Netherlands publishes plans for euthanasia law

Tony Sheldon *Utrecht*

The Netherlands will become the first country in the world to regulate mercy killing by doctors under plans unveiled by its cabinet last week. Doctors will be able to meet requests from children aged as young as 12 for help to die if the bill is approved by parliament. Under the bill, euthanasia will remain a crime, but a statutory defence for doctors will be written into the criminal code.

This will guarantee them immunity from prosecution, provided that they adhere to a set of strict criteria. This will end a 15 year anomaly whereby doctors performing euthanasia committed a serious crime but avoided prosecution if similar, though non-statutory criteria,

were met. The bill will remove the current obligation for the public prosecution service to consider every case. If doctors report their actions to regional review committees of medical and legal experts, and these committees are satisfied that the strict criteria have been met, doctors will be protected by law.

The criteria are that patients must repeatedly make an informed and voluntary request and must be suffering hopelessly and unbearably. A second opinion must be sought from an independent doctor who has examined the patient, and life must be ended with proper medical care. Doctors must give details in writing to the review

committees after each case. Under the bill the review committees can still decide to forward cases for prosecution if they judge the criteria have been breached.

The bill includes a specific provision for terminally ill minors to request euthanasia in order to bring it in line with existing rights of self determination for medical treatment. In theory, doctors could agree to requests from children aged 12 to 15, even without the consent of parents, if they are convinced this would "prevent serious detriment" to their patient. The bill also provides legal recognition for written euthanasia requests. Research shows that

only 41% of an estimated 3600 euthanasia cases each year are reported by doctors to the authorities. By removing euthanasia from a criminal context, the government hopes to increase this figure. The Royal Dutch Medical Association supports the proposals.

Dr Karel Gunning of the World Federation of Doctors Who Respect Human Life fears that the proposals give doctors too much freedom as the review committees base their judgments solely on a report which the doctors themselves have written. The opposition parties in parliament have promised "aggressive" criticism when the proposals are debated later this year. □

Immunotherapy produces long term clinical remission

Jacqui Wise *London*

The use of allergen immunotherapy to treat seasonal allergic rhinitis produces clinical improvements that continue after treatment has stopped, according to the results of a randomised, placebo controlled trial published in the *New England Journal of Medicine* (1999;341:468-75).

A study in 1991 showed that injections with a grass pollen vaccine reduced symptoms and the need for hayfever medication in patients with seasonal allergic rhinitis that could not be controlled with antiallergic drugs (*BMJ* 1991;302:265-9). Dr Stephen Durham and his team from the National Heart and Lung Institute in London followed 32 of these patients, who were randomly assigned to continue to receive maintenance immunotherapy or to have placebo injections. A further 15

matched patients who had never received immunotherapy were also monitored.

Over the three years of follow up, the incidence of hay fever symptoms and the use of medication remained at similarly low levels among both those who had continued to receive regular immunotherapy and those who had received placebo injections. The incidence of allergy symptoms in patients in these two groups was markedly lower than in patients who had never had immunotherapy.

Dr Franklin Adkinson of the Johns Hopkins School of Medicine, Baltimore, Maryland, writes in an accompanying editorial that the new study "provides the best evidence to date that allergen immunotherapy has long term, perhaps permanent, benefits." Dr Adkinson also believes

Immunotherapy may offer more long term benefits to people with severe hay fever than drugs

that these findings raise the question of whether allergen injection immunotherapy should be considered earlier in the course of allergic disease.

Immunotherapy fell into disrepute in the United Kingdom after a number of deaths in the 1980s. The Committee on Safety of Medicines stated that because of the risk of anaphylactic shock, immunotherapy should be carried out only in specialised centres and patients must be monitored for two hours after

receiving an injection. The committee stated in 1994 that one hour of monitoring was sufficient.

Dr Martyn Partridge, a chest physician at Whipps Cross Hospital, London, said: "Immunotherapy has not been used widely because of the inconvenience of taking it. However, this research, which shows that immunotherapy can produce long term effects, has shifted the risk versus benefit argument, and for people [with symptoms] at the severe end of the spectrum it may be useful." □