

Single Report Expert Opinion on
Decriminalising Medical Assistance in Dying in South Africa

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1. **Qualifications in order to establish my expertise in this field**
 - 1.1. Prof Em. dr Luc Deliens, MSc, MA, PhD, qualified as medical sociologist, is emeritus **professor of palliative care research**, at the Vrije Universiteit Brussel and Ghent University, in Belgium.
 - 1.2. He is the **Founding Director of the multidisciplinary End-of-Life Care Research Group** in Belgium (www.endoflifecare.be), one of the largest research teams on end of life research in the world. His team is with over 70 staff people, one of the world's largest interdisciplinary research group in palliative care and end-of-life studies, including a research program on assisted dying (Euthanasia), palliative sedation and other end-of-life decisions.
 - 1.3. Internationally, he is **president of Public Health Palliative Care International (PHPCI)** organizing among many other activities every two year the World Conference on Public Health and Palliative Care. He is member, untill 2024 co-chair, of the **European Association for Palliative Care (EAPC) Reference Group on Public Health and Palliative Care**.
 - 1.4. He is involved and lead of different on-going national and international research projects on end of life. He successfully supervised 67 PhDs and is actually supervising about 7 PhD students. He published over 600 papers in international scientific journals, incl. over 100 papers on assisted dying and euthanasia, and over 50 book chapters and received several scientific awards for his scientific work.

- 1.5. He received several scientific awards. Since 2009, he is also an elected member of the prestigious **Royal Academy of Medicine of Belgium**. Internationally, in 2022 he received the GW Hanks Award for his outstanding research in palliative care.
- 1.6. An extended CV, incl. full overview of his publications, will be provided in an annex to this report.
2. I have been instructed by Adams & Adams Attorneys on behalf of DignitySA to address a number of questions pertaining to assisted dying in Belgium.
3. My Expert opinion on the topics requested by Adams & Adams Attorneys are recorded below.
4. **What is the position today in Belgium in relation to assisted dying?**
- 4.1. Belgium passed the **Law of 28 May 2002** on Euthanasia, effective as of 23 September 2002, which legalised euthanasia and made of Belgium one of the first countries to do so. Twelve years later, on **13 February 2014**, the Belgian Chamber of Representatives voted on a legislative proposal to amend the 2002 Euthanasia law, making it possible for minors without any age limitation to request euthanasia, provided that they have capacity or competency to take such decision.
- 4.2. The 2002 law **only legalizes euthanasia**, which is defined as '*intentionally terminating life by someone other than the person concerned, at the latter's request*'. This means that, physician-assisted suicide (self-administered dying) was not legalized since in PAS the final act (i.e., the taking of lethal medication) is performed by the patient themselves. The Belgian context is thus different from that of the Netherlands (where both euthanasia and PAS are legal) and of several States in the United States (where only PAS is legal).
- 4.3. This Euthanasia law was preceded by a few years of ethical and societal debate.
- 4.4. The **Belgian Advisory Committee on Bioethics' Advice on euthanasia** created the political backbone for a vote on the matter in the parliament. In its very first Advice in 1997, the Committee discussed the moral and legal issues surrounding euthanasia. As it was impossible to reach agreement among its members due to divided opinions on the issue,

they drafted four possible positions regarding the regulation of euthanasia, three of which allowed for euthanasia in some cases. The Advice was not legally binding but it was important since it sparked a societal and political debate that inspired or catalyzed the drafting of the Euthanasia law.

- 4.5. Importantly, the debate preceding the 2002 Euthanasia law was not just ideological, but was informed by **empirical research**. In the process leading up to the adoption of the law, hearings were held with experts, who made clear that euthanasia was already occurring in Belgium. Important empirical work had shown that there were cases of euthanasia (and of termination of life without explicit request) in Belgium before the passing of the law. Part of the reason for passing the 2002 law was thus that it would bring into the open a practice that, until 2002, was happening without proper oversight.
- 4.6. Also, around the same time as the 2002 euthanasia law was passed, two other laws were passed in the Belgian parliament: the **Law of 14 June 2002 on Palliative Care**, which affirms the right to palliative care for every patient in need of it, with the aim of also ensuring that no patient opts for euthanasia because palliative care is unavailable; and the **Law of 22 August 2002 on Patients' Rights**, regulating the right of patients to be fully and objectively **informed** by the treating physician regarding diagnoses, prognosis and treatment options. The aim of the law is to improve patient autonomy, shared decision making in health care and enhancing the quality of care, by specifying the characteristics of a good, trustful and lasting relationship between a patient and the professional health care provider.
- 4.7. Between 2002 (year of legalization) and 2023 (last year of full publicly available statistics) 33,647 cases of euthanasia have been reported to the Federal Commission for the Control and Evaluation of Euthanasia (FCCCE). Except for the Covid-year 2020, every year the number of the reported cases increased from 236 in the first full year of registration in 2003 to 3,423 in 2023. The official statistics for 2024 have not yet been reported.
- 4.8. Assisted dying in Belgium takes place in all care settings: at home (47%), in the hospital (36%), in a care home (13%) or in a palliative care units or hospices (3%).
- 4.9. Of all reported cases since 2002, most of the cases concern terminally ill patients in an advanced stage of their illness that are expected to die within a year (85%). Studies have

also shown that most of these cases die within hours, days or a few weeks prior to their natural death. The other cases in Belgium could have a longer expected survival of more than 1 year.

4.10. All of these assisted dying cases have a serious illness from which the patient would die from, e.g. cancer, advanced COPD, advanced heart failure, advanced neurological disease, etc. But more importantly, all of these patients are suffering unbearably without any prospect of improvement. In palliative care we would call it "refractory symptoms", hence, symptoms that cannot be treated properly with regular medication or other regular treatment options.

4.11. Most of these patients with assisted death were suffering unbearably both physically and mentally (73%), 24% is suffering only physically.

5. **What forms of assisted dying are permitted and when was this legalized?**

5.1. Only euthanasia is legalized (physician-administered dying) in the Belgian Euthanasia Law of 2002.

5.2. Assistance by physicians of self-administered death is not defined nor conceptualized in the Belgian Euthanasia Law of 2002. However, the Federal Commission for the Control and Evaluation of Euthanasia (FCCEE) considers also self-administered dying or physician assisted suicide as euthanasia, as long as the physician attended the suicide and all in the Law stipulated substantive and procedural criteria have been met.

6. **What is the history of end-of-life decisions in Belgium, including before it was legalized, during the legalization process and thereafter?**

6.1. Before the Euthanasia Law passed the Parliament in the Belgian Euthanasia Law of 2002, assisted dying (both physician-administered death and self-administered death) assisted by a physician was considered a crime of murder.

6.2. In 2000, my research team published a paper in the medical journal the Lancet showing that in Belgium, in the 90-ies already more than 1000 cases of euthanasia took place in medical practice on a yearly basis. Giving this fact that assisted dying is already a

substantially taking place in medical practice, a majority of the different political parties in the Federal parliament agreed about the need to regulate this end of life option, and started the debate to reflect about the process of legalization of assisted dying.

- 6.3. The Federal Advisory Committee of Bioethics was requested a recommendation by the Parliament and this high profiled committee in its formal Advise supported regularization of assisted dying, and proposed the parliament to reflect about four regulation tracks. One of these tracks have been chosen by the Parliament and a Parliamentary committee was charged with drafting a legislation and a thorough reflection on developing due care criteria.
- 6.4. The purpose of the law is about respecting patient's autonomy, and creating safe circumstances for the dying patients by supporting them to make their end-of-life trajectory a good death for themselves as well as for their family carers.
- 6.5. Research has also shed light on the history of end-of-life decisions in Belgium. (see 23.2.)
- 7. **What are the substantive and procedural criteria that must be met for assisted dying to be legally performed? Please set these out.**
- 7.1. The Belgian euthanasia law stipulates substantive and procedural criteria that must be met for euthanasia to be legally performed.
- 7.2. The **substantive criteria**, among other things, require:
 - 7.2.1. that the patient's request must be voluntary, well considered and repeated, and is not the result of any external pressure; hence, the request must be durable and to this end the physician has several conversations with the patient spread over a reasonable period of time, but taking into account the progress of the condition;
 - 7.2.2. that the patient must be in a medically futile condition of constant and unbearable physical or mental suffering that cannot be alleviated, and resulting from a serious and incurable disorder caused by illness or accident;

- 7.2.3. before carrying euthanasia, the physician must fully inform the patient about his/her health condition and life expectancy, discuss with the patient his/her request for euthanasia and the possible therapeutic and palliative care options and their consequences; and
- 7.2.4. the attending physician together with the patient must come to the belief that there is no reasonable alternative to the patient's situation and that the patient's request is completely voluntary.
- 7.3. The **procedural criteria** require:
- 7.3.1. Consultation by the attending physician of another physician (1st consultant), who is independent of both the patient and the attending physician, and must be competent to give an opinion about the disorder in question.
- 7.3.2. In order to judge whether the substantive criteria have been met, this consultant must review the medical record, judge the serious and incurable nature of the condition, ascertain that the patient's physical or psychological suffering is constant, unbearable, and without prospect of improvement, and that the patient's request was voluntary, well considered, and repeated (the latter only applies in patients not expected to die in the near future).
- 7.3.3. This consultant must make a written report regarding his or her conclusions, and must inform the patient.
- 7.3.4. The attending physician is mandatory to notify the euthanasia case and submitting of the written report to the official review commission (Federal Commission for the Control and Evaluation of Euthanasia).
- 7.3.5. If the physician believes that the patient is clearly not expected to die in the near future, a 2nd consultant need to be consulted by the attending physician. This consultant need to be a psychiatrist or a specialist in the disorder in question, e.g. a neurologist in case of dementia or an oncologist in case of cancer, and inform him/her of the reasons for such a consultation.

8. **How do requests for assisted dying work in Belgium and what specific measures have been put in place as safeguards against abuse?**
- 8.1. Requests for assisted dying in Belgium have to be assessed by the attending physician receiving an explicit request for assisted dying from one of his patients. The attending physician is fully responsible for assessing the medical requirements of the law.
- 8.2. In case the attending physician has contentious objections, a referral to another attending physician is mandatory.
- 8.3. The request need to come from a competent patient with full decision making capacity. The physician has to evaluate whether the patient's request is voluntary, well considered, repeated, and not the result of any external pressure. Hence, the attending physician needs to assess the decision making capacity of the patient, and the qualifications of the request for assisted dying.
- 8.4. Furthermore, as stated above the patient is in a medically futile condition of constant and unbearable physical or mental suffering that cannot be alleviated, resulting from a serious and incurable disorder caused by illness or accident. Hence, the attending physician needs to assess the medically futile condition of the patient.
- 8.5. The attending physician needs to inform the patient about ALL treatment options, including palliative care options.
- 8.6. Finally, the attending physician needs to consult another physician for a second opinion on the assessments of the request. This consultant must read the medical file and examine the patient in order to judge whether the substantive criteria have been met, i.e., judge the serious and incurable nature of the condition, ascertain that the patient's physical or psychological suffering is constant, unbearable, and without prospect of improvement, and that the patient's request was voluntary, well considered, and repeated (the latter only applies in patients not expected to die in the near future).

- 8.7. On a more system level, assisted dying is fully integrated into the health care system in Belgium, in all setting (at home, in hospitals, in nursing homes and in palliative care settings).
- 8.8. Safeguarding a safe assisted dying trajectory needs professional medical assistance for coordination and continuity of care, a proper assessment of the patient's condition, of the treatment options, an assessment of the competent request, and of a proper delivery of assisted dying by a competent choice of the right dosages of the lethal drugs and a skillful administration of the lethal drugs.
- 8.9. Next to the implementation of the legal substantive and procedural criteria, the best system level safeguard is to have clinicians with end of life expertise taking up responsibility in the assessment and guidance and eventually delivering of assisted dying.
- 8.10. If properly trained clinicians are responsible for this, the risk of abuse is really minimum, and at least smaller than the risks for abuse in cases of terminal sedation or abuse in surgery in a hospital.
- 8.11. In Belgium, MDs still could graduate from medical school, without having experienced one dying patient during their internships. Hence, I would not argue that health care professionals do not need significant additional training as the experience in Belgium and the Netherlands proof that this is definitely needed. In general, physicians have little training with end of life care at medical school and additional training is needed.
- 8.12. Hence, post academic training is surely required. Therefore, in Belgium, a network of trained physicians (the LEIF physicians), with substantial training in the assessment and guidance of euthanasia, have been established shortly after the implementation of the Euthanasia Law. (see also 23.1.6., where we elaborate more on the LEIF-physicians)
- 8.13. From a point of view of knowledge and skills, palliative care physicians and nurses (of course if they have no conscientious objections for assisted dying) have the best attitudes and skills for the guidance of a good assisted dying trajectory.
9. **Please describe the professional consultation services for end of life decision making in Belgium.**

- 9.1. The above mentioned network of **LEIF-physicians** support colleagues that are confronted with a request for euthanasia. Often on a regional level they are considered by their peers as the specialized in the assessment and guidance of requests for assisted dying. They are very often solicited by the attending physicians to help in case an assisted dying request has been expressed. In practice often these physicians have also a palliative care training, and many of them are working in palliative care settings.
- 9.2. Following the implementation of the Belgian Euthanasia Legislation in 2002, attending physicians receiving an assisted dying request faced uncertainty in assessing and performing it, and experienced difficulties in finding consultants to assess an assisted dying request. This could be attributed to the lack of a comprehensive strategy to implement the legislation and of relevant jurisprudence to inform the interpretation of the legal requirements, as was the case in the Netherlands. Therefore, palliative care physicians together with the right-to-die association 'Recht op Waardig Sterven' established LEIF in 2003 in Flanders and Brussels.
- 9.3. LEIF was modeled after '*Support and Consultation in Euthanasia Network*' (SCEN) in the Netherlands, which offers training to physicians in assessing an assisted dying request. The initial aims of LEIF were:
- 9.3.1. to offer special training –i.e., LEIF physician training- to ensure independent and competent consultants to assess an assisted dying request.
- 9.3.2. to provide consultations to physicians in various end-of-life practices, including palliative care.
- 9.3.3. and to provide information about end-of-life practices to the broader public.
- 9.4. To date, LEIF continues to pursue these aims.
- 9.5. With regard to the LEIF physician training, the program focuses on assisted dying (euthanasia), other end-of- life practices, and quality criteria for consultations to assess a an assisted dying request. It is delivered in person by experts in palliative care and euthanasia. More specifically, the training is divided into five modules (each lasting 5.5 hours of training), including:

- 9.5.1. medical end-of-life decisions, Belgian euthanasia legislation, patient rights, and access to palliative care;
- 9.5.2. the organization and functioning of LEIF, legal aspects of advance directives, and conducting advance care planning;
- 9.5.3. ethics and the concept of mental capacity in palliative care;
- 9.5.4. the practical aspects of assisted dying (euthanasia) and assisted dying research;
- 9.5.5. physician communication with patients, their relatives, and other health care professionals in the context of end-of-life decisions.
- 9.6. Upon completing the first two modules, physicians receive the qualification of 'LEIF consultant' or 'LEIF physician'. LEIF considers this the core curriculum or the minimum standard necessary to ensure quality in peer consultations in the context of end-of-life practices. However, LEIF strongly encourages physicians to complete all modules of the training.
- 9.7. The certified LEIF consultants can be contacted by the central management of LEIF or directly by health care professionals to 1) conduct assisted dying request assessments, and 2) offer advice and information on various end-of-life practices to patients, relatives, and health care professionals.
- 10. **How is assisted dying monitored, reported upon and controlled in Belgium?**
 - 10.1. Every case of euthanasia have been reported by the attending physician to the Federal Commission for the Control and Evaluation of Euthanasia (FCCEE). The commission provides a standard form that physicians can use for the reporting. This reporting needs to happen within a few days after the death of the patient.
 - 10.2. The FCCEE reviews every single case and checks whether the legal requirements have been met. The FCCEE report every two years a statistical report to the federal parliament, including proposing recommendations for improvement of the implementation of the Euthanasia Law in Belgium.

- 10.3. If according to the judgment by the FCCEE a reported assisted dying case did not respect the legal requirements (the substantive and procedural criteria), that case should be forwarded to a Public Prosecutor. This decision needs to be made by a two-third majority of the commission. Since the implementation of the Euthanasia Law in 2002, only one case was forwarded to the Public Prosecutor who can then decide whether or not to file charges and go to court.
- 10.4. Since the legalization of euthanasia in 2002, the FCCEE has referred one report to the Public Prosecutor, who decided not to prosecute because the patient took the lethal medication herself, which meant that it was not euthanasia but rather a case of self-administration that was not regulated by the Euthanasia Law. In 2019, there was also a Court of Assizes trial extensively covered by the media, where three physicians (one treating physician and two consulting physicians) were indicted for allegedly incorrectly performing euthanasia and were ultimately acquitted. This euthanasia case had been fully approved by the FCCEE, but the legal investigation was initiated following a complaint by the family.
- 10.5. It has been estimated by empirical research that not all cases are reported. Hence, the official statistics are under-reporting the number of assisted dying cases in clinical practice. However, over the years the reporting ratio is being improved.
- 10.6. The Belgian Law on Euthanasia has incorporated **three control practices** - also referred to as control levels, control mechanisms, or control measures- to ensure that euthanasia complies with its legal requirements.
- 10.7. The first control practice concerns '*self-control*'. This involves the attending physician controlling the patient's eligibility for euthanasia by reviewing the patient's medical records, examining the patient, and holding multiple conversations with the patient over a reasonable period of time. It is a form of a priori control since it occurs before granting a request for assisted dying.
11. The second control practice concerns peer control. This involves another physician who also controls the patient's eligibility for assisted dying through a '*peer consultation*', which is also a form of a priori control.

- 11.1. The third control practice concerns *societal or judicial control*. This involves that the above mentioned FCCEE controls whether the assisted dying case adheres to all the legal requirements by reviewing the registration form completed by the attending physician. It is a form of a posteriori control as it is carried out following the performance of assisted dying.
- 11.2. While peer consultation functions as a priori control in the current legal context of assisted dying practice, it is worth noting that other inherent functions or qualities of peer consultation were initially considered when incorporating it as a legal requirement.
- 11.3. First, peer consultation was considered to function as quality control. Attending physicians may face difficult decisions when assessing an assisted dying request, such as diagnosing conditions and considering curative or palliative treatments. Therefore, seeking advice from another physician can enhance the medical quality of the decision-making process. This closely resembles the function of peer consultation in other medical practices, e.g. palliative sedation.
- 11.4. Second, peer consultation was deemed to be a means of fostering intersubjectivity. Numerous aspects of the assisted dying request assessment involve subjective evaluations; for example, ascertaining the patient's unbearable suffering. Consequently, peer consultation can ensure that the final decision to grant assisted dying is not solely dependent on the personal idiosyncrasies of the attending physician.
- 11.5. Third, peer consultation was considered to be informative. For the majority of attending physicians, assisted dying is for sure not a routine practice. Peer consultation can provide them with important information about the euthanasia legislation they may not be aware of, for instance, the substantive requirements.
- 11.6. Fourth, peer consultation was deemed to function as a preventive and justificatory measure. Being aware of the mandatory consultation, attending physicians might strive to ensure that everything has been done correctly, and they can use the advice from the consultant to explain to the patient the reasons for (not) granting assisted dying.

