

EUTHANASIA – Publication of the 2024 figures for euthanasia in Belgium

Brussels, 19 March 2025 – The Federal Commission for the Control and Evaluation of Euthanasia has today published the figures for reported euthanasia cases in Belgium in 2024. This data is now available on the Commission's website www.commissionneuthanasie.be, under the Publications section.

In 2024, 3991 euthanasia registration documents were received and reviewed by the Commission, marking a 16.6% increase compared with 2023. Euthanasia accounted for 3.6% of all deaths recorded in Belgium in 2024, compared to 3.1% in 2023 (source: Statbel, 20.01.2024).

The number of registration documents written in Dutch increased by 25%, while the number of registration documents written in French slightly decreased (949 in 2024, compared with 1001 in 2023). The Euthanasia Commission is unable to provide an explanation for this decrease.

The majority of patients concerned were over 70 (72.6%), of which 43.2% were over 80. Euthanasia in patients under the age of 40 remained rare (1.3%).

One euthanasia case involving a patient who was a minor was reported in 2024, bringing the total number of cases since the law was extended to minors in 2014 to six.

With regard to locations, 50.4% of euthanasia cases were carried out at home, confirming patients' tendency to wish to remain in a familiar environment. The proportion of euthanasia cases carried out in rest homes remained stable (17.6%), while there was a slight decrease in those carried out in the hospital environment (30.2%, of which 6.3% were in palliative care units compared to 32% (and 6.1%) in 2023).

The main pathologies that prompted requests for euthanasia remained as follows:

- Cancers (54% of cases)
- Polypathologies (26.8%) – increasing
- Serious neurological disorders (8.1%)
- Cardiovascular (2.6%) and respiratory (2.9%) conditions

Euthanasia cases for psychiatric conditions and cognitive disorders remain rare (1.4% for each category).

In 76.6% of cases, death was expected in the short term. However, euthanasia for patients for whom death was not expected in the short term continued to rise (932 cases in 2024, compared with 713 in 2023), mainly for patients affected by polypathologies.

Patients usually presented with multiple forms of suffering:

- 82.3% of patients were experiencing both physical and psychological suffering (compared with 76.2% in 2023).
- 15.8% were experiencing physical suffering only.
- 1.9% were experiencing psychological suffering only.

It is important to highlight that psychological suffering should not be confused with a psychiatric condition. It may be linked to a physical illness, such as a loss of autonomy or dignity due to advanced cancer.

Although thiopental has been back on the Belgian market since April 2024, the use of propofol continues to rise. Some doctors cite logistical difficulties linked to the use of thiopental (it is expensive, non-refundable and packaged in boxes of 10 doses).

General practitioners are the primary representatives of patients who want to request euthanasia, and are the main practitioners who carry out the procedure.

The number of euthanasia cases carried out on the basis of an advanced declaration halved in comparison to 2023 (9 cases, compared to 19 in 2023).

The Commission highlighted that the registration documents received met the essential requirements of the law:

- Voluntary, considered and repeated request made without external pressure.
- Serious and incurable medical condition, where the patient is in a medical situation without a medical solution.
- Constant, unrelievable and unbearable suffering caused by this condition.

No cases were forwarded to the Public Prosecutor.

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Since the start of 2025, steps have been taken to finalise the digitalisation of procedures (electronic declaration of euthanasia, request made by the Commission since 2014). However, the issue of improving the Commission's human and administrative resources remains.

The Commission is once again calling on the public authorities, in particular the ministers in charge of Public Health and Justice – equally responsible for the funding of the Commission – to take rapid, concrete measures.

The constant increase in registration documents requires suitable infrastructure and sufficient resources to ensure an efficient and rigorous assessment process.

The detailed figures for 2024 are available below and on the Commission's website www.commissioneuthanasie.be, under the Publications section.

Press contacts

FR

- **Jacqueline Herremans**, Lawyer
+32 (0)2 738 02 80
+32 (0)475 74 40 92
jacqueline.herremans@ljl.be
- **Dr Didier Giet**, Prof. General Medicine University of Liège - GP
+32 (0)4 382 15 18
d.giet@uliege.be

NL

- **Wim Distelmans**, Prof. Palliative Medicine VUB
+32 (0)475 67 14 51
Willem.Distelmans@uzbrussel.be
- **Luc Proot**, Surgeon
+32 (0)50 84 17 77
+32 (0)474 31 75 56
proot.luc@telenet.be

EUTHANASIA - Figures for 2024

These figures relate to the registration documents for euthanasia cases carried out between 1 January 2024 and 31 December 2024, reviewed by the Commission.

A more detailed analysis of euthanasia cases reported in 2024 will be presented in the Commission's next biennial report (containing data from 2024 and 2025).

