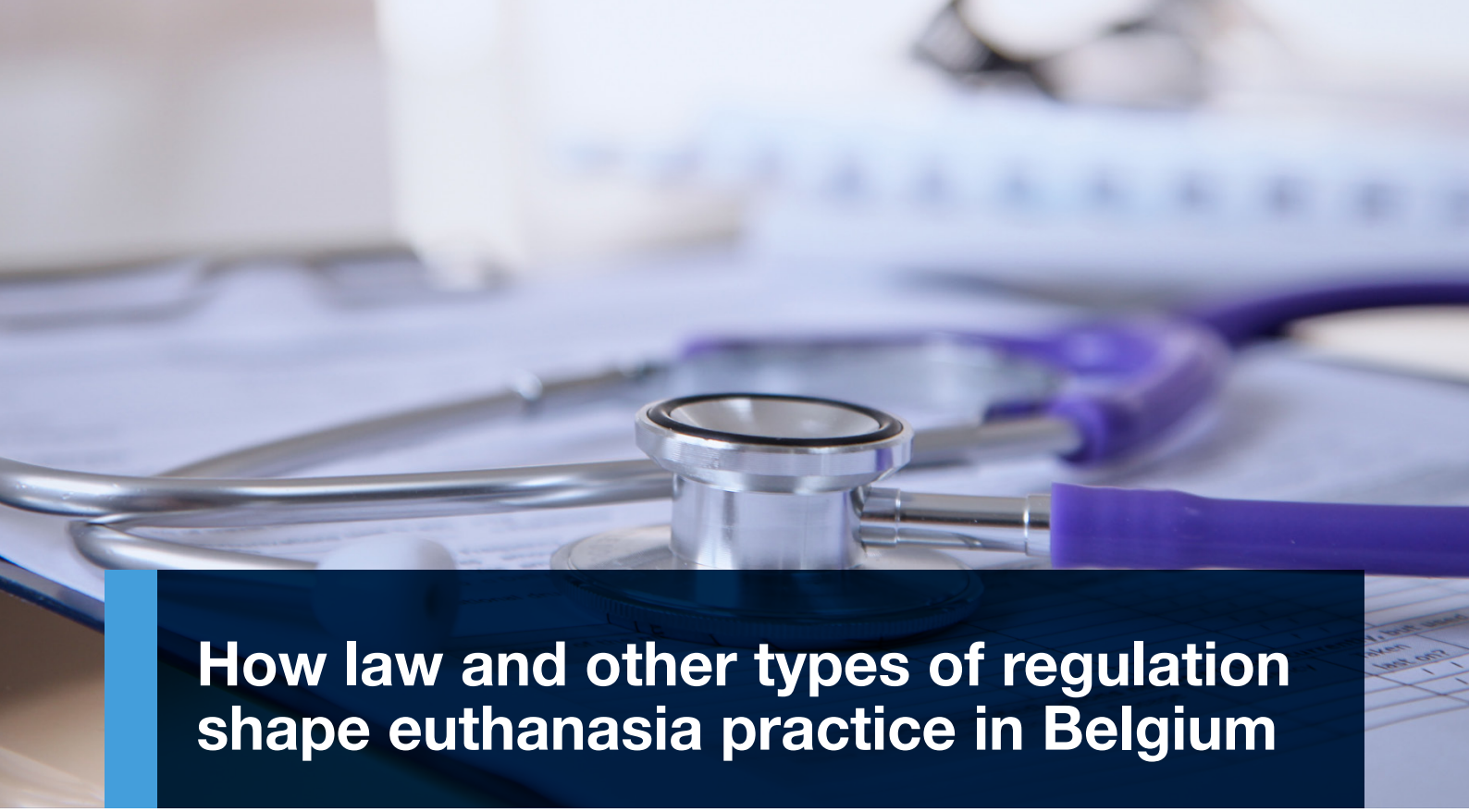

How law and other types of regulation shape euthanasia practice in Belgium

What is the research about?