- 11.7. Fifth, peer consultation was considered to function as a post facto control if necessary. Peer consultation guarantees that a qualified physician is aware of the circumstances under which an attending physician has granted assisted dying. This ensures that control afterward –e.g., by the FCCEE - is not entirely dependent on the testimony of the attending physician.
- 11.8. Hence, peer consultation is a control practice implemented in the Belgian Euthanasia Law. More specifically, the Law stipulates that the attending physician who agrees to proceed with the assisted dying request must hold a peer consultation with another physician (hereafter referred to as 'consultant') to assess the incurable and severe condition of the patient. To that end, the attending physician is required to inform the consultant about the reasons for consulting him or her. In concrete terms, the consultant must review the patient's medical records, examine the patient, and ascertain that the patient is experiencing persistent and unbearable physical or psychological suffering that cannot be alleviated. The consultant must also draft a report of their findings.
- 11.9. The Belgian Law on Euthanasia states that the consultant must be 1) independent from both the patient requesting euthanasia and the attending physician, and 2) authorized to evaluate the patient's condition. The Act does not provide a further definition of such independence. However, the FCCEE deploys the following criterion to determine the independence between the attending physicians and the consultant: not having any familial or hierarchical subordinate relationship. For example, the FCCEE considers it not a good practice when an attending physician in training holds a peer consultation with their supervisor. As for the independence between the consultant and the patient requesting euthanasia, the FCCEE specifies that the patient cannot have had a previous and ongoing therapeutic relationship with the consultant.
- 11.10. Furthermore, the Belgian Law requires the attending physicians to hold an additional or second peer consultation with another or second independent consultant for two specific patient groups:
- 11.10.1. patients who are not expected to die in the near future, for example, patients with *psychiatric conditions*;
- 11.10.2. and *minors*.

- 11.11. As concerns the first patient group, the second consultant has to be either a psychiatrist or a medical-specialist in the patient's condition and must review the patient's medical records, examine the patient, ascertain that the patient is experiencing persistent and unbearable physical or psychological suffering that cannot be alleviated, and ascertain that the assisted dying request has been voluntary, well-considered, and repeated. The second consultant also needs to be independent from the patient, the attending physician, and the first consultant.
- 11.12. As concerns the minors, the second consultant should be a child and adolescent psychiatrist or psychologist, who has to review the minor's medical records, examine the minor, and ascertain that the non-emancipated minor holds capacity for discernment.
- 11.13. Peer consultation as a form of peer control has also been implemented in the majority of frameworks for assisted dying in other jurisdictions. In most of these jurisdictions, the legally required peer consultation involves consulting a physician, such as in the Netherlands and Spain. In contrast, in certain Canadian provinces, nurse practitioners are also allowed to serve as consultants, whereas in Colombia, attending physicians are required to hold a peer consultation with an interdisciplinary scientific committee composed of a lawyer, a physician having expertise in the patient's medical condition, and a psychiatrist or clinical psychologist. Moreover, some jurisdictions stipulate that consultants must have a particular medical specialty or have completed special training to assess an assisted dying request. For example, in Austria, consultants must be palliative care physicians, whereas, in some Australian states, consultants must have followed special assisted dying training developed by the public health authorities.
12. **What has been the experience in Belgium with end of life decisions? To the extent there is, please also address what has been revealed by empirical research of end-of-life decisions Belgium. Please consider addressing the following topics in your answer, to the extent applicable:**
- 12.1. Research showed the difficulties of obtaining reliable data on euthanasia and other end of life medical practices in a country with no formal registration and authorization procedure for assisted dying, and where criminal prosecution is a possibility. However, studies in Belgium prior to the legalization of euthanasia shows that euthanasia occurred

already in medical practice in a substantial number of deaths, namely about 1% of all deaths in 1998. Hence, these data suggest that restrictive public policy prior to the legalization does not guarantee the best patient protection. Less attention is given to requirements of careful end of life practice in a society with a restrictive approach than in one with an open approach that tolerates and regulates euthanasia and physician assisted suicide.

- 12.2. In Belgium, large-scale repeated surveys have monitored the evolution of medical end-of-life practices since 1998, with subsequent surveys conducted in 2001, 2007 and the latest in 2013. The frequency of assistance in dying in Belgium is similar to the rate reported in the Netherlands. In Table 1 the evolving incidences over the years for these end-of-life practices in Belgium are presented.



Table 1:

Evolving incidences over the years for end-of-life practices in Belgium. 1998-2013 ¹

Variable	1998	Survey Year		2013
		2001	2007	
Total deaths annually — no.	56,354	55,793	54,881	61,621†
Deaths in survey sample — no.	3999	5005	6202	6188
Response rate — % of physicians surveyed	48.1	58.9	58.4	60.6
Studied cases — no.	1925	2950	3623	3751
Death preceded by at least one end-of-life practice - % of studied deaths	39.3 (37.0–41.6)	38.4(36.5–40.3)	47.8(45.9–49.8)	47.8 (46.1–49.5)
Intensified alleviation of pain and other symptoms§- % of studied deaths	18.4 (16.6–20.4)	22.0(20.5–23.6)	26.7(25.1–28.4)	24.2 (22.9–25.7)
Withholding or withdrawing of life-prolonging treatment- % of studied deaths	16.4 (14.7–18.3)	14.6(13.2–16.0)	17.4(15.9–19.0)	17.2 (15.9–18.6)
Physician-assisted death- % of studied deaths ¶	4.4 (3.5–5.5)	1.8(1.4–2.4)	3.8(3.2–4.5)	6.3 (5.6–7.1)
Euthanasia- % of studied deaths	1.1 (0.7–1.7)	0.3(0.2–0.5)	1.9(1.6–2.3)	4.6 (4.0–5.2)
Assisted suicide- % of studied deaths	0.12 (0.04–0.36)	0.01(0.00–0.10)	0.07(0.02–0.19)	0.05 (0.02–0.13)
Hastening of death without explicit request from patient- % of studied deaths	3.2 (2.4–4.1)	1.5(1.1–2.0)	1.8(1.3–2.4)	1.7 (1.3–2.2)
% of requests for euthanasia or assisted suicide granted	57.4 (41.0–72.4)	NC	56.3(48.2–64.0)	76.8 (71.2–81.6)
Continuous deep sedation until death- % of studied deaths	—	8.2(7.1–9.4)	14.5(13.1–15.9)	12.0 (10.9–13.2)
Patient decided to stop eating and drinking- % of studied deaths	—	—	—	0.5 (0.3–0.7)

¹ Chambaere K, Vander Stichele R, Mortier F, Deliens L. Recent Trends in Euthanasia and Other End-of-Life Practices in Belgium. *nenglmed* 2015 March; 372; 12:1179-1180 available at: <https://www.najm.org/doi/pdf/10.1056/NEJMc1414527?article=Tools%20%20>

- 12.3. The rate of euthanasia increased significantly between 2007 and 2013, from 1.9 to 4.6% of deaths. The overall increase relates to increases in both the number of requests (from 3.5 to 6.0% of deaths) and the proportion of requests granted (from 56.3 to 76.8% of requests made).
- 12.4. As compared with practices in 2007, in 2013 decision-making in euthanasia and physician-assisted suicide more often involved palliative care services, in 73.7% of cases. The results suggest also a stricter assessment of legal eligibility criteria in 2013 than previously. Decision-making in other end-of-life practices also increasingly included patient and family input. As already noted, this study also found an increased demand for euthanasia in Belgium between 2007 and 2013, as well as a growing willingness among physicians to meet those requests, mostly after the involvement of palliative care services. This finding indicates that, after many years of experience, euthanasia is increasingly considered a significant option at the end of life in Belgium. For the first time, the rate of euthanasia in the Flanders area of Belgium is significantly higher than that in the Netherlands (2.8% in 2010).
13. **The recipients of assisted dying in Belgium since assisted dying has been legal. Specifically:**
- 13.1. **Which illnesses do patients seeking assisted dying generally have?**
- 13.1.1. Based on all reported cases of assisted dying in Belgium up till 2023 (N=33,647); the **illnesses** reported on the registration form to the FCCCE are:
- 13.1.1.1. 65% cancer
- 13.1.1.2. 15% multi morbidity in older age
- 13.1.1.3. 8% diseases of the nervous system (ALS, Parkinson, etc)
- 13.1.1.4. 1% dementia
- 13.1.1.5. 1% psychiatric disorders
- 13.1.1.6. 10% several other diseases

- 13.2. **What are the usual demographics, levels of education and/or socioeconomic status of people seeking assisted dying in Belgium?**
- 13.2.1. Based on all reported cases of assisted dying in Belgium up till 2023 (N=33,647); the gender distribution is 49.7% Female, 50,3% Male.
- 13.2.2. Levels of **education** or socioeconomic status are not reported to the FCCEE. However, studies have demonstrated that the highest request rates are to be find in people with a higher educational degree (university degree).
- 13.2.3. **Age group distribution is as followed:**
- 13.2.3.1. 15-29 0.3 %
- 13.2.3.2. 30-39 1.2 %
- 13.2.3.3. 40-49 3.4 %
- 13.2.3.4. 50-59 10.2 %
- 13.2.3.5. 60-69 20.8 %
- 13.2.3.6. 70-79 27.5 %
- 13.2.3.7. 80-89 26.9 %
- 13.2.3.8. 90+. 9.5 %
- 13.3. **Which assisted dying requests are granted, withdrawn or rejected? In each case, please indicate why.**
- 13.3.1. These data are not available in the official FCCEE statistics.
- 13.3.2. However, scientific studies show that in parallel with the increase of the number of granted cases, also the number of requests for assisted dying in society increases from year to year. Furthermore, also the proportion of granted requests are also increasing over the years and is now being estimated around 80% of requests , while it was only 55% in 2007. This is the result of training and increased experience of physicians with this challenging end-of-life the practice.
- 13.3.3. The main reasons for not being granted a request for assisted dying are:



- 13.3.3.1. 58 % the patient was already death, before the assessments and final decision could be made
- 13.3.3.2. 20 % not all legal requirements have been met
- 13.3.3.3. 18 % the request by the patient was withdrawn

- 13.3.4. As most cases are taking place in the advanced stage of the illness, the time between the request and a natural death is often too short for the full assessment of the assisted dying request by the clinicians.

- 13.3.5. Personal objection by the physician due to contentious objection against assisted dying was existing in the first ten years after implementation of the Euthanasia Law, but is almost non existing anymore in the last ten years.

- 13.3.6. The most common reasons why physicians are not willing to participate in a case of assisted dying is based on specific local institutional policies, e.g. a nursing home that does not allow assisted dying in the nursing home. However, several court cases have disapproved these practices and stated that local guidelines cannot be above the Law.

- 13.4. **Do vulnerable people more easily receive medical assistance in dying? Please distinguish in your answer between assisted dying with an explicit request, and without an explicit patient request.**
- 13.4.1. There is no evidence what so ever in Belgium that vulnerable people would more easily receive medical assistance in dying.
- 13.4.2. As it has been stated higher, studies have demonstrated that the highest request rates are to be find in people with a higher educational degree (university degree) and not by those with lower education or with a low socioeconomical status.

- 14. **The factors that lead to patients requesting medical assistance in dying. In particular:**
- 14.1. **What drives patients to request medical assistance in dying? Put differently, what does the data reveal are the most common associations in requests for assistance in dying? And what incorrect theories are disproved by the data?**

- 14.1.1. For most of the terminally ill patients it is easy to assess the suitability of a patient for assisted dying based on their medical conditions. Over 85% of the patients receiving assisted dying in Belgium receive euthanasia in the last days of their lives and the life shortening is estimated by the attesting physicians as 'very short', or as almost non existing (a few hours, few days, maximum a week).
- 14.1.2. The reason is the unbearable suffering in the very advanced stage of their disease, e.g. very advanced cancer. The patients are often so frail that they could die any hour or in the coming days. Hence, for those patients one could say that euthanasia is facilitating patients to die well, to give them a good death. Not only for them, but also for their families who often cannot bear the unbearable suffering of their loved one.
- 14.1.3. Research in 2019 in Belgium have shown the following most important reasons for requesting assisted dying (categories are most often combined):
- 14.1.3.1. Suffering without prospect of improvement (80 %)
 - 14.1.3.2. Loss of independence in daily living (54 %)
 - 14.1.3.3. Loss of dignity (51 %)
 - 14.1.3.4. General weakness (48 %)
 - 14.1.3.5. Pain (41 %)
 - 14.1.3.6. Disability (26 %)
 - 14.1.3.7. Not being a burden on the family (23 %)
 - 14.1.3.8. Tired of living (22 %)
 - 14.1.3.9. Anxiety (9 %)
 - 14.1.3.10. Depression (5 %)
 - 14.1.3.11. Fear of suffocating (4.5 % %)
 - 14.1.3.12. Vomiting (4 %)
 - 14.1.3.13. Other reasons (9 %)

- 14.2. **Can requests for medical assistance in dying be said to be the result of, or linked to, structural or socioeconomic vulnerability or inadequate supportive resources for people with disabilities? In other words, do patients request medical assistance in dying because of poverty, neglect or an inability to access supportive services?**
- 14.2.1. Research evidence did not support the repeatedly expressed concern that vulnerable people (older people, disabled people, people with psychiatric disorders) would under pressure to receive euthanasia.
- 14.2.2. On the contrary, we found that requests for euthanasia from persons 80 and older are granted less often and withdrawn more often. The chances of receiving euthanasia were found to be lower when depression was one of the reasons for seeking euthanasia, and when the patient is 80 years or older.
- 14.3. **Would better access to timely, high-quality palliative care prevent requests for medical assistance in dying?**
- 14.3.1. In general, internationally many palliative care associations are opposed to the practice of assisted dying, and are against its legalization. At the same time palliative care associations in general acknowledge that even the best palliative care cannot prevent some patients from asking for an assisted death.
- 14.3.2. This position of palliative care associations has been strongly criticized by academic and clinical end-of-life experts from Belgium, for not taking into account palliative care scenarios from countries with an existing legal context for assisted dying.² In jurisdictions where assisted dying has been regulated, professional palliative care is in fact already involved in the vast majority of cases where requests for euthanasia are made.
- 14.3.3. In countries where assisted dying becomes legal, a reflection is needed on ways to reconcile traditional palliative care values such as those mentioned above, with the newly available choices in face of death.

² [Kenneth Chambaere, Joachim Cohen, Jan L. Bernheim, Robert Vander Stichele and Luc Deliens. The European Association for Palliative Care White Paper on euthanasia and physician-assisted suicide: Dodging responsibility. Palliative Medicine 2016, Vol. 30\(9\) 893–894.](#)



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- 14.3.4. Furthermore, research evidence in Belgium have shown that palliative care physicians in Belgium, compared to any other medical specialty, have the highest rate of assisted dying requests.
- 14.3.5. Moreover, research have also shown that palliative care physicians are not less inclined to grant a request for euthanasia, as compared to any other medical specialty.
- 14.3.6. More than twenty years of experience with the implementation of assisted dying in Belgium has shown that they assisted dying practice and palliative care are not antagonistic, and on the contrary can and should reinforce each other.
- 14.4. **How has the palliative care community in Belgium adapted an integrated model, integrating assisted dying into palliative care practice?**
- 14.4.1. In countries where assisted dying has been legalized, palliative care clinicians do in fact get involved in assessments for assisted dying, and sometimes also in the administration of the lethal drugs. In Belgium, where the practice of euthanasia has been legally implemented for over 20 years, palliative care clinicians have gradually accepted and become more and more involved in the practice of assisted dying. Therefore, in 2003, the Federation of Palliative Care Flanders (now named Palliative Care Flanders) officially embraced assisted dying (euthanasia) as an option within palliative care upon a legally valid patient request and professional caregiver agreement.
- 14.4.2. At that time, Palliative Care Flanders stated:
- "Palliative care and euthanasia are neither alternatives nor antagonistic. Euthanasia may be part of palliative care. Caregivers are fully entitled to ethical limitations, but they must be expected to state these limitations candidly, clearly and above all in due time."*³.
- 14.4.3. This position by Palliative Care Flanders was endorsed in 2010 by all three Belgian palliative care associations (Palliative Care Flanders, the Fédération Wallonne des Soins Palliatifs, and the Fédération Pluraliste Bruxelloise de Soins Palliatifs et Continus).

³ Alexander Verstaen, Paul Vanden Berghe and Gert Huysmans. European insight: Palliative care in Flanders: from the pioneering 1980s to new challenges going towards 2020. *European Journal of Palliative Care* July/August 2015, Volume 22 Number 4: 205-207.

- 14.4.4. Palliative Care Flanders reconfirmed its position in 2011 and further elaborated its motivation, which included that the radical rejection of the affirmation that assisted dying tends to disconnect euthanasia from (palliative) care and thus to threaten optimal end-of-life care. The problem, Palliative Care Flanders said, is not euthanasia as such, but rather its dissociation from the context of palliative care. The antagonism is no longer between euthanasia on the one hand and palliative care on the other, but between euthanasia outside and euthanasia within the realm of palliative care. Palliative Care Flanders' position on euthanasia and assisted suicide embedded in palliative care was published in The European Journal of Palliative Care in 2013⁴.
- 14.4.5. Also, as already recalled, around the same time as the 2002 Euthanasia Law was adopted, two other laws were approved by the Belgian Parliament: the *Law of 14 June 2002 Concerning Palliative Care* affirming the right to palliative care for every patient in need of it, aiming to ensure also that no patient opts for euthanasia because palliative care is unavailable, and the *Law of 22 August 2002 concerning the Patient's Rights*, regulating the rights of patients to be fully and objectively informed by the treating physician regarding diagnoses, prognosis and treatment options, with the aim of improving the quality of care, by specifying the characteristics of a good, trustful, and lasting relationship between a patient and the professional health care provider.
- 14.4.6. Ten years after the implementation of the Euthanasia Law in Belgium, the practice of euthanasia support and the counselling on palliative care is part of the daily work of palliative care professionals. Palliative care clinicians often support the treating or assessing doctor and team in all aspects of the patient's request for assisted dying, while occasionally also carrying out assisted dying themselves. This support includes clarification of the request, communication with the family, consideration of other possibilities, medical and other assistance if assisted dying is performed, and support of the team afterwards. It takes place with full respect for each professional's personal choice regarding their involvement. This practice has been implemented in Belgium in all care settings, in hospitals as well as in nursing homes, and in homecare.