In 2024, the Commission received 3991 registration documents. The number of registration documents received increased by 16.6% compared with 2023. The proportion of deaths by euthanasia reported in 2024 was 3.6% of all deaths recorded in our country (compared with 3.1% in 2023) (*source: Statbel 25.01.2024*).

Language of registration documents

The increase in registration documents is the most pronounced on the Dutch-speaking side, up +25% on the previous year. Conversely, there was a decrease in registration documents in French (949 in 2024 compared with 1001 in 2023), with no clearly identified cause and unlike the trends seen in previous years.

	TOTAL	3991	%
Dutch		3042	76.2
French		949	23.8

Patient gender

In 2024, the increase in the number of male patients turning to euthanasia was slightly greater than that of female patients. However, the distribution by gender has remained stable over the years (approximately **50%** for each gender).

	TOTAL	3991	%
Female		1989	49.8
Male		2002	50.2

Patient age

- 72.6% of patients were over 70, and 43.2% were over 80.
- Euthanasia in patients under the age of 40 remained rare (1.3%).
- The most common groups were those aged 70-79 and 80-89, with a notable increase in registration documents in these categories (+20% on average).

One euthanasia case was recorded for a patient who was a minor, bringing the total number of cases since the law was extended in 2014 to six.

	TOTAL	3991	%
Under 18 years		1	0.0
18-29 years		12	0.3
30-39 years		37	0.9
40-49 years		82	2.1
50-59 years		251	6.3
60-69 years		709	17.8
70-79 years		1173	29.4
80-89 years		1166	29.2
90-99 years		535	13.4
100 years and over		25	0.6

Location of the procedure

Following a drop in 2023, the number of euthanasia cases carried out at home increased again in 2024:

- 50.4% of procedures were carried out at home (2013 cases compared with 1664 in 2023).
- The percentage of euthanasia cases carried out in rest homes and rest and care homes remained stable (17.6% compared with 17.64% in 2023).
- Euthanasia cases carried out in hospitals decreased slightly (30.2%, of which 6.3% were in palliative care units in 2024 compared with 32% (and 6.1%) in 2023).

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	TOTAL	3990*	%
At home		2013	50.4
Hospital with PCU		1206	30.2
Hospital		955	23.9
Palliative care unit (PCU)		251	6.3
Rest Homes - Rest and Care Homes		701	17.6
Other		70	1.8

* The place of death was not stated in the case

Advance declarations

The number of euthanasia cases involving unconscious patients who had made an advance declaration halved in comparison to 2023 (9 in 2024 compared with 19 in 2023), and only accounted for 0.2% of all euthanasia cases.

These patients were primarily suffering from cancers, cardiac conditions, or a combination of the two and were in a state of irreversible unconsciousness.

Basis of the written request

	TOTAL	3991	%
Current request		3982	99.8
Advance declaration of euthanasia		9	0.2

Conditions

The main conditions that prompted requests for euthanasia were:

- Cancers: 54%
- Polypathologies (combination of chronic refractory conditions): 26.8%
- Diseases of the nervous system (e.g. ALS, Charcot's disease): 8.1%
- Diseases of the circulatory system (e.g. CVA): 2.6%
- Diseases of the respiratory system (e.g. pulmonary fibrosis): 2.9%
- Psychiatric conditions (e.g. personality disorders): 1.4%
- Cognitive disorders (e.g. Alzheimer's disease): 1.4%
- Diseases of the osteoarticular system (e.g. arthropathies, myopathies): 0.9%
- Other categories: 1.9%

Breakdown according to the category of conditions, all expected time of death durations included	TOTAL	3991	%
Tumours (cancers)		2156	54.0
Polypathologies (combination of several chronic refractory conditions)		1070	26.8
Diseases of the nervous system		322	8.1
Diseases of the respiratory system		114	2.9
Diseases of the circulatory system		105	2.6
Cognitive disorders (dementia)		56	1.4
Psychiatric conditions		55	1.4
Diseases of the osteoarticular system, muscles and connective tissue		36	0.9
Traumatic lesions, poisoning and certain other consequences with external causes		17	0.4
Diseases of the digestive system		12	0.3
Diseases of the genitourinary system		10	0.3
Symptoms, signs and abnormal clinical and laboratory findings not listed elsewhere		12	0.3
Endocrine, nutritional and metabolic diseases		7	0.2
Certain infectious and parasitic diseases		4	0.1
Congenital disorders and chromosomal abnormalities		5	0.1
Diseases of the eye and its appendages		4	0.1
Diseases of the blood and blood-forming organs and certain immune system disorders		4	0.1
Skin diseases and those of the sub-cutaneous cellular tissue		2	0

