



Euthanasia and Assisted Suicide in Luxembourg in a Cross-Border perspective.

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A. Genesis and Figures

Genesis

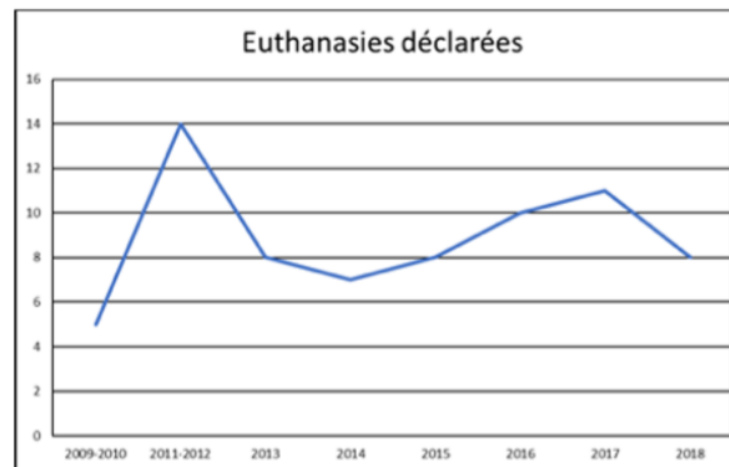
- Questions of principle triggered the discussion on reform (e.g. patients' rights *versus* protection of life, self-determination of the individual *versus* religious commandments)
- Political orientation was marked by a great heterogeneity of political, legal, philosophical, religious and medical assessments.

Figures 2009-2018

DÉCLARATIONS D'EUTHANASIE

Tableau et graphique 1 : Année des déclarations

	2009-2010	2011-2012	2013	2014	2015	2016	2017	2018	Total
Déclarations	5	14	8	7	8	10	11	8	71



Euthanasie (sur demande ou sur dispositions de fin de vie)-Assistance au Suicide

	2009-2010	2011-2012	2013	2014	2015	2016	2017	2018	TOTAL
Demandes d'euthanasie	5	13	8	7	8	9	11	7	68
Disposition de fin de vie	-	1	-	-	-	-	-	-	1
Assistance au suicide	-	-	-	-	-	1	-	1	2

Âge des patientes

	2009-2010	2011-2012	2013	2014	2015	2016	2017	2018	Total
18-20	-	-	-	-	-	-	-	-	
20-39	-	-	-	-	-	-	-	-	
40-59	-	1	2	-	-	1	1	-	5
60-79	3	9	5	1	7	7	5	6	43
_>80	2	4	1	6	1	2	5	2	23
Total	5	14	8	7	8	10	11	8	71

Diagnostic

	2009-2010	2011-2012	2013	2014	2015	2016	2017	2018	Total
Cancers	5	11	5	6	6	10	8	7	58
Maladies neurodégénératives	-	3	2	1	1	-	1	1	9
Maladies neurovasculaires	-	-	1	-	-	-	1	-	2
Maladies de système	-	-	-	-	1	-	1	-	2
Total	5	14	8	7	8	10	11	8	71

Disposition de fin de vie enregistrées

2009-2010 2010-2011	2013-2014	2015-2016	2017-2018	Total
1249	699	570	619	3.137

B. Legal Characteristics – the Luxembourgish Law on Euthanasia

I. Legal Definitions

- Euthanasia is the act performed by a doctor who intentionally ends a person's life at the person's express and voluntary request (*Article 1(1) Law on euthanasia and assisted suicide*)
- Assisted suicide is the act of a doctor intentionally helping a person to commit suicide or providing another person with the means to do so, at the latter's express and voluntary request (*Article 1(2) Law on euthanasia and assisted suicide*)

II. Prerequisites for decriminalization

- Act of euthanasia must be performed by a doctor
- The willingness to undergo euthanasia or assisted suicide must be expressed
- The medical act and the request for euthanasia must meet four conditions of motivation

III. Procedural Provisions

- As for the determination of the impunity of euthanasia, the attending doctor must comply with procedural provisions
- If one of the procedural conditions is not met, the person who commits the act of euthanasia is liable to a conviction for homicide

IV. End of life Provisions

- The decriminalisation of euthanasia applies not only when the patient's will is expressed, but also in the presence of end-of-life provisions for euthanasia.

C. Application problems

I. Palliative Care, Euthanasia and Assisted Suicide

- The law on euthanasia and assisted suicide contains a contradiction with regard to the second compulsory medical examination
- It is not easy to define the 'dead-end' nature of the medical situation -> legal uncertainty would therefore remain high for the doctor

II. Refusal of unreasonable obstinacy and the act of Euthanasia

- The Law on palliative care and the Law on euthanasia and assisted suicide are based on two different concepts (omission on the one hand and action on the other)
- The law subjects these two situations to different conditions (Law on euthanasia: will of the patient - Law on palliative care: medical decision)
- The law contains different ranks to assess the doctor's intention to terminate the life of another
- Problems in terms of their applicability *ratione temporis* are possible

D. Insights and Perspectives of the National Monitoring and Evaluation Commission

- It is composed of nine members (doctors and representatives of patients).
- The Commission:
 - sets up a database in which patients' end-of-life provisions are recorded
 - controls each euthanasia performed
 - deals with aid in end-of-life decisions