⁴ Paul Vanden Berghe, Arsène Mullie and Gert Huysmans. Assisted dying – the current situation in Flanders: euthanasia embedded in palliative care, European Journal of Palliative Care 2013, Volume 20 Number 6: 266-272.

- 14.4.7. According to all Palliative Care Associations, in Belgium every patient at the end of life has the freedom to call on palliative care or not.⁵ They insist that palliative care professionals should 'respect the choice of patients who want euthanasia' and 'place them at the center of the process'. They further state that 'patients must be able to freely and autonomously call upon one or more practitioners of their choice, such as their general practitioner or the specialist in charge of their incurable disease, or the palliative team that has supported them since they learned about the incurable nature of their disease, or a practitioner who is a member of an assisted dying association such as LEIF physicians. This implies a clear rejection of the so-called 'palliative filter', i.e. the obligation that all palliative care possibilities have been examined and exhausted before a patient can receive euthanasia – which is not in fact a requirement of the current Belgian law on euthanasia.
15. **Instances of abuse since the legalisation of assisted dying.**
- 15.1. Ever since the implementation of the Euthanasia Law in 2002, after reviewing the reported cases of assisted dying by the FCCEE, only one case have been forwarded to the Public Prosecutor and in that one case the attending physician was not convicted by the Court.
- 15.2. In all court cases in which physicians were trialed in Court for not respecting the legal requirement appearing in the Law on Euthanasia, not one single physician has been convicted.
16. **The "slippery slope" argument.**
- 16.1. A considerable amount of empirical research has been conducted in Belgium which documents the experience with all forms of end of life decisions (which include but are not limited to assisted dying) before, during and after legalization. See also Table 1 in § 23.2.
- 16.2. This empirical evidence for Belgium allows one to draw informed conclusions about the so called slippery slope argument raised against regulation of assisted dying (that is, that

⁵ Alexander Verstaen, Paul Vanden Berghe and Gert Huysmans, European insight: Palliative care in Flanders: from the pioneering 1980s to new challenges going towards 2020, *European Journal of Palliative Care* July/August 2015, Volume 22 Number 4: 205-207.

if assisted dying were legalised it cannot be efficiently monitored and controlled and will lead to error, abuse, and the violation of the rights of vulnerable patients).

- 16.3. Developments over time in Belgium do not show any indication to support the slippery slope hypothesis. Furthermore, requests for assisted dying from non-terminal patients, some suffering from non-somatic diseases, can and are being granted under the Belgian Euthanasia Law, albeit in small numbers and under more strict due care criteria as for terminally ill patients.
- 16.4. Research evidence did not support the repeatedly expressed concern that vulnerable people (older people, disabled people, people with psychiatric disorders) would under pressure to receive assisted dying. On the contrary, we found that requests for assisted dying from persons 80 and older are granted less often and withdrawn more often. The chances of receiving assisted dying were found to be lower when depression was one of the reasons for seeking assisted dying, and when the patient is 80 years or older.
- 16.5. Regarding cultural considerations, a marked increase in acceptance of assisted dying has occurred over the last two decades in almost all Western European countries. The decrease in religious beliefs and increase in permissiveness (towards abortion, divorce, homosexuality, and adultery) are obvious correlates of this increased societal acceptance. However, public sensibilities towards "right to die" issues and public debates on assisted dying and terminal patients' rights have most probably also contributed to the increase in permissiveness. We also can conclude that changing attitudes towards pain and suffering and an increased individualism reflected in a desire for individual control and choice over time, place and manner of death have probably incited this attitude.
17. **The interaction between palliative care and medical assistance in dying in Belgium.**
- 17.1. Palliative care, even the best palliative care, does not always prevent assisted dying. Aren't palliative care and assisted dying diametrically opposed?
- 17.2. Absolutely not. Although traditionally the relationship between palliative care and assisted dying has been portrayed as hostile. Even palliative care experts from countries without a Law on assisted dying emphasize to this day that palliative care and assisted dying are not compatible with each other.



- 17.3. The experience in Belgium is that palliative care and assisted dying can go hand in hand. The proof is provided every day by the unique Belgian model of integral end-of-life care. Universal access to palliative care and legally regulated assisted dying need not be mutually exclusive. On the contrary, that is what Belgium has been advocating since 2002 and what has so quietly taken on a life of its own as the Belgian model of integrated end-of-life care.
- 17.4. As the first palliative care association worldwide, Palliative Care Flanders considered assisted dying to be embedded in palliative care. Back in 2003, Palliative Care Flanders expressed a vision on integral end-of-life care, which it further endorsed and updated in 2013 and 2016.
- 17.5. In our research in Belgium, we have assessed the number of assisted dying requests for different medical specialists and the highest number of request are noticed among palliative care clinicians, higher than GPs, higher than oncologists, higher than neurologists, pneumologists, etc.
- 17.6. Moreover, once palliative care physicians have assessed a request for assisted dying, the willingness to comply with it is not lower among palliative care physicians as compared to any other clinical specialism.
- 17.7. Studies show also that more than 70% of the patients requesting for assisted dying in Belgium will be integrated in a palliative care trajectory. Furthermore, more than 60% of palliative care clinicians in Belgium are involved in assisted dying trajectories.
- 17.8. There should not be a contradiction between palliative care and assisted dying, both components of the end of life care are very complementary, and from a skillset point of view, assisted dying could best be applied when it is guided by a palliative care physician.
18. **What overall trends have been experienced with respect to assisted dying in Belgium since 2002?**
- 18.1. See 23.2. and Table 1.

19. On the basis of your empirical research and expert review of data collected and interpreted by others, what is your response to concerns raised against assisted dying, and in particular:
- 19.1. a feared negative impact on palliative care;
- 19.1.1. On the basis of over 30 years of my own empirical research, my review of the data collected by others, my review of the relevant literature and my experience as a professor of palliative care research, I have reached the following conclusions concerning legalizing assisted dying in Belgium:
- 19.1.2. It is my opinion that the legalisation of euthanasia in Belgium has enhanced, as opposed to undermined, palliative care. Euthanasia is an integral component of palliative care in my country. In my opinion, the Belgian law is, in practice, being complied with in terms of limiting the availability of euthanasia to persons meeting the qualifications imposed under the law and is effectively protecting the vulnerable in the context of a permissive regime.
- 19.1.3. As mentioned higher, in Belgium we have a fully integrated end of life system in which assisted dying is fully integrated in palliative care and vice versa.
- 19.2. the need to protect the vulnerable;
- 19.2.1. See above 23.2.4.
- 19.3. 23.4.3 fears of slippery slopes?
- 19.3.1. See also above 23.2.4.
- 19.3.2. While legislation, safeguards or cultural and structural factors may influence the overall incidence of assisted dying. However a recent study (Heidinger B, et al., *International Comparison of Underlying Disease among recipients of medical assistance in dying*, JAMA Internal Medicine, online December 9, 2024) suggest that the main factors driving assisted dying worldwide relate to the disease of assisted dying recipients, and not to any other factors like educational level, socioeconomic status, advanced age, disabilities, etc.

- 19.3.3. Based on publicly available data from 20 jurisdictions with legal assisted dying, the study compared all assisted dying deaths as a proportion of all deaths in a jurisdiction for the most frequent underlying disease. The authors come to a very important conclusion: *"While absolute assisted dying rates and eligibility criteria vary by jurisdiction, the relative proportion of assisted dying rates by disease was remarkably similar across jurisdictions."*
- 19.4. This observation is consistent with the idea that assisted dying is driven heavily by illness-related factors common to people with those illnesses and inconsistent with the idea that assisted dying is driven substantially by factors that are external to the individual and that vary by jurisdiction, such as eligibility criteria, culture, social assistance, or palliative care service availability.
20. **How is conscientious objection handled in Belgium. In particular, may medical professionals conscientiously object to providing, or assisting in providing, medical assistance in dying and, if so, do they have any referral or other duties.**
- 20.1. The Euthanasia Law in Belgium created the legal possibility for physicians to perform assisted dying, but in no way created a legal obligation to perform euthanasia or even to explore the ground for such a request. The law explicitly provides that nobody can be forced to be involved in a euthanasia procedure, and this includes not only doctors but also nurses, psychologists, pharmacists and other health professionals.
- 20.2. However, if a physician with conscientious objection who receives a request for assisted dying by one of his patients, that physician needs to refer the patient to another physician without conscientious objection of getting involved in the assessment or conduct of assisted dying.
21. **To the extent that you are of the view that there is anything further which falls within your expertise that in your view ought to be addressed in your expert report, please do so.**
- 21.1. Not at the moment.

CV of Professor Luc Deliens, MA, MSc, PhD

ORCID ID: 0000-0002-8158-2422

- **Web of Science: H-Index 73**; 678 publications, 22,228 citations, average citations per paper 32.78 (December 17, 2025)
- **Research Gate**: Publications 850; Citations 27,099; Research Interest Score 12,706; Recommendations 434 (December 17, 2025)
- **Google Scholar**: h-index 137; citations 87810; i10-index 1160 (December 17, 2025)
- Parttime (25%) Full professor Palliative Care Research, Vrije Universiteit Brussel (VUB), since 2024.
- Emeritus Professor of Palliative Care Research, Vrije Universiteit Brussel (VUB), Full professor since 2001, Emeritus since 2024.
- Emeritus Professor of Palliative Care Research, Ghent University (UG), Full professor since 2014, Emeritus since 2024.
- Adjunct Professor at Queensland University of Technology (QUT), Australian Centre for Health Law Research, Brisbane, Australia, since 2018
- President of Public Health Palliative Care International (PHPCI), 2023-2026
- Founding Director of the End-of-Life Care Research Group (EoLC), Vrije Universiteit Brussel (VUB), since 1996
- Director of the Alliance End-of-Life Care Research Group of Ghent University & Vrije Universiteit Brussel, since 2010
- Council Member (since 2019) of Public Health Palliative Care International (PHPCI), incl. organizing the two yearly *World Congress on Public Health and Palliative Care*, *World Compassionate Community Day*, etc.
- Chair of the European Association for Palliative Care Reference Group on Public Health & Palliative Care (EAPC-RG PHPC), 2018 – 2024.
- Co-Chair of the European Association for Palliative Care Research Network, 2012-2023.
- Honorary Chair of the Cancer Society Flanders – Belgium 2009-2010 (VLK – KoTK)
- Member of the Royal Academy of Medicine of Belgium, since 2009 (KAGB)
- Over 50 Book chapters and over 650 papers published
- Has supervised 67 PhD students to completion, with 5 ongoing PhD students being supervised; up til now over 10 of these postdocs became full professor, associate professor or assistant professor



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1. PERSONALIA

Naam	Deliens
Voornaam	Luc
Geslacht	Man - Male
Nationaliteit	Belg - Belgian
Geboorteplaats en -datum	Elsene 8 April 1959
Woonplaats	1800 Vilvoorde
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2. HUIDIGE ACADEMISCHE FUNCTIES (Present Main Academic Positions)

Huidige Aanstellingen (present positions):

Gewoon Hoogleraar, Voorzitter VUB-UGent Onderzoeksgroep Zorg rond het Levenseinde Full professor and chair of End-of-Life Care Research Group; website http://www.endoflifecare.be/	Vrije Universiteit Brussel	Since 1/10/01	Tot heden - Ongoing
Gewoon Hoogleraar Palliatieve Zorg Onderzoek, Universiteit Gent Full professor of Palliative Care Research	Universiteit Gent	1/10/14	1/10/2024
Adjunct (Honorary) Professor with the Australian Centre for Health Law Research, Queensland University of Technology (QUT), Brisbane, Australia	Queensland University of Technology (QUT), Brisbane	Since 1/07/18	Ongoing

3. INITIËLE OPLEIDINGEN (Initial Education)

ACADEMISCHE OPLEIDINGEN

Naam Licentiaat in de Sociologie (MA in Sociology)
 behaalde graad Grote Onderscheiding (magna cum laude)
 Universiteit Vrije Universiteit Brussel
 jaar 1981

Naam Bijzonder Licentiaat in de Menselijke Ecologie (MSc in Human Ecology)
 behaalde graad Grootste Onderscheiding (summa cum laude)
 Universiteit Vrije Universiteit Brussel
 jaar 1991

DOCTORAAT OP PROEFSCHRIFT (PhD) (University of Maastricht, NL)

Titel van Sociale determinanten van kennis van kankerpreventie in Vlaanderen
 proefschrift (Social determinants of cancer prevention knowledge)
 Promotoren Prof. dr. G. Kok, Prof. dr. F. Louckx
 (supervisors)
 Universiteit Universiteit Maastricht, faculteit Gezondheidswetenschappen
 Datum 17 September 1998

4. RELEVANTE BIJ-EN NASCHOLINGEN (Relevant Post Academic Trainings)

VOORTGEZETTE ACADEMISCHE OPLEIDINGEN (3^{de} cyclus) OF POSTACADEMISCHE VORMING

diploma of getuigschrift	universiteit	Jaar
Cursussen Empirische Sociologie, Politieke Sociologie en Polemologie	Rijksuniversiteit Groningen	1984
Getuigschrift cursus "Future Studies"	Inter-University Centre of Post-Graduate Studies Dubrovnik	1984
International Certificate of Human Ecology (GSO = Grootste Onderscheiding)	World Health Organisation, Genève	1991
Bijscholingscursus Gevorderde statistische methoden sociologie en demografie	Vrije Universiteit Brussel	1994
Bijscholingscursussen Netscape, Access en Powerpoint for Windows 97	Vrije Universiteit Brussel	1998
Klinimetrie: ontwikkelen en evalueren van meetinstrumenten	EMGO-Instituut, VU medisch centrum Amsterdam	2002
Multilevel analyse	EMGO-Instituut, VU medisch centrum Amsterdam	2003

5. ONTVANGEN BEURZEN EN WETENSCHAPPELIJKE PRIJZEN (Study Grants and Scientific Awards)

Studiebeurzen (Study Grants)

1. 1983 : Studiebeurs toegekend door de Nederlandse regering in het kader van de bilaterale Culturele Akkoorden België-Nederland in 1983-1984.
2. 1984 : Studiebeurs van het Inter-University Centre of Post-Graduate Studies te Dubrovnik, voor een studieverblijf van twee weken in mei 1984.
3. 1988 : Beurs van de British American Security and Information Council voor een studieverblijf van drie weken in de Verenigde Staten, in 1988.

Wetenschappelijke Prijzen (Scientific Awards)

1. 1994 : *Upjohn Prijs* 1994, tweejaarlijkse prijs uitgedeeld door het Vlaams Huisartsen Instituut voor het beste researchartikel in *Huisarts Nu* ("Ervaring met kankerpreventie tijdens de medische opleiding. Verschillen tussen vrouwelijke en mannelijke studenten huisartsgeneeskunde", *Huisarts Nu* 1992;21(4):188-13; co-auteurs F. van Mulwijk, W.Betz).
2. 2000 : *Prijs Roger Van Geen* (100.000 bf of 2.500 euro), prijs van de Onderzoeksraad van de Vrije Universiteit Brussel voor het onderzoek naar medische beslissingen rond het levenseinde.
3. 2001 : *Prijs van het Cultureel Steunfonds VUB* vzw (872.000 bf of 20.625 euro) voor het protocol van het onderzoeksproject "Beslissingen rond het levenseinde bij pasgeborenen en zuigelingen".
4. 2005 : *Prijs De Beys* (150.000 euro), 3-jaarlijkse prijs van het Fonds De Beys en beheerd door de Koning Boudewijnstichting voor medisch onderzoek met een sociale dimensie, dat zich vooral op nood en crisissituaties richt. Op voordracht van prof. dr. Em. Etienne Vermeersch (UGent).
5. 2008 : *Prix Elizabeth Kübler-Ross*, award of the Swiss Institut Universitaire Kurt Bösch to relevant contributions to research on palliative care, thanatology, or end-of-life ethics. The prize was presented for the PhD-thesis of Joachim Cohen, entitled "End-of-life decisions and place of death in Europe" (promotor: Prof dr Luc Deliens). The jury praised the profoundness of the several studies on sensitive issues, also published in several prestigious international journals.
6. 2008 : *McKinsey Prijs*, jaarlijkse prijs uitgereikt door het Fonds Wetenschappelijk Onderzoek-Vlaanderen/Fonds National de la Recherche Scientifique. De prijs werd toegekend aan het promotieonderzoek "End-of-life care and medical decision-making in the last phase of life" van drs. L Van den Block (promotor: Prof dr Luc Deliens). De prijs wordt toegekend respectievelijk aan een kandidaat van een universiteit van de Vlaamse en de Franse Gemeenschap van België, voor een doctoraatsstudent die de maatschappelijke of bedrijfskundige relevantie of mogelijke implementatie van zijn doctoraat kan aantonen.
7. 2009 : nominatie (3 beste kandidaten) voor de *EMGO+ Societal Impact Award* voor het boek *Echteld MA, Deliens L, Onwuteaka-Philipsen BD (red.), Palliatieve Zorg, Nederland en Vlaanderen in Beeld*. De Tijdstroom, Utrecht 2008, 185 pp. (ISBN 978 90 5898 143 1)
8. 2009-2010 : *VLK - Vlaamse Liga tegen Kanker Leerstoel 2009-2010*, Stichting Emmanuel Van der Schueren, VLK - Vlaamse Liga tegen Kanker. De leerstoel geeft een wetenschapper de mogelijkheid de resultaten van zijn innoverend onderzoek te presenteren aan de verschillende Vlaamse universiteiten.
9. 2009: Verkozen tot Gewoon lid van de *Koninklijke Academie van Geneeskunde van België (KAGB)*; member of the **Royal Academy of Medicine of Belgium**

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- Curriculum Vitae prof dr Luc Deliens -

10. 2010 (May): Winner of the **EAPC Young Investigators Award 2010** by the European Association for Palliative Care, voor mijn postdoc onderzoeker Joachim Cohen, PhD.
11. 2011 (March): 6-jaarlijkse Prijs *I. Vanderschueren 2010 - Humane Wetenschappen*, voor mijn postdoc onderzoeker Lieve Van den Block voor haar doctoraatsproefschrift 'End-of-life care and medical decision-making in the last phase of life'
12. 2011 (March): winner of the Catherine Pouget Award for 2010 of the MAPI Research Trust, Lyon, FRANCE. for Koen Pardon, PhD, one of my postdoc researchers.
13. 2011 (May): 2nd place for **EAPC Young Investigators Award 2011** by the European Association for Palliative Care, for Judith Rietjens, PhD, one of my postdoc researchers.
14. 2011 (June): most downloaded article in 2010 of Palliative Medicine (of all articles published in 2009 and 2010): *Albers G, Echteld MA, de Vet HCW, Onwuteaka-Philipsen BD, van der Linden M, Deliens L. Evaluation of quality-of-life measures for use in palliative care: A systematic review. Palliative Medicine 2010 Jan;24(1):17-37*
15. 2011 (August): Most cited article of Health Policy in the last 5 years: *Cohen J, Bilsen J, Hoofstede P, Deboosere P, van der Wal G, Deliens L. Dying at home or in an institution. Using death certificates to explore the factors associated with place of death. Health Policy. 2006 Oct;78(2-3):319-29.*
16. 2012 (July): Palliative Care Book of the Month in IAHPC News2012; Volume 13, No 7, July: *A Public Health Perspective on End of Life Care by Joachim Cohen and Luc Deliens (Eds) Oxford University Press, 2012.*
17. 2013 (30 May-2 June): Best Poster Award at the 13th World Congress of the European Association for Palliative Care (6 best out of 890 posters) for *Seymour J, Deliens L, Rietjens J, Sterckx S, Brown J, van der Heide A on behalf of the UNBIASED study group. Results from the UNBIASED study (UK – Netherlands – Belgium International Sedation Study): Reported practices reported practices of physicians and nurses in three European countries.*
18. 2014 (June): Winner of the **EAPC Young Investigators Award 2014** by the European Association for Palliative Care, for Lieve Van den Block, PhD, one of my postdoc researcher.
19. 2015: Fulbright Fellowship for Academic Exchanges between the US and Belgium, for a research visit of 6 months to the US (New York) for Aline De Vleminck, PhD, one of my postdoc researcher.
20. 2016 (September): *Best PhD in Public Health Award* from the *High Health Care Council of Belgium* for the thesis of my PhD student Kim Beernaert "Identifying and addressing palliative care needs throughout the illness trajectory".
21. 2016 (December): *Highly Cited Research Award of Journal of Pain and Symptom Management* in recognition of the contribution to the quality of the journal made by the paper *Quality indicators for palliative care: Update of a systematic review*, published in 2013, cited in 2014-2016.
22. 2017 (May): Winner of the **EAPC Young Investigators Award 2017** by the European Association for Palliative Care, for Lara Pivodic, PhD, one of my postdoc researcher.
23. 2017 (October): Best abstract award at EAPC RN Seminar for an abstract with Gaëlle Vanbutsele "early integration of palliative care in oncology care in Belgium", Oslo, Norway
24. 2019 (April): de prijs voor **Maatschappelijk Valoriseren** 2019/2020 van de Onderzoeksraad van de Vrije Universiteit Brussel. (Award for Societal Dissemination of Research, Research Council, VUB)
25. 2022 (May): Winner of the **EAPC Postdoc Investigators Award 2022** by the European Association for Palliative Care, for Kim Beernaert, PhD, one of my postdoc researcher.
26. 2022 (Nov). **GW Hanks Award** for outstanding research in palliative care. PRC seminar 16-18 november 2022, Aarhus, Denmark.



