

MEDICAL ASSISTANCE IN DYING: EXPERIENCES AND CHALLENGES FOR GERIATRIC MEDICINE IN BELGIUM

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Law on euthanasia in Belgium

Challenges in geriatric medicine

Opinion of health care professionals

THOM's



MAID WORLDWIDE

- **Switzerland:** “Assisted Suicide”
- **USA:** Oregon “Physician-assisted death” or “aid in dying” (1997), followed by Washington (2008), Montana (2009), Vermont (2013), California (2015), Colorado (2016), District of Columbia (2016), Hawaii (2018)
- **Columbia:** mercy killing or euthanasia (1997)
- **BENELUX:** “euthanasia” & PAS (NL/BE2002 and Luxemb. 2009)
- **Canada:** MAID – “Medical Assistance In Dying” (2016)
- **Australia:** Victoria VAD “Voluntary Assisted Dying” (2018)

EUTHANASIA

‘Euthanasia’

- ‘eu’ meaning ‘well’
- ‘thanatos’ meaning ‘death’

ETHICAL CONSIDERATIONS

- ‘Good death’: termination of life for merciful purposes
 - The doctor’s duty to relieve pain and suffering
 - A dignified and peaceful death at time&place of choice
 - ‘Euthanasia’ = ultimate way; complementary to palliative care
- ‘Right to die’: Keeping control/autonomy of a person even in situation of no underlying disease
 - *Controversial*
 - *Risk of the ‘Right to die’ being normalized and becoming to the ‘Duty to die’ ?*
 - *Protecting vulnerable people ?*

