Conclusions and recommendations 2nd Euthanasia Law Evaluation

The overall conclusion of the second evaluation of the Act Termination of life on Request and Assisted Suicide is that the Act has succeeded in improving the carefulness of physicians who terminate the life of a patient upon his request and in providing a transparent and consistent legal framework for this practice. The results of the study nevertheless involve a number of recommendations for policymaking and further research, some of which may involve further extension of the number of secretaries:

— The educational and law-making impact of the review committees could be improved by efforts to keep their website with anonymous judgments up-to-date. In addition, their conceptualization of key issues in the legal requirements should be clarified. This could be done by presenting important cases in medical journals. Further, the review committees or another organisation should develop a clear ‘code of practice’ that includes an up-to-date overview of their conceptualization of key issues in the requirements of due care.

— The requirement concerning due medical care when performing euthanasia or assisting in suicide should be assessed outside the context of criminal law. If review committees assess a case as non-compliant with regard to this requirement, the case should be handed over to the Health Care Inspectorate.

— The Public Prosecution Service and the Health Care Inspectorate should take steps to formally agree upon a procedure for cases in which the Public Prosecutor Service needs additional information, upon when and how the right to remain silent should be granted, and upon the type of information that the Inspectorate can hand over to the Public Prosecution.

— The Criminal Code should include an explicit statement that termination of life does not include the indicated and proportional use of medication to relieve suffering, even if such medication hastens death.

— In due time, the practice of termination of life in the context of the End-of-life Clinic should be independently evaluated, in order to assess the relationship between this Clinic and the legal requirements. Such a study may also evaluate other initiatives to address the issue of physicians who are unwilling to grant requests for euthanasia or assistance in suicide.

— The official blueprint for medical training should include a clear understanding of different end-of-life practices as an outcome. Training programs for (future) physicians should pay attention to the distinction between termination of life on the one hand and palliative sedation and the use of opioids in the last phase of life on the other.

— Whereas this study has demonstrated that the practice of end-of-life decision making is still developing and changing, the tradition of five-yearly studies to monitor these practices should be continued.

— Authoritative organisations in paediatrics should take the initiative to set up an organisation that can give professional advice and support about assistance in dying for children.
— Professional medical and nursing organisations should develop a guideline about the role and responsibilities of physicians and nurses in cases where patients voluntarily stop eating and drinking with the aim of ending their life.

— The report model for physicians who have terminated a patient’s life should be complemented with clear questions about how patients were informed of their situation and prospects, and about the availability of alternative treatment options.

— The procedures within SCEN* should enable physicians to choose a physician with specific expertise as a second consultant, in addition to the consultation of a randomly selected physician.

— The review committees should discuss and harmonize their practices with regard to the assessment of the requirement concerning careful performance of euthanasia or assistance in suicide. Additional questions in the report model for physicians should provide physicians with more clarity about this requirement.

— Measures that have recently been taken to address the logistic problems that follow from the increasing numbers of reported cases should be evaluated in due time. In addition, the regional partitioning of the committees should be reconsidered.

— The consistency of the review system should be enhanced by further conceptualization of norms based on ‘case law’, themed meetings and meetings of the lawyers, physicians and ethicists of the committees, and by more efficient communication between the committees about special or controversial cases.

Note *: Support and Consultation for Euthanasia in the Netherlands (SCEN): an organisation that can be approached for an independent and skilful consultation.