

22 January 2025 - The Federal Commission for the Control and Evaluation of Euthanasia publishes its biennial report for 2022-2023

The Federal Commission for the Control and Evaluation of Euthanasia has today presented its biennial report for 2022 and 2023. This report provides a detailed statistical analysis of the application of the law on euthanasia in Belgium as shown by the review of registration documents, and also makes recommendations aiming to improve the management and modernisation of its processes.

Continued increase in euthanasia registration documents

In 2022-2023, 6389 euthanasia declarations were recorded (2966 in 2022 and 3423 in 2023), representing an average increase of 12% per year.

One notable trend is the gradual increase in declarations made in French, which today account for 29.4% of the total (compared with 70.6% in Dutch).

The Commission would like to point out that only procedures that intentionally end a life at the request of the patient, in accordance with Article 2 of the law, are considered to be euthanasia. The use of non-lethal or potentially lethal drugs, such as morphine, to relieve suffering, although they can bring about a more rapid death, do not fall under this definition.

The data shows that the majority of patients concerned were over 70 (70.3%), with a significant proportion of patients over 80 (42%). The largest group of patients was in the 80-89 age bracket (28.5%). Requests from patients under 40 remained very rare, accounting for just 1.2% of cases.

Only one euthanasia procedure carried out on a minor was recorded in 2022-2023.

Of the 6389 euthanasia cases reported, 80.8% involved cases where death was foreseeable in the short term.

The main conditions behind the requests for euthanasia were:

- Malignant tumours (cancers): 57.5% of cases,
- Polypathologies: 21.5%,
- Diseases of the nervous system: 9.3%,
- Diseases of the circulatory system: 3.4%,
- Cognitive disorders: 1.3%,
- Psychiatric conditions: 1.2%,
- Other causes, such as diseases of the osteoarticular system, diseases of the digestive system or traumatic lesions, accounted for 2.7% of cases.

Oncology patients were the largest group of patients requesting euthanasia, particularly when death was expected in the short term. These cases mainly concerned malignant tumours of the digestive organs, respiratory organs, breast, blood (lymphoma) and genital organs (female and male).

After cancer, the main reason behind requests for euthanasia remained polypathologies, particularly in patients for whom death was not expected in the short term. This group is becoming increasingly significant. Since the law entered into force, we have seen a consistent rise in the proportion of requests for euthanasia made by this group, reaching 23% in 2023. This percentage will continue to rise as polypathologies are associated with the ageing process that patients go through.

Euthanasia cases concerning psychiatric conditions (such as recurrent depression) or cognitive disorders (such as Alzheimer's disease) remain marginal, accounting for 2.5% of cases. As with all euthanasia cases, these met the legal conditions and were carried out with particular care.

In 74.4% of cases, patients were suffering from both physical pain and psychological suffering at the same time, as a direct consequence of one or more serious and incurable conditions.

The places where euthanasia cases were carried out also changed:

- 49.5% took place at home, indicating a substantial percentage decrease compared with previous years,
- 31.9% took place in hospitals, including in palliative care units,
- 17% took place in rest homes and rest and care homes, a proportion that increased slightly. It should be noted that, in almost all cases, the patient was living in the rest home.

The data also shows that fewer than 1% of euthanasia cases involved patients who had made an advance declaration.

Legally compliant practices

Press Release from the Federal Commission for the Control and Evaluation of Euthanasia - FCCEE

The Commission highlighted that the declarations 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.

Conclusion: an evolving practice

The detailed data in this report not only shows a consistent increase in registration documents, but also a variety of medical situations, patient profiles and locations where these procedures are carried out.

As in previous periods, no cases were forwarded to the Public Prosecutor in 2022 and 2023, demonstrating the health professionals' compliance with the law.

In its report, the Commission considers that over the past two years (2022-2023), the application of the law has not given rise to major difficulties or abuses that would require legislative initiatives.

Priority recommendations

To face current and future challenges, the Commission is proposing several essential measures:

1. **Improving the human and administrative resources**, which are currently insufficient to support the increase in cases.
2. **Reviewing the remuneration of the Commission's members** to recognise the complexity and volume of the work carried out.
3. **Completing the digitalisation of processes** to improve efficiency in the processing of declarations.

An ambitious vision for the future

The Commission is advocating for the creation of a **department dedicated to euthanasia**, which would bring together all administrative, scientific and communications skills required for modern-day management. This department would also enhance training, research and information on end-of-life care, with a coordinated outlook focused on patients' rights.

The Commission is calling on public authorities to act quickly to ensure the longevity of its essential missions and meet citizens' expectations surrounding end-of-life issues.

The full report is attached and is available on the www.commissioneuthanasie.be website, under the Publications section.

