

# Netherlands euthanasia and assisted suicide rates in 2010 comparable to rates before legalization

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After legalisation of euthanasia and assisted suicide by the Dutch government in 2002, the number of cases was found to have decreased in 2005. Although the frequency of euthanasia and assisted suicide in the Netherlands appears to have risen between 2005 and 2010 (largely due to the increase in the number of patient requests for euthanasia or assisted suicide), the fall in rates seen in 2005 means that levels of euthanasia and assisted suicide in 2010 were comparable to those before the Dutch euthanasia act was implemented in 2002.

[Euthanasia](#) (where a physician administers lethal drugs to a patient, with the explicit intention of ending the patient's life at their own request) and [assisted suicide](#) (where the patient self-administers lethal medication prescribed by a physician, with the intention of ending their own life) are legal in only three countries worldwide – the [Netherlands](#), Belgium and Luxembourg – although assisted suicide is legal in the US states of Oregon, Montana and Washington, as well as Switzerland. In the Netherlands, the practices are mostly undertaken in younger people, cancer patients, and in general practice rather than nursing homes and hospitals, a characteristic which remained stable over the two decades studied.

The researchers used a stratified sample of data from the central death registry of Statistics Netherlands, identifying deaths where it seemed possible that an end-of-life decision might have been made by the

patient or physician. They then sent questionnaires to physicians who had been involved in such cases, asking them whether they had made decisions such as withholding medication or administering drugs to hasten a patient's death.

The responses allowed the researchers to estimate how many deaths due to euthanasia or assisted suicide occurred in 2010, with the total number of euthanasia or assisted suicide cases being around 4050 (just under 3% of all deaths). Of all cases of euthanasia and physician-assisted suicide, 77% were reported to a Regional Euthanasia Review Committee. This is similar to the rate in 2005 and higher than the reporting rate before the euthanasia law came into force.

The authors point out that, contrary to worries expressed by critics of regulation of assisted dying, "the frequency of physicians ending a patient's life in the absence of an explicit request does not seem to be increased in countries where euthanasia is legalised. In the Netherlands it decreased significantly,"\* said lead author Professor Bregje Onwuteaka-Philipsen from the VU University [Medical](#) Centre, Amsterdam, the Netherlands.

In a Comment linked to the paper, Professor Bernard Lo of the Greenwall Foundation, New York, USA, said: "We commend Onwuteaka-Philipsen and colleagues for their careful, rigorous study, but additional information from in-depth interviews in cases that raise ethical concerns is needed. How do physicians think through these difficult cases? What key ethical or clinical concepts are uncertain, misunderstood, or might need modification? How do doctors talk with patients and families about these cases, and are there missed opportunities to improve such discussions?"

By answering these questions, physicians can improve the quality of care for dying patients and their families, irrespective of their views of

