

From Belgium

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The authors should be congratulated for this excellent paper concerning their view on euthanasia and physician-assisted suicide.

During the past few years, the Belgian population has been confronted with a number of discussions, resulting in the recent vote in favour of legalizing euthanasia in May 2002.

This law was not supported by major Belgian professional organizations and it is quite clear that political motives were more important than a true concern about patient's rights or good medical practice. Palliative care workers often felt quite helpless in the debate, partly due to the lack of professional support and partly just being overwhelmed by the hasty but well-orchestrated campaign.

During this debate (of which the result was quite clear from the beginning), there has been much confusion (in my point of view intentionally) about the terms used. There has been a shameless confusion of the terms 'sedation, euthanasia, withholding futile treatment, relief of suffering, active and passive euthanasia'. The parties concerned (of which many have not even been heard in the Parliamentary commission) have been extremely successful in talking round the subject. In the meanwhile, the general public was given the impression that the opponents of the legalization were just stubbornly sticking to their old (catholic) beliefs and that the supporters were finally trying to liberate patients from needless suffering.

I am glad to see the Task Force points out that Belgium and the Netherlands are the only countries in the world where a law has been passed to legalize euthanasia. A false impression has been created in Belgium that we were one of the last countries in the world to allow people to suffer!

Furthermore, I am very satisfied to see all relevant terms neatly explained and especially the major difference between euthanasia and palliative sedation. In my country, some parties concerned have tried to put these two quite distinctive terms on the same line, creating further confusion in already confused minds.

Also, the (false) idea that every patient has unlimited access to palliative care has quite correctly been refuted in the paper of the Task Force. Even within the limits of our own general hospital, with a palliative care unit and a palliative support team we are confronted daily with the lack of training and knowledge of doctors, nurses and other workers. We have no illusions that the situation is far worse in many other hospitals and in general practice. The main reason for admission to the palliative care unit still is inadequate symptom control. Since symptom control remains the most basic and important task of palliative care, we have no illusions about the presence of the other skills.

Comparing the 1994 paper in the *European Journal of Palliative Care* and the present view, I can not help feeling that the position of the EAPC experts has been somewhat watered down. In the 1994 paper the final sentences were quite clear and straightforward: 'We should maintain an uncompromising stand against a law that would permit the administration of death', I cannot find such a sentence in the present paper. The present paper states in paragraph 4.5 that 'the provision of euthanasia and physician-assisted suicide should not be part of the responsibility of palliative care'. Although I could not agree more, I still have the feeling that a firmer stance might have been clearer. I am also afraid that any ambiguity in the paper might be misused by other parties.

Although euthanasia has now been correctly defined as 'killing' instead of 'termination of life' and the tone of the paper is quite clearly against legalization of euthanasia and physician-assisted suicide, I would have liked to see a clear stand against legalization in the present paper. The Belgian experience has taught us that – given the opportunity – we should not be afraid of clear stances, because the other parties have also shown their lack of reticence quite clearly. Palliative care workers should hold on to their caring attitude, but – once exposed in the ring – should not be afraid to show their teeth once in a while in order not to be eaten alive.