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27. 2023 (March): EAPC's **most read blog** published in 2022. Luc Deliens, What happens when palliative care is neglected as a public health priority? (Introduction of a new Public Health EAPC blog series).
28. 2024 (May): Palliative Medicine, 2013 **Paper of the Year award**. For the paper "Healthcare use and healthcare costs for patients with advanced cancer; the international ACTION cluster-randomised trial on advance care planning. Palliative Medicine. 2023;37(5):707-718."

6. WERKERVARING IN ONDERWIJS EN ONDERZOEK (past academic experiences)

Functie of opdracht	Instelling of werkgever	Van (d/m/j)	Tot (d/m/j)
Belgium			
Wetenschappelijk medewerker (Junior Researcher) Centrum voor Sociologie	Vrije Universiteit Brussel	01/01/82	30/06/83
Wetenschappelijk medewerker (Junior Researcher) Centrum voor Sociologie	Vrije Universiteit Brussel	01/07/84	03/12/86
Vervangende dienstplicht	Vrije Universiteit Brussel	04/12/86	29/02/88
Wetenschappelijk medewerker (Junior Researcher) dienst Kankerpreventie en -Opsporing	Vrije Universiteit Brussel	01/03/88	30/09/89
Assistent (Teaching Assistant) bij de academische MA Medisch-Sociale Wetenschappen	Vrije Universiteit Brussel	01/10/89	31/12/96
Wetenschappelijk medewerker (Junior Researcher) Vakgroep Medische Sociologie (coördinator VUB-RUG HALP-onderzoeksprogramma)	Vrije Universiteit Brussel	01/01/97	30/09/98
Doctor-Wetenschappelijk medewerker (Senior Researcher) Centrum voor Milieuwetenschappen en Bioethiek (10%)	Universiteit Gent	01/01/99	30/09/01
Deeltijds Docent (Assistent Professor), Vakgroep Medische Sociologie	Vrije Universiteit Brussel	01/10/01	31/12/05
Vz Onderzoeksgroep Zorg rond het Levenseinde	Vrije Universiteit Brussel	01/01/06	31/12/08
Hoofddocent (Associate Professor), Vakgroep Medische Sociologie	Vrije Universiteit Brussel	01/01/09	31/12/10
Hoogleraar (Full Professor) Zorg rond het Levenseinde, Vakgroep Medische Sociologie	Vrije Universiteit Brussel	01/01/11	heden
Buitengewoon Hoogleraar (Full Professor) Zorg rond het Levenseinde, Onderzoeksgroep Zorg rond het Levenseinde	Vrije Universiteit Brussel	01/10/14	heden
Buitengewoon Hoogleraar (Full Professor) Palliatieve Zorg, Medische Oncologie	Universiteit Gent	01/10/14	heden
The Netherlands			
Onderzoeksassistent aan het Sociologisch Instituut	Rijksuniversiteit Groningen	01/09/83	31/05/84
Universitair Docent (Assistent Professor), Afdeling Sociale Geneeskunde, EMGO-instituut	VU Medisch Centrum Amsterdam	01/04/01	01/10/05
Hoogleraar Public health en Palliatieve zorg (Full Professor), Afdeling Sociale Geneeskunde, EMGO-instituut	VU Medisch Centrum Amsterdam	01/10/05	01/10/14

ONDERWIJSBIJDRAGEN IN ACADEMISCHE OPLEIDINGEN (present and past teaching experiences):

Present teachings	duur	Opleidingsonderdeel
Vrije Universiteit Brussel - Master Management en Beleid id Gezondheidszorg	01/10/06 tot heden	Titularis OO Gezondheidsvoorlichting en communicatie in de gezondheidszorg, 3 SP
Vrije Universiteit Brussel Doctoral School fac Psychology and Educational Sciences Several invitations in UK and Australia and for EU projects Interuniversity program (VUB, UGent, UAntwerp, KULeuven) MA Physiotherapy and Revalidation	2018 tot heden	Seminar (3h) Academic writing for peer- reviewed medical journals
	2020 Tot heden	Integration of palliative care in Physiotherapy and Revalidation (3h)
Past teaching experiences:		
Vrije Universiteit Brussel - Master Management en Beleid id Gezondheidszorg	01/10/06 tot 2018	Titularis OO Literatuurstudie tbv de Sociale Gezondheidswetenschappen, 3 SP tbv Master Management en Beleid id Gezondheidszorg (Assistent v/a 2014 Melissa Horlait)
Vrije Universiteit Brussel - Master Management en Beleid id Gezondheidszorg	2001 - 2017	Titularis OO Inleiding in de Sociale Gezondheidswetenschappen, 3 SP tbv Master Management en Beleid id Gezondheidszorg (docenten v/a 2011 dr Prof Koen Pardon & dr Kathleen Leemans)
Vrije Universiteit Brussel - Master Management en Beleid id Gezondheidszorg	2001 - 2017	Titularis OO Methoden en Technieken van de Sociale Gezondheidswetenschappen, 6 SP, 26u HOC & 15u WEC (Assistent v/a 2014 Melissa Horlait)
Vrije Universiteit Brussel 2e Kan. Medisch-Sociale Wetenschappen (MSW)	45u HOC 1992 tot 1996	Methoden en Technieken van de Medisch-Sociale Wetenschappen, cursus Prof. dr. F. Louckx (vrijwillig docent)
Vrije Universiteit Brussel 2e Kan. MSW	15u OEF 1992 tot 1996	Methoden en Technieken van de Medisch-Sociale Wetenschappen, cursus Prof. dr. F. Louckx (assistent)
VLK Leerstoel Medische Beslissingen aan het Levenseinde (Vlaamse Liga Tegen Kanker)	2009-2010	Medische Faculteiten van : - KU Leuven - Universiteit Antwerpen - Universiteit Gent Vrije Universiteit Brussel
Levenseinde Informatie Forum, Wemmel	2002 - 2010	Opleiding LEIF-artsen, Levenseinde Informatie Forum, coördinatiecoördinatie Prof. Dr. W. Distelmans (2u)
VUB, Brussel, IPAVUB,	4u in 2007	Kwaliteit van het sterven in Vlaanderen

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Postacademische vorming Vrije Universiteit Brussel 2e Lic. Sociale Gerontologie	3u HOC 1999 tot 2004	Medische ethiek met inbegrip van terminale zorg, cursus Prof. dr. J. Bernheim (gastcollege)
VUB, Brussel, IPAVUB, Postacademische vorming voor artsen	4u 2002 - 2003	Toepassing van de euthanasiewet, coördinatie Prof. Dr. W. Distelmans
VUB, Reflectiegroep Bioethiek, AZ VUB	2u 2002 - 2003	Zorg rond het levenseinde coördinatie Prof. Dr. P. Deconinck
Vrije Universiteit Brussel 1e Lic. MSW	20u HOC 1992 tot 1996	Data-analyse tbv de eindverhandeling, cursus Prof. dr. L. Kaufmann (vrijwillig docent)
Vrije Universiteit Brussel 1e Lic. MSW	15u OEF 1992 tot 1996	Data-analyse tbv de eindverhandeling cursus Prof. dr. L. Kaufmann (assistent)
Vrije Universiteit Brussel 1e Lic. MSW	150u BT 1989 tot 1996	Methodologische begeleiding van de eindverhandelingen Medisch-Sociale Wetenschappen (assistent)
VUB, Brussel Bijscholing Interne Geneeskunde AZ	1u HOC 2001	Klinische zitting Interne Geneeskunde AZ Prof. J De Grève , Prof. T Mets (gastcollege)
Universiteit Gent Farmaceutisch Instituut	1u HOC 2001	Bijscholing van beroepsvereniging van apothekers KOVAG
Vrije Universiteit Brussel 3de jaar Arts	3u HOC 1999 tot 2004	Medische ethiek, cursus Prof. dr. J. Bernheim (gastcollege)
Universiteit Gent Specialisatie Heelkunde (UZ)	2u HOC 2000	Postgraduaat Heelkunde, Prof. dr. A. de Hemptinne (chirurg-internist, UZ) (gastcollege)
Universiteit Gent Specialisatie Anaesthesie (UZ)	2u HOC 2000	Postgraduaat Anaesthesie, Prof. dr. E. Mortier (diensthoofd Anaesthesie, UZ) (gastcollege)
Vrije Universiteit Brussel 2de Lic. Sociologie	30u WEC 1987 tot 1992	Politieke Sociologie, cursus Prof. dr. F. Louckx (vrijwillig assistent)
Vrije Universiteit Brussel 2de Lic. Sociologie	30u WEC 1987 tot 1992	Actuele Maatschappelijke Problemen cursus Prof. dr. F. Louckx (vrijwillig assistent)

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DEELNAME AAN ONDERWIJSVERNIEUWENDE ACTIVITEITEN EN INITIATIEVEN:

Instelling	jaar	Initiatief en rol
Vrije Universiteit Brussel Medisch-Sociale Wetenschappen, later Management en Beleid id Gezondheidszorg	1988- heden	Lid onderwijscommissie. Participatie via overleg met de onderwijscoördinator aan de onderwijshervormingen van het curriculum van de opleiding Medisch-Sociale wetenschappen
Vrije Universiteit Brussel Medisch-Sociale Wetenschappen	2002-2003	Participatie via overleg met de onderwijscoördinator en de onderwijscommissie aan de BAMA herstructurering
Vakgroep Medische Sociologie Promotor F Louckx onderzoeker Tom Smeets	2003-2004	Participatie met mijn opleidingsonderdeel 'Inleiding in de Medisch-Sociale Wetenschappen' aan een éénjarig onderwijsvernieuwend experiment i.k.v. de opleiding Med. Soc. Wetenschappen
Vrije Universiteit Brussel, schakeljaren: - MA Medisch-Sociale Wetenschappen - MA Verpleeg- en vroedkunde MAGerontologie	2004-2007	O ² , promotor; copromotor: prof L Kaufman, statisticus. Onderwijsvernieuwingsproject "integratie van onderzoeksonderwijs" in schakeljaren van de 3 betrokken opleidingen

7. PROMOTERSCHAPPEN VAN PROEFSCHRIFTEN (Supervision of PhD students)

AFGEWERKTE PROEFSCHRIFTEN ALS PROMOTOR OF COPROMOTOR
(Supervisor of graduated PhD students)

* postdocs that became professor

	<i>Naam</i>	<i>Titel</i>	<i>Opleiding of Afdeling</i>	<i>Instel-ling</i>	<i>Promoti e-datum</i>
1	Veerle Provoost *	Medical end-of-life decisions among newborns in neonates and infants in Flanders, Belgium.	Gezondheids-wetenschappen	VUB	25 mei 2005
	Supervisors:	L Deliens, Y Vandenplas, F Mortier			
2	Johan Bilsen *	End-of-life decisions in medical practice in Flanders, Belgium.	Gezondheids-wetenschappen	VUB	23 juni 2005
	Supervisors:	L Deliens, F Mortier			
3	Sander Borgsteede	Palliative care in general practice in the Netherlands.	Afd. Sociale Geneeskunde	EMGO VUmc	22 dec 2006
	Supervisors:	G van der Wal, JThM van Eijk, L Deliens			
4	Hella Brandt	Palliative care in Dutch nursing homes.	Afd. Sociale Geneeskunde	EMGO VUmc	17 jan 2007
	Supervisors:	MW Ribbe, G van der Wal, L Deliens			
5	Joachim Cohen *	Determinants of place of death in Flanders, Belgium, and other European countries.	Gezondheids-wetenschappen	VUB	31 mei 2007
	Supervisors:	L Deliens, J Bilsen, G van der Wal			
6	Lieve Van den Block *	End-of-life care and medical decision-making in the last phase of life.	Gezondheids-wetenschappen	VUB	5 mei 2008
	Supervisors:	L Deliens, R Deschepper			
7	Kenneth Chambaere *	Medical end-of-life practices in Flanders and Brussels, Belgium.	Gezondheids-wetenschappen	VUB	3 mei 2010
	Supervisors:	L Deliens, F Mortier, J Bilsen			
8	Els Inghelbrecht	Attitudes and role of nurses in euthanasia and other end-of-life decisions.	Gezondheids-wetenschappen	VUB	26 mei 2010
	Supervisors:	L Deliens, F Mortier, J Bilsen			
9	Geert Pousset	End-of-life care and decisions in children. Studies of attitudes and practices. (MELC I)	Centrum voor Bioethiek	UGent	2 juni 2010
	Supervisors:	F Mortier, L Deliens, J Bilsen			
10	Tinne Smets *	The euthanasia practice in Belgium. Behavior and attitudes regarding reporting and adherence to legal safeguards. (MELC II)	Gezondheids-wetenschappen	VUB	14 jan 2011
	Supervisors:	L Deliens, J Bilsen, J Cohen			

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11	Cindy De Gendt	End-of-life care in older people. A study of advance care planning and end-of-life decision-making in Flanders, Belgium.	Gezondheids- wetenschappen	VUB	14 jan 2011
	Supervisors:	L Deliens, J Bilsen, R Vander Stichele			
12	Koen Pardon *	Preferences of advanced lung cancer patients for information and participation in medical decision-making. A longitudinal multicentre EOLIC study.	Psychologie & Educatie- wetenschappen	VUB	29 maart 2011
	Supervisors:	L Deliens, R Deschepper, R Vander Stichele, F Mortier			
13	Koen Meeussen	End-of-life care in Belgium. A nationwide study via the representative sentinel network of General Practitioners. (MELC III)	Gezondheids- wetenschappen	VUB	1 april 2011
	Supervisors:	L Deliens, L Van den Block			
14	Ebun Abarshi	Care in the last months of life. End-of-life care registration in the Netherlands by a network of General Practitioners.	Afd Sociale Geneeskunde	EMGO VUmc	20 april 2011
	Supervisors:	L Deliens, BD Onwuteaka- Philipsen, MA Ehteld			
15	Dirk Houttekier *	Place of death and circumstances of dying. Studies in a metropolitan, national and international context.	Gezondheids- wetenschappen	VUB	24 mei 2011
	Supervisors:	L Deliens, J Cohen			
16	Yanna Van Wesemael	The euthanasia practice in Belgium. Evaluation of the mandatory consultation procedure between physicians. (MELC IV)	Gezondheids- wetenschappen	VUB	9 nov 2011
	Supervisors:	L Deliens, J Cohen			
17	Gwenda Albers	Measuring Quality of Life and Dignity in Palliative Care Research	Afd Sociale Geneeskunde	EMGO VUmc	15 okt 2012
	Supervisors:	L Deliens, BD Onwuteaka- Philipsen, HCW de Vet, HRW Pasman			
18	Bart Schweitzer	Out-of-hours palliative care by General Practitioners	Afd Huisarts- geneeskunde	EMGO VUmc	25 okt 2012
	Supervisors:	HE Van der Horst, L Deliens, AH Blankenstein			
19	Susanne Claessen	New Developments in Palliative Care: quality indicators and the palliative care continuum	Afd Sociale Geneeskunde	EMGO VUmc	28 Febr 2013
	Supervisors:	AL Francke, L Deliens			
20	Kasper Raus *	Continuous sedation at the end of life. Practice, perspectives and ethical analyses.	Centrum voor Bioethiek	UGent	29 maart 2013
	Supervisors:	S Sterckx, F Mortier, L Deliens			
21	Livia Anquinet	Continuous sedation until death.	Gezondheids-	VUB	24 Okt

