The Netherlands regulates ending the lives of severely ill neonates

Tony Sheldon *Utrecht*

The Dutch government is to introduce greater legal protection for doctors who end the life of severely ill and hopelessly suffering newborn babies. The country will set up a reporting mechanism that will scrutinise such decisions and ensure that doctors are not automatically investigated for murder.

Doctors who in exceptional circumstances intentionally end the lives of such babies will be judged by a committee of medical and legal experts to whom all cases must be reported.

Ending the life of a baby will remain illegal. But the committee's advice to the public prosecution service will be crucial. In practice, doctors adhering to detailed criteria drawn up by the profession are unlikely to be prosecuted.

The committee has been announced by the Netherlands' government after years of lobbying by the profession. Last autumn, a local protocol drawn up at Groningen University Hospital covering the mercy killing of newborns who are incurably sick and are suffering severely

caused an international outcry.

The hospital's clinical director of paediatrics, Eduard Verhagen, then told the *BMJ*, "It is time to be honest; all over the world doctors end lives discreetly, out of compassion" (*BMJ* 2005;330:560). The protocol was endorsed as national guidelines by the Dutch Paediatric Society in July this year.

Dr Verhagen said that the government's decision, announced at the end of last month, showed determination and courage and will promote clarity and openness for doctors and parents.

The minister for health, Clémentine Ross, and Justice Piet Hein Donner said that the committee is intended to improve care and the transparency of decisions. The ministers have considered the concerns of patients' groups, such as those representing people with spina bifida, who fear that specific conditions could always or often result in the ending of life.

The ministers wrote that decisions are based on current suffering adding, "life is worthy

of protection. That applies equally to people with handicaps."

The committee of three doctors and an ethicist, chaired by a professor of health law at Groningen University, Joep Hubben, will judge if the criteria have been met. The newborn must be suffering hopelessly and unbearably with no prospect for future treatment. There must be no doubts about the diagnosis and prognosis; both parents must understand the decision and give their written consent; and the decision must be confirmed by a second independent doctor. The criteria are largely based on the Groningen protocol.

The committee will also consider cases of abortions performed after 24 weeks in which there is a serious disorder but still a very limited chance of survival with medical treatment. Similar criteria must be satisfied together with a belief that there is hopeless suffering now and would be in the future.

All decisions will be published anonymously.

Twenty two cases of doctors ending the life of newborns have been reported to the public prosecution service since 1997, but after two test case acquittals in the 1990s, all have been dismissed. An estimated 15 cases

Paediatrician Eduard Verhagen said the government's decision would promote clarity

arise each year but doctors, reluctant to face murder investigations, do not report their actions.

Dr Verhagen believes that the committee offers a guarantee of professional assessment of difficult decision making and will thus remove any reason not to report all cases. Newborns are not covered by the Dutch euthanasia law, which requires the patient to be competent to make a request. □

Israelis turn to timer device to facilitate passive euthanasia

Judy Siegel-Itzkovich *Jerusalem*

A response delayed by a timer attached to a patient's ventilator will solve the Israeli government's wish to introduce passive euthanasia for terminally ill people and to allow them to die with dignity.

A government bill setting down the process of passive euthanasia and safeguards to prevent abuse has been passed for its final reading by the labour, social affairs, and health committee of the country's Knesset (parliament). The full parliament is expected to approve the bill soon.

The bill was six years in the

making and is the culmination of two years of work by a public committee of 58 members, including doctors, nurses, scientists, medical ethicists, social workers, philosophers, lawyers, judges, and representatives of the main religions in Israel.

If a terminally ill patient older than 17 has requested in a living will that his life should not be extended by artificial means, a doctor will be allowed by law to carry out the patient's wish. An adult who has power of attorney may also make such a request on someone else's behalf. Being terminally ill is defined as having less than six months to live.

Active euthanasia and the withholding of nutrition will not be permitted under the new law because they violate Jewish law. But the legislation, expected to come into effect within a year, will allow the halting of ongoing support using a timer device. The family of a terminally ill patient will no longer have to go

to court for permission to stop artificial life support if the patient has previously made it clear that that is his or her wish.

The timer, based on the idea of the Sabbath clock, used in religious Jewish homes to turn electrical devices on and off on Saturday, would operate for 24 hours at a time and set off a red light or alarm after 12. The patient or their representative could at any time request an extension. But if the dying person were determined not to have their life extended, the timer would turn off the ventilator at the end of the cycle.

Living wills, renewable every five years, will be stored by patients on a special national database on the internet and will be accessible at all hospitals. "We expect that most people, especially the elderly and the chronically ill, will want to prepare a living will for any eventuality," said Abraham Steinberg, who chaired the committee that drew

up the recommendations.

Professor Steinberg, a paediatric neurologist, medical ethicist, and orthodox rabbi, said that although the law was entirely different in concept from that of the Netherlands' liberal law that permits active euthanasia, great interest in the timer idea has been expressed around the world. "Even those who favour active euthanasia admit that medical personnel don't like the idea of turning off a respirator themselves," he explained.

Hospital ethics committees will become statutory committees, not voluntary ones without legal status, said Professor Steinberg, and palliative care to reduce pain will be an integral part of the process. A national ethics committee could hear appeals in special cases so that lower courts would not have to intervene at all. "I am very satisfied with the bill. It is very balanced and will offer answers in all situations," he concluded. □