

## Lettre au CMAJ

Having spent a good portion of my 2011-2012 sabbatical year investigating assisted death practices in Belgium and the Netherlands, I want to react to recent letters to the CMAJ on the subject, especially the november 6<sup>th</sup> letter from Laval associate professor François Primeau. In the challenging debates on assisted death which will inevitably increase in the months and years to come, a first goal should be to set the basic facts straight, free from undue interpretation.

Assisted death policies in the three Bénélux (Belgium, the Netherlands and Luxembourg) countries that offer this choice, under strict guidelines, are not out of control, very far from it. After several months of investigation, interviews, in the Netherlands and in Belgium, and also in Switzerland, I come to the conclusion that the policy situation there is well under control in the implementation phases, after these countries have decided to liberalize their practices in democratic processes that are in no need of lessons from other countries. I am sorry for not being very original, since I come to the very same conclusions that the two most serious studies have found in those countries, the exhaustive study by Royal Society of Canada published in 2011 and the study from the Special Committee of the National Assembly of Québec published in 2012. Both of those reports were at least partly based on on site interviews in the countries involved.

The fact that in Belgium “not a single case (of wrongdoing)” has been reported to the Justice Department” by the Belgian Control Commission on assisted death is interpreted by Dr. Primeau as a sign, possibly even a proof, that the system of controls is not working there. Strange conclusions indeed, especially that the Commission was intentionally composed in part by opponents to the liberalization of assisted death, in order to assure its neutrality. Dr. Marc Englert, whom I interviewed at length, member of the control commission, would be very surprised by Dr. Primeau’s assertion that he and other members are not attending to their tasks with anything other than the highest professional standards.

True, there are still 20 % of assisted death are not reported in the proper manner, in the proper forms. In most, if not all cases, these are not assisted deaths permitted by the law, but practices such as terminal sedation, a common practice in most all developed countries. The discrepancies come partly from the fact there are really three categories of data to draw inferences from : the description of what was done by the physician, the category under which he classifies his actions (the second may be somewhat different from the first), and , finally, survey data coming from interrogating physicians on their last case of patient death, the

survey sometimes happening months after the last death attended to. Consensus among the physicians I interviewed is that, when the proper drugs are used, those permitted by the law, that is to say a barbiturate to induce deep sleep, and then, when necessary , a muscle relaxant, there is virtually a 100% report rate, in both the Netherlands and Belgium.

True, there are presently debates, particularly in the Netherlands, as to the appropriateness of extending assisted death to those senior citizens simply “tired of living”. But let us not confuse an illegal practice with a legitimate, democratic debate.

The opponents of assisted death should not become loose cannons, set to fire in all directions, in the hope that one flying bullet, against all odds, will find a mark. The opponents to assisted death have some valid arguments, but they are discrediting them in advance by their sometimes loose interpretation of what is happening in European jurisdictions who have made their choice on the subject and who are implementing these choices with integrity and professionalism.

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