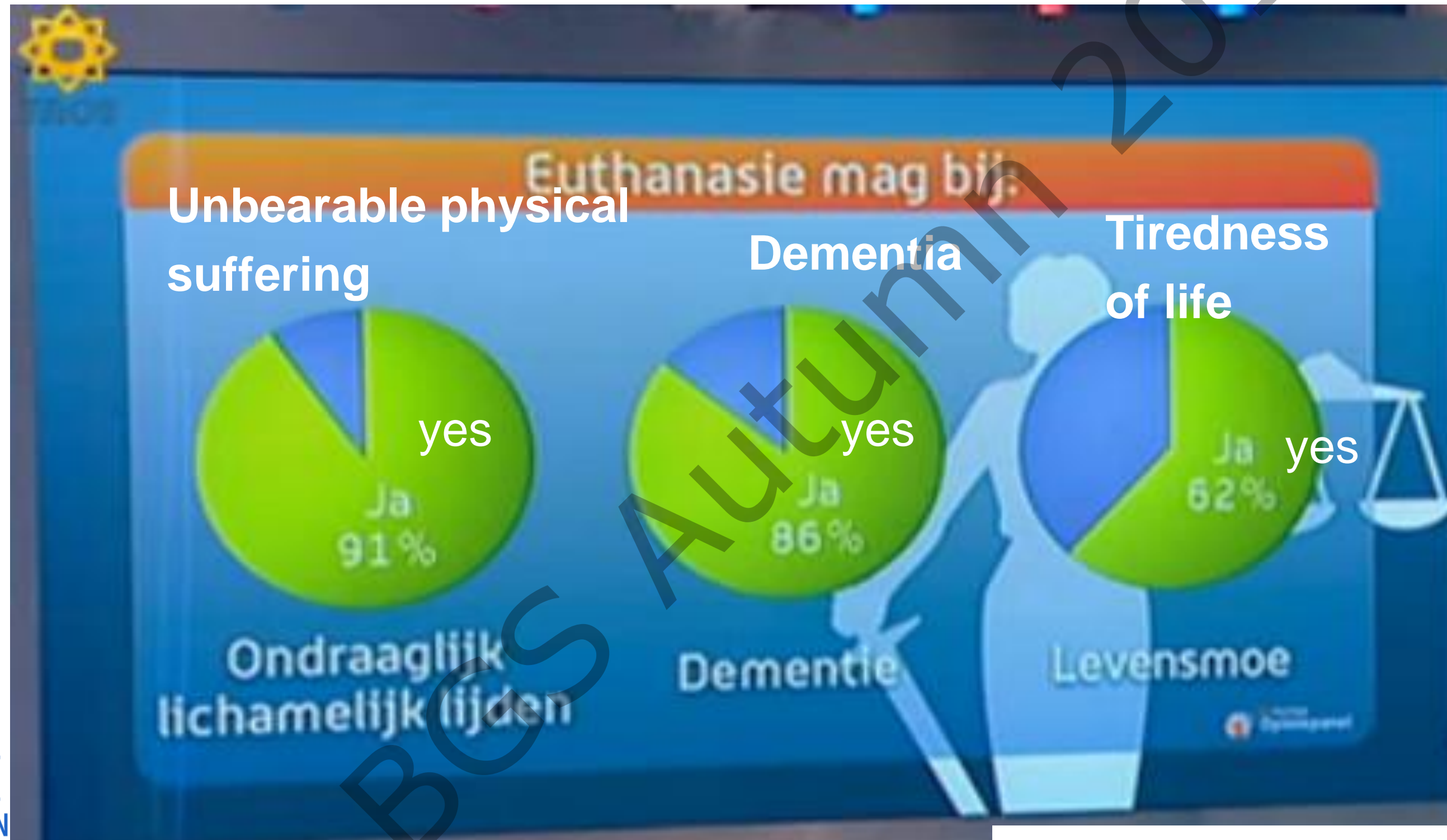
LAW ON EUTHANASIA IN BELGIUM: HISTORY

BELGIAN ADVISORY COMMITTEE ON BIOETHICS

Opinion no. 1 of 12 May 1997 concerning the advisability of a legal regulation on euthanasia

- AC cannot and must not decide in a debate in which ethical orientations and conceptions of life are fundamentally divergent
- AC advises a broad democratic debate among the main players concerned and among all citizens

PUBLIC OPINION REGARDING EUTHANASIA - NETHERLANDS



PUBLIC OPINION REGARDING EUTHANASIA - UK



▲ Campaigners and supporters of retired lecturer Noel Conway gather outside the royal courts in London. Last November, the supreme court turned down an application to hear a claim from his lawyers. Photograph: Rob Stothard/Getty Images

More than 90% of the UK's population believe assisted dying should be legalised for those suffering from terminal illnesses,

A survey carried out by the campaign group My Death, My Decision (MDMD) also found that 88% of respondents considered it acceptable for dementia

88% of respondents considered it acceptable for dementia

The results have been released as the Royal College of Physicians polls its members this month on whether they back a change to the ban on the right

PUBLIC OPINION REGARDING MAID-NL

Table 2 Opinions of the respondents regarding assistance in dying in different circumstances

In my opinion...	% agree	% neutral	% disagree
... everybody should have a right to euthanasia	57	20	23
... euthanasia should be allowed for people who are tired of living, without having a serious disease	21	27	52
... every human being has the right to determine their own life and death	53	25	23
... the oldest old should be able to get medications that enable them, if they wish, to end their life	36	30	35

Agree, sum of agree and totally agree. Disagree, sum of disagree and totally disagree.

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BELGIAN LAW ON EUTHANASIA 2002

On 28 May 2002, the Belgian House of representatives, the lower house of Parliament, passed the Act Concerning Euthanasia

BELGISCH STAATSBLAD — 22.06.2002 — MONITEUR BELGE

28515

MINISTERIE VAN JUSTITIE

N. 2002 — 2141 [C – 2002/09590]

28 MEI 2002. — Wet betreffende de euthanasie (1)

ALBERT II, Koning der Belgen,

Aan allen die nu zijn en hierna wezen zullen, Onze Groet.

De Kamers hebben aangenomen en Wij bekrachtigen hetgeen volgt :

Artikel 1. Deze wet regelt een aangelegenheid als bedoeld in artikel 78 van de Grondwet.

