



**UZ
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Your message

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Dear Sir, dear Ms,

I'm a medical oncologist at the University Hospitals Leuven and professor of medicine at the KU Leuven university in Leuven, Belgium.

In your State, the parliament is considering legalization of euthanasia. Belgium has a law allowing euthanasia since 2002. I think it is worth to consider the Belgian experience before to copy this law in your country. Belgium became a 'real life experience' which is important to evaluate before the extension of these impacting laws to other countries.

The major reason to allow euthanasia under certain circumstances was the difficulty to control severe symptoms at the end stage of a disease and the legal protection of medical doctors who would administer palliative care and – without the intention to do so, would hasten death. Also, euthanasia was said to be already applied, but in an illegal way and thus without control. The application would be very restricted and well controlled.

Now, 14 years later, we can observe that euthanasia has endangered a lot the good care to patients.

Patients are in danger. Euthanasia has become increasingly asked for and not only in the terminal stage of a disease with severe suffering, difficult to control otherwise. In 2013, in 15% of cases, euthanasia is administered in non-terminal conditions. It is even applied in patients suffering from depression or in elderly without severe diseases, and applied when the first signs of Alzheimer or cancer appear.

Families are under pressure. 'Autonomy' has become more important than solidarity and care. Families are under pressure, because they cannot prevent their ill family members to be euthanized. They would like to keep them alive and get treated, but the doctors does not have to take in to account the family's opinion. In other case, family members are asking euthanasia of a patient instead of the patient himself.

Doctors are under pressure. Doctors who believe that there are better alternatives than euthanasia are described as inhuman. Euthanasia is called 'helping patients to die', as if doctor who do not apply euthanasia in Belgium, or doctors who work in countries where euthanasia is not allowed, would not help their patients to die. Of course, we help them, but we don't administer death directly. In order to promote euthanasia, a wave of fear has been created opposing 'the good death euthanasia' to 'horrible suffering and to die without dignity'.

Elderly are in danger. Persons who are living in elderly nursing homes receive end-of-life declarations to fill in, even if they have never thought on euthanasia. Conferences on euthanasia are organized in their nursery homes.

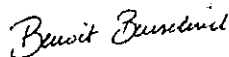
Palliative care centers are under pressure, because euthanasia was introduced as one of the therapeutic options in a palliative care unit. Nurses and doctors who would like to continue to work in palliative care units administering genuine palliative care are now leaving this units. Some patients are scarred to be admitted to palliative care units, because they don't want to be euthanized.

Moreover, the legalization did not improve the control on euthanasia. The legalisation of euthanasia in Belgium did not resolve the problem of the grey zone. An important amount of cases of euthanasia is still not declared: 27% in Flanders and 42% in Wallonia (Cohen J et al, 2012)¹, which means 792 cases in 2013. One of the main promoters of the law says publicly that he does not declare his cases anymore, considering that euthanasia is a common medical practice. The Belgian experience shows it is also difficult to put safe-guards to its practice. The control by a posteriori evaluation is not working. Only recently, after 10.000 cases, one case has been sent to justice.

For these and several other reasons, I and several of my colleague oncologists consider that the law on euthanasia has made our daily life as oncologists more difficult than before.

Genuine palliative care remains the best option. Instead of a law on euthanasia, I would suggest to make a law on palliative care. This law could also protect medical doctors when they would shorten life without the intention to do so when they administer palliative care.

With my best regards,



Benoit Beuselinck

¹ Cohen J, Van Wesemael Y, Smets T, Bilsen J and Deliens L. Cultural differences affecting euthanasia practice in Belgium: one law but different attitudes and practices in Flanders and Wallonia. Soc Sci Med. 2012 Sep;75(5):845-53.