- This research briefing is based on a PhD by publication. The PhD explores how regulation shapes euthanasia practice in Belgium, where it has been legal since 2002.
- The research identified **all the ways euthanasia is regulated which includes through laws, policies, and training**. It also identified how euthanasia regulation shapes health professionals' decision-making when they provide euthanasia.
- This research shows us **how euthanasia in Belgium works in practice and suggests ways to improve the system (and health professionals' and patients' experiences)**. This research also has lessons for other jurisdictions.

What did we do?

- Analysed academic literature to find out how euthanasia is regulated.
- Interviewed 20 health practitioners (doctors and nurses) who have been involved in providing euthanasia in Belgium. Some were very experienced, and some were less experienced. They described how regulation guides their practice and what challenges they experience when providing euthanasia.

What did we find?

1. The euthanasia law is viewed positively

Practitioners view the euthanasia law positively, appreciating that it both allows them to provide this option for eligible patients, and that it sets boundaries about who is eligible.

2. Euthanasia regulation is fragmented

The law on euthanasia is not the only influence on practice. Other organisations and documents also shape practice. This includes court decisions, professional associations and their guidelines (e.g. the Flemish Association for Psychiatry guidelines), hospitals and health networks through their policies, training programs (e.g. the Life End Information Forum (LEIF) training), system infrastructure (e.g. the declaration submitted to the Federal Control and Evaluation Commission (FCECE)), and advisory documents (e.g. FCECE reports). These often overlap by covering the same parts of practice.

QUT Australian Centre for Health Law Research
GHENT UNIVERSITY
VUB VRIJE UNIVERSITEIT BRUSSEL

3. The euthanasia law leaves some gaps

Practitioners said the law is not comprehensive or exhaustive. Instead, it leaves gaps that they need to fill. This means that:

- They rely on their professional judgement and experience.

Sometimes they appreciate having this **freedom and discretion**.

> **… the law gives us a lot of freedom actually… So the law is very liberal and gives us a lot of space in our patient-physician relationship. So they [the legislators] do not state in detail how it has to work...** *Practitioner 2*

Sometimes, this can make them feel **vulnerable**, because more freedom means less certainty that they are acting lawfully.

> **…they [the legislators] don't give enough guarantees of safety for performing … we are asking for a clarification of the law because it's not clear...** *Practitioner 9*

A criminal trial of three doctors increased these feelings. The trial led to a reduction in the euthanasia workforce and put a strain on participating services and practitioners.

> **If you see the numbers of performed euthanasia, then you see them growing every year and then the year of the trial, it went down a little bit. Now we are up [again]. So there was fear and there was reluctance. They stood back to perform.** *Practitioner 4*

- They **rely on information and guidance produced by other bodies**. Palliative Care Flanders and LEIF training, institutional policies, LEIF advice and resources, and palliative care teams translate the law into practice and give practical support.

> **[The LEIF guideline for physicians is] like the Bible we use, that's where you get your info [on providing euthanasia]. It's only 18 pages, but it's very clearly written, it has extremely detailed accounts of injecting, of which products you can absolutely not mix because they clog the lines. Practitioner 1**

- They **develop their own best-practice policies** for providing euthanasia. These are rules about optimal euthanasia practice not included in the law. For example, some physicians we spoke to always raise the topic of euthanasia in end-of-life discussions with patients. Others insist the patient raises euthanasia first.

4. Professional norms are a strong force for shaping practice

Practitioners talked about the legal requirement to report euthanasia cases to the FCECE. They said that if a physician chose not to report cases, to falsify the information reported, or to omit important details, the FCECE would not know.

> **… you can write in that document anything you want. You also need to fill in the short description of the advice of the independent physician, but it's not checked with what the independent physician actually wrote. So you can actually write down whatever you want. Or even say that there was an independent physician but there wasn't one…** *Practitioner 15*

However, all the physicians we spoke to do follow this requirement, and so do other physicians. This shows that other (non-legal) forces like professional obligations are influencing their decision to report cases.

5. Some parts of providing euthanasia are challenging

Practitioners are **frustrated that there is not a neutral forum for critiquing and improving euthanasia law and practice**. They worry that raising problematic issues could lead to the law being reversed, which should not happen. They would like a range of issues to be objectively evaluated, including whether the law
should be expanded.

