

FACTSHEET 21: Voluntary Euthanasia in Australia and the Netherlands

Most of what is known about the practice of voluntary euthanasia in the Netherlands is based on two government sponsored nation-wide studies carried out there in 1990 and 1995 (see [Fact Sheet 4](#) and [Fact Sheet 17](#))¹.

A comparable study was carried out in Australia with the support of a grant from the National Health and Medical Research Council

Another comparable study was also carried out by the Department of Medical Sociology and Health Sciences, Belgium in 1988 ²

It is now possible to make a comparison of end-of-life medical practice in three countries with differing approaches to the practice of voluntary euthanasia. (The brief period from July 96 to March 97 during which voluntary euthanasia was legal in the Northern Territory, came after the data gathering period.)

Two of the countries have similar populations, 18 million in Australia and 15.3 million in the Netherlands. Flanders has a population of 5.9 million and comprises about 60% of the total population of Belgium.

The following comparisons of the percentage of all deaths are made:

	1995/6	1995	1998
	Australia	Netherlands	Flanders
Voluntary Euthanasia	1.7%	2.4%	1.1%
Physician Assisted Suicide	0.1%	0.2%	0.1%
Ending life without explicit request	3.5%	0.7%	3.2%
Withholding or withdrawing life prolonging treatment	28.6%	20.2%	16.4%
Alleviation of pain in sufficient dosage to be likely to hasten death	30.9%	19.1%	18.5%
Total	64.8%	42.6%	39.3%

The study revealed that in 30% of all Australian deaths, a medical end-of-life decision was made with the explicit intention of ending the patient's life. Only 4% were in response to a direct request from the patient. The authors of the Australian study conclude that:

"Australian law has not prevented doctors from practising euthanasia or making medical end-of-life decisions explicitly intended to hasten death without the patient's request."

Whatever criticisms of the studies are made, or interpretations offered, it is clear that the situation in Australia is less satisfactory than in the Netherlands, where there is more emphasis on the careful

regulation and monitoring of medical end-of-life decision-making. These studies strengthen the case for law reform in Australia to permit voluntary euthanasia under appropriate safeguards.

The results of a third report of medical end-of-life decisions in the Netherlands in 2001 are now available and they show, once again, that there is no evidence of a slippery slope 3. A few important facts arising from this survey are:

- Euthanasia accounted for 2.5% of all deaths in 2001, compared to 2.4% in 1995
- Physician assisted suicide accounted for 0.2% of all deaths in 2001, compared to 0.3% in 1995
- The reporting percentage for both these practises increased in 2001 to 54%, compared to that of 41% in 1995. This is in stark contrast to Australia where there is no reporting due to the necessarily covert nature of practice.

References:

1. Kuhse H, Singer P, Baume P, Clark M, Rickard M End-of-life decisions in Australian medical practice. *Med J Aust* 1997; 166: 191-6.
2. Luc Deliens, Freddy Mortier, Johan Bilsen et al. *End-of-life decisions in medical practice in Belgium, Flanders. The Lancet* 2000; 356: 1806-11. Comment by H. Kuhse on the latter article was published in the Belgium journal *Ethiek & Maatschappij*, le trimester 2001, Jahrgang 4, Nr. 1, April, pp. 98-106.
3. <http://image.thelancet.com/extras/03art3297web.pdf> "Euthanasia and other end-of-life decisions in the Netherlands in 1990, 1995, and 2001"