



No evidence that palliative care and euthanasia are compatible

The article on euthanasia and palliative care in Belgium¹ claims that ending life is a normal part of palliative care despite large gaps in the information provided. We are left in the dark over the extent and quality of care patients could expect, what choices were offered or how decisions were made. Cases were selected from death certificates which the authors have recently shown to seriously underestimate euthanasia in Belgium.² In a questionnaire to physicians, euthanasia was defined so vaguely this would cover almost any actual or perceived hastening of death with drugs. We do not know the drugs or doses used to end life. We are not told whether the euthanasia requests complied with Belgian law. We have no information why 66 patients did not have their request for euthanasia granted nor whether they died peacefully because of effective palliative care. Nearly half (43%) of those requesting euthanasia did not have cancer, but there is no information on their clinical state to answer why 55% needed 'palliative care services'. Those not requesting euthanasia were older, nearly twice as likely to have a non-cancer diagnosis and more likely to die in hospital or a nursing home. These differences indicate that the two groups were not comparable.

The authors' concept of palliative care bears scrutiny. They describe a 'reference person' in nursing homes as one aspect of palliative care, but this does not constitute support by a specialist, multidisciplinary palliative care team. The authors claim that palliative care hardly affected the granting of euthanasia and yet ignore their own data that 86% of patients using palliative care did not request euthanasia. Of the remaining 14%, there is no information on whether they experienced or were offered specialist palliative care or only met a 'reference person'. Only around half of both groups were referred to palliative care. In most cases, the reasons given for not referring were that existing care already addressed needs, it was not deemed meaningful or there was not enough time. These reasons indicate either a lack of palliative care

services or a lack of understanding among physicians about specialist palliative care.

The authors state that,

As the attending physician may not always be aware of whether palliative care services were involved or whether a patient ever made a euthanasia request to other health professionals, the rate of palliative care service use and euthanasia requests may have been underestimated.

This questions the validity of all their data and there is nothing in this study to show that specialist palliative care and euthanasia are complimentary.

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References

1. Dierickx S, Deliens L, Cohen J, et al. Involvement of palliative care in euthanasia practice in a context of legalized euthanasia: a population-based mortality follow-back study. *Palliat Med* 2018; 32(1): 114–122.
2. Cohen J, Dierickx S, Penders YWH, et al. How accurately is euthanasia reported on death certificates in a country with legal euthanasia: a population-based study. *Eur J Epidemiol* 2018; 33(7): 689–693.

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