HOOFDSTUK I. — Algemene bepalingen

Art. 2. Voor de toepassing van deze wet wordt onder euthanasie verstaan het opzettelijk levensbeëindigend handelen door een andere dan de betrokkene, op diens verzoek.

MINISTERE DE LA JUSTICE

F. 2002 — 2141 [C – 2002/09590]

28 MAI 2002. — Loi relative à l'euthanasie (1)

ALBERT II, Roi des Belges,

A tous, présents et à venir, Salut.

Les Chambres ont adopté et Nous sanctionnons ce qui suit :

Article 1^{er}. La présente loi règle une matière visée à l'article 78 de la Constitution.

CHAPITRE I^{er}. — Dispositions générales

Art. 2. Pour l'application de la présente loi, il y a lieu d'entendre par euthanasie l'acte, pratiqué par un tiers, qui met intentionnellement fin à la vie d'une personne à la demande de celle-ci.

DEFINITION OF EUTHANASIA IN BELGIAN LAW

- Intentionally terminating life by someone other than the person concerned, at the latter's request
 - Can only be requested by the PATIENT, not by others
 - Can only be provided by a PHYSICIAN
 - Physician has the right to refuse
- 'Passive' euthanasia is not used in Belgium
 - Withdrawing/withholding treatment = non-treatment decision

NOT INCLUDED IN BELGIAN LAW

(Physician) Assisted suicide

- Is the intentional helping of somebody to terminate his or her life at his or her explicit request
- Oral intake is possible but as an alternative method within the law on euthanasia
 - Physician should be present until death



NO CRIMINAL OFFENCE IF FOLLOWING CRITERIA

- Patient
 - Reached age of majority (since 2014 also for minors-terminal)
 - Competent and conscious at moment of making request
- Two ways of request
 - Written request (name, date and signature)
 - Advance directive
 - In case of irreversible coma – 5 years (parliament)

NO CRIMINAL OFFENCE IF FOLLOWING CRITERIA

- Medically futile condition
- Constant and unbearable physical or mental suffering that cannot be alleviated

Resulting from a serious and incurable disorder caused by illness or accident

PROCEDURE TO FOLLOW

- Inform the patient about
 - His condition and life expectancy
 - Possibilities of treatment ; of palliative care
- After different conversations, together with the patient, the physician must come to the belief that
 - There is no reasonable alternative
 - Request is written, repeated, completely voluntary and without external pressure
 - That the patient is subject of unbearable suffering

PROCEDURE TO FOLLOW

- Discuss the request of patient with the nursing team and if patient agree with his next of kin
- In case death will be expected in 'a reasonable time'
 - Consult another independent physician
- In case the patient is 'not expected to die in a reasonable time'
 - Allow at least one month between the request and the act
 - Consult a second independent physician (psychiatrist or expert in the underlying illness)

PROCEDURE TO FOLLOW

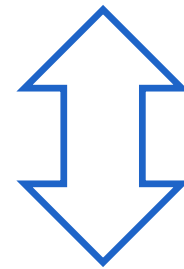
- Intravenous = fast procedure
 - Barbiturate (Sodium Thiopental 20 mg/kg)
 - Midazolam until deep coma
 - Neuromuscular blocker (Curare - Cisatracurium 20mg)
 - (Potassiumchloride)
- Oral = slow procedure
 - Sodium pentobarbital 9 gram in 100 ml mixture
 - If no death after 8h: neuromuscular blocker IV
- Special legalisation and procedure for pharmacist to deliver the medication

PROCEDURE TO FOLLOW

- After the patients death, the physician has to
 - Declare a natural death on the death certificate
 - Send a registered letter within 4 days, to a committee for judgement (Federal Evaluation Commission)
 - Anonymous part – report of criteria
 - Closed part with the names (patient/physicians) to open in case of discussion
 - In case of discussion
 - The physician can be asked for further information
 - The file can be send to the court

