

The Right to Die in Dignity: Existing schemes in Europe

Briefing note by EHF

This paper outlines some key features of existing European schemes for euthanasia or assisted dying. We have focused on the legal basis for the scheme; the role of doctors; who can use the legislation (eligibility); and a note on any safeguards that are built into legislation, both for patients and those involved in decision-making. Finally, you can find links to websites where you can read more or make contact with schemes.

1 Belgium - Voluntary euthanasia and assisted suicide

Legal basis:

Euthanasia and assisted suicide remain offences. However the doctor will not be prosecuted if she/he demonstrates they meet the requirements of the law

Role of doctors:

Doctors are involved in both the assessment of patients seeking assistance, and helping to end life on request

Eligibility:

Patient must have a hopeless medical condition and experience unbearable physical or mental suffering

Safeguards:

The request for assistance must be from the patient; it must be in writing, well thought-out and be reiterated.

Websites:

- www.admd.be
- www.rws.be/web

2 Holland - Voluntary euthanasia and assisted suicide

Legal basis:

Termination of Life on Request and Assisted Suicide Act (TLRAS). Euthanasia remains a criminal offence. But doctors are exempted from criminal liability if they report their actions and show that they have satisfied the criteria in the act.

Role of doctors:

- must be satisfied that the patient's request is voluntary and well-considered
- must be satisfied that the patient's suffering is unbearable and there is no prospect of improvement
- inform the patient of his or her situation; and, after discussion, come to the conclusion that there is no other reasonable solution
- consult at least one other physician with no connection to the case; the consultant must see the patient and state in writing that the attending physician has satisfied the due criteria
- exercise due medical care and attention in terminating the patient's life or assisting in the suicide

Eligibility:

The original criteria (see above) set by TRLAS was that "suffering must be unbearable and have no prospect of improvement"; the concept of "irreversible loss of personal dignity" was added later.

Safeguards:

The doctor must report every instance of death from non-natural causes; this must be confirmed by a pathologist

A regional euthanasia review committee receives doctor and pathologist reports, plus that of the independent physician

The committee assesses whether the doctor has acted in accordance with the due care criteria; if the committee finds this not to be the case the committee reports to the regional health inspector and Public Prosecutor

Website: www.nvve.nl

3 Switzerland - assisted suicide

This entry refers to Dignitas, one of several assisted schemes in Switzerland

Legal basis:

In Switzerland the law criminalises anybody with "selfish motives" who helps someone to commit suicide. *Dignitas* is deemed not to have a selfish motive

Role of doctors:

A doctor is needed to prescribe the required drug. Assistance to commit suicide is provided by a *Dignitas* approved assistant.

Swiss doctors must be satisfied the person has:

- a disease which will lead to death (terminal illness), *and/or*
- an unendurable incapacitating disability, *and/or*
- unbearable and uncontrollable pain.

Eligibility:

In addition to the above criteria, in order to access the service of an accompanied suicide, someone has to:

- be a member of *Dignitas*, *and*
- be of sound judgement, *and*
- possess a minimum level of physical mobility (sufficient to self-administer the drug).

Safeguards:

Doctors need to have the support of two consultants confirming that patients meet *Dignitas* eligibility

Dignitas stresses the voluntary nature of the continuing request for assistance

Patients can change their mind at any stage in the process

Website: www.dignitas.ch