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## Euthanasia and organ donation in Belgium

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Organ transplants are a matter of life and death for many patients in Canada, yet wait times are consistently long, so long that sometimes people die before a transplant can occur. While this is a troubling circumstance, not every effort to curb wait times is a positive development. For example, in Belgium, where euthanasia is legal, doctors are starting to take organs from euthanized patients in order to expedite wait times for patients awaiting transplants. A 2011 study of this process examining lung transplants and published in the *Journal of Applied Cardiopulmonary Pathophysiology* examines these transplants from a medical perspective with no consideration of the ethical pitfalls beyond the procedure involved. The authors' blithe examination of euthanasia patients as organ donors opens the door to the further abuse of dying patients for the purpose of organ donation.

By way of background, Belgium legalized euthanasia in 2002. Studies indicate that since then the country has slid down the proverbial slippery slope. A 2010 study of reporting procedures in Belgium found that doctors were reporting only 58 per cent of euthanasia deaths. (The study asked doctors anonymously about euthanasia deaths and then compared with the official statistics.) Almost 77 per cent of doctors who didn't report said they didn't because they didn't think what they did was euthanasia. [1] And while Belgian law says only doctors can end a patient's life, another 2010 study of nurses' involvement in assisted suicide found that nurses killed patients without their request, too. [2] Both show how the practice of euthanasia is difficult to control.

Given this reality, it's not hard to see how euthanasia will advance in scope, in spite of "safeguards" intended to limit the procedure. The very reason for attempting the lung transplants examined in the 2011 study was to find a new way to deal with the huge waiting lists for organ transplants. In an earlier (2010) paper, pediatrician Dr. Dominic Wilson and Professor of Ethics Julian Savulescu discuss options to increase the number of available organs. For example, they write, "...why should surgeons have to wait until a patient has died as a result of withdrawal of advanced life support or even simple life-prolonging medical treatment? An alternative would be to anaesthetize the patient and remove organs, including the heart and lungs." [3]

The 2011 peer reviewed study discusses organ transplants from four people who died by euthanasia. There were only four such transplants in the time studied. [4] These people were asked about organ donation following their request for euthanasia. Two people had multiple sclerosis, one had a neurological illness, and the other a mental illness.

The authors note that transplants from euthanized patients are better in the respect that organs can be transferred more quickly than from patients who die naturally. [5] Where euthanasia is accepted practice, and where simultaneously pressures exist to find new donors for waiting patients, this presents a problem. Will doctors respond to the need for new organs by killing patients more readily?

The study also suggests that doctors don't yet know how the massive amounts of barbiturates used to kill the donor patient affects their organs. State the authors: "on the other hand, a possible toxic effect on human lung tissue of a lethal dose of barbiturates given at the time of euthanasia is not yet known." [6]

To be fair, the authors of this report note, again, that these four patients were asked about organ donation only after they had requested and been approved for euthanasia. However, given that nurses, not doctors, have killed, which is against the law, the question remains whether other aspects of regulation won't easily be breached.

Belgium is a country to watch. It has crossed another frontier in taking organs from euthanized patients. What was once taboo is now accepted practice. When tens of thousands of people are waiting for organs, what's to stop doctors from encouraging people to die so they can save other lives with their organs? Once organs become more valuable than the sick body housing them, there's not much left to stop euthanasia from becoming an accepted way to enlarge the pool of organs available for donation.

## Endnotes

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[1] Smets, T., Bilsen, J., Cohen, J., Rurup, M.L., Mortier, F., Deliens, L. (2010). Reporting of euthanasia in medical practice in Flanders, Belgium: cross sectional analysis of reported and unreported cases. *BMJ* 2010; 341:c574. Retrieved July 7, 2011 from <http://www.bmj.com/content/341/bmj.c5174.full.pdf>

[2] Inghelbrecht, E., Bilsen, J., Mortier, F., Deliens, L. (2010). The role of nurses in physician-assisted deaths in Belgium. *CMAJ*, No. 185, pp. 905-910. Retrieved July 7, 2011 from <http://www.cmaj.ca/content/early/2010/05/17/cmaj.091881.full.pdf+html>

[3] Wilkinson, D. and Savulescu, J. (2010). Should we allow organ donation euthanasia? Alternatives for maximizing the number and quality of organs for transplantation. *Bioethics*, Iss. 25, p. 4. Retrieved July 6, 2011 from <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8519.2010.01811.x/pdf>

[4] Van Raemdonck, D., Verleden, G.M., Dupont, L., Ysebaert, D., Monbaliu, D., Neyrinck, A., Coosemans, W., Decaluwe, H., De Leyn, P., Nafteux, P., Lerut, T. (2011). Initial experience with transplantation of lungs recovered from donors after euthanasia. *Applied Cardiopulmonary Pathophysiology*. No. 15, pp. 33-48. Retrieved July 5, 2011 from [http://www.applied-cardiopulmonary-pathophysiology.com/fileadmin/downloads/acp-2011-1\\_20110329/05\\_vanraemdonck.pdf](http://www.applied-cardiopulmonary-pathophysiology.com/fileadmin/downloads/acp-2011-1_20110329/05_vanraemdonck.pdf)

[5] *Ibid.*, p. 44.

[6] *Ibid.*