

Netherlands, first country to legalize euthanasia

Last month, the Netherlands became the first country to decriminalize voluntary euthanasia. Under new legislation a doctor will not be prosecuted for terminating a person's life providing he or she is convinced that the patient's request is voluntary and well considered and that the patient is facing "unremitting and unbearable" suffering.

The doctor must have advised the patient of his or her clinical condition and have reached a firm conclusion with the patient that there is "no reasonable alternative". In addition, at least one other independent physician must have examined the patient and reached the same conclusion.

The legislation reached its final hurdle on 10 April when the Dutch senate voted by 46 votes to 28 to approve the bill. The vote was seen as a formality, after the lower house voted last autumn by 2:1 in favour of decriminalization.

There will be little change in practice, as Dutch doctors have offered euthanasia to terminally ill patients for at least two decades. In 1994, a law was introduced which obliged doctors to report any cases of euthanasia to the authorities, who would then decide not to prosecute if the doctor had followed certain guidelines. Euthanasia still remained a crime, however, carrying a maximum 12-year prison sentence.

The Royal Dutch Medical Association welcomed the move, saying it would resolve the "paradoxical legal situation" and ensure that doctors acting in good faith and with due care would not face criminal proceedings.

Although surveys show that the change in law is supported by 90% of the Dutch population, there were still angry protests outside the parliament building. In the weeks preceding the debate, the senate received over 60 000 letters urging legislators to vote against the bill. The mostly Christian protesters view the measure as an assault on the sanctity of life.

About 3000 cases of voluntary euthanasia are carried out each year in the Netherlands. Mr Rob Jonquierre, managing director of the Dutch Voluntary Euthanasia Society, believes that the new legislation will not lead to a massive increase in the number of cases. He told the *Bulletin*: "We may see more requests, as patients may find it easier to talk to a doctor about euthanasia knowing that the doctor will not now be committing a crime."

But he adds: "One of the main reasons for requesting euthanasia is fear of the dying process. So if patients are confident that a doctor won't refuse euthanasia at a future date this can be very reassuring and can give them the strength to continue."

Belgium could be the next country to change its laws on mercy killing, as a bill to partially decriminalize euthanasia is currently before parliament. In Belgium, 72% of the population is believed to support some sort of death on demand.

The issue of euthanasia is likely to remain high on the medicolegal or ethical agendas of many countries in coming years. One reason, according to some experts, is a growing insistence among patients in many countries on having the final say — in all senses of the word "final" — about their medical treatment.

Another reason is that people are living longer and because of medical advances increasing numbers are surviving with debilitating conditions, such as cancer and heart disease. However, some experts in palliative care argue that advances in palliative medicine mean that more patients should be able to live a pain-free life, thereby reducing the need for euthanasia.

Jonquierre believes it should not be an issue of palliative care vs euthanasia. "The best possible care should be given before the issue of euthanasia arises. However, a discussion of euthanasia should be part of the palliative care package." ■

Jacqui Wise, *London, UK*

Heated debate likely on plan for EU-wide health coordination

In a vote on 4 April, the European Parliament called for the creation of a European Health Coordination and Monitoring Centre (HCMC) — the cornerstone of a proposed new programme that would coordinate and streamline health policies across the 15 member states of the European Union (EU). At the same session, the Parliament also called for an almost 30% increase in funding — from € (euros) 300 million (US\$ 256 million) to € 380 million (US\$ 336 million) — for the programme, which would run from 2001 to 2006.

Officially termed "programme of community action in the field of public health", the new programme was first proposed last May by the European Commission, the EU's executive body. The Parliament is currently calling for a number of revisions.

The proposed programme would replace eight existing programmes, which each addresses a single public health topic, such as cancer, AIDS and other sexually transmitted diseases, rare diseases, pollution-related diseases, epidemiological surveillance, health education, injuries and accidents, as well as drug abuse.

The Commission's public health proposal, explains Member of Parliament Antonios Trakatellis, "is the first integrated EU venture in this sector. To date, important health topics have been dealt with in a piecemeal fashion, with different problems tackled mainly in isolation from each other". The main goal of the new programme, Trakatellis says, would be to collect and evaluate medical and epidemiological data across the EU, bookmark health-determining factors, including lifestyle, socioeconomic or environmental factors, and elaborate mechanisms by which one could respond rapidly and efficiently to health threats like, say, emerging infectious diseases.

The coordinating centre, the HCMC, that Parliament is calling for would be a clearing house for all types of public health data compiled from across the EU. It would gather data through national health agencies, monitor epidemiological trends and health inequalities, and come up with a catalogue of best health care practices to be provided to all EU citizens. "In order to collect and manage data, you need a functioning coordination centre, which simply wasn't there [in the initial proposal]," Trakatellis says.

In their vote, members of Parliament also included a wish-list of urgent issues the new programme should focus on: they include cardiovascular diseases, mental disorders, age-related neurodegenerative diseases, cancer, respiratory diseases, and AIDS and other sexually transmitted diseases. The Parliament also called for safeguards against exposure to electromagnetic fields and expressed the hope that research under the current WHO programme on magnetic fields would be supported.

The Parliament's revisions, says Trakatellis, would help ensure that this is a sound programme for the entire EU. "Ideally, it would cover just about everything related to public health. I consider it the beginning of a long journey toward the convergence of health policies and services among the member states."

Dr Marc Danzon, the director of the WHO Regional Office for Europe in Copenhagen, welcomes the EU proposal.