


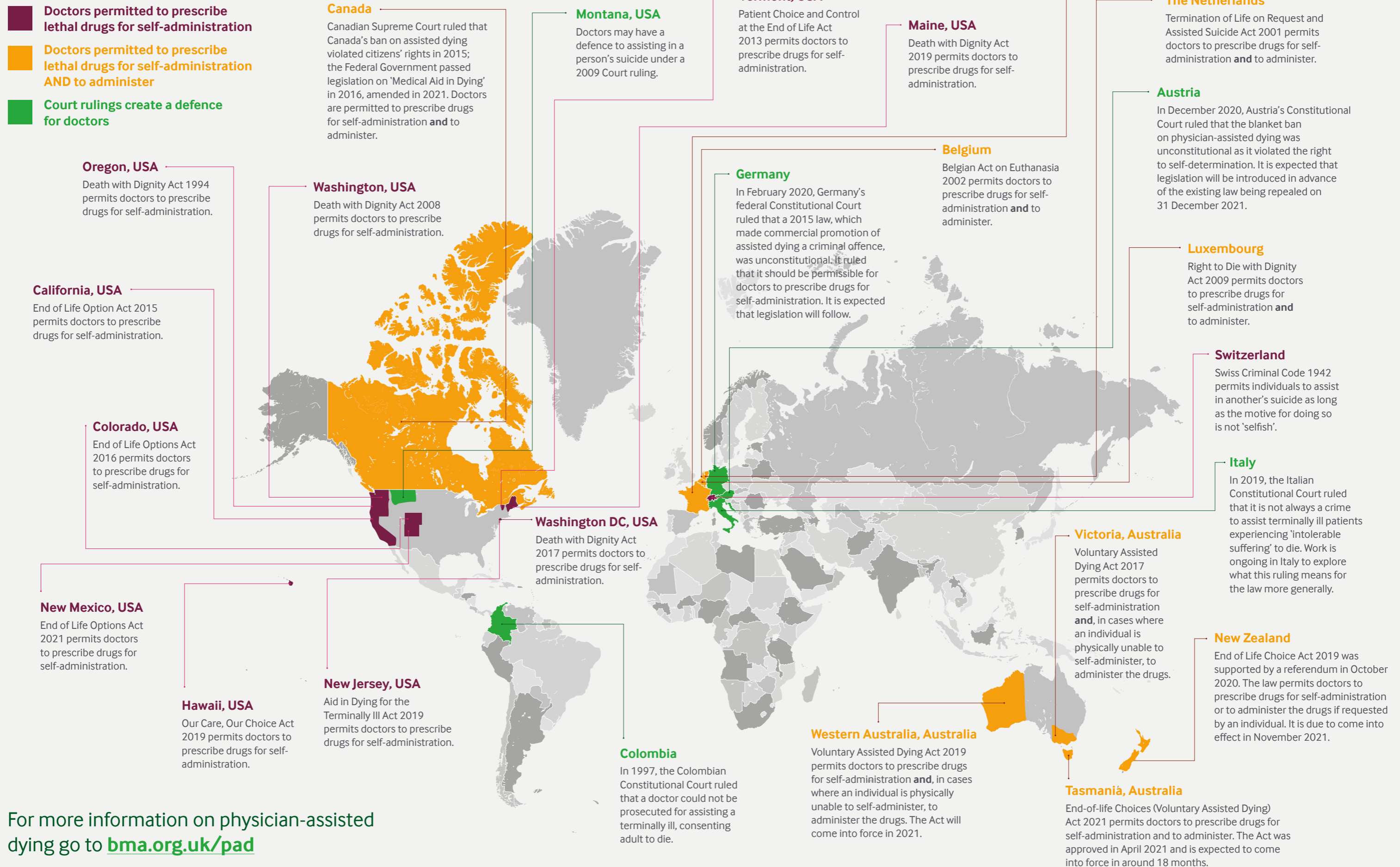


# Physician-assisted dying legislation around the world

## 1. Map of international jurisdictions

-  **Doctors permitted to prescribe lethal drugs for self-administration**
-  **Doctors permitted to prescribe lethal drugs for self-administration AND to administer**
-  **Court rulings create a defence for doctors**



For more information on physician-assisted dying go to [bma.org.uk/pad](https://bma.org.uk/pad)

## 2. What does the law look like in some of those places?

This comparative table outlines information about how the law operates in jurisdictions which permit some form of physician-assisted dying. For ease of reference we have selected information about the law in four jurisdictions where physician-assisted dying has been permitted for the longest time (Switzerland, Oregon USA, The Netherlands and Belgium), the law in Canada, where the law has changed more recently, and the law in New Zealand that comes into force on 7 November 2021.

