Reviewer’s report

Title: Euthanasia for people with psychiatric disorders or dementia in Belgium: analysis of officially reported cases

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Reviewer: Martino Belvederi Murri

Reviewer's report:

The study is focused on euthanasia practices among people suffering from mental disorders in Belgium.

The topic is highly important and relevant for psychiatry, not to mention highly controversial, as the authors correctly state. Despite legal euthanasia and assisted death have been introduced since many years now, literature on this issue is still scarce, let alone real world data.

The authors have to be commended for this interesting and timely study, that deserves attention among the entire medical community and should raise deep concern. The methodology is neat and appropriate, and results are reported in a clear fashion. I particularly appreciated the concern expressed over the vulnerability of older patients.

Clearly, the issue at stake deserves a thorough ethical/philosophical debate - the authors among others cite both Schuklenk and van de Vathorst 2015 vs. Kim and Lemmens CMAJ 2016 (re. treatment resistant depression). The article has a balanced and somewhat "neutral" stance, which is maintained also in the reporting style. As a psychiatrist, I tend to be rather preoccupied with the studies' results: when we introduce such a possibility to vulnerable patients, the priority should be to avoid over-inclusivity and conduct thorough assessment of applicants.

I recommend only minor revisions based on the following considerations:

- If the authors agree I would suggest they could be less "neutral" expressing their concern over the potential implications of these practices/trends. However, I leave the final judgement how to modulate the general tone of the article to the editor and authors

- The definitions and procedures to ascertain capacity and he presence of irremediable suffering have been deemed "disconcertingly vague and arbitrary" by Kim and Lemmens (CMAJ 2016). This issue may also require additional considerations.
If I understood correctly, there were few information on what grounds patients were "expected to die in the foreseeable future" criteria lied - this is another reason for worry, especially when it leads to avoid psychiatric evaluations.

A provocation: in a recent meta-analysis (Pompili et al Psychological Medicine), we showed that nearly half of patients who die by suicide, communicate their intention to die to relatives or physicians beforehand. In fact, several suicides are carefully planned in advance. It could be argued that the availability of legal euthanasia may put clinicians in front of a lacerating dilemma. Shouldn't they inform patients of this "therapeutic" alternative? After all, many depressed patients experience unbearable suffering. The question raises whether such a "dystopian" situation may be risked in the future and whether the access to euthanasia may further increase. It would be useful to comment on patient/doctor communication and briefly mention surveys of physicians' opinions on this matter (e.g. BMA. End-of-life care and physician-assisted dying. Jan 2016. www.bma.org.uk/workingfor-change/improving-and-protecting-health/end-of-life-care)

From what I infer from this and other articles, the euthanasia law in Belgium does not specifically require that treatment history is carefully/systematically reviewed, nor treating psychiatrists contacted for collateral information (has anything been attempted?). This would be another cause for deep concern, especially given the availability of novel treatment for resistant depression (e.g. ketamine, but also psychosocial interventions or physical exercise). I think it would be useful to add some reference to alternative treatments for depression and underline their efficacy.

It is surprising that patients are not assessed for the presence of personality disorders: could you comment on that?

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
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Yes
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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I am able to assess the statistics

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