European Journal of Neurology

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LETTER TO THE EDITOR OPEN ACCESS

Palliative Care in Europe: Safeguarding Compassion Amidst Changing End-of-Life Policies and Expanding Access to Medically Assisted Dying Position Statement on behalf of the European Academy of Neurology, the European Federation of Neurological Associations and OneNeurology

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Received: 29 December 2025 | **Revised:** 4 March 2026 | **Accepted:** 13 March 2026

Dear Editor,

Across Europe, there is a growing trend toward legislation allowing or expanding access to medically assisted dying. This term generally covers two practices: euthanasia, where a physician intentionally carries out an action to end a person's life, and physician-assisted suicide, where medical professionals provide the necessary means or support for a person to end their own life, with the final act carried out by the person. Various forms of medically assisted dying are already permitted in Austria, Belgium, Luxembourg, the Netherlands, Spain, and Switzerland. In addition, Germany is currently drafting legislation to regulate physician-assisted suicide, following a 2020 ruling by the Federal Constitutional Court that established a constitutional right to a self-determined death. In the United

Kingdom, ongoing parliamentary debates and recent legislative initiatives indicate a possible shift toward permitting assisted dying under defined legal safeguards.

While public opinion remains divided, and we do not seek to make a moral or political judgment on medically assisted dying itself, we emphasize the significant clinical, ethical, and societal implications such legislation carries—particularly for individuals living with long-term neurological conditions (LTNC).

At this pivotal moment, we wish to highlight several important points:

1. Palliative care must remain a parallel and accessible option. The introduction of medically assisted dying legislation must not diminish the role of palliative care. Palliative care is essential in easing suffering, improving quality of life, and supporting patients and families throughout the course of serious illness. These services must remain integral, accessible, and fully resourced.
2. Palliative care should be offered to individuals with LTNC early in the disease course (where appropriate)—ideally shortly after diagnosis—and integrated alongside curative or disease-modifying treatments, where available. Such an approach should include comprehensive assessment and management of symptoms and functions by neurologists, rehabilitation medicine physicians, and palliative care specialists to ensure that the individual receives adequate symptom relief and all appropriate interventions to optimize functions, including environmental adaptations to minimize the impact of disabilities.
3. Individuals living with LTNC may face additional challenges, such as fluctuating symptoms, complex communication needs, or varying cognitive demands. Legal frameworks must therefore include robust protections and access to specialized, multidisciplinary expertise to ensure that their rights, choices, and autonomy are fully respected and supported throughout decision-making processes.
4. Neurologists should receive education in palliative care, enabling them to feel fully equipped to manage the physical, psychological, social, and spiritual needs of their patients.

In light of these considerations, we strongly advocate for unrestricted access to high-quality palliative care for people living with LTNC. Palliative care provides essential relief from suffering, supports patients and their families in an integrated manner, and ensures dignity and quality of life throughout the disease trajectory. Medically assisted dying must never be introduced as a response to deficiencies in care provision or as an alternative to comprehensive, well-organized support.

Author Contributions

Katarina Rukavina, Marianne de Visser, Simone Veronese, Patrick Cras and David Oliver contributed to the conceptualization of the manuscript. Katarina Rukavina wrote the first draft of the manuscript. All authors contributed to the review and editing of the manuscript and approved the final version.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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