- **Euthanasia deaths are *on the rise* in the Netherlands.**

The latest official survey from the Netherlands, reported in the Lancet (2012), shows that the overall levels of euthanasia and assisted suicide (2.8% of all deaths in 2010) are about the same now as they were in 2002, when euthanasia was legalised. However these figures are almost certainly an under-estimate of the true and growing incidence of medical killing in the Netherlands.

In the Netherlands, euthanasia is defined as the administering of lethal drugs by a physician with the explicit intention to end a patient's life on the patient's explicit request. As a result, official 'euthanasia' statistics do not record intentional death by "continuous sedation" and euthanasia deaths without explicit request. Under reporting is also common.

Therefore, if one digs a little deeper into the report, it is significant that in 2010 the number of doctors who ended the lives of their patients by "continuous deep sedation" now accounts for 12% of all deaths (c.f. 5.6% of all deaths in 2001); the ending of life without an explicit patient request still occurs in 0·2 of deaths; and 23% of the doctors (representing a slight increase) who administered euthanasia or performed physician assisted suicide did not report it.

(*ANALYSIS OF* B D Onwuteaka-Philipsen et al, "Trends in end-of-life practices before and after the enactment of the euthanasia law in the Netherlands from 1990 to 2010: a repeated cross-sectional survey," *The Lancet*, Published online July 11, 2012 http://dx.doi.org/10.1016/S0140-6736(12)61034-4.)

According to the 2011 report of the Region Euthanasia Review Committees, there were 3,695 reported cases of euthanasia or assisted suicide in 2011. This figure represents increase of 18% over the previous year, and is double the number in 2006.

There is documented evidence of euthanasia occurring without consent in jurisdictions where the practice has been legalised.

In the Netherlands, the ending of life without an explicit patient request still occurs in 0·2 of deaths. (B D Onwuteaka-Philipsen, 2012)

Another study found that 66 of 208 euthanasia deaths in the Flanders region of Belguim between June and November 2007 were without explicit request.
(Kenneth Chambaere, Johan Bilsen et al., "Physician-assisted deaths under the euthanasia law in Belgium: a population-based survey," *Canadian Medical Association Journal*, May 2010.)

- **Euthanasia laws and regulatory 'safeguards' are commonly ignored.**

  Half of all estimated cases of euthanasia in Flanders are not reported to the Federal Control and Evaluation Committee.
  (Tinne Smets, et al., "The Reporting of euthanasia in medical practice in Flanders, Belgium: cross sectional analysis of reported and unreported cases," *British Medical Journal*, 2010; 341:c5174.)

  Belgium's law on euthanasia allows only physicians to perform the act. A 2007 study found that the life-ending drugs were administered by nurses in 12% of the cases of euthanasia and in 45% of the cases of assisted death without an explicit request from the patient ('non' or 'in'-voluntary euthanasia). In both types of assisted death, the nurses acted on the physician's orders but mostly in the physician's absence.
  (Inghelbrecht et al., "The role of nurses in physician-assisted deaths in Belgium," *Canadian Medical Association Journal*, June 15, 2010; 182(9); 905-10.)

  Oregon's *Death With Dignity Act* requires physicians who believe that the judgment of a patient requesting assisted suicide is impaired by a psychiatric or psychological disorder (such as depression) to refer the patient for a psychological examination. Today, this rarely occurs. In 1998, the first year of the Oregon assisted suicide law, 11 of 24 people were sent for a psychiatric assessment. In 2010, only one of 65 people was referred for formal psychiatric or psychological evaluation.
  (*2010 Summary of Oregon's Death with Dignity Act.)*

- **Euthanasia has not been limited to 'consenting adults who are suffering unbearably without hope of relief.'**

  Euthanasia *is* occurring without patient consent (see above).

  Euthanasia *is* occurring amongst minors.

  - 2.7% of all deaths of children (between 1 and 17 years of age) in the Netherlands in 2001 were due to euthanasia. Decisions to actively end the lives of infants not dependent on life-sustaining treatment accounted for 1% of infant (<1 year of age) deaths.
    (A. Vrakking et al, "Medical end of life decisions for children in the Netherlands," *Archives of Pediatrics & Adolescent Medicine* 2005; 159:802-9; Vrakking et al, "Medical end of life decisions made for neonates and infants in the Netherlands. 1995-2001," *Lancet*, 2005: 365:1329-1331)

  - The Gronningen Protocol which has been approved by the medical and legal professions in the Netherlands, allows for the termination of a child's life (under age 12) where five requirements are properly fulfilled: the diagnosis and prognosis must be certain; hopeless

and unbearable suffering must be present; the diagnosis, prognosis, and unbearable suffering must be confirmed by at least one independent doctor; both parents must give informed consent; the procedure must be performed in accordance with the accepted medical standard.
(E. Verhagen and P. Sauer, "The Groningen Protocol — Euthanasia in Severely Ill Newborns," *The New England Journal of Medicine*, March 10, 2005, 352; 10.)

Euthanasia *is* occurring amongst people in early (or late) stages of dementia or chronic psychiatric illness.

- The Netherland's KNMG Physicians' Federation states that "Contrary to what is generally assumed, the Euthanasia Law includes provisions permitting assisted suicide for patients with psychiatric conditions and dementia."
  (*The Role Of The Physician In The Voluntary Termination Of Life*, 2011, p.40)

- The 2011 report of the Region Euthanasia Review Committees show that the number of psychiatric patients who died as a result of euthanasia in the Netherlands has risen from 2 in 2010 to 13 in 2011. Euthanasia for people with dementia rose to 49.

Euthanasia is regarded as a legitimate option for elderly people who are 'tired of life.'

- The KNMG believe that an accumulation of geriatric afflictions may also qualify as unbearable and lasting suffering within the meaning of the Termination of Life on Request and Assisted Suicide (Review Procedures) Act. (However, there must always be a medical basis in such cases, meaning that the patient must have a condition that is defined as a disease or combination of diseases/ailments.) "Vulnerability – extending to such dimensions as loss of function, loneliness and loss of autonomy – should be part of the equation physicians use to assess requests for euthanasia."
  (*ibid,* p.40)

- **The protection of a doctors' right to conscientiously object to participation in euthanasia or assisted suicide is under threat.**

The position of the KNMG Physicians' Federation is that if a physician is not prepared to consider a euthanasia request from patients, he *must* put the patient in touch with a colleague who does not have fundamental objections to euthanasia and assisted suicide. They believe that though there is no legal obligation to refer patients, there is a moral and professional duty to provide patients with timely assistance in finding a physician (for example, within the practice) who does not have fundamental objections to euthanasia and assisted suicide.
(*ibid,* p. 39)