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To the Special Joint Committee on Physician-Assisted Dying
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your message of	your reference	our reference	Leuven, Belgium
-	-	20160210_euthanasia_canada	February 10, 2016

Subject: Lessons from the Belgian experience with euthanasia in patients with psychiatric illness

Attention: Co-Chairs – The Honourable Kelvin Kenneth Ogilvie and the Honourable Robert Oliphant

Dear Mr. Ogilvie and Mr. Oliphant,

Dear Committee members,

I learned from a visit of a Canadian delegation and through contacts with Canadian colleagues that you are currently discussing how to legalize euthanasia in Canada. This is why I wanted to share my views about our experience in Belgium, where we have, as you know, a euthanasia legislation since 2002. I specifically want to focus on euthanasia in patients with intolerable suffering due to a serious and incurable psychiatric illness, with no therapeutic perspective nor prospect of alleviation.

As a psychiatrist working in Belgium's largest large university hospital (Leuven), I am involved in evaluating and counseling patients who request euthanasia. I counsel and evaluate patients with terminal and non-terminal physical conditions, as well as patients with unbearable mental suffering due to a psychiatric condition. I am generally not opposed to our euthanasia legislation and agree

that patients suffering from psychiatric conditions should not be excluded from our legislation. However, extra precautions are urgently needed.

In my experience, the Belgian legislation allows for a careful and ethically founded practice of euthanasia of patients with a psychiatric illness, but does not offer sufficient guarantees for it. A conscientious, careful, and ethically founded practice is realized only if the physicians, hospitals and institutions involved apply standards, conditions and precautions above and beyond the legal requirements. These extra standards, conditions and precautions imply, for instance:

- a close collaboration with the institutional clinical ethics committee, which reviews and discusses each case in advance;
- a sufficiently long and thorough evaluation process with ample and frequent contacts between the physicians, as well as other professionals involved, and the patient;
- a careful consideration of the patient's context;
- the strict use of scientifically based standards to determine whether the legal criterion of lack of medical perspective has been met, guaranteeing that every reasonable treatment option or intervention to alleviate the suffering has been tried according to the state of the art;
- involvement of the family and/or important third parties;
- consultation and discussion amongst all physicians and caregivers involved;
- an imperative two-track approach, always combining the 'euthanasia track' with a parallel 'recovery track';
- and specific expertise in all aspects of the evaluation (expertise in the evaluation of decision making capacity, expertise in the evaluation of diagnosis and of the therapeutic options for the specific condition that leads to the unbearable suffering, psychotherapeutic expertise for the evaluation of the layers of meaning in a euthanasia request and of the influence of transference and countertransference).

Without these standards, conditions and precautions above and beyond the legal conditions, an ethically founded practice is not realized, leading to dramatic and avoidable deaths due to euthanasia, and traumatic loss for the next of kin. 13 years of Belgian experience and accumulating evidence from national and international media reports, scientific reports and personal contacts show that the majority of euthanasia requests and actual euthanasia cases are dealt with without sufficient regard for these extralegal but ethically and deontologically imperative conditions and

precautions. Based on my personal experience with the Belgian euthanasia legislation and the practice it invoked during these 13 years, I have developed the strong conviction that a more extensive and strict legal framework is needed for euthanasia in patients suffering from a psychiatric condition, which should incorporate these extralegal standards.

In response to another tragic case of euthanasia publicized in the Flemish media, I have recently publicly argued that we should legally require a committee-based multidisciplinary evaluation before euthanasia can be performed. The current system of post-factum review fails in this context. Moreover, the main reason for having only a post-factum evaluation (i.e. urgency) doesn't apply if the patient is not terminally ill, and even has a mean life expectancy of years or decades, as is the case in patients suffering from a psychiatric condition.

I hope that Canada and other countries that are considering legalizing euthanasia will avoid these pitfalls, which have dramatic consequences. The Belgian experience provides valuable lessons that could help realize a better legislation that offers sufficient guarantees for a careful and ethically founded practice in the context of euthanasia of people with psychiatric conditions.

I would be happy to elaborate on this further with the Committee or to answer any questions the Committee may have.

Yours sincerely,

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