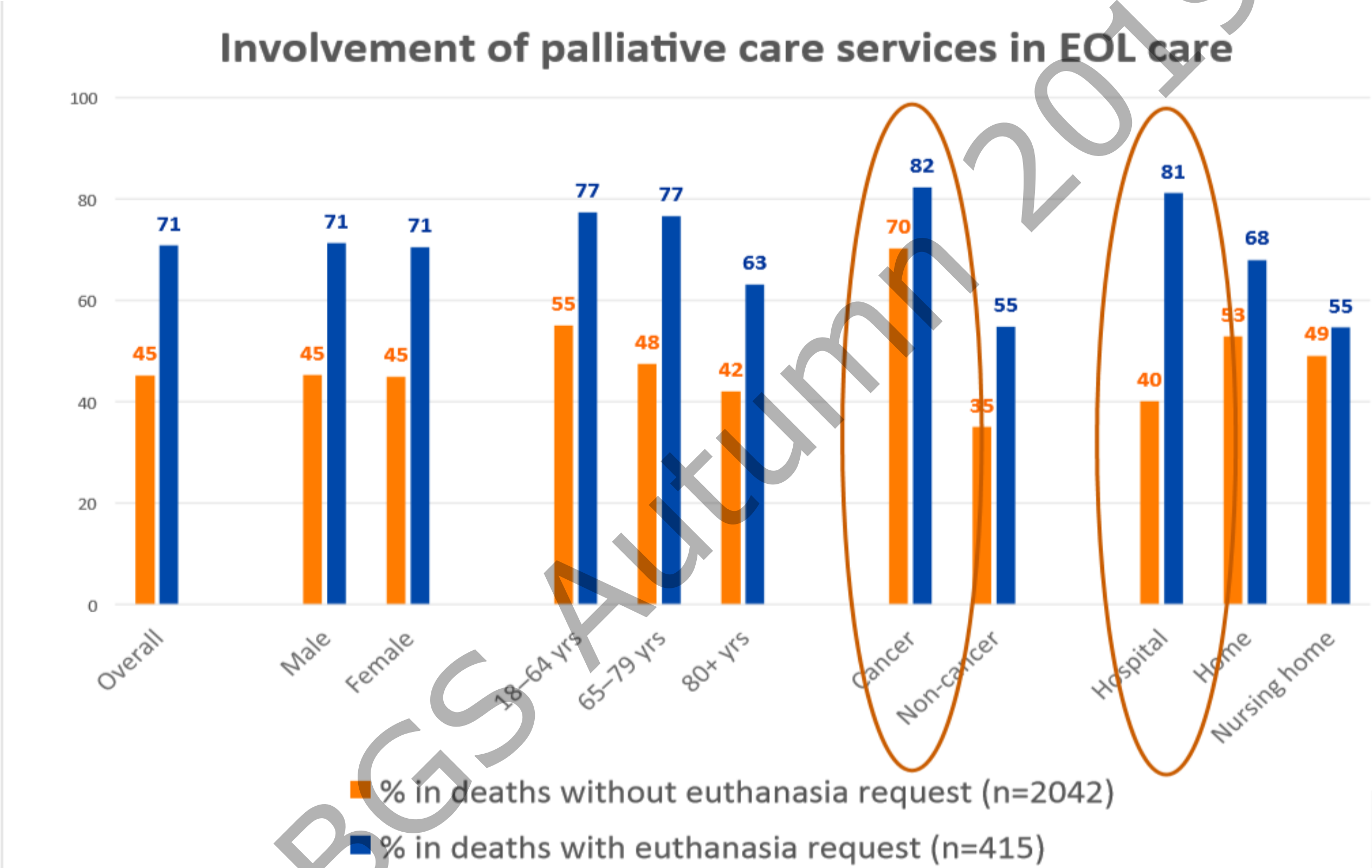
PALLIATIVE CARE AND EUTHANASIA IN BELGIUM

- EAPC: Euthanasia does not fit with palliative care (PC)