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		Experiences of health care professionals in Belgium, the Netherlands and the United Kingdom.	wetenschappen		2013
	Promotoren:	L Deliens, JAC Rietjens			
22	Eefje Sizoo	The end-of-life phase of high-grade glioma patients. Towards a dignified death.	Afd Neurologie	EMGO VUmc	11 Dec 2013
	Supervisors:	MJB Taphoorn, L Deliens, HRW Pasman, JC Reijneveld			
23	An Vandervoort	Dying well with dementia in nursing homes in Flanders, Belgium.	Gezondheids-wetenschappen	VUB	24 maart 2014
	Supervisors:	L Deliens, L Van den Block			
24	Ria de Korte-verhoef	Reasons and avoidability of hospitalisations at the end of life: perspectives from GPs, nurses and family carers	Afd Sociale Geneeskunde	EMGO VUmc	3 sept 2014
	Supervisors:	L Deliens, BD Onwuteaka-Philipsen, AL Francke, HRW Pasman			
25	Willemjan Slort	General Practitioner – patient communication in palliative care. Availability, Current issues, Anticipation.	Afd Huisarts-geneeskunde	EMGO VUmc	19 sept 2014
	Supervisors:	HE Van der Horst, L Deliens, AH Blankenstein, NK Aaronson			
26	Kathleen Leemans	Quality indicators to improve palliative care in Flanders, Belgium.	Gezondheids-wetenschappen	VUB	3 okt 2014
	Supervisors:	L Deliens, J Cohen, L Van den Block			
27	Natalie Evans	Patient-physician communication at the end of life: a European perspective (EURO IMPACT)	Afd Sociale Geneeskunde	EMGO VUmc	13 okt 2014
	Supervisors:	BD Onwuteaka-Philipsen, L Deliens, HRW Pasman			
28	Maaïke De Roo	Quality indicators for palliative care from an international perspective (EURO IMPACT)	Afd Sociale Geneeskunde	EMGO VUmc	6 maart 2015
	Supervisors:	AL Francke, L Deliens, N Van Den Noortgate			
29	Thijs Reyniers	Hospital admissions at the end of life. Reasons, appropriateness and avoidability. (FLIECE)	Gezondheids-wetenschappen	VUB & UGent	3 juni 2015
	Supervisors:	D Houttekier, L Deliens, J Cohen, R Vander Stichele			
30	Kim Beernaert *	Identifying and addressing palliative care needs throughout the illness trajectory. (FLIECE)	Gezondheids-wetenschappen	VUB & UGent	24 juni 2015
	Supervisors:	J Cohen, L Deliens			
31	Winne Ko	Dying with cancer. An international perspective. (EURO IMPACT)	National CA Research Inst	VUB	8 sept 2015

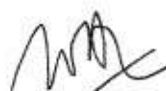
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	Supervisors:	L Van den Block, L Deliens			
32	Aline De Vleminck *	Supporting the initiation of Advance Care Planning in general practice. (FLIECE)	Geneeskunde	UGent & VUB	18 nov 2015
	Supervisors:	R Vander Stichele, L Deliens, K Pardon			
33	Rebecca Verhofstede	The Care Guide at the end of life on an acute geriatric wards. (FLIECE)	Geneeskunde	UGent & VUB	23 nov 2015
	Supervisors:	L Deliens, N Van Den Noortgate, T Smets			
34	Marie-José Gijssberts	Spiritual care at the end of life in Dutch nursing homes. A mixed method study.	Afd Verpleeg-huisgeneesk.	EMGO VUmc	24 nov 2015
	Supervisors:	L Deliens, C Hertogh, J van der Steen			
35	Annicka van der Plas	Case management in primary palliative care.	Afd Sociale Geneeskunde	EMGO VUmc	14 dec 2015
	Supervisors:	BD Onwuteaka-Philipsen, L Deliens, AL Francke			
36	Lara Pivodic *	End-of-Life Care. An international perspective.	Geneeskunde	VUB	16 Dec 2015
	Supervisors:	L Deliens, K Pardon, L Van den Block			
37	Yolanda Penders	Old age, dementia and end-of-life care	Gezondheids-wetenschappen	VUB	28 Okt 2016
	Supervisors:	L Van den Block, L Deliens			
38	Sigrid Dierickx	Euthanasia practice in Belgium	Gezondheids-wetenschappen	VUB & UGent	28 Jun 2018
	Supervisors:	K Chambaere, L Deliens, J Cohen			
39	Gaëlle Vanbutsele	Early integration of palliative care in oncology	Gezondheids-wetenschappen	VUB & UGent	16 Okt 2018
	Supervisors:	K Pardon, L Deliens, K Geboes, S Van Belle			
40	Kristel Paque	Deprescribing of medications at the end of life.	Geneeskunde	UGent & VUB	3 April 2019
	Supervisors:	T Christiaens, L Deliens, K Pardon			
41	Arno Maetens	The availability, uptake and impact of palliative home care: a population-level study using administrative data.	Gezondheids-wetenschappen	VUB & UGent	6 Juni 2019
	Supervisors:	J Cohen, L Deliens, K Beernaert			
42	Charlotte Scheerens	Integration of palliative home care early in standard care for end-stage COPD.	Geneeskunde	UGent & VUB	27 Juni 2019
	Supervisors:	L Deliens, K Chambaere, P Pype			
43	Steven Vanderstichelen	Volunteering in Palliative Care: A study of volunteer tasks, support, roles, involvement and collaboration with professionals.	Gezondheids-wetenschappen	VUB & UGent	12 Juli 2019
	Supervisors:	J Cohen, L Deliens, K Chambaere			

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44	Naomi Dholander	Early integration of palliative home care for advanced cancer patients in Belgium	Geneeskunde	UGent & VUB	19 Nov 2019
	Supervisors:	L Deliens, K Pardon			
45	Joni Gilissen	Towards successful implementation of advance care planning in nursing homes	Gezondheids-wetenschappen	VUB & KUL	17 Dec 2019
	Supervisors:	L Van den Block, L Deliens, K Gastmans, L Pivodic			
46	Robrecht De Schreye	Population-level evaluation of the appropriateness of end-of-life care in Belgium	Gezondheids-wetenschappen	VUB	2 Sept 2020
	Supervisors:	J Cohen, L Deliens, T Smets			
47	Laure Dombrecht	End-of-life decisions in stillbirths, neonates and infants	Geneeskunde	UGent & VUB	11 Sep 2020
	Supervisors:	J Cohen, L Deliens, K Chambaere, K Beernaert			
48	Lenzo Robijn	Towards the improvement of continuous sedation until death in nursing homes	Gezondheids-wetenschappen	VUB & UGent	14 Sept 2020
	Supervisors:	K Chambaere, L Deliens, J Rietjens, P Pype			
49	Elisabeth Honinx	Dying in nursing homes in Europe	Gezondheids-wetenschappen	VUB	1 Maart 2021
	Supervisors:	L van den Block, L Pivodic, L Deliens			
50	Nicholas Jennings	Palliative and end-of-life care in a small English-speaking Caribbean country. The case of Trinidad and Tobago.	Gezondheids-wetenschappen	VUB & StGeorge University	8 July 2021
	Supervisors:	J Cohen, Ch Cox Macpherson, L Deliens			
51	Matthew Grant	An exploration of the nature and meaning of informal communities in cancer treatment	Medicine	Monash Univ. Australia	23 Jan 2022
	Supervisors:	P Komesaroff, J Philip, L Deliens			
52	Mariëtte Verkissen	End-of-life care in advanced cancer: an international challenge.	Gezondheids-wetenschappen	VUB	26 Jan 2022
	Supervisors:	L Deliens, A De Vleminck			
53	Fien Mertens	Inter-professional collaboration and transfers in palliative care: professional, patient and family perspectives.	Geneeskunde	UGent & VUB	8 Maart 2022
	Supervisors:	P Pype, Deliens, M Deveughele			
54	Monica Verhofstadt	Euthanasia in the Context of Adult Psychiatry. Walking the Tightrope Between Life and Death.	Gezondheids-wetenschappen	VUB & UGent	23 Mei 2022
	Supervisors:	K Chambaere, K Audenaert, K Pardon, L Deliens			
55	Anne-Lore	Using Health Promotion Approach	Gezondheids-	VUB &	30 Mei

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	Scherrens	and behavioral Theories to Gain Insight into Factors related to palliative Care Behaviors among people confronted with serious illness.	wetenschappen	UGent	2022
	Supervisors:	J Cohen, B Deforche, K Beernaert, L Deliens			
56	Mark Tanghe	Pharmacological treatment and assessment of symptoms at the end of life in European nursing homes	Gezondheids- wetenschappen	UGent & VUB	5 Juli 2022
	Supervisors:	R Piers, L van den Block, N Van Den Noortgate, L Deliens			
57	Veerle Piette	Appropriateness of end-of-life care in children with serious illness.	Gezondheids- wetenschappen	VUB- UGent	22 Nov 2022
	Supervisors:	J Cohen, K Beernaert, L Deliens			
58	Isabel Vandenbogaerde	Advance Care Planning in Amyotrophic Lateral Sclerosis and other chronic life-limiting conditions: patients' and family carers' perspectives.	Gezondheids- wetenschappen	VUB- UGent	24 Apr 2023
	Supervisors:	L Deliens, J De Bleekere, A De Vleminck, L Van den Block			
59.	Stijn Vissers	Control and support in assisted dying and palliative sedation.	Geneeskunde	VUB- UGent	13 Okt 2023
	Supervisors:	K Chambaere, L Deliens, S Dierickx, J Cohen			
60.	Julie Stevens	Advance Care Planning in general practice. A Phaze III RCT testing ACP-GP in Belgium.	Geneeskunde	VUB- UGent	23 Feb 2024
	Supervisors:	K Pardon, A De Vleminck, L Deliens, P Pype			
61.	Orphé Matthys	Support and Wellbeing. For people with serious illness and their family caregivers.	Geneeskunde	UGent- VUB	13 May 2024
	Supervisors:	L Deliens (UG), Dierickx (UG), J Cohen (VUB), S A De Vleminck (VUB)			
62.	Vincent Van Goethem	eHealth support for people with serious illness and their family caregivers.	Geneeskunde	UGent- VUB	10 Sep 2024
	Supervisors:	L Deliens (UG), L Lapeire (UG), J Cohen (VUB), A De Vleminck (VUB)			
63.	Marjolein Matthys	Palliative Care in the Public Eye. Insights & Strategies to Enhance Understanding & Engagement	Geneeskunde	UGent- VUB	5 Nov 2024
	Supervisors:	K Chambaere (UG), B Deforche (UG), L Deliens (VUB), N. Dhollander (VUB)			
64.	Bert Quintiens	The development and evaluation of two Compassionate Cities	Gezondheids- wetenschappen	VUB	15 Nov 2024
	Supervisors:	J Cohen, T Smets, L Van den			

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- Curriculum Vitae prof dr Luc Deliens -

65.	Anne van Driessche	Block, L Deliens Pediatric ACP for Adolescents with Cancer and their Parents. The Boost intervention and lessons learned.	Gezondheids- wetenschappen	VUB- UGent	25 Nov 2024
	Supervisors:	J Cohen (VUB), A De Vleminck (VUB), K Beernaert (UG), L Deliens (UG)			
66.	Madeleine Archer	Examining how regulation shapes euthanasia practice in Belgium.	Law Faculty	QUT	Jan 2025
	Supervisors:	B White (QUT), L Willmott (QUT), L Deliens (VUB), K Chambaere (UG)			
67.	Sarah Mroz	Physicians' Personal End-of-life Preferences and Their Connection to Clinical Practice. An International Multi-Method Study.	Geneeskunde	VUB- UGent	14 Mar 2025
	Supervisors:	L Deliens (VUB), K Pardon (VUB), K Chambaere (UG), F Mortier (UG)			

PROMOTOR PROEFSCHRIFTEN IN VOORBEREIDING

(ongoing supervision of PhD students)

	<i>Naam</i>	<i>Titel</i>	<i>Opleiding of Faculteit</i>	<i>Instelling</i>	<i>Gepland Jaar</i>
1	Sabet Van Steenberghe	Attentive Visitors Training Program to support palliative care volunteers.	Gezondheids- wetenschappen	UGent	2025
	Supervisors:	K Chambaere (UG), S Vanderstichelen (UG), L Deliens (VUB), S Dury (VUB)			
2	Sophie Hochrath	Palliative care model for people with haematological cancer	Gezondheids- wetenschappen	VUB- UGent	2027
	Supervisors:	K Pardon (VUB), L Deliens (VUB), K Beernaert (UG)			
3	Femke Van Landschoot	Mypath EU Project	Gezondheids- wetenschappen	VUB	2028
	Supervisors:	A Jacobs (VUB), L Deliens (VUB), K Beernaert (UG), AL Scherrens (UG)			
4	Michelle Van Der Meer	EU PAL-COPD 1 (VUB)	Gezondheids- wetenschappen	VUB&UG	2028
	Supervisors:	Koen Pardon (VUB), Julie Stevens (VUB), Kim Beernaert (UG), Luc Deliens (UG)			
5	Mishka Beutels	EU PAL-COPD 2 (VUB)	Gezondheids- wetenschappen	VUB&UG	2029
	Supervisors:	Koen Pardon (VUB), Frederick Daenen (VUB), Kim Beernaert (UG), Luc Deliens (UG)			

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8. WERVEND VERMOGEN (research grants awarded)

1. Studiebeurs van de Nederlandse Regering voor de duur van 8 maanden, academiejaar 1983-1984, Rijksuniversiteit Groningen, Departement Empirische Sociologie.
 2. B.T.K.-project: 1 jaar, 1986-1987, De participatiekost aan het sociaal-culturele aanbod van crisisjongeren, Onderzoekscoördinator i.s.m. promotoren Prof. dr. F. Louckx en Prof. dr. B. Raes [2 M bef or € 50.000]
 3. DPWB: 2 x 4 jaar, 1992-1995, 1996-1999, Steunpunt Gezondheid en Samenleving, Promotor Prof. dr. F. Louckx (participatie aan onderzoeksprotocol) [2 x 24 M bef or 2 x € 600.000]
 4. VACK, Vlaamse Gemeenschap: 4 jaar, 1 mandaat, 1993-1996, Meten van kennis van kankerpreventie, Onderzoekscoördinator i.s.m. promotor Prof. dr. F. Louckx. [12 M bef or € 300.000]
 5. Ministerie Sociale Zaken en Volksgezondheid: 1 jaar, 1996, werking, Socio-economische status en participatie aan kankerpreventie bij werknemers van een semi-overheidsbedrijf, Onderzoekscoördinator i.s.m. promotor Prof. dr. F. Louckx [0.5 M bef or € 12.500]
 6. FWO-Vlaanderen: 4 jaar, 1 mandaat (Luc Deliens), 1997-2000, Handelwijzen van artsen rond het levenseinde van patiënten, Onderzoekscoördinator i.s.m. promotor Prof. dr. F. Louckx en copromotoren Prof. dr. H. Van den Enden, Prof. Dr. J. De Maeseneer, Prof. Dr. B. Van Camp [10,5 M bef or € 260.000]
 7. Ministerie Sociale Zaken en Volksgezondheid: co-financiering FWO-project, 3 jaar [2,5 M bef or € 62.500]
 8. OZR-VUB: co-financiering FWO-project (zie 6), 3 jaar [0,6 M bef or € 15.000]
 9. BOF-RUG: 4 jaar, 1 doctoraatsbeurs 2000-2003 (Johan Bilsen), Besluitvormingsproces rond het levenseinde bij wilsonbekwamen, Copromotor i.s.m. Prof. dr. F. Mortier (promotor) en Dr. R. Vander Stichele. [5 M bef or € 125.000] (PS deze beurs werd door de onderzoeker niet opgenomen)
 10. OZR-VUB: 4 jaar, 1 doctoraatsbeurs (Veerle Provoost), 2000-2003, Handelwijzen van artsen rond het levenseinde bij pasgeborenen en zuigelingen, Promotor i.s.m. Prof. dr. Y. Vandenplas, Prof. dr. F. Mortier. [5 M bef or € 125.000]
- Subtotal 1-10 : **2,150.000 euro**
11. VIS-project RUG: 2 jaar, 2000-2001, Beslissingen rond het levenseinde in Europa, Copromotor i.s.m. Prof. dr. F. Mortier, Dr. R. Vander Stichele. [3 M bef or € 75.000]
 12. VLINA-project Vlaamse Gemeenschap: 1 jaar, 2001, Natuureducatie bij privé-bozeigenaars in Vlaanderen, i.s.m. promotor Prof. Dr. N. Lust en co-promotoren Prof. dr. F. Mortier en Prof. Dr. L. Hens. (participatie aan onderzoeksprotocol) [7 M bef or € 175.000]
 13. Europese Commissie – 5th Framework: 3 jaar, **EURELD**, 1 mandaat (Greta Van Der Kelen, 2000-2003, Medical end-of-life decisions in 6 European countries, Promotor (woordvoerder) i.s.m. Prof. Dr. F. Mortier [10 M bef or € 250.000]
 14. FWO-Vlaanderen: 4 jaar, 1 mandaat (Johan Bilsen), 2001-2004, Determinanten van beslissingen van artsen rond het levenseinde van patiënten, Copromotor i.s.m. Prof. dr. F. Mortier (woordvoerder) en Prof. dr. G. De Backer [9,9 M bef or € 247.500]
 15. DWTC-project: 2 jaar, 1 mandaat (Reginald Deschepper), 2001-2003, Medisch-ethische kwaliteitszorg van beslissingen rond het levenseinde: ontwikkeling van een protocol voor de eerstelijnsgezondheidszorg in Vlaanderen, Copromotor i.s.m. Prof. dr. F. Mortier (woordvoerder) en Dr. R. Vander Stichele [6 M bef or € 150.000]
 16. BOF-RUG: 4 jaar, 1 doctoraatsonderzoeker (Julie Van Geluwe), 2001-2005, Copromotor i.s.m. Prof. dr. F. Mortier en Prof. Dr. J. Bernheim. [10 M bef or € 250.000]

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(PS dit fonds werd ingetrokken, omdat de betrokken onderzoeker een aspirantmandaat van het FWO heeft gekregen; zie 19)

