

FACTSHEET 17: Voluntary Euthanasia in the Netherlands - MDEL Studies

See [Fact Sheet 4](#) for a summary of the practice of voluntary euthanasia in the Netherlands.

In 1990 the Dutch government appointed a commission to investigate the medical practice of euthanasia. The Commission, headed by Professor Remmelink, Solicitor General to the Supreme Court, established a comprehensive nation-wide study of "medical decisions concerning the end of life (MDEL)".

The following broad forms of MDEL were studied:

- Non-treatment decisions: withholding or withdrawing treatment in situations where treatment would probably have prolonged life;
- Alleviation of pain and symptoms: administering opioids in such dosages that the patient's life could be shortened;
- Euthanasia and related MDEL: the prescription, supply or administration of drugs with the explicit intention of shortening life, including euthanasia at the patient's request, assisted suicide, and life termination without explicit and persistent request.

The study was repeated in 1995 and is to be repeated again in 2001. The 1995 study made it possible for the first time to assess whether there had been harmful effects over time which might have been caused by the availability of voluntary euthanasia in the Netherlands. [The results of a comparable study carried out in Australia became available early in 1997. End-of-life medical decisions in two countries, one of which allows the practice of voluntary euthanasia in certain circumstances and one which does not, are compared. See [Fact Sheet 21](#).]

The studies gave the best estimate of all forms of MDEL (ie all treatment decisions with the possibility of shortening life) in the Netherlands as around 39% of all deaths in 1990 and 43% in 1995.

In the third category of MDEL, the studies gave the best estimate of voluntary euthanasia as 2300 persons (1.8% of all deaths) in 1990 and 3250 persons (2.4%) in 1995. The estimate for assisted suicide was about 0.3% in 1990 and in 1995. There were 0.8% without explicit and persistent request in 1990 and 0.7% in 1995. (In a majority of the latter cases the patient had earlier expressed a wish for voluntary euthanasia. In almost all of those cases the patient was no longer competent and death was hastened by a few hours or days.)

There were 8900 explicit requests for euthanasia or assisted suicide in the Netherlands in 1990 and 9700 in 1995. Less than 40% were proceeded with.

The results of the 1995 study do not support the claim that the Dutch are on a slippery slope. A number of factors have contributed to the increase of voluntary euthanasia and medically assisted suicide from 2.1% to 2.7% of total deaths in the five year period. Mortality rates increased as a consequence of the ageing of the population. The proportion of deaths from cancer increased as a consequence of a decrease in deaths from heart disease. Life-prolonging techniques became increasingly available and there were possibly generational and cultural changes in patients' attitudes. The slightly fewer cases of ending life without an explicit request may be a result of the increasing openness with which end-of-life decisions are discussed with patients.

The conclusion recorded in the abstract to the report on the 1995 study published in the New England Journal of Medicine in January 1997 was:

"Since the notification procedure was introduced, end-of-life decision making in the Netherlands has changed only slightly, in an anticipated direction. Close monitoring of such decisions is possible, and we found no signs of an unacceptable increase in the number of decisions or of less careful decision making."