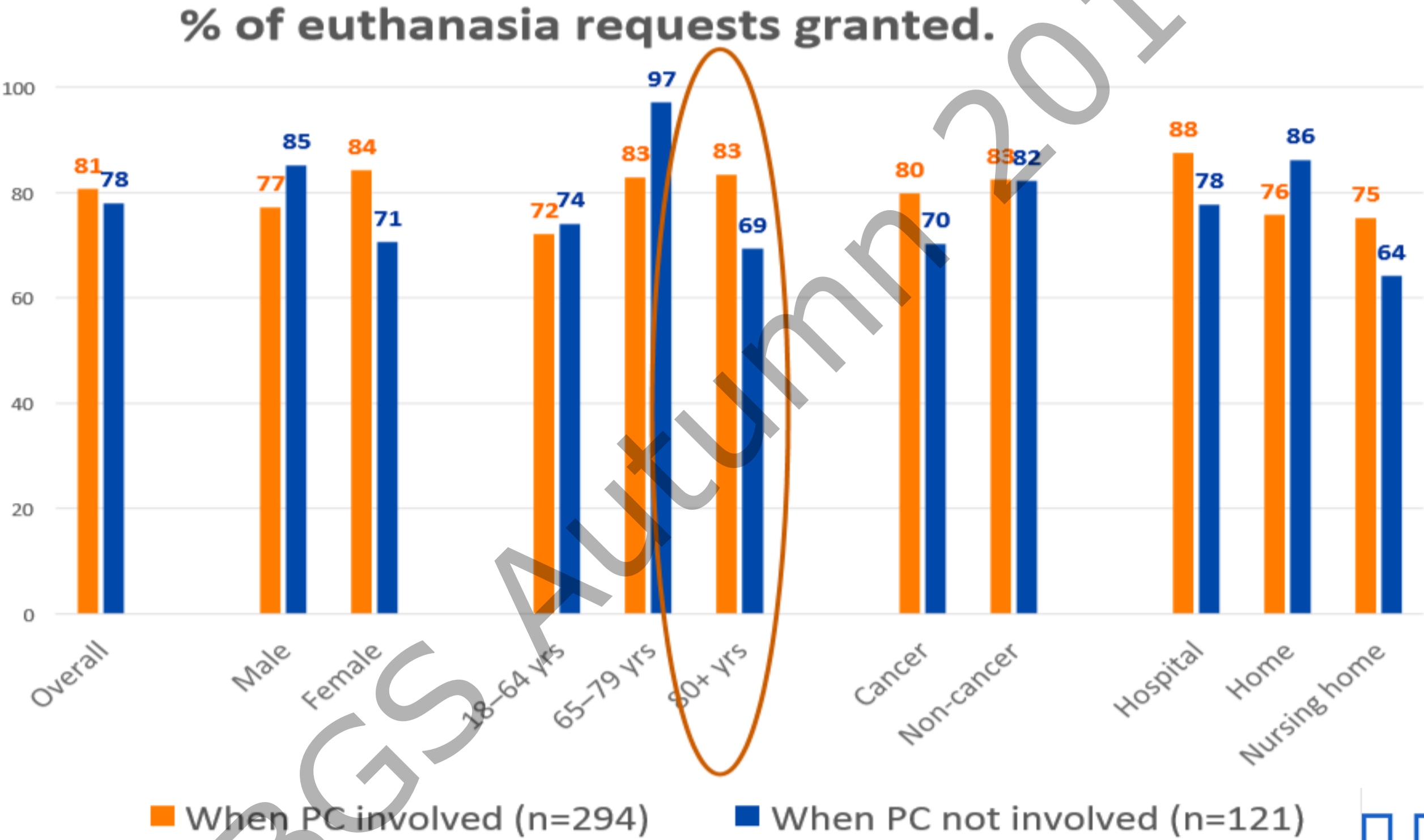


- Position of Federation Palliative Care Flanders
 - Before 2002: fully against legalization of euthanasia
 - 2003: “No polarization, but dialogue and respect”; “PC can guarantee that euthanasia requests will be dealt with in a careful and caring way”
 - 2013: “Euthanasia embedded in palliative care”