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Statistical data (2022-2023)

Number of euthanasia cases carried out and language breakdown

	2022	2023	TOTAL
TOTAL	2966	3423	6389
NL	2089 (70.4%)	2422 (70.8%)	4511 (70.6%)
FR	877 (29.6%)	1001 (29.2%)	1878 (29.4%)

Breakdown of patients by gender

	2022	2023	TOTAL
TOTAL	2966	3423	6389
Male	1494 (50.4%)	1662 (48.5%)	3156 (49.4%)
Female	1472 (49.6%)	1761 (51.5%)	3233 (50.6%)

Breakdown of patients by age

	2022	2023	TOTAL
TOTAL	2966	3423	6389
Under 18 years	0 (0%)	1 (0%)	1 (0%)
18-29 years	8 (0.3%)	8 (0.2%)	16 (0.3%)
30-39 years	27 (0.9%)	30 (0.9%)	57 (0.9%)
40-49 years	63 (2.1%)	83 (2.4%)	146 (2.3%)
50-59 years	217 (7.3%)	256 (7.5%)	473 (7.4%)
60-69 years	577 (19.5%)	625 (18.3%)	1202 (18.8%)
70-79 years	823 (27.7%)	980 (28.6%)	1803 (28.2%)
80-89 years	867 (29.2%)	952 (27.8%)	1819 (28.5%)
90-99 years	370 (12.5%)	467 (13.6%)	837 (13.1%)
100 years and over	14 (0.5%)	21 (0.6%)	35 (0.5%)

Location of euthanasia

	2022	2023	TOTAL
TOTAL	2966	3423	6389
At home	1498 (50.5%)	1664 (48.6%)	3162 (49.5%)
Hospital	943 (31.8%)	1096 (32%)	2039 (31.9%)
<i>Including palliative care unit*</i>	231 (7.8%)	209 (6.1%)	440 (6.9%)
Rest Homes - Rest and Care Homes	486 (16.4%)	601 (17.6%)	1087 (17%)
Other	39 (1.3%)	62 (1.8%)	101 (1.6%)

Basis of the written request

	2022	2023	TOTAL
TOTAL	2966	3423	6389
Current request	2947 (99.4%)	3404 (99.4%)	6351 (99.4%)
Advance declaration of euthanasia	19 (0.6%)	19 (0.6%)	38 (0.6%)

Expected time of death

	2022	2023	TOTAL
TOTAL	2966	3423	6389
Expected in the short term (short)	2453 (82.7%)	2710 (79.2%)	5163 (80.8%)
Not expected in the short term (not short)	513 (17.3%)	713 (20.8%)	1226 (19.2%)

Conditions prompting the request for euthanasia

	2022	2023	TOTAL
Breakdown in % according to the category of conditions, all expected time of death durations included			
TOTAL	2966	3423	6389
Tumours (cancers)	1776 (59.9%)	1899 (55.5%)	3675 (57.5%)
Polypathologies (combination of several chronic refractory conditions)	582 (19.6%)	793 (23.2%)	1375 (21.5%)
Diseases of the nervous system	264 (8.9%)	330 (9.6%)	594 (9.3%)
Diseases of the circulatory system	109 (3.7%)	110 (3.2%)	219 (3.4%)
Diseases of the respiratory system	88 (3%)	103 (3%)	191 (3%)
Cognitive disorders (dementia)	42 (1.4%)	41 (1.2%)	83 (1.3%)
Psychiatric conditions	26 (0.9%)	48 (1.4%)	74 (1.2%)
Diseases of the osteoarticular system, muscles and connective tissue	16 (0.5%)	23 (0.7%)	39 (0.6%)
Traumatic lesions, poisoning and certain other consequences with external causes	13 (0.4%)	22 (0.6%)	35 (0.5%)
Diseases of the digestive system	16 (0.5%)	12 (0.4%)	28 (0.4%)
Diseases of the genitourinary system	8 (0.3%)	11 (0.3%)	19 (0.3%)
Symptoms, signs and abnormal clinical and laboratory findings not listed elsewhere	5 (0.2%)	10 (0.3%)	15 (0.2%)
Certain infectious and parasitic diseases	7 (0.2%)	4 (0.1%)	11 (0.2%)
Diseases of the eye and its appendages	3 (0.1%)	8 (0.2%)	11 (0.2%)
Endocrine, nutritional and metabolic diseases	4 (0.1%)	4 (0.1%)	8 (0.1%)
Congenital disorders and chromosomal abnormalities	3 (0.1%)	4 (0.1%)	7 (0.1%)
Diseases of the blood and blood-forming organs and certain immune system disorders	3 (0.1%)	1 (0%)	4 (0.1%)
Diseases of the ear and mastoid process	1 (0%)	0 (0%)	1 (0%)

