Symposium | Suicide prevention: [Symposium 88] Euthanasia and Mental Illness: Ethical Dilemmas at the Intersection of Suicide Prevention and Rights Protection

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## [Symposium 88] Euthanasia and Mental Illness: Ethical Dilemmas at the Intersection of Suicide Prevention and Rights Protection

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-88-04] Euthanasia in the Netherlands: 20 Years of Experience

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In 2002, the Netherlands passed the Termination of Life on Request and Assisted Suicide Act. According to this legislation, euthanasia remains a criminal offense unless specific due care criteria are met. The procedure is reserved for physicians and must meet the following requirements:

- A voluntary and well-considered request
- Suffering that is unbearable and without prospect of improvement
- Adequate information provided to the patient
- There is no reasonable alternative solution
- Consultation with at least one other independent physician
- The procedure must be performed with medical due care

A regional review committee assesses each reported case of euthanasia after the fact.

The Dutch Association of Psychiatrists has its own guideline for euthanasia in cases of mental disorders, which slightly differs from the legal framework: a second opinion must also be obtained from an independent expert and an independent psychiatrist must always be involved in the assessment.

Now, more than 20 years after the legislation came into effect, polarization is evident both among psychiatrists and in public debate. The issue of euthanasia for minors suffering from mental disorders has further intensified this debate. As of now, no minimum age limit is applied.

Proponents of euthanasia emphasize patient autonomy and argue that the process of considering euthanasia can actually offer hope, creating space for treatment and change. Opponents question the concepts of "unbearable" and "without prospect" suffering, as well as the idea that no reasonable alternatives exist. The prognosis of mental disorders is often uncertain, and a desire to die may itself hinder treatment.

Meanwhile, it is not only physicians involved in euthanasia requests; other professionals —such as spiritual caregivers, psychologists, peer support workers, and nurses—are increasingly seeking to contribute to the process.