Palliative Medicine 2003; **17:** 174

From Belgium

Dr Jean Loop Gent, Belgium

Dr Loop is a General Practitioner in Gent, Belgium, and Medical Officer to a palliative care home care service.

During the past year we discussed a lot here about the elaboration of a new law on euthanasia. Today the law exists, but the debate is still open.

As a matter of fact one can say that that law is the consequence of grass-roots Belgian policy (a majority of liberals, socialists and ecologists, while the christian-democrats are for the first time in 40 years in opposition). So now Belgium is at the forefront in that matter, I think it is our duty as doctors, whatever our personal views are, to assist and inform, the best we can, our patients who want to make use of the law.

Very often the request for euthanasia is based on fear, the fear of unbearable pain or symptoms that can not be relieved, fear of desperate and prolonged treatment, fear of being a burden on family and many other reasons.

But the request can also be based on ignorance, the ignorance of the patients (of all the possibilities palliative care can offer), but also the ignorance of many of the doctors (palliative care medecine is a very young science in our country).

So it is an urgent matter for those who have the experience in palliative care to teach and inform, as much as possible, their collegues and in the same way their patients.

In that way most of the requests for euthanasia (that mostly are requests for help) will be prevented.

But still some will remain, because palliative care sometimes fails and very few will ask to use their so-called and now legal right of self-determination.

And as the law prescribes that the treating doctor must ask a collegue to check that all legal conditions are satisfied, the question arises as to whether that should be a task for the palliative care team-doctors.

Then of course the danger is that palliative care – which already has a pejorative connotation in its name for most of the patients and some of the doctors – would moreover be associated with euthanasia (what is certainly not our intention). On the other hand it will bring an ideal opportunity to offer all the possibilities and experience of the palliative care team at that moment. The skills and knowledge of the palliative care team-doctors would then allow the patient and his treating doctor to make better and more informed choices in that difficult matter. It will introduce a 'palliative filter' and redefine the right of self-determination as a 'responsible autonomy'.

Thanks to that palliative filter (that is not explicitly named by the law), legalizing euthanasia would not (as mentioned in paragraph 4.7) lead to devaluation but on the contrary to a revaluation of palliative care.

When all alternatives and palliative possibilities are offered and used, then, and only then, euthansia will be considered as a way to relieve from unbearable suffering with the immediate death as consequence and not now as an intention to kill (as mentioned in paragraph 4.6). The doctor and the patient will feel better, not only legally, but also medically, psychologically and ethically.

Was there a need for a law?

The law certainly has the merit that it has re-opened the debate. And the debate has in turn shown the drawbacks of the law. My personal opinion is that a law on euthanasia could never be a good law, because it is impossible to make a law that will cover all possible situations when each case is so individually different. On the other hand the law will now legitimize situations that in the past were treated secretly, sometimes with the appropriate expertise, but sometimes not. It should allow the doctor to build in that palliative filter and to feel more supported (legally).

Anyway, as I mentioned before, it will be of huge importance to satisfy all conditions of carefulness and information.

10.1191/0269216303pm727oa