	2022	2023	TOTAL
Breakdown in % according to the category of conditions, NOT short term			
TOTAL	513	713	1226
Polypathologies (combination of several chronic refractory conditions)	239 (46.6%)	372 (52.2%)	611 (49.9%)
Diseases of the nervous system	114 (22.2%)	141 (19.8%)	255 (20.8%)
Cognitive disorders (dementia)	41 (8%)	35 (4.9%)	76 (6.2%)
Psychiatric conditions	24 (4.7%)	48 (6.7%)	72 (5.9%)
Diseases of the circulatory system	33 (6.4%)	35 (4.9%)	68 (5.5%)
Tumours (cancers)	16 (3.1%)	18 (2.5%)	34 (2.8%)
Diseases of the osteoarticular system, muscles and connective tissue	15 (2.9%)	18 (2.5%)	33 (2.7%)
Diseases of the respiratory system	8 (1.6%)	15 (2.1%)	23 (1.9%)
Traumatic lesions, poisoning and certain other consequences with external causes	7 (1.4%)	9 (1.3%)	16 (1.3%)
Diseases of the eye and its appendages	1 (0.2%)	8 (1.1%)	9 (0.7%)
Symptoms, signs and abnormal clinical and laboratory findings not listed elsewhere	3 (0.6%)	6 (0.8%)	9 (0.7%)
Congenital disorders and chromosomal abnormalities	3 (0.6%)	3 (0.4%)	6 (0.5%)
Diseases of the digestive system	3 (0.6%)	2 (0.3%)	5 (0.4%)
Certain infectious and parasitic diseases	2 (0.4%)	1 (0.1%)	3 (0.2%)
Endocrine, nutritional and metabolic diseases	1 (0.2%)	2 (0.3%)	3 (0.2%)
Diseases of the genitourinary system	1 (0.2%)	0 (0%)	1 (0.1%)
Diseases of the ear and mastoid process	1 (0.2%)	0 (0%)	1 (0.1%)
Diseases of the blood and blood-forming organs and certain immune system disorders	1 (0.2%)	0 (0%)	1 (0.1%)

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	Short 2022	Not short 2022	Short 2023	Not short 2023	Total short	Total not short
Breakdown in % according to the category of conditions and according to the expected time of death						
TOTAL	2453	513	2710	713	5163	1226
Tumours (cancers)	1760 (99.1%)	16 (0.9%)	1881 (99.1%)	18 (0.9%)	3641 (99.1%)	34 (0.9%)
Polypathologies (combination of several chronic refractory conditions)	343 (58.9%)	239 (41.1%)	421 (53.1%)	372 (46.9%)	764 (55.6%)	611 (44.4%)
Diseases of the nervous system	150 (56.8%)	114 (43.2%)	189 (57.3%)	141 (42.7%)	339 (57.1%)	255 (42.9%)
Diseases of the circulatory system	76 (69.7%)	33 (30.3%)	75 (68.2%)	35 (31.8%)	151 (68.9%)	68 (31.1%)
Diseases of the respiratory system	80 (90.9%)	8 (9.1%)	88 (85.4%)	15 (14.6%)	168 (88%)	23 (12%)
Cognitive disorders (dementia)	1 (2.4%)	41 (97.6%)	6 (15%)	35 (85%)	7 (8.4%)	76 (91.6%)
Psychiatric conditions	2 (7.7%)	24 (92.3%)	0 (0%)	48 (100%)	2 (2.7%)	72 (97.3%)
Diseases of the osteoarticular system, muscles and connective tissue	1 (6.3%)	15 (93.8%)	5 (21.7%)	18 (78.3%)	6 (15.4%)	33 (84.6%)
Traumatic lesions, poisoning and certain other consequences with external causes	6 (46.2%)	7 (53.8%)	13 (59.1%)	9 (40.9%)	19 (54.3%)	16 (45.7%)
Diseases of the digestive system	13 (81.3%)	3 (18.8%)	10 (83.3%)	2 (16.7%)	23 (82.1%)	5 (17.9%)
Diseases of the genitourinary system	7 (87.5%)	1 (12.5%)	11 (100%)	0 (0%)	18 (94.7%)	1 (5.3%)
Symptoms, signs and abnormal clinical and laboratory findings not listed elsewhere	2 (40%)	3 (60%)	4 (40%)	6 (60%)	6 (40%)	9 (60%)
Certain infectious and parasitic diseases	5 (71.4%)	2 (28.6%)	3 (75%)	1 (25%)	8 (72.7%)	3 (27.3%)
Diseases of the eye and its appendages	2 (66.7%)	1 (33.3%)	-	8 (100%)	2 (18.2%)	9 (81.8%)
Endocrine, nutritional and metabolic diseases	3 (75%)	1 (25%)	2 (50%)	2 (50%)	5 (62.5%)	3 (37.5%)
Congenital disorders and chromosomal abnormalities	-	3 (100%)	1 (25%)	3 (75%)	1 (14.3%)	6 (85.7%)
Diseases of the blood and blood-forming organs and certain immune system disorders	2 (66.7%)	1 (33.3%)	1 (100%)	-	3 (75%)	1 (25%)
Diseases of the ear and mastoid process	-	1 (100%)	-	-	-	1 (100%)

