Journal Watch (Euthanasia/Assisted Suicide)

End-of-Life Practices in the Netherlands under the Euthanasia Act

van der Heide A, Onwuteaka-Philipsen BD, Rurup ML, et al. NEMJ 2007; 356(19):1957-1965.

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Received during: Journal Club (15th May 2007)
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Abstract:

Background: In 2002, an act regulating the ending of life by a physician at the request of a patient with unbearable suffering came into effect in the Netherlands. In 2005, we performed a follow-up study of euthanasia, physician-assisted suicide, and other end-of-life practices.
Methods: We mailed questionnaires to physicians attending 6860 deaths that were identified from death certificates. The response rate was 77.8%.
Results: In 2005, of all deaths in the Netherlands, 1.7% were the result of euthanasia and 0.1% were the result of physician-assisted suicide. These percentages were significantly lower than those in 2001, when 2.6% of all deaths resulted from euthanasia and 0.2% from assisted suicide. Of all deaths, 0.4% were the result of the ending of life without an explicit request by the patient. Continuous deep sedation was used in conjunction with possible hastening of death in 7.1% of all deaths in 2005, significantly increased from 5.6% in 2001. In 73.9% of all cases of euthanasia or assisted suicide in 2005, life was ended with the use of neuromuscular relaxants or barbiturates; opioids were used in 16.2% of cases. In 2005, 80.2% of all cases of euthanasia or assisted suicide were reported. Physicians were most likely to report their end-of-life practices if they considered them to be an act of euthanasia or assisted suicide, which was rarely true when opioids were used.
Conclusions: The Dutch Euthanasia Act was followed by a modest decrease in the rates of euthanasia and physician-assisted suicide. The decrease may have resulted from the increased application of other end-of-life care interventions, such as palliative sedation.

Comments:

Strengths/uniqueness:

- Netherlands 1st to undertake large-scale research in end-of-life decision-making.
- When comparing practices between before and after passing the Euthanasia Act (2002), study design + key questions and questionnaire kept constant.
- Guarantee of anonymity of pt and physician, as supported by government. (77.8% response rate, n=9965)

Weaknesses:

- Lack of explanation to why final sample of deaths based on strata (a ranking in likelihood of physician assistance in the death) described in study design rather than complete random selection of cases.

- Lack of description of different strata.
- Possible bias by not sending out questionnaire across all sampled cases.
- Not reviewed by ethics committee and no written informed consent required from patients' families.

Relevance to Palliative Care:

- This study implies that the "slippery slope" as quoted with advocating for euthanasia / physician assisted suicide is not true.
- Speculated reasons for decreasein the rate of euthenesia included: (1) increased use of deep sedation (2) decreased inclination of physicians to attribute opioids to hasten death
- Discussed reasons for non reporting: (1) 76.1% did not perceive it as such (2) 9.7% concern that criteria were not met (3) 6.6% issues of patient-physician agreement not to disclose.
- Of 0.4% of cases where ending of life was not explicitly discussed with patient: 60% had previous discussion or wish for act, 10.4% unconscious, 14.4% incompetent due to young age, 80.9% were discussed with relatives, 65.3% were discussed with colleagues.