	Switzerland Since 1942	Oregon Since 1997	The Netherlands Since 2001	Belgium Since 2002	Canada Since 2015	New Zealand From 7 November 2021
Supply of lethal drugs for self-administration	✓ Permitted as long as the motive for doing so is not 'selfish'.  There is not a centrally regulated process. Almost all assisted suicide takes place within frameworks set up by individual non-profit groups.	✓ Permitted by Death with Dignity Act 1994.	✓ Permitted by the Termination of Life on Request and Assisted Suicide Act 2001.	✓ Not explicitly regulated for – but it is not prohibited. The Federal Control and Evaluation Commission has accepted that cases of assisted suicide fall under the law.	✓ Permitted by an Act amending the Canadian Criminal Code. Referred to as 'medical assistance in dying' or MAID. This Act followed a ruling from the Supreme Court of Canada that the country's ban on assisted dying was unconstitutional. <a href="#">Further amendments were made to the code in March 2021.</a>	✓ Permitted under the <a href="#">End of Life Choice Act 2019</a> .
Administration of lethal drugs by a third party	✗ Final act must be carried out by the individual themselves.	✗ Final act must be carried out by the individual themselves.	✓ Permitted by the Termination of Life on Request and Assisted Suicide Act 2001.	✓ Permitted by Belgian Act on Euthanasia 2002.	✓ Permitted by an Act amending the Canadian Criminal Code. Referred to as "medical assistance in dying" or MAID.	✓ Under the act a person's doctor or nurse practitioner can also administer medication to bring on death.
Adults only	✓	✓	✗ Must be at least 12 years old; parental consent required for those aged 12-16.	✗ Since 2014 there are no age restrictions; parental consent required for all those under the age of 18.	✓	✓
Terminal illness	✓ In principle, assisted suicide is lawful irrespective of the condition of the person who requests it. Individual organisations have their own internal policies which set out eligibility criteria.	✓ Individuals must have an incurable and irreversible disease that is likely to cause death within six months.	✓ The law covers physical and psychiatric conditions. Individuals must be experiencing constant and unbearable physical or psychological suffering with no prospect of improvement.	✓ The law covers physical and psychiatric conditions. Individuals must be suffering from constant and unbearable physical or psychological suffering which cannot be cured.	✓ Individuals must have a "grievous and irremediable medical condition", defined as meeting <u>all</u> of the following criteria: – having a serious illness, disease or disability – be in an advanced state of decline that cannot be reversed – experience unbearable physical or mental suffering from your illness, disease, disability or state of decline that cannot be relieved under conditions that you consider acceptable.	✓ Eligibility is restricted to individuals with a terminal illness that is likely to end their life within 6 months; are in an advanced state of irreversible decline in physical capability; and experience unbearable suffering that cannot be tolerably relieved.
Non terminal illness	✓	✗	✓	✓	✗	✗
Psychiatric illness	✗ In practice, however, there are some limits. Individual organisations have their own internal policies which set out eligibility criteria.  Additionally, doctors are only allowed to prescribe lethal drugs within the limits of accepted professional practice – which, as defined by the Swiss Academy of Medical Sciences is when an individual is "approaching the end of life".	✓	✓	✓ Where death is not expected within the short-term, there is an additional application process. A third doctor must be consulted, and there must be a one-month waiting period between the request and the act itself.	✗  Since March 2021, individuals do not need to have a fatal or terminal condition.  Individuals with a mental illness as their only medical condition, are not eligible to seek medical assistance in dying until March 17, 2023.	✗
Citizens/residents only	✗ Foreign citizens can receive assisted suicide through membership of organisations such as Dignitas.	✓	✓	✓	✓	✓
Voluntary request from a patient with capacity	✓ Individual organisations have their own internal processes for making a request. Professional guidance for doctors is clear that the person must have made a voluntary, persistent, and well considered request.	✓ Request must be made orally, then in writing, signed by two independent witnesses.	✓ Request must have persisted over time. There is no requirement for a request to be made in writing.	✓ Request must have persisted over time and be made in writing.	✓ Request must be made in writing and witnessed by one independent person.	✓ A person who thinks they are eligible can ask a health practitioner about assisted dying; or ask the SCENZ group for the contact details of a medical practitioner if they wish to be formally assessed.
