

Palliative care and assisted dying in Belgium

a practitioner perspective

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1. Context
2. Numbers
3. Experiences

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1. Context

- 2002 : law permitting euthanasia
- Actual request
 - Competent patient
 - Medically hopeless situation
 - Continuous and unbearable suffering that cannot be alleviated
 - Voluntary request, repeated, no external pressure
- Advance directive
 - Irreversible unconsciousness
- Advice of second (or third) physician

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2. Numbers

- 2022: 2966 cases (2,5 % of all deaths)
- 70% > 70 yrs, 42 % > 80 yrs
- 50,5 % at home, 16,4 % home for the elderly
- 99,4 % actual request
- 82,7 % terminal patients
- 60 % cancer, 19,6 % polypathology, 9 % neurology
- 72,4 % physical + psychological, 25,4 physical suffering
- Second physician: 63,2 % GP, 34,8 % medical specialist

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3. Experiences – positive

- Talking about end of life easier
(although sometimes reductionistic: registration document city hall)
- Palliative care physician/teams involved in many euthanasia cases
- Locally / regionally GPs supporting peers
- Clear guidelines – technically okay

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4. Experiences – interpretation law

- Advance directive : coma during natural dying process?
- Unbearable suffering : according to the patient
- Psychological suffering : not easy to understand
- Medically hopeless: refusing treatment?
- Disease: poly pathology, world-weary, tired of living
- What about nurses' role?

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5. Experiences – challenge

- Paradigm shift:
 - Controllable life and death
 - Euthanasia as 'the new normal', as 'a right'
- Autonomy (and moral distress)
 - Of the patient
 - Of the family
 - Of the physician/nurses