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Euthanasia, assisted suicide and non-resuscitation on request

Euthanasia is performed by the attending physician administering a fatal dose of a suitable drug to the patient on his or her express request. The relevant Dutch legislation also covers physician-assisted suicide (where the physician supplies the drug but the patient administers it). Palliative sedation is not a form of euthanasia: the patient is simply rendered unconscious with pain reducing drugs and eventually dies from natural causes.

What the law says

Euthanasia and assisted suicide are legal only if the criteria laid down in the Dutch Termination of Life on Request and Assisted Suicide (Review Procedures) Act are fully observed. Only then is the physician concerned immune from criminal prosecution. Requests for euthanasia often come from patients experiencing unbearable suffering with no prospect of improvement. Their request must be made earnestly and with full conviction. They see euthanasia as the only escape from the situation. However, patients have no absolute right to euthanasia and doctors no absolute duty to perform it.

Guidelines for euthanasia of semi-conscious patients

Sometimes, a patient may lapse into semi-consciousness just before a scheduled euthanasia. If there are still signs of suffering, the doctor may perform euthanasia despite the patient's lowered consciousness. This is laid down in guidelines on the subject prepared by the Royal Dutch Medical Association at the request of the Board of Procurators General of the Public Prosecution Office and the Healthcare Inspectorate. These guidelines on euthanasia of patients with lowered consciousness do not represent any implicit relaxation of the law; they are merely designed to provide guidance for physicians in this difficult situation.

Advance directives

Some people feel that they would wish euthanasia to be performed if they ever find themselves in a particular situation which they would now regard as unbearable and offering no prospect of improvement. Their best course of action is to discuss the situation they envisage with their family doctor and make a written directive covering those circumstances. Such advance directives define the precise circumstances in which the patients concerned would wish euthanasia to be performed. The document constitutes a request to the physician and must contain a clear and unambiguous expression of the patient's wishes.

Euthanasia and assisted suicide

Termination of life on request can take two forms. In the case of euthanasia, the physician administers a fatal dose of a suitable drug to the patient. In assisted suicide, by contrast, the physician supplies the lethal drug but the patient administers it. Both forms are covered by the Act and in both cases doctors must fulfil the statutory due care criteria. Every instance of euthanasia and assisted suicide must be reported to 1 of the 5 regional euthanasia review committees. The committee will judge if the physician has taken due care. If a physician fails to do so, he may be prosecuted. Penalties vary but may be as much as 12 years in prison for euthanasia and up to 3 years for assisting suicide.

Euthanasia and minors

Minors may themselves request euthanasia from the age of 12, although the consent of the parents or guardian is mandatory until they reach the age of 16. Sixteen and seventeen-year-olds do not need parental consent in principle, but their parents must be involved in the decision-making process. From the age of 18, young people have the right to request euthanasia without parental involvement.

Euthanasia and patients with dementia

For some people, the prospect of ever suffering from dementia may be sufficient reason to make an advance directive (living will). This can either be drawn up independently or discussed first with the family doctor. A physician can perform euthanasia on a patient with dementia only if such a directive exists, if statutory care is taken and if, in his opinion, the patient is experiencing unbearable suffering with no prospect of improvement.

Review committee

Doctors have a duty to report all unnatural deaths to the municipal pathologist. In cases of euthanasia, the latter then notifies a regional review committee. Such committees comprise, at the minimum, a medical doctor, an ethicist and a legal expert. The committee assesses whether the physician who performed the euthanasia has fulfilled the statutory due care criteria. The review committee procedure is intended to ensure greater transparency and consistency in the way cases are reported and assessed.

The procedure benefits both the Public Prosecution Service and physicians. The statutory criteria and the findings of the review committees tell doctors how their actions in particular cases are likely to stand up to legal, medical and ethical scrutiny.

Do not resuscitate medallion

A DNR (do not resuscitate) medallion indicates that the wearer does not want to be resuscitated in a medical emergency. The wearer's name, date of birth, signature and photograph are engraved on the medallion, so that it fulfils all the statutory requirements for an advance directive.

You can order a DNR medallion from the Dutch patients association, Patiëntenfederatie Nederland. DNR medallions issued by NVVE (a Dutch organisation that provides information and advice about euthanasia and assisted suicide) before 7 June 2017 are still valid.