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The illusion of limiting legalized euthanasia

So-called safeguards to limit the practice of legalized euthanasia don't work, a recent paper suggests

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Efforts to legalize assisted suicide and/or euthanasia typically include safeguards, intended to protect patients from abuse. Legislation allowing assisted suicide is controversial and so proposed limits often act as an encouragement for those who don't wholeheartedly support the idea; they envision that access will be highly regulated and therefore not subject to abuse. In Canada, for example, prior proposed bills have stated that a person would have to be "at least 18 years old" and "(suffer) from a terminal illness."

However, according to a recent article published in *Current Oncology* by Dr. José Pereira, Medical Chief of Palliative Care at Bruyère Continuing Care in Ottawa, safeguards are routinely ignored and/or abused. His review of the non-prosecuted violations of safeguards in the Netherlands, Belgium and the state of Oregon show that including safeguards in assisted suicide legislation is little more than drawing lines in the sand.

Dr. Pereira addresses the safeguards one by one. In the Netherlands, where assisted suicide and euthanasia were made legal in 2001, the law states that individuals must give written consent that they want to die. In spite of this, a 2005 study of deaths by euthanasia in the Netherlands found that almost 500 people are killed annually without their consent. Belgium has the same safeguard, nonetheless, a 2010 study found that in the Flemish part of the country, 32 per cent of euthanasia cases were carried out without request or consent. Some were cases where a person couldn't give consent due to their medical condition. Others were cases where a person could have given consent but didn't. In the latter cases, doctors proceeded with euthanasia because they felt it was in the best interest of the patient, or because they thought discussing it would be too harmful to the patient.

Another suggested safeguard is mandatory reporting: all cases of euthanasia must be reported to the proper authorities so that they can ensure the other safeguards are being followed. This safeguard is weak from the start. Why would a doctor abusing patients report his abuse to the authorities? Nonetheless, the Netherlands and Belgium have this requirement. But Dr. Pereira notes that in Belgium, nearly half of all cases aren't reported. (One study conducted a survey to estimate the actual number of

cases, and then compared those results to the number reported.) In the Netherlands, *at least* 20 per cent of all cases aren't reported. Not reporting what doctors are doing with regards to assisted suicide means that a doctor's office could be a dangerous place for a sick patient.

The third safeguard is that assisted suicide or euthanasia be carried out only by doctors. Yet a 2010 study of 120 Belgian nurses found that nurses administered life-ending drugs in 45 per cent of assisted suicide cases. The study also found that this was more likely when the hospital nurse was male and the patient was over 80. This requirement, on paper at least, gives only doctors the power to kill, ostensibly, once again, to ensure that power is not being abused. The reality is that Belgian nurses are also killing elderly patients without their consent.

The fourth safeguard is a second opinion. This safeguard requires that when your doctor approves you for assisted suicide or euthanasia, you must obtain a second opinion. This safeguard is included in assisted suicide legislation as standard when attempting to change the law, but easily circumvented once the law comes into force. For one, it is easy to find a second opinion that is merely a rubber stamp. In Oregon, public reports show that a physician tied to a pro-assisted suicide lobby group provided consultations in 58 of 61 cases of assisted suicide in Oregon. It appears that if you can't find a second doctor to approve your request, a lobby group will gladly provide one.

And even if the second opinion safeguard is not circumvented, the experience of the Netherlands once again shows how it has been abused. There, Dr. Pereira notes, "in 1998 in the Netherlands, 25 per cent of patients requesting euthanasia received psychiatric consultation; in 2010 none did." No longer is there any check in the Netherlands to make sure that a person requesting euthanasia isn't depressed. History shows that safeguards, however well intentioned, do not work. It seems the pressure to open the doors to make more people eligible for euthanasia has taken hold in the vast majority of jurisdictions where assisted suicide and euthanasia have been legalized. Once the law defines assisted suicide and/or euthanasia as a personal right, those who don't have this right and want it will push for the law to expand. In the Netherlands, for example, the initial reason for legalizing euthanasia was as a last resort for adults with terminal illness facing intolerable suffering. Today, newborn infants can be killed, even if the parents aren't in unanimous agreement. There's even a group in the Netherlands called "Out of Free Will" who ran a successful campaign that had the Dutch parliament debating a measure allowing anyone over 70 who is merely tired of life to die by euthanasia.

The idea of safeguards may sound comforting, but it's important to know that the globe over, they have not worked to protect patients. It seems those with good intentions have been steamrolled by others who either ignore the law, or use it as a stepping stone to broaden consent for euthanasia. Dr. Pereira's paper shows that safeguards have been abused in nearly every jurisdiction they've been tried.

Endnotes

Pereira, J. (2011). Legalizing euthanasia or assisted suicide: The illusion of safeguards and controls. *Current Oncology*, Vol. 18, No. 2. Retrieved May 18, 2011 from <http://www.current-oncology.com/index.php/oncology/article/view/883>