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Ethics policies on euthanasia in nursing homes: A survey in Flanders, Belgium

Joke Lemiengre[a,*], Bernadette Dierckx de Casterlé[b], Geert Verbeke[c], Katleen Van Craen[b], Paul Schotsmans[a], Chris Gastmans[a]

[a]*Center for Biomedical Ethics and Law, Katholieke Universiteit Leuven, Kapucijnenvoer 35, 3000 Leuven, Belgium*
[b]*Center for Health Services and Nursing Research, Katholieke Universiteit Leuven, Kapucijnenvoer 35, 3000 Leuven, Belgium*
[c]*Biostatistical Center, Katholieke Universiteit Leuven, Kapucijnenvoer 35, 3000 Leuven, Belgium*

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Abstract

In many European countries there is a public debate about the acceptability and regulation of euthanasia. In 2002, Belgium became the second country after the Netherlands to enact a law on euthanasia. Although euthanasia rarely occurs, the complexity of the clinical–ethical decision making surrounding euthanasia requests and the need for adequate support reported by caregivers, means that healthcare institutions increasingly need to consider how to responsibly handle euthanasia requests. The development of written ethics policies on euthanasia may be important to guarantee and maintain the quality of care for patients requesting euthanasia. The aim of this study was to determine the prevalence, development, position, and communication of written ethics policies on euthanasia in Flemish nursing homes. Data were obtained through a cross-sectional mail survey of general directors of all Catholic nursing homes in Flanders, Belgium. Of the 737 nursing homes invited to participate, 612 (83%) completed the questionnaire. Of these, only 15% had a written ethics policy on euthanasia. Presence of an ethics committee and membership of an umbrella organization were independent predictors of whether a nursing home had such a written ethics policy. The Act on Euthanasia and euthanasia guidelines advanced by professional organizations were the most frequent reasons (76% and 56%, respectively) and reference sources (92% and 64%, respectively) for developing ethics policies on euthanasia. Development of ethics policies occurred within a multidisciplinary context. In general, Flemish nursing homes applied the Act on Euthanasia restrictively by introducing palliative procedures in addition to legal due care criteria. The policy was communicated to the consulting general practitioner and nurses in 74% and 89% of nursing homes, respectively.

Although the overall prevalence of ethics policies on euthanasia was low in Flemish nursing homes, institution administrators displayed growing awareness of bearing responsibility for stimulating dialogue and reflection about how to deal with euthanasia requests within their institution.

Keywords: Belgium; Ethics policy; Euthanasia; Medical end-of-life decision making; Nursing homes; Palliative care

*Corresponding author. Tel.: +32 16 33 29 23.
E-mail addresses: Joke.Lemiengre@med.kuleuven.be (J. Lemiengre), Bernadette.DierckxdeCasterle@med.kuleuven.be (B. Dierckx de Casterlé), Geert.Verbeke@med.kuleuven.be (G. Verbeke), katleenvc@hotmail.com (K. Van Craen), Paul.Schotsmans@med.kuleuven.be (P. Schotsmans), Chris.Gastmans@med.kuleuven.be (C. Gastmans).

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Introduction

In 2002, Belgium became the second country after the Netherlands to enact a law on euthanasia. This law allows euthanasia only under strict conditions and to be performed only by physicians (Belgian Ministry of Justice, 2002). Although the Belgian Act on Euthanasia mainly addresses the responsibilities of physicians, there is a growing awareness that healthcare institutions also bear significant responsibility in translating these legal regulations into optimal care for patients requesting euthanasia. The management of a healthcare institution is responsible for guaranteeing and maintaining quality care for its patients at the end of life, including those who request euthanasia. Physicians (Dobscha, Heintz, Press, & Ganzini, 2004; Stevens, 2006) and nurses (De Bal, Dierckx de Casterlé, De Beer, & Gastmans, 2006; van Bruchem–van de Scheur, van der Arend, Spreeuwenberg, van Wijmen, & ter Meulen, 2004) also need adequate support from managers when caring for patients who request euthanasia.

Processes within an organizational culture that may influence clinical–ethical decision making, such as the development of written ethics policies, are evoking increasing interest (Winkler, 2005). Thus far, nationwide research on prevalence, development, position, and communication of ethics policies on euthanasia in nursing homes has been carried out only in the Netherlands (Haverkate, Muller, Cappetti, Jonkers, & van der Wal, 2000; Haverkate & van der Wal, 1996, 1998). For Belgian nursing homes, data about ethics policies on euthanasia are available only for Flemish Catholic institutions, which represent 33% of all nursing homes in Flanders (Gastmans, Lemiengre, van der Wal, Schotsmans, & Dierckx de Casterlé, 2006). Prevalence of ethics policies on euthanasia varies: around 30% of Flemish Catholic nursing homes (Gastmans et al., 2006) and between 62% and 74% in Dutch nursing homes (Haverkate & van der Wal, 1998; Haverkate et al., 2000).

Legalization of euthanasia and the existence of an ethics committee are likely to affect the development of these policies (Gastmans et al., 2006; Haverkate & van der Wal, 1998; Haverkate et al., 2000). Also, the religious identity of the healthcare institution might affect its position regarding euthanasia (Gastmans et al., 2006; Haverkate & van der Wal, 1998).

In our pilot study (Gastmans et al., 2006) we surveyed only Catholic nursing homes, obtaining a moderate response rate of 62%. Thus, results from this study need to be interpreted cautiously and should not be generalized. The overall aim of the present study was to survey the prevalence, development, position, and communication of ethics policies on euthanasia in all Flemish nursing homes. In particular, we analyzed how nursing home characteristics (religious affiliation, existence of an ethics committee, etc.) influence the prevalence, development, and position of ethics policies on euthanasia.

Methods

Study population and data collection

We used a cross-sectional descriptive mail survey. The study was carried out from November 15, 2005, to February 28, 2006, in Flanders, the Dutch-speaking region of Belgium, where 60% (5.9 million) of the nation's population lives. Questionnaires were mailed to general directors of all nursing homes in Flanders ($n = 737$). We obtained the list of Flemish nursing homes from Flemish Ministry of Health databases, including addresses and institutional characteristics, such as type of institution (for residents requiring a low or high level of care), province, ownership (private vs public), and size (Flemish Ministry of Welfare, Health and Family, 2005). Six and 10 weeks after the first mailing, we mailed all non-responders a reminder together with a new questionnaire. After two reminders, non-responders were telephoned by one of two researchers (J.L., K.V.C.), kindly requesting their participation in our study.

Questionnaire: validity and reliability

The questionnaire was based on the one used in our pilot study (Gastmans et al., 2006), which in turn was based, in part, on a Dutch semi-structured questionnaire (Haverkate & van der Wal, 1996) which we adapted to the Belgian context. A three-step method was used to optimize its validity. First, we altered the questionnaire according to findings obtained through a thorough literature review (Lemiengre, Dierckx de Casterlé, Van Craen, Schotsmans, & Gastmans, 2007). Second, 12 experts[1] critiqued the relevance and clarity of each

[1]Eight ethicists with broad experience in ethics committees and/or ethics policy making, and four jurists. All experts had required knowledge about the euthanasia issue.