

Law, Justice & Mental Health: Impact on the Vulnerable

ASSISTED DYING AND PEOPLE WITH NEURODEVELOPMENTAL DISORDERS

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Law & justice: the relationship

Types of disconnect: the obvious and the delayed

Euthanasia, Physician Assisted Suicide (PAS),
Medical Assistance in Dying (MAID) and Assisted Dying

Effect on people with neurodevelopmental conditions

Current interest due to events in Westminster

My focus is not primarily on the above, but on 3 broader areas

(i) The evolution of assisted dying related legislation

(ii) The argument for assisted dying legislation

(iii) Areas of concern in people with neurodevelopmental conditions

An issue at the heart of the debate-
a tension in the weight afforded to some key
principles of medical ethics:

Patient autonomy

Beneficence

Nonmaleficence

Irene Tuffrey-Wijne¹®, Leopold Curfs², Ilora Finlay³ and Sheila Hollins⁴

(i) The evolution of assisted dying related legislation

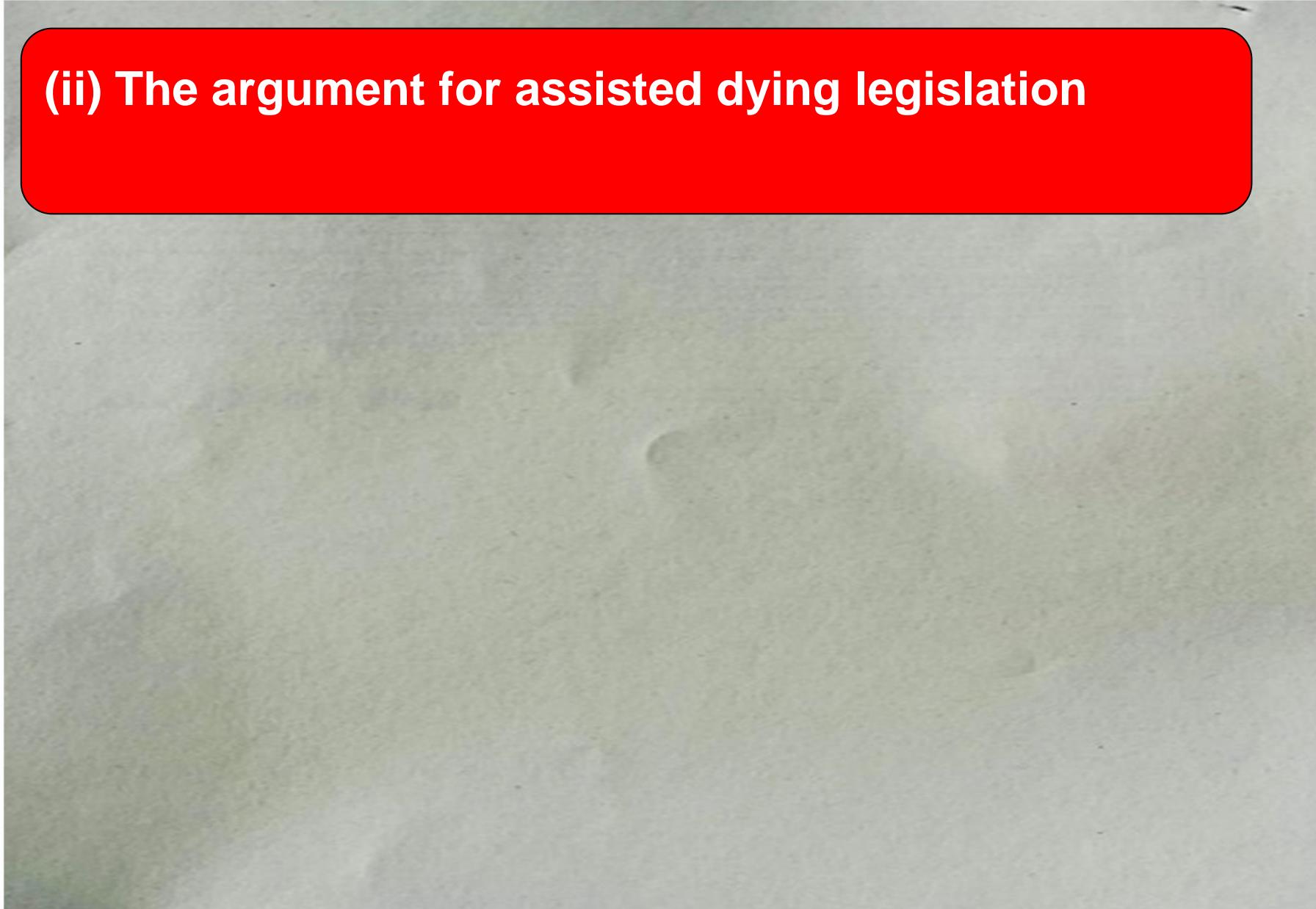
- ❖ Euthanasia, PAS, Assisted dying
- ❖ Terminal illness vs other causes like unbearable suffering
- ❖ Adding mental illnesses/ mental disorders

