

A comparison of the patient assisted dying system (PAD) proposed in the UK to the systems operating in the Netherlands and Oregon.

The UK Assisted Dying for the Terminally Ill Bill combines elements of Oregon and the Netherlands legislation. Although out of all legislation that has been passed on PAD, the proposals for PAD contained within the UK Bill are most closely linked to those of Oregon. This is particularly because UK law is much more similar to US than European law. In the UK and US, legislation is drafted from common law and is statute based. In contrast, European law is based on civil and criminal codes, and is principle based. These important differences need to be born in mind when comparing the UK Bill or Oregon legislation to that in the Netherlands.

A comparison of the Netherlands, Oregon and UK PAD legislation:

	Netherlands	Oregon	UK
What does the Bill cover	Patient Assisted Suicide (<i>patient self-administers the drugs</i>) and Voluntary Euthanasia (<i>doctor injects the patient with drugs</i>)	Patient Assisted Suicide	Patient Assisted Suicide and Voluntary Euthanasia for those who are not able to self-administer drugs themselves
Qualifying Criteria			
Who can qualify	Patient* who is suffering from profound distress/unbearable suffering with no prospect of improvement and where there are no reasonable alternatives	Terminal illness	Terminal illness** and suffering that is unbearable

* In Dutch terminology, the word patient implies that the person has an illness of some description

** Terminal illness is defined as an incurable and physical illness, which the consulting physician has determined as being likely to result in the patient's death within six months of the date when he confirmed the prognosis of the attending physician

	Netherlands	Oregon	UK
Residency	Dutch Citizen only	Patient must be resident of Oregon	Patient must be resident of UK for not less than 12 months
Age	18 or over, although specific provisions are made for 12-18 year olds	18 or over	18 or over
Safeguards			
Competency	A non-competent person can receive assistance to die if when competent, they made a written request that their life be terminated	Patient must be competent when they make the final request	Patient must be competent when they make the final request
Informed decision	Patient must be fully informed of situation and outcome. Doctor must be sure the patient is making an informed, voluntary request (i.e. no outside influence)	Patient must be fully informed of situation and outcome. Doctor must be sure the patient is making an informed, voluntary request (i.e. no outside influence)	Patient must be fully informed of situation and outcome. Doctor must be sure the patient is making an informed voluntary request (i.e. no outside influence)
Second opinion	At least one other independent physician must agree that all criteria have been met and agree to the request	At least one other independent physician must agree that all criteria have been met and agree to the request.	At least one other independent physician must agree that all criteria have been met and agree to the request
Nature of request	Not stated	Oral and written	Oral and written

	Netherlands	Oregon	UK
Other witness needed	Not stated	Written declaration witnessed by two individuals, one of whom has no professional or personal connection to patient	Written declaration witnessed by two individuals, one of whom shall be a currently practising solicitor (and both not involved/connected to patient)
Waiting period	Not stated	Another oral request, 15 days after initial oral and written request	Not less than 14 days after initial oral request
Alternatives	Patient and doctor must come to the conclusion together, that there is no reasonable alternative	Patient must be informed of all alternatives, including hospice care and pain control	Patient must be informed of all alternatives, including palliative care and pain control.
Other Consultation	Not stated	Patient will be referred to counselling if appropriate	All requests will proceed with a palliative care or counsellor consultation. Patient will be referred to psychiatrist if appropriate.
Monitoring commissions and reporting requirements	Yes – monitoring committees. PAD must be formally reported.	Yes – monitoring committees. PAD must be formally reported.	Yes – monitoring committees. PAD must be formally reported.
Other relevant measures			
Conscientious objection clause	Yes	Yes	Yes
Advise patient to inform next of kin	Not stated	Yes	Yes

	Netherlands	Oregon	UK
Medical conditions and whether they could be considered for PAD			
Cancer	Yes	Yes, terminal stage only and patient was able to take medication	Yes, terminal stage only
Motor Neurone Disease	Yes	Yes, terminal stage only and patient was able to take medication	Yes, terminal stage only
Multiple Sclerosis	Yes	Only if the patient could be shown to be in terminal stages of disease and could take medication themselves	Only if the patient could be shown to be in the terminal stages of their disease
Alzheimer's	Only if patient had made a previous written declaration of their wishes when competent	No	No
Huntington's Disease	Only if patient had made a previous written declaration of their wishes when competent	Only if patient could be shown to be in terminal stages of disease, competent and able to take the medication themselves	Only if patient could be shown to be in terminal stages of disease and competent
Stroke	Only if competent and/or patient had made a previous written declaration of their wishes when competent	Only if patient could be shown to be in terminal stages of disease, competent and able to take the medication themselves	Only if patient could be shown to be in terminal stages of disease and competent
Quadriplegic	Yes	No	No

Summary of main similarities and differences

In summary, the UK Assisted Dying for the Terminally Ill Bill:

- i) Like Oregon, is much more restrictive in terminology than the Netherlands. Both stipulate that PAD is for “terminal illness” only. In contrast, because of the way legislation is drafted and practiced in the Netherlands, their Bill makes no such clear definition. The Netherlands Bill states that a “patient”, who is suffering from profound distress that has no prospect of improvement, and where there are no reasonable alternatives, can receive assistance to die. In Dutch legal terminology, the word “patient” implies that the person has an illness of some description.
- ii) Like Oregon, is for people aged 18 and over. This is in contrast to the Netherlands whereby there are specific provisions for people aged 12-18.
- iii) Like Oregon, is only for people who are “competent” to make an informed decision. This is in contrast to the Netherlands whereby a non-competent person aged 16 or over can receive assistance to die if when competent, he made a written request that his life be terminated.
- iv) Similarly to Oregon, emphasises assisted suicide (where the patient himself takes the medication) over and above voluntary euthanasia (where the doctor gives an injection to the patient). In Oregon, assisted suicide is legal, but voluntary euthanasia is not. In the Netherlands, voluntary euthanasia is preferred (2.6% of total deaths compared to 0.2% for assisted suicide).
- v) Like Oregon, involves the patient making a written request, and thereafter a waiting period before he is allowed assistance to die.
- vi) Like the Netherlands, states that the person must be suffering “unbearably”.
- vii) Like Oregon and the Netherlands, has monitoring provisions.
- viii) Like Oregon and the Netherlands, has safeguards in place (e.g. a checking system that involves two doctors agreeing to the decision, and ensures the patient is “competent”, is making a voluntary action, and that there is no undue influence).
- ix) Like Oregon and the Netherlands, has a conscientious objection clause for doctors who would not feel able to participate in PAD.
- x) Like Oregon and the Netherlands, has an obligation to explore alternatives before agreeing that a patient can receive assistance to die. To highlight the importance of palliative care, the UK Bill specifically mentions access to pain relief. In addition, the UK Bill will also include the patient receiving a consultation from a palliative care professional who can inform him of all the possible alternatives to PAD.