Suffering mentioned

	2022	2023	TOTAL
TOTAL	2966	3423	6389
Physical and psychological suffering reported simultaneously	2147 (72.4%)	2608 (76.2%)	4755 (74.4%)
Physical suffering only	753 (25.4%)	749 (21.9%)	1502 (23.5%)
Psychological suffering only* (resulting from both psychiatric and physical conditions)	66 (2.2%)	66 (1.9%)	132 (2.1%)

*For example: A cancer patient whose physical suffering is soothed by pain relief may feel only psychological suffering such as a loss of autonomy or a loss of dignity.

Qualification of doctors compulsorily consulted

	2022	2023	TOTAL
Qualification of the first doctor compulsorily consulted			
TOTAL	2966	3423	6389
General Practitioner	1875 (63.2%)	2142 (62.6%)	4017 (62.9%)
Specialist	1031 (34.8%)	1194 (34.9%)	2225 (34.8%)
Psychiatrist	60 (2%)	87 (2.5%)	147 (2.3%)

End-of-life training/% of first doctors consulted

EOL-LEIF	1112 (37.5%)	1313 (38.4%)	2425 (38%)
Trained in palliative care	317 (10.7%)	362 (10.6%)	679 (10.6%)
EOL-LEIF and trained in palliative care	146 (4.9%)	234 (6.8%)	380 (5.9%)

Qualification of the second doctor compulsorily consulted (death not expected in the short term)

	2022	2023	TOTAL
TOTAL	512*	713	1225
Psychiatrist	283 (55.2%)	365 (51.2%)	648 (52.9%)
Specialist	229 (44.6%)	348 (48.8%)	577 (47.1%)

*A patient has officially refused to consult a second doctor

End-of-life training/% of second doctors consulted

EOL-LEIF	168 (32.8%)	236 (33.1%)	404 (33%)
Trained in palliative care	14 (2.7%)	23 (3.2%)	37 (3%)
EOL-LEIF and trained in palliative care	12 (2.3%)	11 (1.5%)	23 (1.9%)

Products used*

	2022	2023	TOTAL
TOTAL	2966	3423	6389
Thiopental + neuromuscular paralyzing agent by intravenous administration	1844 (62.2%)	1246 (36.4%)	3090 (48.4%)
Thiopental only by intravenous administration	936 (31.6%)	594 (17.4%)	1530 (23.9%)
Propofol + neuromuscular paralyzing agent by intravenous administration	148 (5%)	1550 (45.3%)	1698 (26.6%)
Barbiturates by oral administration	16 (0.5%)	6 (0.2%)	22 (0.3%)
Morphine and/or anxiolytic + neuromuscular paralyzing agent by intravenous administration	11 (0.4%)	20 (0.6%)	31 (0.5%)
Other	11 (0.4%)	7 (0.2%)	18 (0.3%)

*Euthanasia is usually carried out in several stages. Induction of unconsciousness, most commonly using a barbiturate (e.g.: Thiopental or Propofol), possibly followed by a neuromuscular paralyzing agent (curare), sometimes following a sedative (e.g.: Midazolam); this is then followed by a cardio-pulmonary arrest.

Commission Decisions

	2022	2023	TOTAL
TOTAL	2966	3423	6389
Straightforward acceptance	2210 (74.5%)	2534 (74%)	4744 (74.3%)
Opening of section I for administrative reasons	339 (11.4%)	453 (13.2%)	792 (12.4%)
Opening of section I for comment(s) only	264 (8.9%)	260 (7.6%)	524 (8.2%)
Opening of section I for specifications about the procedure followed or compliance with the conditions	153 (5.2%)	176 (5.1%)	329 (5.1%)
Forwarded to the Public Prosecutor	0	0	0

- *Straightforward acceptance* means that all the members of the Commission present deemed the registration document to be complete, all the conditions had been met and the procedure had been followed correctly.
- *Opening of section I for administrative reasons* means that, for example, the date and/or place of death, the qualification of the doctors consulted and/or the products used for euthanasia had not been stated in the registration document, but all the conditions had been met and the procedure had been followed correctly.
- *Opening of section I for specifications about compliance with the conditions and the procedure followed.* These specifications concern, for example, the diagnosis, the voluntary, considered and repeated nature of the request, the date of the written request in the event that death was not expected in the short term or the conclusions of the doctors compulsorily consulted.
- *Opening of section I for comment only* means that, for example, the anonymity in section II of the registration document had not been respected.