

Mapping the End-of-Life

Social Network Analysis Graph of actors involved in delivering EAS in Benelux

INTRODUCTION

Existing research into Euthanasia and Assisted Suicide (EAS) has focussed on the national scale and on singular organisations. In a globalised Europe, understanding current debates on EAS requires answering these questions: **to what extent do interactions between actors occur? What forms do they take? What shapes these interactions?**

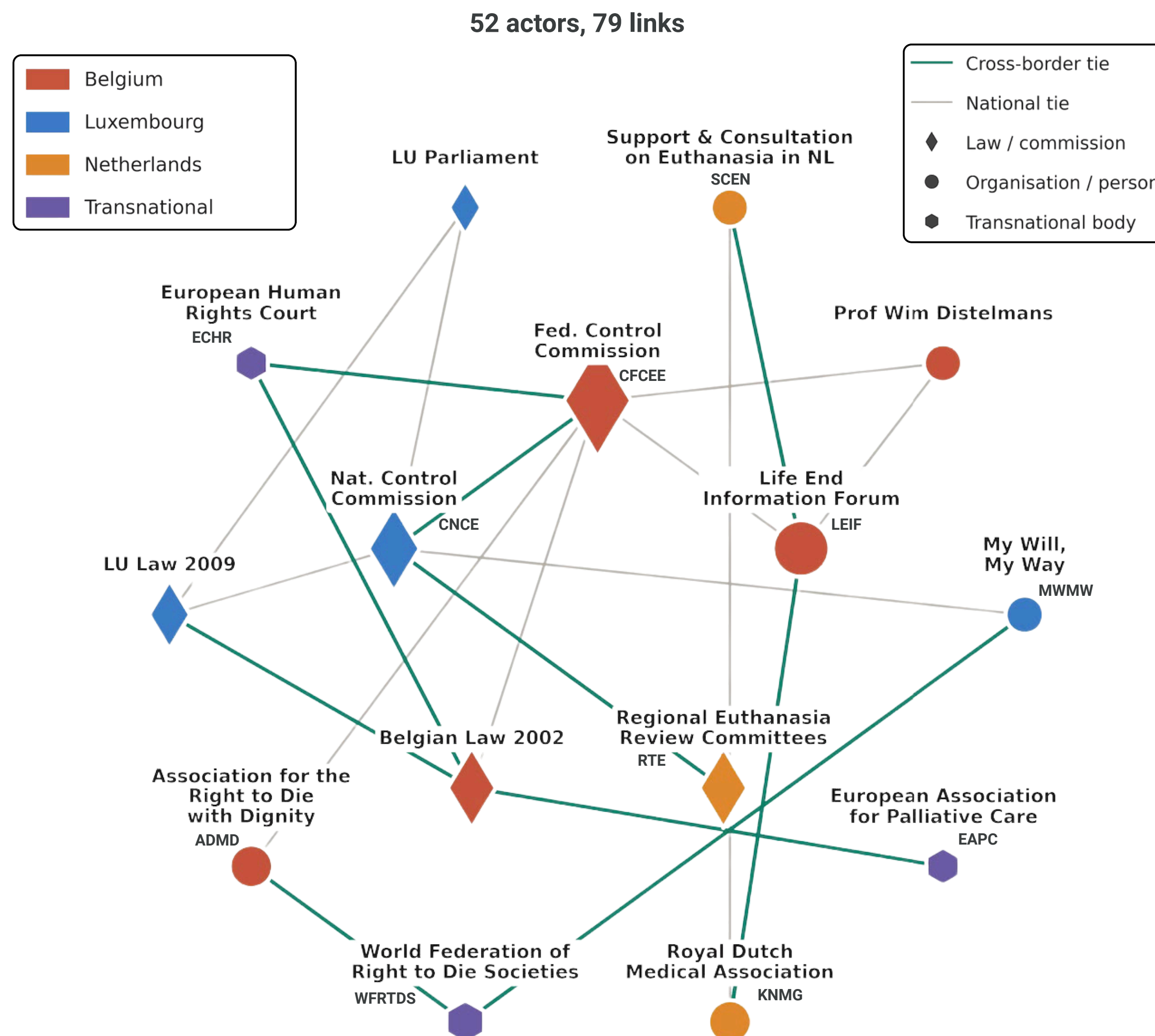
We carried out a Social Network Analysis from documented secondary data to explain the extent and type of interactions. To understand what shapes these interactions, we carried out 11 interviews of actors involved in EAS across Benelux; findings presented in the gray boxes.

PRACTICES STAY WITHIN BORDERS

International interactions are hindered by cultural specificity; differences in language, healthcare systems, and EAS legislation makes exchange not worth the labour. The exception was Luxembourg - being a small country and late to the game, its doctors receive most training abroad, and its EAS law was 'imported' from Belgium.

"A law has to fit the society in which it's actually being framed... what happens in the Netherlands might not translate to what would work in Scotland. So it is siloed in a way that you become very, very focused"

PW, international advocacy organisation



PHYSICIANS NEED KNOWLEDGE

Delivering end-of-life care including EAS is medically complex and emotionally burdensome, and clinical decision-making often doesn't align with legal due care criteria. This necessitated doctors to create systems like LEIF and SCEN to share knowledge, reassurance, and training with each other that isn't covered by the law.

"In Belgium there's no requirement at all for training mentioned in the law, neither in Luxembourg, neither in the Netherlands. So the training came from volunteering initiatives within medicine."

LD, Belgium-based academic

TENSION OVER BOUNDARIES OF EAS

The permissibility, and who should have access to EAS, is still contested. In Luxembourg, objections to EAS in some sectors of society strained or hindered interactions. "Libertarian" advocacy organisations are disdained by other advocacy organisations like WFRTDS, and by physicians who prioritise patients' competence and ability to consent.

6%

Only 6% of possible connections occur

2x

Connectedness of CFCEE (Belgium Federal Commission for the Control and Evaluation of Euthanasia) compared to next most connected actor

62%

Of connections occur at national scale