PALLIATIVE CARE AND EUTHANASIA IN BELGIUM



PALLIATIVE CARE AND EUTHANASIA IN BELGIUM



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FIGURES IN BELGIUM

Age	2003 N (%)	2009 N (%)	2017 N (%)
< 60 y	81 (34)	198 (24)	321 (16)
60-79 y	115 (49)	420 (51)	995 (49)
≥ 80 y	39 (17)	204 (25)	705 (35)
	235	822	2309

FACTS IN BELGIUM

Underlying disease	2003 N (%)	2009 N (%)	2017 N (%)
Maligne	195 (83)	641 (78)	1417 (61,4)
Neuromuscular	32 (12)	58 (7)	179 (7,8)
Non-maligne organ	9 (3)	66 (9)	149 (6,4)
Neuropsychiatric	0 (0)	21 (2)	40 (1,7)
Others	4 (2)	34 (4)	82
Poly-pathology	NA	NA	442 (19,1)

CASE : ANNA 83 YEARS OLD

- Widow since 5 years
- 1 son, strongly involved in the care
- Since 3 years in a nursing home: a wish to die



Very unhappy, feels maltreated, nothing to live for, burden to her son...

- Medical history
 - Bad vision (right eye is blind, left 10%); nearly deaf
 - Cerebral benign tumor since 5 years already treated with radiotherapy- complicated by a right paresis

CASE: ANNA 83 YEARS OLD

Current hospitalization:

- Increasing concentration and memory problems, increase in paresis on the right side

Question for euthanasia (more prominent during hospitalization)



EXPLORATION OF REQUEST

- Is the patient **competent to take the decision** ?
 - Especially in older patients with neurodegenerative diseases or cerebral tumours this can be difficult to evaluate
- Repeated discussions with the patient
 - Try to place the request in the life-history
 - How long is the request present? Repeated request?

EXPLORATION OF LEGAL CRITERIA

HOOFDSTUK II. — Voorwaarden en procedure

Art. 3. § 1. De arts die euthanasie toepast, pleegt geen misdrijf wanneer hij er zich van verzekerd heeft dat :

— de patiënt een meerderjarige of een ontvoogde minderjarige is die handelingsbekwaam en bewust is op het ogenblik van zijn verzoek;

The patient is in a medically futile condition of constant and unbearable physical or mental suffering that cannot be alleviated, resulting from a serious and incurable disorder caused by illness or accident

en hij de in deze wet voorgeschreven voorwaarden en procedures heeft nageleefd.

MEDICALLY FUTILE CONDITION ?

= Objective, this requires a medical expertise

- What are treatment options?
- Is there a reasonable chance that treatment is going to make a difference?

The patient is in a medically futile condition of constant and unbearable physical or mental suffering that cannot be alleviated, **resulting from a serious and incurable disorder** caused by illness or accident

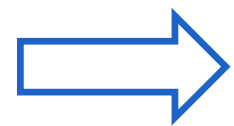
WHAT IS SERIOUS?

Different interpretation among caregivers

- Serious = life-threatening

Versus

- Serious= incurable and causing suffering for people
 - Age related polypathology



No consensus among physicians, lawyers, ethicists;
To be discussed for every individual case

EXPLORATION OF LEGAL CRITERIA

HOOFDSTUK II. — *Voorwaarden en procedure*

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UNBEARABLE PHYSICAL OR MENTAL SUFFERING?

Unbearable = Subjective feeling

- It is what the patient tells you it is

Is compassion/agreement of the physician with the suffering needed?

- Not legally, not for 'right to die' movement
- Well for most of the physicians...

CASE : ANNA 83 YEARS OLD



Are the unbearable suffering and wish to die the result of the disease, the completed life, the feeling of being a burden, or the living situation in the nursing home?

UNBEARABLE SUFFERING IN OLDER PATIENTS

- Often complex
- Combination of physical, mental & societal issues
- Not always easy to define what is manageable, changeable?

IS A WISH TO DIE VOLUNTARY?

Moral “duty to die” - the feeling to be a burden for the society (physical, economical, social)

Do older people have the feeling that their life is completed
or

Rather the feeling that the society/ the next of kin is
completed with them?

