

The key studies profiling euthanasia practices in the Netherlands are known as the **Rommelink Reports** (first, second, and third reports):

- van der Maas, P. J., van Delden, J. J., Pijnenborg, L., & Looman, C. W. (1991). Euthanasia and other medical decisions concerning the end of life. *Lancet*, 338, 669–674.
- van der Maas, P. J., van Delden, J. J., & Pijnenborg, L. (1992). Euthanasia and other medical decisions concerning the end of life. An investigation performed upon request of the Commission of Inquiry into the Medical Practice concerning Euthanasia. *Health Issues*, 21, vi–x, 1–262.
- Onwuteaka-Philipsen, B. D., van der Heide, A., Koper, D., Keij-Deerenberg, I., Rietjens, J. A. C., Rurup, M. L., Vrakking, A. M., Georges, J. J., Muller, M. T., van der Wal, G., & van der Mass, P. (2003). Euthanasia and other end-of-life decisions in the Netherlands in 1990, 1995, and 2001. *Lancet*, 362, 395–399.

The following information summarises the results of the first two Rommelink Reports. The source is:

- Cica, C. (1996). *Euthanasia – the Australian law in an international context. Part 2: active voluntary euthanasia*. Research paper 4 1996–1997. Commonwealth of Australia: Canberra.

In 1990 the Dutch Government set up the Rommelink Commission to investigate 'the practice of action and inaction by a doctor that may lead to the end of a patient's life at the patient's explicit and serious request or otherwise'. The Rommelink Commission therefore collected information about the practice both of euthanasia - strictly defined to refer to the deliberate termination of another's life at his or her request - and of other medical decisions at the end of life. As part of its inquiries, the Rommelink Commission ordered the first empirical study of all medical decisions at the end of life. The study was led by Dr P. Van der Maas of the Erasmus University in Rotterdam. The study found that in 1990 in the Netherlands:

- there were 2 300 cases of active voluntary euthanasia, representing 1.8 per cent of all deaths. (143)
- there were 400 cases of physician-assisted suicide, representing 0.3 per cent of all deaths.(144)
- there were 22 500 cases where the patient had died after the administration of drugs to alleviate pain and symptoms in such dosages that the risk of shortening the patient's life was considerable. This represented 17.5 per cent of all deaths.

In 6 per cent of these cases life-termination was the primary goal and in the remainder it was the secondary goal.

In about 40 per cent of these cases the decision to increase drug dosages and the possibility that this might hasten death had been discussed with the patient. In 73 per cent of the cases where these matters had not been discussed with the patient, the patient was incompetent.(145)

- There were 22 500 cases where death had resulted from non-treatment decisions (ie withdrawal or withholding of medical treatment), representing 17.5 per cent of all deaths.

In 30 per cent of these cases the non-treatment decision had been discussed with the patient. In 62 per cent of these cases it had not. In 88 per cent of all cases where the non-treatment decision had not been discussed with the patient, the patient was incompetent.(146)

- There were 1 000 cases where a doctor had deliberately ended the life of a patient without a clear and explicit request from the patient. This represented 0.8 per cent of all deaths.

143.P. Van der Maas et al

144.*Ibid* at 671.

145.*Ibid* at 671-672.

146.*Ibid* at 672.

The following table summarises the information obtained from the three Rimmelin Reports (as reported in the third Rimmelin Report):

	1990 (128 824)	1995 (135 675)	2001 (140 377)
Interview studies (n [95% CI])			
Number of requests for euthanasia or assisted suicide later in disease	25 100 (23 400–27 000)	34 500 (31 800–37 100)	34 700 (32 200–37 100)
Number of explicit requests for euthanasia or assisted suicide at a particular time	8900 (8200–9700)	9700 (8800–10 600)	9700 (8800–10 500)
End-of-life practices (% [95% CI])			
Euthanasia	1.9% (1.6–2.2)	2.3% (1.9–2.7)	2.2% (1.8–2.5)
Physician-assisted suicide	0.3% (0.2–0.4)	0.4% (0.2–0.5)	0.1% (0.0–0.2)
Ending of life without patient's explicit request	..*	0.7% (0.5–0.8)	0.6% (0.4–0.9)
Death-certificate studies (% [95% CI])			
Euthanasia	1.7% (1.4–2.1)	2.4% (2.1–2.6)	2.6% (2.3–2.8)
Physician-assisted suicide	0.2% (0.1–0.3)	0.2% (0.1–0.3)	0.2% (0.1–0.3)
Ending of life without patient's explicit request	0.8% (0.6–1.1)	0.7% (0.5–0.9)	0.7% (0.5–0.9)
Alleviation of symptoms with possible life-shortening effect	18.8% (17.9–19.9)	19.1% (18.1–20.1)	20.1% (19.1–21.1)
Non-treatment decision	17.9% (17.0–18.9)	20.2% (19.1–21.3)	20.2% (19.1–21.3)
Total	39.4% (38.1–40.7)	42.6% (41.3–43.9)	43.8% (42.6–45.0)

*Frequency not assessed in this study.

Table 1: **End-of-life practices in the Netherlands in 1990, 1995, and 2001**

The Rimmelin Reports collected data based on death certificates. The following numbers (as reporting in the third Rimmelin Report) of death certificates were used:

- 76% of questionnaires were returned in 1990, 77% in 1995, and 74% in 2001; the numbers of cases studied after questionnaires were returned were 5197, 5146, and 5617, respectively.