Hearing before the Oireachtas Joint Committee on Assisted Dying:

"Protecting Vulnerable Individuals from Coercion"

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Opening statement

Assisted death laws: an inevitable threat to the lives of vulnerable people

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Dear Mister Speaker, Dear Members of Parliament, Ladies and Gentleman,

My name is Léopold Vanbellingen, I am a Doctor in Law at the University of Leuven and I work as Research Fellow at the European Institute of Bioethics. Our Institute is an independent research centre based in Brussels.

Over the past twenty years, the European Institute of Bioethics has developed expertise on the impact of assisted death laws on the protection of vulnerable people in society, particulary in the Belgian and Dutch contexts.

Our major observation is that, despite their alleged safeguards, each of these national laws rapidly tend to pose a threat to the lives of vulnerable people.

We can identify at least three categories of victims of this inescapable threat: firstly, elderly people who are dependent; secondly, people suffering from mental illness; thirdly, healthcare practitioners.

The first illustration of this trend is the elderly and the concept of polypathologies. This category now accounts for almost a fifth of officially reported euthanasia in Belgium. Among these pathologies, the Belgian Federal Control Committee mentions impaired eyesight, hearing problems, walking disorders, or incontinence. Although none of these conditions is a serious or terminal disease, these patients are nevertheless considered eligible for assisted death because of their suffering, that is related to the "loss of autonomy" or "social exclusion" – I quote the Commission.

From the very beginning, the Euthanasia Control Committees in Belgium, the Netherlands and Canada considered that the criterion of suffering should be assessed subjectively: what the patient says about his or her suffering should be considered as binding on the doctor, regardless of whether the patient's pain could actually be relieved, for example by palliative care.

Second illustration of this trend: assisted death for mental illness. In Belgium, in particular, there has been a constant increase in euthanasia of patients suffering from depression or other psychiatric conditions such as autism. Allow me to mention one such person: Shanti De Corte. Shanti was a young woman suffering from depression; she was one of the victims of the March 2016 terrorist attacks at Brussels airport. Shanti was already suffering from depression, but things did not improve after the attack. Two doctors eventually agree to end her life, and in May 2022, Shanti died by euthanasia at the age of 23.

Many psychiatrists question the definitively incurability of these mental illnesses, as required by euthanasia laws. But the problem is once again this subjective approach followed by every country that has permitted assisted death: as a doctor, even as a psychiatrist, who am I to judge that what the patient says about his or her own suffering is not sufficient to obtain euthanasia?

In fact, this raises another fundamental question: as a society, as a legislature, what support do we offer to people suffering from mental illness and wishing to die, in particular young people? This example highlights just how difficult it is to reconcile suicide prevention or, more broadly, care for vulnerable people, with the practice of euthanasia.

The third and last example of threat to vulnerable people is the impact of euthanasia laws on healthcare professionals. In theory, each of these laws protects healthcare professionals who conscientiously object to participating in euthanasia. But in practice, the individualistic and subjective nature of assisted dying leads to implicit or explicit forms of pressure on doctors and nurses to agree to be involved in the practice of euthanasia. One example is the latest amendment to the Belgian euthanasia law, which aims to force every hospital or nursing home to accept the practice of euthanasia within their walls. This trend is rapidly leading to healthcare practitioners becoming increasingly vulnerable, as they are forced to work in an environment where they are asked to do two completely contradictory tasks: caring for some patients and taking the lives of others.

Let me conclude by mentioning another legal factor that reinforces this threat to vulnerable people: the non-discrimination principle, which is quickly invoked by supporters of relaxing legal conditions, who attack legal safeguards by describing them as discriminatory.

In every western country that has decriminalized euthanasia, the combination of this subjective and individualistic perspective with the anti-discrimination perspective inevitably leads to a gradual extension of the law to situations that were not considered eligible initially and which particularly affect vulnerable groups: the elderly who is tired of living, the young person who suffers from mental illness, and ultimately, any person in a vulnerable situation who, at some point, considers that his or her life may not be worth living.

Thank you for your attention.

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