> **I think before we enlarge the groups [for example, to individuals with advanced dementia], I think we should have a proper discussion about the problems nowadays. And before that evaluation, I think it's not a good idea to enlarge the groups.**
> *Practitioner 3*

They also said there are **knowledge gaps about euthanasia among their colleagues** and within the community. Key areas in need of improvement are around the technical administration of the assisted dying substance and the applicability of advance requests for euthanasia.

> **a weekly frustration is that they [physicians] are insufficiently educated and don't know how the legislation works. And still doctors who… think that an advance directive is enough [for a conscious patient to access euthanasia] …'**
> *Practitioner16 (translated)*

Practitioners said that **exercising 'due care' in the euthanasia assessment process means different things to different people** e.g. applying a "palliative filter" or not applying this. Because of the different interpretations, their colleagues and those in the community can sometimes be critical of the approach they, or their institution has taken to providing euthanasia.

What should happen next?

Practitioners called for the following four changes:

1. **a formal, objective evaluation of euthanasia law and practice to improve the existing law**. An independent body should be tasked with the review, and it should consult with providing practitioners. A key issue for the review to investigate is whether oversight and control mechanisms in the law need to be strengthened.
2. efforts to **improve community and practitioner knowledge of euthanasia.** In particular, the government should publish accessible information on the limited circumstances in which an advance request for euthanasia can operate and the implications of the criminal trial of three doctors for euthanasia providers.
3. **training on euthanasia, palliative care, and other end-of-life decisions to be mandatory** for all health practitioners (including physicians and nurses) involved in euthanasia.
4. more support for health practitioners to **manage the practical and psychological challenges** of providing euthanasia. This should include information about accessing existing support services.

QUT Australian Centre for Health Law Research
GHENT UNIVERSITY
VUB VRIJE UNIVERSITEIT BRUSSEL

For more information

This research briefing is based on Madeleine's Archer's PhD thesis, supervised by Professors Ben White, Lindy Willmott, Luc Deliens and Kenneth Chambaere, which includes:

- Archer, Madeleine, Kenneth Chambaere and Luc Deliens, 'Euthanasia in Belgium and Luxembourg' in Ben P White (ed), Research Handbook on Voluntary Assisted Dying Law, Regulation and Practice (Edward Elgar, 2025)
- Archer, Madeleine, Lindy Willmott, Kenneth Chambaere, Luc Deliens and Ben P White, 'Mapping Sources of Assisted Dying Regulation in Belgium: A Scoping Review of the Literature' [2023] *OMEGA - Journal of Death and Dying*
- Archer, Madeleine Lindy Willmott, Kenneth Chambaere, Luc Deliens and Ben P White, 'What Domains of Belgian Euthanasia Practice Are Governed and by Which Sources of Regulation: A Scoping Review' [2023] *OMEGA - Journal of Death and Dying*
- Archer, Madeleine et al, 'How Does Regulation Influence Euthanasia Practice in Belgium? A Qualitative Exploration of Involved Doctors' and Nurses' Perspectives' (2025) 33(1) *Medical Law Review* fwaf003
- Archer, Madeleine, Lindy Willmott, Kenneth Chambaere, Luc Deliens and Ben P White, 'Health Professionals' Perspectives on the First Belgian Euthanasia Criminal Trial: A Qualitative Study' (2015) *Medical Law International*
- Archer, Madeleine et al, 'Key Challenges in Providing Assisted Dying in Belgium: A Qualitative Analysis of Health Professionals' Experiences' (2025) 19 *Palliative Care and Social Practice* 26323524251318044
- Madeleine Archer's PhD thesis can be accessed via the following link: **https://eprints.qut.edu.au/255306/**

Contact: Dr Madeleine Archer, Postdoctoral Research Fellow, Australian Centre for Health Law Research, **mj.archer@qut.edu.au**.

Funding: This research was funded by an Australian Research Council Future Fellowship project (number 190100410) entitled 'Enhancing End-of-Life Decision-Making: Optimal Regulation of Voluntary Assisted Dying.'

More information about this project can be found here: **https://research.qut.edu.au/voluntary-assisted-dying-regulation/**

QUT Australian Centre for Health Law Research

GHENT UNIVERSITY

VUB VRIJE UNIVERSITEIT BRUSSEL