17. OZR-VUB: 1 jaar, 2002-2003, financiering van werking, Medische beslissingen aan het levenseinde bij Vlaamse huisartsen, Promotor. [50.000 befor € 12.500]
 18. OZR-VUB: 2 jaar, 2002-2003, financiering van werking, Medische beslissingen aan het levenseinde bij Vlaamse huisartsen, Promotor. [200.000 befor € 50.000]
 19. FWO-Vlaanderen: 4 jaar, 1 aspirantmandaat (Julie Van Geluwe), 2002-2005, Rationele zelfdoding en euthanasie, Co-promotor i.s.m. Prof. dr. F. Mortier (promotor). [ong. € 160.000]
 20. Cultureel Steunfonds van de VUB: 1 jaar, 2002, gift t.b.v. het project 'Handelwijzen van artsen rond het levenseinde bij pasgeborenen en zuigelingen', Promotor i.s.m. Prof. dr. Y. Vandenplas, Prof. dr. F. Mortier. [870.000 befor € 21.750]
- Subtotal 1-20 = 3,541.750 euro**
21. Ministerie van VWS (NL): 2 jaar, 2002-2003, bijkomende financiering voor diverse lopende onderzoeken ikv COPZ-Amsterdam, VU medisch centrum, coördinator i.s.m. Prof. dr. G. van der Wal [136.000 NLG or € 61.200]
 22. Ministerie van VWS (NL): 2 jaar, 2002-2003, bijkomende financiering voor de coördinatie van het palliatieve zorg onderzoek ikv COPZ-Amsterdam, VU medisch centrum, coördinator i.s.m. Prof. dr. G. van der Wal [178.000 NLG or € 80.100]
 23. Ministerie van VWS (NL): 2 jaar, 2002-2003, 3 maanden bijkomende financiering voor het onderzoeksproject 'Evaluatie consultatie palliatieve zorg', ikv COPZ-Amsterdam, VU medisch centrum, coördinator i.s.m. Prof. dr. G. van der Wal [12.000 euro]
 24. Hospice Kuria (NL): financiering van het onderzoek Buddyhulp bij kankerpatiënten, ikv COPZ-Amsterdam, VU medisch centrum, coördinator i.s.m. Prof. dr. G. van der Wal [50.000 NLG or € 22.500]
 25. HOA-VUB: 4 jaar, 2003-2006, 1 doctoraatsbeurs en 1 onderzoeker en werking, Arts-patiënt informatie en communicatie aan het levenseinde. Een onderzoek van de rechtsfilosofische, verbintenisrechtelijke en medisch-sociale aspecten van patiënteninformatie, arts-patiëntcommunicatie en wilsverklaringen. Co-promotor i.s.m. Promotor Prof. dr. M. Magits en copromotor Prof. Dr. J. Bernheim. [200.000 euro]
 26. GOA-VUB: 5 jaar, 2003-2007, 2 doctoraatsbeurzen, 1 onderzoeker, 0.5 senior onderzoeker en werking, Dying well at the place of wish. Promotor i.s.m. co-promotoren Prof. dr. W. Distelmans en Prof. Dr. J. Bernheim. [744.000 euro]
 27. Europese Commissie: 2 jaar, Study of self-medication with antibiotics among the general population in 22 European countries, Promotor i.s.m. co-promotor Dr. R. Deschepper [30.000 euro]
 28. FWO-Vlaanderen 2002: 4 jaar, 1 aspirantmandaat (Lieve Van den Block), 2003-2007, Kwaliteit van palliatieve zorg in de thuiszorg, Promotor i.s.m. Prof. dr. F. Mortier en Prof. Dr. W. Distelmans (copromotoren). [160.000 euro]
 29. VUB-HOA 2004, verlenging, 2005-2006, Arts-patiënt informatie en communicatie aan het levenseinde. Co-promotor i.s.m. Promotor Prof. dr. M. Magits en copromotor Prof. Dr. J. Bernheim. [170.000 euro]
 30. FWO-Vlaanderen 2004 (+ matching OZR-VUB): 4 jaar, 1 mandaat, 2005-2008, De rol van verpleegkundigen bij euthanasie en andere medische beslissingen rond het levenseinde: een representatief onderzoek in Vlaanderen. Promotor i.s.m. copromotor Prof. dr. F. Mortier (UG, Gent) [250.000 euro]
- Subtotal 1-30 = 5,271.550 euro**
31. FWO-Vlaanderen 2004: 4 jaar, 1 mandaat, 2005-2008, Een Levenseinde Informatie- en Communicatie Convenant (LICC) tussen arts en patiënt. Copromotor i.s.m. Prof. dr. F. Mortier (UG, Gent) [200.000 euro]

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32. Monuta 2005 (NL): 5 jaar, 2006-2010, senior capaciteit voor palliatieve zorg onderzoek [250.000 euro]
33. IWT-Strategisch basisonderzoek 2005: 4 jaar, 2006-2010, **MELC-study**. Monitoring Quality of End of life Care, Institute for the Promotion of Innovation by Science and Technology in Flanders. [3.1 M Euro]
34. Prijs De Beys (BE), Koning Boudewijnstichting (zie wetenschappelijke prijzen), 2005 [150.000 euro]
35. Brussels Hoofdstedelijk Gewest 2005, Zorgzaam sterven in de grootstad. Een verkennend onderzoek van de (medische) zorg aan het levenseinde en de plaats van sterven in het Brussels Hoofdstedelijk Gewest, doctoraatsbeurs voor 3 jaar voor drs. Joachim Cohen, 2005-2007 [220.000 euro]
36. OZR-VUB 2005, end of life care in the elderly, overbruggingskrediet 1 jaar Cindy De Gendt, 2006-2007 (1 jaar) [54.000 euro]
37. Nuts Ohra (NL) 2005: subsidie voor project 'Verbeteren van kwaliteit van leven van ongeneeslijke kankerpatiënten', 2006-2008 [25.000 €]
38. ZonMW 2006 (NL) i.s.m. NIVEL (Anneke Francke): Kwaliteitsindicatoren in de palliatieve zorg, 2006-2008 (2 jaar) [180.000 €]
39. ZonMW 2006 (NL) i.s.m. Anaesthesiologie VUMC Amsterdam (W Zuurmond) en Erasmus MC (A van der Heide): Palliatieve sedatie, 2007-2009 (2 jaar) [240.000 €]
40. ZonMW 2006 (NL) VUMC Amsterdam (M Echteld): Meetinstrumenten in de Palliatieve Zorg, 2007-2009 (2 jaar) [56.000 €]
- Subtotal 1-40 = **9,746.550 euro**
41. Foundation AstraZeneca 2006: Sponsoring voor onderzoek "Arts-patiënt informatie en communicatie aan het levenseinde", 2007-2008 [36.300 €]
42. OZR-VUB 2006, end of life care in the last months of life, prepostdoc overbruggingskrediet 1 jaar Lieve Van den Block, 2007-2008 (1 jaar) [ong. 65.000 €]
43. Federaal Wetenschapsbeleid 2006: ELDPOL – Medische beslissingen rond het levenseinde: implicaties voor een public health beleid, onderzoekscontract voor 3 jaar, 1/12/2007-30/11/2010 [Totaal contract = 535.000 €]
44. Koning Boudewijnstichting 2007: Deelname aan coöperatief onderzoek ikv project rond Dementie, 2007-2009 [17.500 €]
45. Europese Commissie – 7th Framework 2007: 3 jaar, 2008-2010, the **PRISMA study** on palliative care in cancer patients, Coördinator voor VUMC Amsterdam, Penvoerder is prof. dr. Irene Higginson, King's College London [170.000 €]
46. OZR-VUB 2007: Arts-patiënt informatie en communicatie aan het levenseinde, werking, 2008-2010 (3 jaar) [35.000 €]
47. OZR-VUB 2007: GOA60, 5 jaar, 2008-2012, Dying well with dementia. Studying mortality statistics and investigating the quality of end-of-life care according to the experiences of physicians, patients, and their families. [744.000 €]
48. Brussels Hoofdstedelijk Gewest 2007: Zorgzaam sterven in de grootstad. Een verkennend onderzoek van de (medische) zorg aan het levenseinde en de plaats van sterven in het Brussels Hoofdstedelijk Gewest, postdoc beurs voor 1 jaar voor dr. Joachim Cohen, 2008. [75.000 €]
49. Ministerie van VWS (NL) 2008: Vertaling van wetenschappelijke artikelen voor een breed publiek (20.000 €)
50. Ministerie van VWS (NL) 2008: Checklist voor identificatie van ziekenhuispatiënten in de terminale fase (19.000€)
- Subtotal 1-50 = **11,463.350 euro**
51. FWO-Vlaanderen 2008: 4 jaar, 1 mandaat, 2009-2012, Terminale sedatie al dan niet gecombineerd met het onthouden van de toediening van vocht en/of voeding als alternatief voor euthanasie: de casus van het levenseinde van ouderen in Vlaamse

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- rusthuizen. Promotor. Prof dr J Bilsen, Copromotoren Prof. dr. F. Mortier (UG, Gent) en Prof dr L Deliens (VUB) [250,000 euro]
52. FWO-Vlaanderen 2008: 3 jaar, postdoc mandaat dr Lieve Van den Block, 2009-2010, Kwaliteit van zorg aan het levenseinde in Europa: de EURO SENTI-MELC studie. Promotor Prof dr L Deliens. [ong. 240,000 euro]
 53. OZR-VUB 2009: involvement of nurses in euthanasia in Belgium, prepostdoc overbruggingskrediet 1 jaar Els Inghelbrecht, 2009-2010 (1 jaar) [65.000 €]
 54. ZonMW (NL) 2009: 4 jaar, Evaluatie van casemanagement in de Palliatieve zorg in Nederland: naar ontwikkeling van best practice. Promotoren Dr B Onwuteaka-Philipsen, Prof dr L Deliens [399.979 €]
 55. ZonMW (NL) 2009: 30 maanden, Het herkennen van de Palliatieve fase en de verleende zorg: een mixed method studie. Promotoren Prof dr L Deliens, Prof dr A Francke, Copromotor Dr M Echteld [219.144 €]
 56. ZonMW (NL) 2009: 4 jaar, Voorkomen van ziekenhuisopnamen aan het levenseinde. Redenen, oorzaken en vermijdbaarheid van ziekenhuisopnamen in de laatste drie levensmaanden, Promotor Prof dr L Deliens, Copromotoren Dr Onwuteaka-Philipsen, Dr Roeline Pasman [317.593 €]
 57. ZonMW (NL) 2009: 24 maanden, Effecten van de toepassing van continue sedatie tot aan het overlijden op het welzijn van de naasten van de patiënt. Nadere onderbouwing van de VIKC/KNM richtlijn Palliatieve sedatie, Promotoren dr A van der Heide, Dr J Rietjens, Prof dr L Deliens [181.149 €]
 58. OZR-VUB 2009: voor 3 jaar; 0.1 defiscaliserings ZAP mandaat voor dr J Rietjens, ter ondersteuning van het onderzoekspotentieel. Promotor Prof dr L Deliens.
 59. HOA-VUB 2009: voor 2 jaar (verlengbaar), 2009-2011, Visies over zorg aan het levenseinde. Onderzoek naar de attitudes, voorkeuren, en verwachtingen van de bevolking en de media representaties met betrekking tot zorg aan het levenseinde. Promotor i.s.m. copromotoren Prof. dr. Nico Carpentier (fac L&W) en dr Joachim Cohen (ZRL) [160,000 euro]
 60. FWO-Vlaanderen 2009: onderzoeksproject voor 4 jaar, 1 mandaat, 2009-2012, Relieving suffering at the end of life. The UNBIASED study in Belgium, the Netherlands and UK. Promotor: Prof dr L Deliens (VUB), Copromotoren Prof. dr. F. Mortier (UG, Gent) en dr Judith Rietjens (VUB) [ong. 250,000 euro]
- Subtotal 1-60 = **13,546.215 euro**
61. Pieter van Foreeststichting 2009, Spirituele zorgverlening aan het levenseinde in verpleeghuizen in Nederland [25.815 euro]
 62. OZR-VUB 2010: medical end of life decisions in Belgium, prepostdoc overbruggingskrediet van 4 maanden voor Kenneth Chambaere, 2010 (4 maanden) [20.000 €]
 63. FWO-Vlaanderen 2010, 3 jaar, 1 postdocmandaat voor dr Joachim Cohen, 2010-2013 [ong. 240,000 Euro]
 64. FWO-Vlaanderen 2010, 3 jaar, 1 postdocmandaat voor dr Kenneth Chambaere, 2010-2013 [ong. 240,000 Euro]
 65. IWT-Strategisch basisonderzoek: 4 jaar, 2011-2015, **FLIECE-study**. Flanders Improving End-of-life Care and Evaluation, Institute for the Promotion of Innovation by Science and Technology in Flanders. [2.5 M Euro]
 66. Europese Commissie 2010 – 7th Framework Program: 4 jaar, 2011-2014, **EURO IMPACT**, A Marie Curie Initial Training Network on Palliative Care Research in Europe. Promotor (Coordinator) i.s.m. Prof. Dr. L Van den Block [3.97 M Euro]
 67. FWO-Vlaanderen 2011: onderzoeksproject voor 4 jaar, 1 onderzoeksmandaat & 1 ATP mandaat, 2012-2015, Effect of early palliative care on quality of life of patients with

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- metastatic pancreatic cancer: a randomized controlled trial, i.s.m. Prof. Dr. S Van Belle, Prof dr Karen Geboes, dr Koen Pardon [ong 600.000 Euro]
68. FWO-Vlaanderen 2011: navorsingskrediet voor 4 jaar, 2012-2015, International Place of Death study based on nationwide death certificate data, i.s.m. Prof. Dr. J Cohen [9.000 Euro]
 69. Brussels Hoofdstedelijk Gewest 2011: Evaluatie van het vrijwilligerswerk in de Palliatieve Zorg in het Brussels Gewest. Een verkennend onderzoek van de ondersteuning en versterking van het vrijwilligers werk, postdoc beurs voor 3 jaar voor dr. Yanna Van Wesemael, 2012-2014. [75.000 €/jaar]
 70. OZR-VUB 2012: voor 3 jaar; 0.1 defiscaliserings ZAP mandaat voor Prof dr J Cohen, ter ondersteuning van het onderzoekspotentieel van de onderzoeksgroep Zorg rond het Levenseinde. Promotor Prof dr L Deliens.
- Subtotal 1-70 = 21,226.030 euro**
71. OZR-VUB 2012: verlenging voor 3 jaar; 0.1 defiscaliserings ZAP mandaat voor Prof dr J Rietjens, ter ondersteuning van het onderzoekspotentieel. Promotor Prof dr L Deliens.
 72. OZR-VUB 2012: overbruggingsjaar postdoctoraal FWO mandaat Tinne Smets, 1 okt 2012 - 1 okt 2013. [75.000 Euro].
 73. OZR-VUB 2012: **Zwaartepunt financiering voor 5 jaar**. End-of-life care in cancer and non-cancer patients: public health, health services and clinical research [1.2 M Euro]. Promotor Prof dr L Deliens, Copromotoren Prof dr J Cohen, Prof dr L Van den Block, dr K Chambaere.
 74. FWO-Vlaanderen 2012: onderzoeksproject voor 2 jaar, 1 onderzoeksmandaat, 2013-2014, Slecht nieuwsmededeling door de oncoloog. Ontwikkeling van een communicatietraining, i.s.m. Prof. Dr. S Van Belle (UGent), dr Kenneth Chambaere (VUB) [ong 200.000 Euro]
 75. ZonMW (NL) 2013: 24 maanden, Follow up en evaluatie van casemanagement in de kinderpalliatieve zorg: de ontwikkeling van een zorgpad. Promotoren Prof dr JJM van Delden (UMC Utrecht), Prof dr L Deliens (VUMC), Copromotor Dr MC Kars [253.000 €]
 76. ZonMW (NL) 2013: 24 maanden, Medicatiemanagement in de laatste levensfase. Promotoren dr Lia van Zuilen (Erasmus MC), dr W Dekkers (Radboud MC), dr R Perez (VUMC), Prof dr L Deliens (VUMC) [315.000 €]
 77. ZonMW (NL) 2013: 44 maanden, Evaluatie verbeterprogramma Palliatieve Zorg. Promotoren Prof dr Anneke Francke (NIVEL, Utrecht), Prof dr L Deliens (VUMC, Amsterdam) [536.650 €]
 78. ZonMW (NL) 2013: 36 maanden (start 1/1/2014), Advance care planning in general practice. A nested qualitative study within an ongoing cluster randomized trial in general practice. Promotoren Prof dr Dick Willems (AMC), Prof dr L Deliens (VUMC) [196.966 €]
 79. FWO-Vlaanderen 2013, 3 jaar, 2^{de} termijn postdocmandaat voor dr Joachim Cohen, 2013-2016 [ong. 240.000 Euro]
 80. FWO-Vlaanderen 2013, 3 jaar, 2^{de} termijn postdocmandaat voor dr Kenneth Chambaere, 2013-2016 [ong. 240.000 Euro]
- Subtotal 1-80 = 24,481.996 euro**
81. FWO-Vlaanderen 2013: onderzoeksproject voor 4 jaar, 1 onderzoeksmandaat, 2014-2017, Communicatie omtrent het levenseinde in woon- en zorgcentra: een RCT, i.s.m. Prof. Dr. L Van den Block (VUB), Prof L Deliens (VUB), Prof dr Kris Gastmans (KUL) [372.000 Euro]
 82. OZR-VUB 2013: overbruggingsjaar predoctoraal FWO mandaat Jef Deyaert, 1 okt 2013 - 1 okt 2014. [50.000 Euro].
 83. Europese Commissie 2013 – 7th Framework Program: 5 jaar, 2014-2018, **PACE**, Comparing the effectiveness of palliative care for elderly people in long term care

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- facilities in Europe, Promotor (Coordinator) i.s.m. Prof. Dr. L Van den Block [5,566,140 Euro EU contribution]
84. Europese Commissie 2013 – 7th Framework Program: 5 jaar, 2014-2018, **ACTION**, Advance Care Planning - an Innovative Palliative Care Intervention to Improve Quality of Life in Oncology. A Multi-Centre Cluster Randomized Clinical Trial. Participating centre; Coördinator Prof dr Agnes van der Heide, Erasmus MC Rotterdam i.s.m. Dr. Judith Rietjens [4.5 M Euro EU contribution]
 85. IWT 2014 -Strategisch basisonderzoek: 4 jaar, 2015-2019, **INTEGRATE**-study. Integration of palliative care into home, nursing home and hospital care, Institute for the Promotion of Innovation by Science and Technology in Flanders. [2.85 M Euro]
 86. UZ Brussel, **Willy Gepts Fonds** 2014. Lara Pivodic, Care and Place of Care at the End of Life: International Perspectives [20.000 Euro]
 87. Vlaamse Liga tegen Kanker 2014, **VLK**, Implementeren van kwaliteitsindicatoren in de palliatieve zorgvoorzieningen in Vlaanderen; monitoren en verbeteren van de zorg voor palliatieve patiënten thuis en in het ziekenhuis, Looptijd: 1 mei 2014 tem 31 december 2016 (tbv Kathleen Leemans) [213.208,12 Euro]. Projectverantwoordelijke: prof dr Joachim Cohen (VUB). Partners: prof dr Luc Deliens (UG)
 88. Kom Op Tegen Kanker 2015, **KOTK** (voorheen VLK), Evaluatie van een complexe interventie om voorafgaande zorgplanning systematisch op te starten in de huisartsenpraktijk ter verbetering van de levenseindezorg bij kankerpatiënten. Een Fase II studie. Duur: 24 maanden [€167.884; personeel: €147.500, werking: €20.384; onderzoeker Aline De Vleminck]. Projectverantwoordelijke: prof dr Luc Deliens (VUB). Partners: prof dr Robert Vander Stichele (UG) en dr Koen Pardon (VUB)
 89. Kom Op Tegen Kanker 2015, **KOTK**, Evaluatie van de bijdrage van het Zorgprogramma Laatste Levensdagen tot het verbeteren van de zorg- en levenskwaliteit aan het levenseinde op acute geriatrische ziekenhuisafdelingen: een cluster gerandomiseerde studie. Duur: 12 maanden [€72.122; personeel: €67.622, werking: €4.500; onderzoekers dr Tinne Smets, 0,5, en Rebecca Verhofstede, 0,5]. Projectverantwoordelijke: prof dr Luc Deliens (VUB). Partners: prof dr Joachim Cohen (VUB) en prof dr Nele Van Den Noortgate (UG)
 90. Kom Op Tegen Kanker 2015, **KOTK**, Palliatieve zorgnoden doorheen het kankertraject. Duur: 16 maanden [€47.195; personeel: €45.000, werking: €2.195; onderzoeker Kim Beernaert]. Projectverantwoordelijke: prof dr Luc Deliens (UG). Partners: prof dr Joachim Cohen (VUB)
- Subtotal 1-90 = 38,340.383 euro**
91. UGent – BOF 2016, End-of-life decisions in stillbirths, neonates and infants, personeel: € 202.000. Projectverantwoordelijke: prof dr Luc Deliens (UGent). Partners: dr Kenneth Chambaere (VUB) en dr Kim Beernaert (UG)
 92. FWO-Vlaanderen 2016: 4 jaar, 1 aspirantmandaat (research fellowship) drs Lenzo Robijn, 2016-2020, Palliatieve sedatie in woonzorgcentra. Ontwikkeling van een interventie ter verbetering van de praktijk, Promotor i.s.m. Prof. dr. K. Chambaere en J Rietjens (copromotoren). [ong € 180,000]
 93. FWO-Vlaanderen 2016 (G034717N): onderzoeksproject voor 4 jaar, A multi-centre phase III trial in six European countries to assess the effect of advance care planning on the wellbeing of bereaved carers of people with advanced cancer, 2017-2020, i s m. Prof. Dr. D Houttekier (VUB), Prof S Van Belle (UG) [203.000,00 EUR]
 94. Kom Op Tegen Kanker 2016, **KOTK**, Early integration of palliative care in oncology, extra year for PhD trajectory of Gaëlle Vanbutsele, personeel: € 75.000 euro
 95. FWO-Vlaanderen 2017: 4 jaar, 1 aspirantmandaat (research fellowship) drs Monica Verhofstadt, 2017-2021 [ong € 180,000]

