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Fake news on euthanasia and organ donation

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In an opinion paper published in this journal [1], Dr. Ely makes several statements on the legislation and clinical practice with regard to end-of-life care and organ donation in countries with a euthanasia law, that are not only untrue, but involve serious accusations, including the suggestion that physicians might no longer be on the side of healing, and murder. He insinuates that, now or in the near future, incapacitated patients could or will be euthanized for the purpose of organ harvesting, like they were used for protein food in some obscure science fiction novel. It will be clear to most readers that what Dr. Ely describes as imminent practice is indeed fiction.

Like in the Netherlands, Luxembourg, Colombia, and Canada, euthanasia has a legal framework in Belgium. The 2002 Belgian law [2] stipulates the conditions where euthanasia is exempt from legal prosecution: patients can only request euthanasia when they are (1) mentally competent, (2) have a medically incurable condition, and (3) are in pain or suffering that cannot be relieved. This request should be done willingly and repeatedly, should be evaluated by independent physicians, and is reviewed by an independent committee [3]. The law explicitly states that the request for euthanasia cannot be done under external pressure. The argument that people with disabilities “feel stigmatized and that society devalues their lives” is often heard but remains unfounded. Marieke Vervoort, Paralympic gold medal winner and triple world champion in wheelchair sprint, who suffers from progressive quadriplegia with unbearable and incurable pains, states that her agreement to end her life by lethal injection “has in fact helped extend it, by allowing her the freedom of choice to die peacefully and at the time she decides” [4]. Most cases of euthanasia are done for terminal illnesses, such as cancer.

Euthanasia is predominantly performed at home [3] and only 36% is done in hospitals. Because most critically ill patients cannot repeatedly express their will, and because of their dependence on vital life support, euthanasia in the intensive care unit (ICU) is rare, and seldom necessary. End-of-life practice in Belgian ICUs probably does not differ from that in countries without euthanasia laws. In the Ethicus-2 study [5], death without any limitation in life-supporting therapies was very uncommon in European ICUs. In 88.6% of patients who died, a decision to

withhold or withdraw therapy was made in advance. Active shortening of the dying process represented only 1% of death, which is a threefold reduction compared to 16 years before. In their position paper in 2014 [6], the then members of Belgian Society have argued that, in their opinion, this rare practice may sometimes be appropriate when made with due consideration for the wishes of the family members. Nevertheless, this action remains illegal, also in Belgium and the Netherlands.

Euthanasia laws are no path towards ‘death by organ donation’. By suggesting a link between the two, Dr. Ely puts a stigma on organ donation in countries with a euthanasia legislation, based on hearsay, without any knowledge of the actual practice. In Belgium, exceptional cases, where euthanasia was combined with subsequent organ donation have been reported [7]. In all these cases, the option of organ donation was not proactively presented to the patients. They made the altruistic decision to donate out of personal motivation. The procedure was similar to a donation after circulatory death (DCD) procedure. Euthanasia was performed outside the operating theater, following the legal procedure strictly. After cardiac death, patients were transported to the operating theater where organ procurement took place. This controlled DCD is legally and medically feasible, and ethically acceptable. The strict line between end-of-life decisions and the decision to donate organs was maintained.

‘Death by euthanasia’, the practice of organ procurement as a mode of euthanasia, is illegal in any country in the world. Even while ethicists debate on abandoning the ‘dead donor rule’, it is highly unlikely that laws violating this important principle will be implemented in the near or far future, because of major ethical concerns, and the detrimental effect it could have on the public perspective on organ donation and transplantation.

We live in an era where the public debate on many topics has become highly polarized, and social media battles are being fought with disputable means, including marked neglect and misinterpretation of facts. Such an approach has been demonstrated to be deadly for the serenity and the fairness of the debate. One would hope that the scientific debate could be spared of this, but unfortunately a new low has been reached. Mixing fiction and facts, and accusing colleagues of ‘murder by another name’, is probably not the best way to ‘learn from each other in a spirit of dialogue’.

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