituates and found that more of the explicitly requested assisted suicides used the latter, whereas the opposite was true of those which were not explicitly requested.

Strengths:
A large range of variables and demographic information relating to decisions regarding assisted suicide were studied (with the primary goal of gathering information to further discuss assisted suicide).

Weaknesses:
Potential for nonresponse bias.
Information was only provided from the physician perspective (and self reporting). Study does not allow for in-depth analysis on a case basis.

Relevance to palliative care:
Euthanasia and assisted suicide is a widely debated topic that is particularly relevant in palliative and end of life care. Often patients and families alike are seeking options as they struggle with issues regarding loss of dignity and the will to live, and a desire for hastened death. Further research will help to provide evidence regarding the ongoing debate about euthanasia and assisted suicide in Canada. In the event that these procedures become decriminalized (and thus a potential therapeutic choice), every effort should be made to clearly elucidate all patient's precise wishes prior to undertaking such decisions.