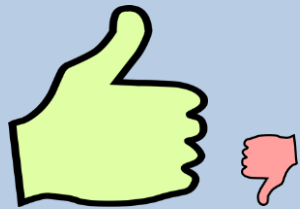
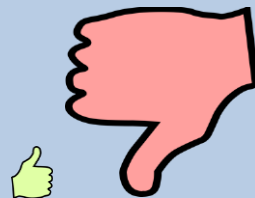


## The reality of assisted dying in Belgium



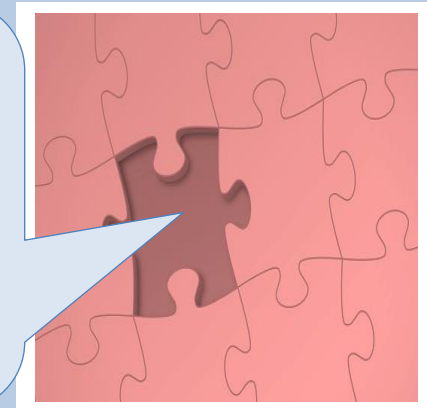
Assisted suicide and euthanasia have been legal since 2002. Logic assumes they will be closely adhering to the law



In reality, there are serious shortcomings in the practice and application of the law

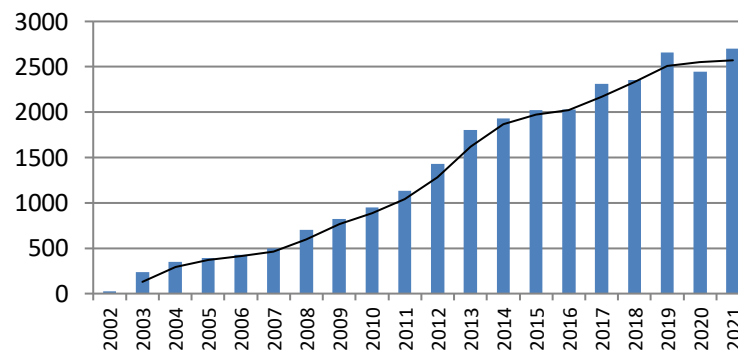
There are problems with <sup>1</sup>

- Monitoring doctor decisions
- Expanding eligibility criteria
- Failure to adhere to the law
- Unreported deaths
- Inadequate monitoring system



- **Eligibility for AD by refusing curative or life-prolonging treatment** makes physicians both medical experts and moral agents, creating a conflict.
- **Psychological Suffering Caused by a Psychiatric Condition:** exists without any consensus of legal guidance on how to define psychological suffering
- **Opinions of consulted physicians are not legally binding:** this means a dissenting doctor has no legal recourse to stop an assisted death
- **Monitoring medical decisions:** Reporting is not obligatory and non-legal resulting in unreported deaths. Non-legal and non-administrative body reports only once every 2 years
- **“This leads us to conclude that several of these shortcomings are structural and thus require more than simply increased oversight.”**<sup>1</sup>

Belgium: deaths from AD



- **Belgium is 26<sup>th</sup> in end-of-life care ranking, down 21 places since 2015**<sup>2, 3</sup>
- **Numbers continue to rise (x3.8 2008-2021).<sup>5</sup> BUT 48% of deaths go unreported.<sup>4</sup>**
- **Growth in palliative care services stalled since 2012**<sup>5</sup>
- **Psychiatric conditions eligible**<sup>6</sup>
- **Criteria expanded to allow children, even neonates, to be euthanised**<sup>7</sup>
- **Advance directives are used if person lacks capacity**<sup>6</sup>

### References

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