- The proportion of requests due to cancer decreased, but the total number of oncology patients increased, and they remained the largest group. Requests mainly concerned malignant tumours of the respiratory organs (e.g. lungs), digestive organs (e.g. pancreas, colon), breast and prostate.
- Polypathologies were the second most prevalent reason for euthanasia requests, and showed the most marked increase in 2024 (1070 patients - 26.8% in 2024 compared with 793 patients - 23.2% in 2023).
- Euthanasia due to psychiatric conditions increased very slightly (7 additional cases compared with 2023) and remained minimal (1.4% as in 2023). Euthanasia due to cognitive disorders increased slightly (15

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additional cases) but also remained stable (from 1.2% in 2023 to 1.4% in 2024). As with all the euthanasia cases reviewed, the legal conditions were met (considered and repeated request from a capable patient; medical situation without a medical solution; constant, unrelievable and unbearable suffering caused by a serious and incurable condition).

Expected time of death

In 76.6% of cases, the deaths were foreseeable in the short term.

The number of euthanasia cases for patients for whom death was not expected in the short term continued to rise (932 cases in 2024, compared with 713 in 2023). These patients were primarily suffering from polypathologies, while the death of patients with cancer is rarely considered not to be short term.

	TOTAL	3991	%
Not expected in the short term (not short)		932	23.4
Expected in the short term (short)		3059	76.6

		Short	Short
Breakdown according to the category of conditions, short term	TOTAL	3059	%/3059
Tumours (cancers)		2131	69.7
Polypathologies (combination of several chronic refractory conditions)		551	18.0
Diseases of the nervous system		160	5.2
Diseases of the circulatory system		68	2.2
Diseases of the respiratory system		97	3.2
Diseases of the digestive system		11	0.4
Diseases of the genitourinary system		10	0.3
Diseases of the osteoarticular system, muscles and connective tissue		7	0.2
Traumatic lesions, poisoning and certain other consequences with external causes		7	0.2
Other		17	0.6

		NOT short	NOT short
Breakdown according to the category of conditions, NOT short term	TOTAL	932	%/932
Polypathologies (combination of several chronic refractory conditions)		519	55.7
Diseases of the nervous system		162	17.4
Cognitive disorders (dementia)		54	5.8
Psychiatric conditions		53	5.7
Diseases of the circulatory system		37	4.0
Diseases of the osteoarticular system, muscles and connective tissue		29	3.1
Tumours (cancers)		25	2.7
Diseases of the respiratory system		17	1.8
Symptoms, signs and abnormal clinical and laboratory findings not listed elsewhere		12	1.3
Other		24	2.6

Suffering mentioned

82.3% of patients were experiencing both physical and psychological suffering (compared with 76.2% in 2023). This combination of suffering showed an increasing trend (2608 patients (76.2%) in 2023 compared with 3284 patients (82.3%) in 2024).

Physical suffering only decreased (15.8% in 2024 compared with 21.9% in 2023).

Psychological suffering only remained stable (1.9%).

🔥 An important distinction to note is that psychological suffering should not be confused with a psychiatric condition. It may be the result of either a psychiatric or a physical illness (e.g.: physical suffering relieved using pain relief but loss of autonomy or dignity related to an advanced cancer).

All forms of suffering were always the consequence of one or more serious and incurable conditions.

	TOTAL	3991	%
Physical and psychological suffering reported simultaneously		3284	82.3

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Physical suffering only	631	15.8
Psychological suffering only (resulting from both psychiatric and physical conditions)	76	1.9

Doctors consulted

General practitioners play a dominant role in euthanasia cases, both for the first opinion and for carrying out the procedure, a role that has become clear with the removal of anonymity in registration documents. They are the first doctors consulted when asking for a first opinion, and are also the first doctors that patients turn to when requesting euthanasia.

Training on end-of-life care is becoming increasingly widespread among the doctors consulted.

Qualification of the reporting doctor*

	TOTAL	3004	%
General Practitioner		2157	71.8
Specialist		845	28.1
Psychiatrist		3	0.1

* data available since the amendment to the Law of 27 March 2024 and the removal of anonymity

Qualification of doctors compulsorily consulted

Qualification of the first doctor compulsorily consulted			
	TOTAL	3991	%
General Practitioner		2563	64.2
Specialist		1339	33.6
Psychiatrist		89	2.2

End-of-life training TOTAL		
<i>61.1% of doctors consulted</i>	2438	%/2438
EOL-LEIF	1666	68.3
Trained in palliative care	367	15.1
EOL-LEIF and trained in palliative care	405	16.6

Qualification of the second doctor compulsorily consulted (death not expected in the short term)			
	TOTAL	932	%/932
Psychiatrist		446	47.9
Specialist		320	34.3
General Practitioner		166	17.8

End-of-life training TOTAL		
<i>49.7% of doctors consulted</i>	463	%/463
EOL-LEIF	409	88.3
Trained in palliative care	24	5.2
EOL-LEIF and trained in palliative care	30	6.5

Products used

Despite thiopental being returned to the Belgian market in April 2024, the use of propofol continued to rise.