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96. FWO-Vlaanderen 2017: 3 jaar, 1 postdoc mandaat (postdoc research fellowship) dr Kim Beernaert, 2017-2021 [ong € **255,000**]
97. FWO-Vlaanderen 2017: 3 jaar, 1 postdoc mandaat (postdoc research fellowship) dr Aline De Vleminck, 2017-2021 [ong € **255,000**]
98. FWO-Vlaanderen 2017: 4 jaar, 1 postdoc mandaat (postdoc research fellowship) drs Lara Pivodic, 2017-2021 [ong € **255,000**]
99. UGent – BOF 2017: 3 jaar BOF mandaat (research fellowship) Anne-Lore Scherrens [ong € **135,000**]
100. OZR-VUB 2017: Zwaartepunt financiering voor 5 jaar. End-of-life care in cancer and non-cancer patients: public health, health services and clinical research [**1.2 M Euro**]. Promotor Prof dr L Deliens, Copromotoren Prof dr J Cohen, Prof dr L Van den Block, Prof dr K Pardon.
101. FWO-Vlaanderen 2017 (G017818N): onderzoeksproject voor 4 jaar, 2018-2021, Euthanasieverzoeken van psychiatrische patiënten in Vlaanderen: beweegredenen, ervaringen, i.s.m. Prof. Dr. K Chambaere (VUB), Prof K Audenaert [**91.319,43 EUR**]
- Subtotal 1-100 = 41,370.702 euro**
102. FWO-Vlaanderen 2017 (G019418N): onderzoeksproject voor 4 jaar, 1 onderzoeksmandaat, 2018-2021, Een multi-center gerandomiseerde gecontroleerde studie (RCT) ter evaluatie van het effect van voorafgaande zorgplanning in de kinderoncologie, i.s.m. Prof. Dr. J Cohen (VUB), Prof Laureys, Genevieve (UG), Van der Werff ten Bosch, Jutte (VUB) [**347.901,54 EUR**]
103. FWO-Vlaanderen 2017 (G061118N): onderzoeksproject voor 4 jaar, 1 onderzoeksmandaat, 2018-2021, Voorafgaande zorgplanning (VZP) voor patiënten met een chronisch levensbedreigende aandoening in de huisartsenpraktijk: het effect van VZP op kwaliteit van communicatie en de overeenstemming tussen gewenste en verkregen levenseindezorg, i.s.m. Prof. Dr. K Pardon (Hasselt) [**456.606,00 EUR**]
104. Kom Op Tegen Kanker 2018, KOTK, implementatietraject van de zorgleidraad laatste levensfase acute geriatrie (Benjamin Werrebrouck), Partners: prof dr Joachim Cohen (VUB) en prof dr Nele Van Den Noortgate (UG), 3 jaar, personeel: **xxx.000 euro**, werking **xxx.000 euro**.
105. Vlaamse Overheid – Administratie Gezondheidszorg. Onderzoeksproject voor 2 jaar. Opmaak van een set van indicatoren om de kwaliteit van de vroegtijdige zorgplanning, de palliatieve zorg en de levenseindezorg in woonzorgcentra te meten en te implementeren in het Vlaams indicatorenproject woonzorgcentra. [**160.000,00 EUR**]
106. FWO-Vlaanderen 2018 SBO CAPACITY [**2,8 M EUR**]
107. H2020 2018 DIAdIC [**3,8 M EUR**]
108. H-Europe 2022 NAVIGATE
109. H-Europe 2022 MYPATH [**6,2 M EUR**]
110. H-Europe 2024 EU PAL-COPD [**8,0 M EUR**]

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9. FUNCTIES EN COMMISSIES (membership of local, national and international academic commissions)

Local positions:

Bestuursfuncties en mandaten aan de Universiteit Gent:

- Voorzitter VUB-UGent Onderzoeksgroep Zorg rond het Levens einde (2014 tot heden)
- Lid vakgroep Inwendige Ziekten (2014 tot sept 2018)
- Lid van de stuurgroep tot oprichting van de nieuwe vakgroep Maatschappij en Gezondheid (2017 tot 2018)
- Lid vakgroepraad Public Health and Primary Care (okt 2018 tot heden)
- Lid van de onderzoekslijn Farmacologie aan het Levens einde, vakgroep farmacologie (2014 tot heden)
- Lid van het lijnoverleg palliatieve zorg bij mensen met kanker (2013 tot heden)
- Lid van de Werkgroep Palliatieve Zorg Onderwijs vd Faculteit Geneeskunde en Gezondheidswetenschappen

Bestuursfuncties en mandaten aan de Vrije Universiteit Brussel:

- Voorzitter VUB-UGent Onderzoeksgroep Zorg rond het Levens einde (2000 tot heden)
- Lid van de vakgroep Huisartsgeneeskunde en Chronische Zorg (2013 tot heden)
- Bestuurslid van het Oncology Research Centre (ORC) (2012 tot heden)
- Lid Opleidingsraad Master Management en Beleid id Gezondheidszorg (2001 tot heden)
- Lid van de vakgroep Medische Sociologie (1992-2012)
- Lid UMCOR (voorheen Navorsingscommissie) Faculteit Geneeskunde en Farmacie (2003 tot 2015)
- Lid Opleidingsraad Master Verpleeg- en Vroedkunde (2004-2010)
- Lid van de Faculteitsraad van de Faculteit Geneeskunde en Farmacie (1992-1996; 2001-2007).
- Secretaris Onderwijscommissie Medisch-Sociale Wetenschappen (1988-1996)
- Lid van de VUB Onderzoeksraad (1995-1996)
- Lid van de Raad van Bestuur (1992-1994)
- Lid van de VUB Onderwijsraad (1992-1993)

Voormalige bestuursfuncties en mandaten aan het VU medisch centrum, EMGO-Instituut, Amsterdam:

- Lid van het Algemeen Bestuur van het Expertisecentrum Palliatieve Zorg VU medisch centrum, Amsterdam (2006 tot 2014)
- Voorzitter Werkgroep Onderzoek VUmc Expertisecentrum Palliatieve Zorg (2004 tot 2010)
- Lid Strategische Beleidsgroep VUmc Expertisecentrum Palliatieve Zorg (2004 tot 2006)
- Voorzitter van het Expertisecentrum Palliatieve Zorg VU medisch centrum, Amsterdam (2007 tot 2010)
- Programmacoördinator van het Centrum voor de Ontwikkeling Palliatieve Zorg Amsterdam (COPZ), (2001 tot 2004)
- Lid van de landelijk COPZ-locatieoverleg (2001 tot 2004)
- Coördinatiegroep Consultatieteams regio Amsterdam (2001 tot 2004)

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National positions:

Nationale bestuursfuncties en mandaten:

- Lid van de jury Prijs Léon Favyts en Hugo Van den Enden, prijs ingericht door de vzw Recht op Waardig Sterven voor beste bachelor of masterproef (2017 tot heden)
- Lid stuurgroep PALM opleiding, Wemmel (2013 tot heden)
- Gewoon lid Koninklijke Academie van Geneeskunde van België (KAGB) (2009 tot heden)
- Voorzitter Interuniversitair Platform Expertise Centra Palliatieve Zorg (2022 tot heden)
- Lid van de stuurgroep van het Interuniversitair Levenseinde Onderzoeksforum in België, onder auspiciën van de Federatie Palliatieve Zorg Vlaanderen (2009 tot 2020)
- Lid & ondervoorzitter commissie Med 8 Gezondheidswetenschappen (gebied Medische Wetenschappen) in het Fonds voor Wetenschappelijk Onderzoek – FWO Vlaanderen (2010 tot 2015)
- Lid stuurgroep LEIF-artsen informatieforum, Wemmel (2003 tot 2013)
- Lid Onderzoeksgroep Dementie, Koning Boudewijnstichting (2006 tot 2012)
- Lid van de Jury van het Fonds Maria-Elisa & Guillaume De Beys voor de driejaarlijkse Prijs De Beys. Dit Fonds is één van de meest prestigieuze fondsen voor medisch-wetenschappelijk onderzoek in België en beoogd medisch-wetenschappelijk onderzoek te ondersteunen met een sociale dimensie, waarde van de wetenschappelijke prijs is 150.000 € (2010-2011)
- Lid van het landelijk overleg van de Kenniscentra Palliatieve Zorg Nederland (2007 tot 2010)
- Toegevoegd lid van het Interdisciplinair Expertpanel in het Fonds voor Wetenschappelijk Onderzoek – FWO Vlaanderen (2010)
- Lid van de Wetenschappelijke Raad van de congressen Tijd voor Palliatieve Zorg van de Uitgeverij Bohn Stafleu van Loghem, Houtem, Nederland (2008 en 2009)
- Lid en voorzitter Wetenschappelijk Comité en het Organisatie Comité van het tweejaarlijks Belgisch Public Health Congres "Public Health at the end of life", Vrije Universiteit Brussel, Brussel, 14 december 2007.

International positions:

Externe internationale bestuursfuncties en mandaten:

- Council Member of **Public Health Palliative Care International** (2019 at present).
- Chair of the Reference Group on Public Health and Palliative Care of the European Association for Palliative Care (**EAPC RG PHPC**) (2017 at present).
- Co-Chair of the Research Network of the European Association for Palliative Care (**EAPC Research Network**) (2011 at present).
- Member of the External Review Team to review the Palliative Care PhD program, **Portuguese** Agency for Assessment and Accreditation of the Higher Education (A3ES – www.a3es.pt) in Portugal (2016 at present).
- Member of the Senior Advisory Committee of The International Research Society of the Sapporo Conference for Palliative and Supportive Care in Cancer, Higashi Sapporo Hospital, Sapporo, **Japan**. (2014 at present).
- Member of the *Steering Committee* of the National Research Program on "End of life" 2010-2016 (NRP 67) (15 Mio. CHF) of the **Swiss** National Science Foundation (SNSF) (2010 - 2018).

- Member of the **WHO** Ad-Hoc technical advisory group on palliative care and long-term care, responding to the WHA 2014 resolution on integrated palliative care in all settings (2014 - 2017).
- Member of the Review Board of the national funding program on "Palliative Care Research" of the **German** Federal Ministry of Education and Research (BMBF) (2016 - 2017).
- Member of the Scientific Advisory Group to the "New **WHO** Guide Palliative Care for the Older People: Better Practice", King's College London (KCL), the World Health Organisation (WHO) Europe, the European Association for Palliative Care (EAPC), the European Union Geriatric Medicine Society (EUGMS) and the European Society of Surgical Oncology (ESSO) (2007 -2010)
- Member of the **European Heart Rhythm Association** (EHRA) committee dedicated to editing the guidelines on the deactivation of the Implantable Cardioverter-Defibrillator (ICD) in terminally ill patients.
- Member of the Advisory Committee for the National Cancer Research Institute – funded Supportive and Palliative Care 'Cancer Experiences' (**CECo**) Research Collaborative (Members: University of Southampton, Lancaster University, University of Liverpool, University of Manchester, University of Nottingham), United Kingdom (2007 tot 2012)

International Conferences:

- Organizer of the **7th PHPCI World Congress on Public Health and Palliative Care**, 20-23 September 2022, Bruges, Belgium.
- Co-Organizer with EAPC RN of the two yearly **World Research Congresses** of the European Association for Palliative Care: 2008 Trondheim, Norway; 2010 Glasgow, UK; 2012 Trondheim, Norway; 2014 Lleida, Spain; 2016 Dublin, Ireland; 2018 Bern, Switzerland; 2020 Palermo, Italy (Online); 2024 Barcelona, Spain.
- Member of the *Advisory Board* to the Scientific Committee of the EAPC Congresses in Trondheim, Norway, 29 - 31 May 2008; Research Forum Glasgow, UK, 10-12 June 2010; 12th congress Lisboa, Portugal, 19-21 May 2011; 13th congress Prague, Czech Republic, 30/5-2/6 2013; 14th congress in Copenhagen, Denmark, 8-10 May 2015; 15th congress in Madrid, Spain, 18-20 May 2015.
- Member of *Scientific Committee* of the **EAPC world research conferences**:
 - 7th World Research Congress of EAPC (European Association for Palliative Care), Trondheim, Norway, June 7-9 2012.
 - 8th World Research Congress of EAPC (European Association for Palliative Care), Lleida, Spain, June 5-7 2014.
 - 9th World Research Congress of EAPC (European Association for Palliative Care), Dublin, Ireland, June 9-11 2016.
 - 10th World Research Congress of EAPC (European Association for Palliative Care), Bern, Switzerland, May 23-26 2018.
- Member of *Scientific Committee* of the ACPEL conferences, International Society of Advance Care Planning and End of Life Care:
 - 5th International Conference on Advance Care Planning and End of Life Care, 10-12 September 2015, Munich, Germany.
 - 6th International Conference on Advance Care Planning and End of Life Care, 6-9 September 2017, Banff, Alberta, Canada.
- Member of *Scientific Committee* of the ICEL conferences:
 - 2nd International Conference on End of Life: Law, Ethics, Policy and Practice, 13-15 August 2014, Brisbane, Australia.

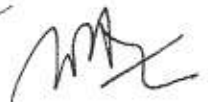
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- Curriculum Vitae prof dr Luc Deliens -

- 3th International Conference on End of Life: Law, Ethics, Policy and Practice, 13-15 September 2017, Halifax, Nova Scotia, Canada.
- Member of the *Scientific Committee and Organising Committee* of the International Congress "Continuous Sedation at the End of Life", 11 en 12 maart 2011, UGent, Ghent, Belgium (2010-2011).
- Member of the Scientific Committee of the IMFPC International Multidisciplinary Forum for Palliative Care in Budapest, Hungary, 11-13 November 2010.

EU funded research projects:

- Coordinator together with prof dr Lieve Van den Block (VUB, Brussels) of the 5.5 M euro **PACE, EU 7th Framework** 5 years research project "Comparing the effectiveness of palliative care for elderly people in long term care facilities in Europe" (2014 tot 2019), including 8 research partners from Belgium, Finland, Italy, Netherlands, Poland and UK, and 4 international dissemination partners (AGE, Alzheimer Europe, EAPC, EFPC).
- Coordinator together with prof dr Lieve Van den Block (VUB, Brussels) of the 3.9 M euro **EURO IMPACT** project, the Marie Curie Initial Training Networks (ITN) Call: FP7-PEOPLE-2010-ITN. European Intersectoral and Multi-disciplinary Palliative Care Research Training. 2010-2014, including 9 international partners from Belgium, Italy, the Netherlands, Norway, Switzerland and the UK (2010-2014).
- Member of the Steering Committee or Supervisory Board of **EU FP projects**:
 - **PACE**, EU 7th Framework 5 years research project "Comparing the effectiveness of palliative care for elderly people in long term care facilities in Europe" (2014 tot 2019).
 - **ACTION**, EU 7th Framework 5 years research project "Advance Care Planning - an Innovative Palliative Care Intervention to Improve Quality of Life in Oncology. A Multi-Centre Cluster RCT" (2013 tot 2018).
 - **EURO IMPACT**, a Marie Curie Initial Training Networks on palliative care research (ITN) Call: FP7-PEOPLE-2010-ITN. European Intersectoral and Multi-disciplinary Palliative Care Research Training (2010-2014).
 - **PRISMA**, a EU funded collaborative project of the 7th FW program, and Chair of WP 6 (2008-2011).
 - **SAR**, Study of self-medication with antibiotics among the general population in 22 European countries (2002 tot 2005)
 - **EURELD**, EU 5th Framework research project "Medical end-of-life decisions: attitudes and practices in 6 European countries" (1999 tot 2003)
- Participant of **ACTION, EU 7th Framework** 5 years research project "Advance Care Planning - an Innovative Palliative Care Intervention to Improve Quality of Life in Oncology. A Multi-Centre Cluster RCT" (2013 tot 2018).
- Chair of the Steering Committee of the research project Dying well in Europe, a study of place of death in Europe via mortality statistics. To be continued in 2010 via the **IPod study**, International Place of Death study; coordinated by dr Joachim Cohen (2005 at present)
- Chair of the Steering Committee of **EURO Sentinel study**, studying the end of life via the sentinel networks of General Practitioners in Belgium, Italy, the Netherlands and Spain; coordinated by prof dr Lieve Van den Block (2005 at present)
- Member of the Steering Committee of the **UNBIASED study** of the EAPC Research Network an international study of palliative sedation in Belgium, the Netherlands and the UK; coordinated by prof dr Judith Rietjens (2009-2013)

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10. LIDMAATSCHAP VAN PROMOTIECOMMISSIES
(membership of PhD evaluation commissions)