Year	Jurisdiction	Type	Eligibility Highlights
1942	Switzerland	Assisted suicide	Self-administered, non-selfish intent
1997	Oregon (USA)	Physician-assisted suicide	Terminal <6 mo, capacity, requests, residency
1997	Colombia (court)	Euthanasia/PAS	Terminal/unbearable suffering
2002	Netherlands	Euthanasia & PAS	Unbearable suffering, minors 12+ with consent
2002	Belgium	Euthanasia & PAS	Adults and minors with unbearable suffering
2009	Luxembourg	Euthanasia & PAS	Incurable suffering, two doctors
2013	Vermont (USA)	PAS ↓	Similar to Oregon

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2016	Canada	MAID	Terminal/unbearable; expanded in 2021
2017	Victoria (Australia)	VAD	Terminal <6 mo; capacity, residency
2021	Spain	Euthanasia & PAS	Debilitating incurable; two petitions, committee
2021	New Zealand	Assisted dying	Terminal <6 mo; requests, capacity, reporting
2022	Austria	PAS	Terminal/debilitating, self-administered
2023	Portugal	PAS	Approved, pending implementation
2020	Germany (court)	PAS	Court-decriminalized pending legislation

Country / Region	Mental Illness Eligible?	Notes
Netherlands	<input checked="" type="checkbox"/> Yes	Strict safeguards, common in psychiatric cases
Belgium	<input checked="" type="checkbox"/> Yes	Rare but legally permitted; must be incurable
Luxembourg	<input checked="" type="checkbox"/> Yes (in theory)	Rare, requires strong review
Canada	 2027	Currently excluded; legislation passed but delayed
Germany	 Possibly	Allowed by court, no specific law yet
Switzerland	 Case-by-case	Not illegal, but clinics cautious
U.S. States	 No	All laws limited to terminal physical illness
Australia	 No	Terminal illness required
New Zealand	 No	Requires physical terminal illness

(ii) The argument for assisted dying legislation



Patient autonomy Beneficence Nonmaleficence

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(ii) The argument for assisted dying legislation

Patient autonomy underpins person centred care.

Self determination therefore is the overriding ethical principle.

A physician's duty is to alleviate suffering. Death in these individuals relieve suffering.

(iii) Areas of concern in people with neurodevelopmental conditions

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The burden of history: from Aktion TA4 to examples of ‘silent eugenics’, a tendency to normalize the view that the lives of people with intellectual disability are less valuable.

The tendency to consider disability itself as the cause of intolerable suffering. Suffering cannot be assessed reliably.

Issues like social isolation, housing, and unmet healthcare needs being interpreted as intolerable suffering that is incurable.

Curable conditions may be missed particularly those at the interface between extremes of normal human emotion and mental pathology. The need for time.

The Estimation of survival is often wrong:
about 50% in 6 months terminal cases,
88% in head and neck cases,
over 50% in cardiac failure.

Data from Oregon and the Canada MAID programme suggest cost savings. It is explicitly stated though that this is not a driver. Some worries about the spectre of QALY on a larger and more permanent `scale.

Assisted dying as a right while palliative care is not.

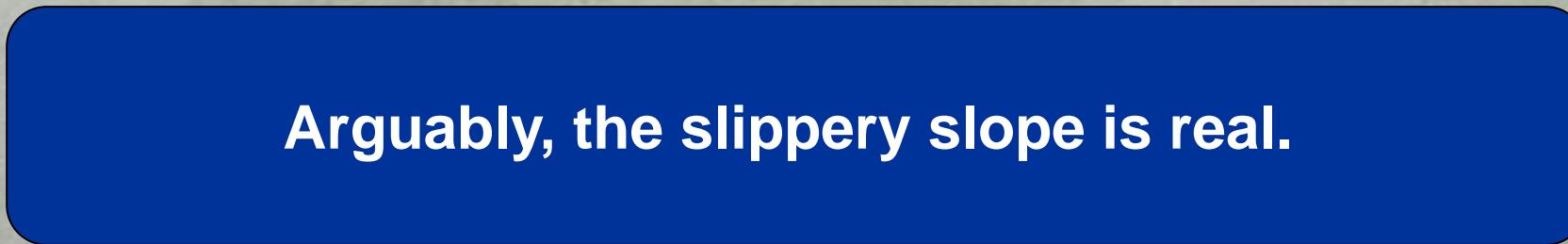
Capacity, consent and coercion

Safeguards have eroded over time: increase in numbers, and increase in scope



Summary Table

Jurisdiction	2002–05 Baseline	Latest Figure (2023/2024)	Growth & % of Total Deaths
Netherlands	~1,600 (1.2% of deaths)	~10,000 in 2024 (5–5.8%)	~10% annual rise recently
Belgium	236 (2003)	3,423 in 2023 (~2.4%)	14× increase over 20 yrs
Canada	1,018 (2016, 0.38%)	15,343 in 2023 (4.7%)	15.8% annual rise 2022-23
Luxembourg	112 (2009-2020 total)	—	Small population sample
Switzerland	500 (2012)	~1,000 by 2016 (~1.5%)	Doubled in 4 years



Arguably, the slippery slope is real.

Legislation: who decides, who drives, who advises?

Clinicians and their organisations: authority not power

The need for clarity including clarity over what we don't know.

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