

FACTSHEET 24: Voluntary Euthanasia in the Netherlands from 2000

Voluntary euthanasia and doctor assisted suicide, though illegal in the Netherlands, were openly practised there for more than 25 years. (See [Fact Sheet 4 - Voluntary Euthanasia in the Netherlands to 1999.](#))

In November 2000, the Lower House of the Dutch Parliament approved a Bill to allow voluntary euthanasia and doctor assisted suicide in certain circumstances. The Upper House gave final approval to it in April 2001.

The new Act does not essentially change the grounds under which voluntary euthanasia and doctor assisted suicide was previously practiced in the Netherlands. However, the due care conditions defining these grounds are formulated somewhat more extensively. To incur no liability for punishment the doctor:

- (a) must be convinced that the patient has made a voluntary and well-considered request to die;
- (b) must be convinced that the patient is facing interminable and unendurable suffering;
- (c) must have informed the patient about his/her situation and prospects;
- (d) together with the patient, must be convinced that there is no other reasonable solution;
- (e) must have consulted at least one other independent doctor;
- (f) must have provided a written assessment of the due care requirements as referred to in points (a) to (d);
- (g) must have helped the patient to die with due medical care.

The five Regional Review Committees (see [Fact Sheet 4](#)) will continue to exist under the new law. These committees are composed of at least 3 members, a legal expert who is also the chairperson, a doctor and an expert in the field of ethics or philosophy. Under the new rules, however, an assessment that the above criteria were met will close the case. The Committees will forward their assessment of cases to the Public Prosecutor only where it is considered that the criteria were **not** met. The Public Prosecutor will retain the power to launch his/her own investigation if a criminal act is suspected, regardless of the Committee's assessment.

The Act gives legal status to advance requests for a hastened death should the patient become no longer competent, provided the above due care conditions are met.

The Act links up with existing legislation concerning medical conduct towards minors. Children of 16 and 17 can, in principle, make their own decision. Their parents must, however, be involved in the decision-making process.