Several doctors cite logistical barriers to the use of thiopental (it is relatively expensive, non-refundable and packaged in boxes of 10 doses).

	3991	%
Thiopental + neuromuscular paralysing agent by intravenous administration	1376	34.5
Thiopental only by intravenous administration	585	14.7
Propofol + neuromuscular paralysing agent by intravenous administration	1991	49.9
Barbiturates by oral administration	16	0.4
Morphine and/or anxiolytic + neuromuscular paralysing agent by intravenous administration	11	0.3
Other	12	0.3

Decisions

The Commission found that all the registration documents received met the essential requirements of the law, and none were forwarded to the Public Prosecutor.

- Voluntary, considered and repeated request made without external pressure.
- Serious and incurable medical condition, where the patient is in a medical situation without a medical solution.
- Constant, unrelievable and unbearable suffering caused by this condition.

No cases were forwarded to the Public Prosecutor.

The modifications made to the registration document in 2024 improved the quality of the information shared, in particular due to the partial removal of anonymity.

Actions of the Commission

	TOTAL	3991	%
Acceptance during the Commission's 1st session <i>No further information was requested</i>		3199	80.2
Acceptance during the Commission's 1st session but further information was requested from the doctor for administrative reasons		414	10.4
<i>Request for missing administrative data (e.g.: place of death, INAMI-RIZIV number, etc.)</i>		401	10.1
<i>Request for missing administrative data and informative comment on how the procedure and/or essential requirements sections were completed (e.g.: brief response but information either in the annexes or elsewhere in the document)</i>		13	0.3
Acceptance during the Commission's 1st session but informative comment sent to the doctor		219	5.5
<i>Form completed properly but informative comment only provided (e.g. method, time taken for the form to be sent)</i>		178	4.5
<i>Informative comment on how the procedure and/or essential requirements sections were completed (e.g.: brief response but information either in the annexes or elsewhere in the form)</i>		41	1.0
Requests for additional information from the doctor for clarification on the procedure carried out or on compliance with the essential requirements *		159	4.0
<i>Request for clarification on the procedure and/or the essential requirements</i>		101	2.5
<i>Request for clarification on the procedure and/or the essential requirements and informative comment only (e.g.: method, time taken for the form to be sent, etc.)</i>		33	0.8
<i>Request for clarification on the procedure and/or the essential requirements and request for missing administrative data</i>		22	0.6
<i>Request for clarification on the procedure and/or the essential requirements, request for missing administrative data and informative comment only (e.g.: method, time taken for the form to be sent, etc.)</i>		3	0.1

* All cases for which further information was requested were approved during the Commission's 2nd or 3rd session following explanations provided by the doctors.

Patients living abroad

120 patients living abroad (including Belgians) came to Belgium for euthanasia. As the removal of anonymity in the registration document was only implemented from March 2024 (following the Decree of 4 October 2022 of the European Court of Human Rights – ECHR), this is the minimum number, as stating the place of residence was not mandatory in the section that could be consulted by the Commission before this date.

This involves patients suffering from neurological conditions, tumours or polyopathologies.

63.3% of the deaths were expected in the short term. Most of the patients were aged between 60 and 79.

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Main countries of origin: France (106 patients), Germany, the Netherlands, Spain, the United Kingdom, Hungary, the United States, Italy and Portugal

Patients living abroad

	TOTAL	120	%/120
France		106	88.3
Germany		2	1.7
Netherlands		2	1.7
Belgians living in France		1	0.8
Belgians living in the USA		1	0.8
Belgians living in the Netherlands		1	0.8
Belgians living in Portugal		1	0.8
Belgians living in Germany		1	0.8
Belgians living in Italy		1	0.8
Spain		1	0.8
Hungary		1	0.8
Portugal		1	0.8
England		1	0.8

Conclusion

As in the 2022-2023 report, the figures for 2024 confirm the continued increase in the number of euthanasia registration documents.

Since this report was published (start of January 2025), steps have been taken by the Public Health services in order to complete the digitalisation of processes (electronic declaration of euthanasia, request made by the Commission since 2014). However, the issue of improving the Commission's human and administrative resources, as well as reviewing its members' remuneration, remains unresolved.

The Commission would therefore like to reiterate its call for public authorities, in particular the ministers in charge of Public Health and Justice – equally responsible for funding its operations and personnel (Art. 11 of the law on euthanasia) – to take rapid, concrete measures. It is a matter of the longevity of the Commission's essential missions and the capacity to meet citizens' expectations surrounding end-of-life issues.