Advance decisions recognised	✗ Request must be contemporaneous.	✗ Request must be contemporaneous	✓ In April 2020, the Dutch Supreme Court ruled that patients with advanced dementia who have made a written advance request for euthanasia can receive it.	✓	✗ Request must be contemporaneous	✗ Request must be contemporaneous.
Medical involvement	✓ Swiss law does not require doctors to be involved – but as they are the only persons who can prescribe lethal substances, in practice they are involved in every case.	✓ – Two doctors (one of whom is the doctor with primary responsibility for the patient's care; the other of whom must be a specialist in the patient's condition) must confirm that the individual meets the eligibility criteria. – One doctor must prescribe the lethal drugs. – The law does not require the presence of a doctor at the time a patient self-administers the drugs.	✓ – Two doctors (independent of one another) must confirm that the individual meets the eligibility criteria. – One doctor must 'carry out the death in a medically appropriate fashion' and be present at the time of death.	✓ – Two doctors (independent of one another) must confirm that the individual meets the eligibility criteria. – Where death is not expected in the short-term, an additional doctor must also be consulted.	✓ – Two doctors or nurse practitioners (independent of one another) must confirm the individual meets the eligibility criteria.  There are <a href="#">additional procedural safeguards</a> for assessing the eligibility of a person who's death is not reasonably foreseeable.	✓ Medical practitioner and independent medical practitioner confirm eligibility. A psychiatric opinion must be sought if there are doubts over a person's competence. A package of e-learning modules for health practitioners choosing to provide assisted dying services will be made available.
Conscientious objection	✓ Doctors are not compelled to participate in the process.	✓ Protected in statute; objecting doctors must transfer patient's medical records, upon request, to a new health care provider.	✓ Professional guidance is clear that doctors do not have an obligation to be involved.	✓ Protected in statute; conscientiously objecting doctors must handover care to another doctor.	✓ Statute is clear that no one is 'compelled' to provide or assist in MAID; the responsibilities on doctors who hold a conscientious objection varies between provinces/territories.	✓ Medical practitioners with a conscientious objection must inform the patient and tell them of their right to ask the SCENZ group for a replacement doctor.
Regulation and reporting	✗ No central regulatory body; police must be notified of all "unnatural deaths" and can examine those deaths.	✓ Doctors must inform the Oregon Health Authority of any prescription they write. The Authority notifies the Oregon Medical Board of any suspicions of non-compliance with the law.	✓ Doctors must report the death to the municipal coroner. The coroner will inform one of five regional review committees, which will assess compliance with the law. Cases of non-compliance are referred to the public prosecutor.	✓ Doctors must report the death to the Federal Control and Evaluation Commission, which will assess compliance with the law. Cases of non-compliance are referred to the public prosecutor.	✓ Doctors and nurses must report all written requests of MAID either to their provincial or territorial health departments, or the federal health department, depending on their location.	✓ – The Support and Consultation for End of Life in New Zealand (SCENZ) Group will maintain a list of participating healthcare professionals and provide advice. – An End of Life Review Committee will consider reports of death under the act and report to the Registrar – Registrar checks compliance with process and eligibility and notifies the doctor if they are satisfied before the administration of assisted dying medication; maintains relevant registers and reports annually.
Data	✗ Recorded causes of death do not differentiate between suicide and assisted suicide.	✓ Data are published annually. Latest and archived reports are available <a href="#">here</a> .	✓ Regional review committees publish a joint report annually. The 2019 annual report can be accessed <a href="#">here</a> .	✓ Data are published every two years. The last report translated to English was published in 2016 and is available <a href="#">here</a> .	✓ The federal government publishes data annually. The annual report for 2020 is available <a href="#">here</a> .	✓ Annual reporting is required under the Act.