Euthanasia: an “kit” sold in Belgian pharmacies

In France, legislation adopted in 2005 recognises the right of dying patients to refuse further treatment, and the right of physicians to ease their suffering with treatments that, due to adverse effects, may shorten their life. Measures deliberately aimed at hastening death are forbidden.

In Belgium, medical euthanasia was decriminalised in 2002, and can now be carried out either in hospital or at home. Nearly 20 cases of euthanasia are reported per month in Belgium.

A Belgian pharmacy chain now markets a “euthanasia kit”.

In France, legislation on patients’ rights, adopted on 22 April 2005, stipulates that “when a person at an advanced stage or in the terminal phase of a severe and incurable health disorder, whatever the cause, decides to restrict or stop all treatment, the physician must respect this choice, after informing the patient of the likely consequences.” “If the physician finds that the patient’s suffering can only be alleviated (…) by the use of treatments that may shorten his or her life, he or she must inform the patient”. When treatments “appear pointless or disproportionate, or simply keep the patients alive artificially, they may be suspended or withheld” (1).

French law thus recognises that dying patients have the right to refuse to be treated, and that physicians have the right to ease their patients’ suffering with treatments that may shorten their life. Treatments explicitly intended to hasten death remain forbidden.

Belgium decriminalised medical euthanasia in 2002. The legal framework specifies how the decision should be made, how euthanasia should be carried out (in hospital or at home), as well as the epidemiological and legal implications (2, 3). In practice, the physician must know the person who wishes to die, must ensure that the choice was freely made, and must confirm the severity of the disorder and its incurable and unbearable nature. The physician must register the request, but is not personally obliged to carry out the procedure (2, 3). A single physician cannot judge the patient’s health status alone: he or she must request the opinion of another independent physician, and must discuss the case with the nursing team (and, at the patient’s request, with the family).

There is no need to be Belgian or to reside in Belgium in order to be eligible for euthanasia in this country.

Nearly 20 reports of euthanasia per month in Belgium. Between September 2002 and 31 December 2003, 259 cases of medical euthanasia were reported to the Belgian authorities. The procedure was carried out at home in 41% of cases (a) (4). In most cases (91%) it involved intravenous injection of thiopental (81.5%) or midazolam (10%), either alone or followed by curare (and, in these latter cases, by potassium chloride injection, in 7 cases) (4). Parenteral morphine was used in seven cases, alone or in combination with other drugs (4); an oral barbiturate was given either alone (5 cases) or followed by intravenous curare (1 case); and intravenous injection of thiopental (or a similar drug), was administered, followed by potassium chloride injection, without curare, in 5 cases (4). The review does not mention the drugs used in 4 cases.

In Belgium, physicians performing euthanasia at the patient’s home have to obtain the necessary drugs from a community pharmacy. According to the Belgian authorities, community pharmacists sometimes find it difficult to obtain these drugs (intended for hospital use) from wholesalers, even though the relevant legislation states that they should be available within 24 hours (4, 5).

The review also recommends that measures be taken to make it easier to obtain the drugs needed for euthanasia at home (4).

A ready-to-use kit. In April 2005, a Belgian pharmacy chain started to sell a “euthanasia kit” (6).

The kit contains materials for infusion and injection, three injectable drugs (midazolam 50 mg/10 ml, thiopental 1 g and vecuronium 10 mg), and instructions for use. The price is about 45 euros.

Although it is a logical consequence of the new legislation, the availability of this kit raises many questions, such as: whether the drug packaging is suitable for euthanasia; what happens to any drugs that are not used; and what the respective roles of physicians and pharmacists should be. Draft legislation drawn up in 2004 on the role of pharmacists and on the use and availability of drugs for euthanasia was adopted by the Belgian Senate in May 2005 (7). The Belgian Minister of Welfare and Public Health has announced that a task force has been commissioned to report on the situation and to make recommendations (5).

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Selected references from Prescrire’s literature search.