CASE : ANNA 83 YEARS OLD



Decision after team discussion :

One month observation on the palliative care unit to look at the influence of another environment on the suffering

Medical condition get worse during the following weeks

The request was more and more clear

Request was granted after six weeks

CHALLENGES IN DEALING WITH EUTHANASIA IN OLDER POPULATION

- Competent ?
- Unbearable suffering physical and/or mental
 - Complex & often multiple underlying reasons in older population not always related to the underlying disease
 - Mercifulness of the physician?
- “Duty to die” – societal debate & responsibility?
- What is a Serious illness?
- What if the patient refuses a possible treatment?
- What is a ‘reasonable’ time to die?

Evaluation of legal criteria

Legal criteria - absent

No medical condition
and/or
No unbearable suffering

Legal criteria - unclear

Legal criteria - present

Take time

Collegial/interdisciplinary consultation

Ethical rounds/reflection

What if there are still treatment options?

Why does someone refuses alternatives?

neen

- ethisch advies

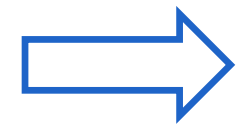
zorgvuldigheidscriteria
aanwezig ?

ja

start
euthanasia
procedure

DEBATE IN BELGIAN COMMITTEE FOR BIO-ETHICS 2018

- No discussion that to approve euthanasia – even when there is unbearable suffering - an **underlying medical condition is required**.



NOT legal in case of 'completed life' / 'Tiredness of life'
without underlying medical condition

- There is **no consensus** how to interpret 'a medical underlying condition'

LAW ON EUTHANASIA AND DEMENTIA

- Only possible in competent patients
 - Early phase of dementia (case of Hugo Claus)
- Ongoing ethical debate on broadening the law to patients with an advance directive in case of dementia
 - No consensus among HCP; only few cases in NL
 - Broad public support (recently a digital petition started)
 - No political support so far

ONGOING DEBATE

Open VLD-voorzitster Gwendolyn Rutten: euthanasie moet ...

<https://www.vrt.be> > vrtnws > 2019/10/29 > rutten-over-euthanasie ▼

4 dagen geleden - Open VLD-voorzitster Gwendolyn Rutten vindt dat euthanasie ook ...
parlement of de S

‘Completed’ life

Euthanasie voor mensen die levensmoe zijn, moet dat kunnen ...

<https://www.vrt.be> > vrtnws > 2019/10/29 > euthanasie-experts ▼

4 dagen geleden - Moeten mensen die vinden dat hun leven rond is, euthanasie kunnen ...
opnieuw op de agenda, en wil een debat in het federaal parlement.



Dementia

donderdag

31/10/2019

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OPINION OF HEALTH CARE PROFESSIONALS

Pilot study

Quantitative survey with 4 case vignettes

Study population – randomly selected – peer review groups

- 151 Nurses (76 on chronic and 75 on acute wards)
- 190 Physicians (133 GP and 57 geriatricians)

CONCLUSION PILOT STUDY

- Uncertainty about the legal aspects among HCP in Belgium
- Nurses empathize more often with the 'existential suffering of patients' being tired of life
 - Physicians only 'empathize' the suffering if there is also (severe) functional decline
- Willingness to perform euthanasia is different among medical specialties
 - Geriatricians more restrictive than GP's
 - GP's more restrictive than nurses in cases of 'existential suffering'

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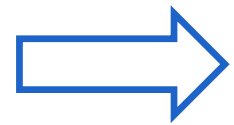
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TAKE HOME MESSAGE

- ‘Law’ = decriminalization under ‘well?’ defined criteria
 - For some criteria in Belgian Law: an absence of consensus between HCP, ethicists and lawyers



Challenges in Geriatric Medicine

Pressure on HCP induced by public media

- Euthanasia can be imbedded in palliative care
- Two mainstreams leading the debate
 - A ‘Good death’ - ‘mercifulness’ in terminal care
 - ‘Right to die’ in patients without underlying (serious) illness



Let no one walk alone