1. Reginald Deschepper, Verschillen in antibioticagebruik tussen Vlaanderen en Nederland. Een vergelijkend antropologisch onderzoek vanuit het lekenperspectief. Proefschrift ingediend tot het behalen van de graad van doctor in de vergelijkende Cultuurwetenschappen. Universiteit Gent, Januari 2002.
2. Greetje Desnerck, Personen met een handicap: integratieve modellen, medicalisering en sociale ongelijkheid. Sentinel (health) events in kaart gebracht via registratie in autonome revalidatiecentra NOK en PSY. Proefschrift ingediend tot het behalen van de graad van doctor in de medisch-sociale wetenschappen. VUB, Faculteit Geneeskunde en Farmacie, Brussel, November 2003.
3. Marianne Klinkenberg, The last phase of life of older people: health, preferences and care. A proxy report study. Proefschrift ingediend tot het behalen van de graad van doctor, VU medisch centrum Amsterdam, Februari 2004.
4. Roeline Pasman, Forgoing artificial nutrition and hydration in nursing home patients with dementia. Proefschrift ingediend tot het behalen van de graad van doctor, VU medisch centrum Amsterdam, Juni 2004.
5. Ruddy Verbinnen, Palliatieve zorg in Vlaanderen. Proefschrift ingediend tot het behalen van de graad van doctor in de medisch-sociale wetenschappen. VUB, Faculteit Geneeskunde en Farmacie, Brussel, Februari 2005.
6. Veerle Provoost, Medical end-of-life decisions among newborns in neonates and infants in Flanders, Belgium. Proefschrift ingediend tot het behalen van de graad van doctor in de medisch-sociale wetenschappen. Vrije Universiteit Brussel, Mei 2005.
7. Johan Bilsen, End-of-life decisions in medical practice in Flanders, Belgium. Proefschrift ingediend tot het behalen van de graad van doctor in de medisch-sociale wetenschappen. VUB, Faculteit Geneeskunde en Farmacie, Brussel, Juni 2005.
8. Martine Jansen-van der Weide, Handling requests for euthanasia and physician-assisted suicide. Proefschrift ingediend tot het behalen van de graad van doctor, VU medisch centrum Amsterdam, 2 December 2005.
9. Judith Rietjens, Medical Decision-Making at the End of Life - Experiences and Attitudes of Physicians and the General Public. Proefschrift ingediend tot het behalen van de graad van doctor, Erasmus medisch centrum Rotterdam, 1 Februari 2006.
10. Astrid Vrakking, Medical End-of-Life Decisions in neonates in The Netherlands. Proefschrift ingediend tot het behalen van de graad van doctor, Erasmus medisch centrum Rotterdam, 5 April 2006.
11. Sander Borgsteede, Palliative care in general practice in the Netherlands. Proefschrift ingediend tot het behalen van de graad van doctor, VU medisch centrum Amsterdam, 22 December 2006.
12. Hella Brandt, Palliative care in Dutch nursing homes. Proefschrift ingediend tot het behalen van de graad van doctor, VU medisch centrum Amsterdam, 17 Januari 2007.
13. Joachim Cohen, End of life decisions and place of death in Belgium and Europe. Proefschrift ingediend tot het behalen van de graad van doctor in de medisch-sociale wetenschappen. VUB, Faculteit Geneeskunde en Farmacie, Brussel, 31 Mei 2007.
14. Marieke Groot, Supporting patients and professionals in primary care. Proefschrift ingediend tot het behalen van de graad van doctor op het gebied van de medische wetenschap, Radboud Universiteit Nijmegen, 13 Juni 2007.
15. Lieve Van den Block, End-of-Life care and medical decision-making in the last phase of life. Proefschrift ingediend tot het behalen van de graad van doctor in de medisch-sociale wetenschappen. VUB, Faculteit Geneeskunde en Farmacie, Brussel, 5 Mei 2008.

16. Laetitia Veerbeek, Care and quality of life in the dying phase. Proefschrift ingediend tot het behalen van de graad van doctor, Erasmus medisch centrum Rotterdam, 1 Oktober 2008.
17. Marjoke Hoekstra, Symptom monitoring and quality of life of patients with cancer in the palliative phase. Proefschrift ingediend tot het behalen van de graad van doctor, Universiteit van Amsterdam, 5 December 2008.
18. Maud Maessen, Care and decision-making at the end of life of ALS patients, Proefschrift ingediend tot het behalen van de graad van doctor, Universiteit van Utrecht, 29 September 2009.
19. Jolanda Habraken, Palliative care in end-stage COPD, Proefschrift ingediend tot het behalen van de graad van doctor, Universiteit van Amsterdam, 18 November 2009.
20. Joke Lemiengre, Written ethics policies on euthanasia in hospitals and nursing homes in Flanders: an empirical-ethical study on the prevalence, content and impact. Proefschrift ingediend tot het behalen van de graad van doctor, Katholieke Universiteit Leuven, 25 november 2010.
21. Kenneth Chambaere, End of life decisions in Flanders and Brussels. Proefschrift ingediend tot het behalen van de graad van doctor in de medisch-sociale wetenschappen, VUB, Faculteit Geneeskunde en Farmacie, Brussels, 3 Mei 2010.
22. Els Inghelbrecht, The involvement of nurses in euthanasia communication and decision making, Proefschrift ingediend tot het behalen van de graad van doctor in de medisch-sociale wetenschappen, VUB, Faculteit Geneeskunde en Farmacie, Brussels, 26 Mei 2010.
23. Geert Pousset, End of life decisions in minors, Proefschrift ingediend tot het behalen van de graad van doctor in de Moraalwetenschappen, UGent, Gent, 2 Juni 2010.
24. Tinne Smets, The euthanasia practice in Belgium. Behavior and attitudes regarding reporting and adherence to legal safeguards, VUB, Faculteit Geneeskunde en Farmacie, Brussels, 14 januari 2011.
25. Cindy De Gendt, End-of-life care in older people. A study on advance care planning and end-of-life decision making in Flanders, Belgium, VUB, Faculteit Geneeskunde en Farmacie, Brussels, 14 januari 2011.
26. Koen Pardon, Preferences of advanced lung cancer patients for information and participation in medical decision-making. A longitudinal multicentre study (the EOLIC study), Belgium, VUB, Brussels, Faculteit Psychologie, 29 maart 2011.
27. Koen Meeussen, End-of-life care in Belgium. A nationwide study via the representative sentinel network of General Practitioners, Belgium, VUB, Faculteit Geneeskunde en Farmacie, Brussels, 1 april 2011.
28. Ebun Abarshi, Care in the last months of life. End-of-life care registration in the Netherlands by a network of General Practitioners, VU medisch centrum Amsterdam, 20 april 2011.
29. Dirk Houttekier, Place of death and circumstances of dying. Studies in a metropolitan, national and international context, VUB, Faculteit Geneeskunde en Farmacie, Brussels, 24 mei 2011.
30. Berniek Hesselink, Policies and guidelines on end-of-life care decision-making in Dutch health care institutions, VU medisch centrum Amsterdam, 29 juni 2011.
31. Ruth Piers, End-of-Life Care in the acute hospital, Ghent University, Faculty of Medicine and Health Sciences, 8 november 2011.
32. Yanna Van Wesemael, The euthanasia practice in Belgium. Evaluation of the mandatory consultation procedure between physicians, VUB, Faculteit Geneeskunde en Farmacie, Brussels, 9 november 2011.
33. Gwenda Albers, Measuring Quality of Life and Dignity in Palliative Care Research, VU medisch centrum Amsterdam, 15 oktober 2012.

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34. Bart Schweitzer, Out-of-hours palliative care by General Practitioners, VU medisch centrum Amsterdam, 25 oktober 2012.
35. Susanne Claessen, Quality indicators and the palliative care continuum, VU medisch centrum Amsterdam, 28 februari 2013.
36. Kasper Raus, Continuous sedation at the end of life. Practice, perspectives and ethical analyses. UGent: Het Pand, 29 maart 2013.
37. Tijn Brinkkemper, Palliative sedation in the Netherlands. Current practice and evaluation of tools for assessing depth of sedation, VU medisch centrum Amsterdam, 17 april 2013.
38. Natasja Raijmakers, End of life care and decision making. Opinions and experiences of the general public, bereaved relatives and professionals. Erasmus medisch centrum Rotterdam, 5 juni 2013.
39. Pam J Kaspers, End-of-Life Care and preferences for (non) treatment decisions in older people during the last three months of life. VU medisch centrum Amsterdam, 4 september 2013.
40. Livia Anquinet, The practice of sedation at the end of life in Belgium, the Netherlands and the UK. VUB, Faculteit Geneeskunde en Farmacie, Brussels, 24 oktober 2013.
41. Eefje Sizoo, Health-related quality of life in high-grade glioma patients and their partners during the end-of-life phase. VU medisch centrum Amsterdam, 11 december 2013.
42. An Vandervoort, Dying well with dementia in nursing homes in Flanders. Vrije Universiteit Brussel, 24 maart 2014.
43. Ria de Korte, Reasons and avoidability of hospitalisations at the end of life: perspectives from GPs, nurses and family carers. VU medisch centrum Amsterdam, 3 sept 2014.
44. Willemjan Slort, General Practitioner – patient communication in palliative care. Availability, Current issues, Anticipation. VU medisch centrum Amsterdam, 19 sept 2014.
45. Kathleen Leemans, Quality indicators for palliative care in Flanders. Vrije Universiteit Brussel, 3 okt 2014.
46. Natalie Evans, Palliative care for non-cancer patients: decision-making, and advance care planning, VU medisch centrum Amsterdam, 13 okt 2014.
47. Maaïke De Roo, Quality indicators for palliative care from an international perspective. VU medisch centrum Amsterdam, 6 maart 2015.
48. Thijs Reyniers, Hospital admissions at the end of life. Reasons, appropriateness and avoidability. Vrije Universiteit Brussel, 3 juni 2015.
49. Kim Beernaert, Identifying and addressing palliative care needs throughout the illness trajectory. Ghent University, 24 juni 2015.
50. Winne Ko, Dying with cancer. An international perspective. Vrije Universiteit Brussel, 8 sept 2015.
51. Aline De Vleminck, Supporting the initiation of Advance Care Planning in general practice. Ghent University, 18 nov 2015.
52. Rebecca Verhofstede, The Care Guide at the end of life on an acute geriatric wards. Ghent University, 23 nov 2015.
53. Marie-José Gijssels, Spiritual care at the end of life in Dutch nursing homes. A mixed method study. VU medisch centrum Amsterdam, 24 nov 2015.
54. Annicka van der Plas, Case management in primary palliative care. VU medisch centrum Amsterdam, 14 dec 2015.
55. Lara Pivodic, End-of-Life Care. An international perspective. Vrije Universiteit Brussel, 16 dec 2015.

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56. Yolanda Penders, Old age, dementia and end-of-life care. Vrije Universiteit Brussel, 28 oct 2016.
57. Aurélie Van Lancker, Symptoms and interventions in older palliative cancer patients: patients' and nurses' perspective, Ghent University, 23 Februari 2017.
58. Kirsten Hermans, The interRAI Palliative Care Instrument – Better informed palliative care in nursing homes?, KULeuven, 27 Maart 2017.
59. Sigrid Dierickx, Euthanasia practice in Belgium, VUB & UGent, 28 Jun 2018
60. Matthijs van Wijmen, Arranging the end of life in advance. Advance directives from the perspective of the people who own them, Vrije Universiteit, Amsterdam, 6 September 2018.
61. Gaëlle Vanbutsele, Early integration of palliative care in oncology, VUB & UGent, 16 Okt 2018
62. Kristel Paque, Deprescribing of medications at the end of life, UGent & VUB, 3 April 2019
63. Arno Maetens, The availability, uptake and impact of palliative home care: a population-level study using administrative data, VUB & UGent, 6 Juni 2019
64. Charlotte Scheerens, Integration of palliative home care early in standard care for end-stage COPD, UGent & VUB, 27 Juni 2019
65. Steven Vanderstichelen, Volunteering in Palliative Care: A study of volunteer tasks, support, roles, involvement and collaboration with professionals, VUB & UGent, 12 Juli 2019
66. Naomi Dhollander, Early integration of palliative home care for advanced cancer patients in Belgium, UGent & VUB, 19 Nov 2019
67. Joni Gilissen, Towards successful implementation of advance care planning in nursing homes, VUB & KUL, 17 Dec 2019
68. Jinfeng Ding, Evaluation of palliative and end-of-life care in Australian community settings: A mixed-method study on current realities and future goals" submitted by Mr University of Western Australia, 11 Augustus 2020
69. Robrecht De Schreye, Population-level evaluation of the appropriateness of end-of-life care in Belgium, VUB, 2 Sept 2020
70. Laure Dombrecht, End-of-life decisions in stillbirths, neonates and infants, UGent & VUB, 11 Sep 2020
71. Lenzo Robijn, Towards the improvement of continuous sedation until death in nursing homes, VUB & UGent, 14 Sept 2020
72. Corine Nierop - van Baalen, Hoop en positief denken bij mensen met kanker. Een exploratie naar de betekenis, beïnvloedende factoren en strategieën, UGent, 30 September 2020
73. Elisabeth Honinx, Palliative Care in Nursing Homes in Europe, VUB & UGent, 1 Maart 2021
74. Nicholas Jennings, Palliative and end-of-life care in a small English-speaking Caribbean country. The case of Trinidad and Tobago, VUB, 8 July 2021
75. Jolien Jeltje Glaudemans, Future Care. Advance care planning with older people and their families in general practice. Universiteit van Amsterdam, 1 October 2021
76. Matthew Grant, An exploration of the nature and meaning of informal communities in cancer treatment, Monash University, Melbourne – Australia, 23 Jan 2022
77. Mariëtte Verkissen, End-of-life care in advanced cancer: an international challenge, VUB, 26 Jan 2022
78. Fien Mertens, Inter-professional collaboration and transfers in palliative care: professional, patient and family perspectives, UGent & VUB, 8 Maart 2022
79. Alice Cavolo, Decision-Making for Resuscitation of extremely Premature Infants. A Clinical-Ethical Study, KU Leuven, 16 Mei 2022

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- 80. Monica Verhofstadt, Euthanasia in the Context of Adult Psychiatry. Walking the Tightrope Between Life and Death, VUB & UGent, 23 Mei 2022
- 81. Anne-Lore Scherrens, Using Health Promotion Approach and behavioral Theories to Gain Insight into Factors related to palliative Care Behaviors among people confronted with serious illness, VUB & UGent, 30 Mei 2022
- 82. Mark Tanghe, Pharmacological treatment and assessment of symptoms at the end of life in European nursing homes, UGent & VUB, 5 Juli 2022
- 83. Veerle Piette, Appropriateness of end-of-life care in children with serious illness, VUB & UGent, 22 Nov 2022

11. REFERENT EN LIDMAATSCHAP SUBSIDIEVERLENENDE COMMISSIES (memberships of Grant Commissions)

1. Membership of review boards or evaluation committees:

- Dutch Cancer Society (KWF): Committee member of KWF (Dutch Cancer Society) Call "Symptom management for oncological patients in the palliative phase" (2022-2023).
- Swiss National Science Foundation (SNSF): Board member of the National Research Program on "End of life" (NRP 67) of the Swiss National Science Foundation (2010-2018)
- German Federal Ministry of Education and Research: Member of the review Board of the national funding program on "Palliative Care Research" of the German Federal Ministry of Education and Research (BMBF) (2016-2020)
- Research Foundation Flanders (FWO): Member of the Expert panel Med 8 Health Sciences of the Research Foundation Flanders – FWO Vlaanderen (2010-2015, co-chair 2012-2015)
- Research Foundation Flanders (FWO): Member of the Expert panel Interdisciplinary research of the Research Foundation Flanders – FWO Vlaanderen (2010-2011)

2. Reviewer for grant and scientific awards applications:

International:

- Alzheimer's Society, leading research charity for people with dementia (UK)
- BMBF Research in Palliative Medicine, German Federal Ministry of Education and Research (Germany)
- Canadian Frailty Network, a National Canadian research network focused on improving care for older adults living with frailty (Canada)
- DFG Deutschen Forschungsgemeinschaft, Bonn (Germany)
- EMGO Scientific Commission, VU Medical Centre Amsterdam (Netherlands)
- ESF European Science Foundation (EU)
- HRB Ireland Health Research Board, the lead agency in Ireland supporting and funding health research in Ireland (Ireland)
- INCa - Institut National du Cancer, French National Cancer Institute (INCa), national health and scientific expertise agency in oncology (France)
- KWF Dutch Cancer Fund (Netherlands)
- Marie Curie Cancer Care (UK)
- National University of Ireland (Ireland)
- NIHR School for Public Health Research, University of Sheffield (UK)
- NWO Dutch Fund for Scientific Research (Netherlands)
- Palliative Medicine, Member of the Review panel of the yearly organised *Best Paper Award of Palliative Medicine*, IF 4,762, n° 18/107 journals in Health Care Sciences & Services (since 2021)
- Plateforme Nationale pour la Recherche sur la Fin de Vie (France)
- Research Grants Council, Competitive Research Funding Schemes, Hong Kong SAR (Hong Kong)
- Research Council of Hong Kong (Hong Kong)
- SNSF Humanities and Social Sciences division, Swiss National Science Foundation (Switzerland)
- SNSF National Research Program on "End of life" (NRP 67), Swiss National Science Foundation (Switzerland)

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- SNSF Swiss Postdoctoral Fellowships, Swiss National Science Foundation (Switzerland)
- ZONMW Clinical Fellows programme, Netherlands Organisation for Health Research and Development, (the Netherlands)
- ZONMW Palliantie II programme, Netherlands Organisation for Health Research and Development, Clinical Fellows programme (the Netherlands)

National:

- FWO Fund for Scientific Research Flanders
- KAGB Royal Belgian Academy of Medicine, different academic awards
- KOTK, Kom op tegen kanker, Cancer Society Flanders
- KBF Member of the Review Panel of Prijs De Beys of the King Baudouin Foundation (since 2010)
- ORC, Oncology Research Centre, Vrije Universiteit Brussel
- RWS, Recht op Waardig Sterven, member of the Review panel of the yearly award "Prijs Léon Favvyts en Hugo Van den Enden" for the best master thesis at universities in Flanders, Belgium.
- VUB Research Council, Vrije Universiteit Brussel

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12. REDACTIEWERK BIJ TIJDSCHRIFTEN (editorial activities)

1. Editor / Associate Editor of journals:

- Palliative Medicine (SAGE), Q1, n°18/107 in SCIE HEALTH CARE SCIENCES & SERVICES, member Advisory Editorial Board (since 2007)
- Journal of Pain and Symptom Management, Q2, n°33/107 in SCIE HEALTH CARE SCIENCES & SERVICES, member Advisory Editorial Board (since 2011)
- BMC Geriatrics, Q1, n°6/36 in SSCI GERONTOLOGY, Associate Editor (since 2009)
- Palliative Care and Social Practice (SAGE), Associate Editor (since 2020)
- Annals of Palliative Medicine, Q3, n°58/107 in SCIE HEALTH CARE SCIENCES & SERVICES, Editorial Board member (since 2013)
- Nederlands-Vlaams Tijdschrift voor Palliatieve Zorg (2018-2021)
- International Journal of Palliative Care, member Editorial Board (2013-2018)
- Nieuwsbrief COPZ-Amsterdam, Centrum voor de ontwikkeling van Palliatieve Zorg, Editor (2001-2003)

2. Reviewer for Scientific Journals:

Palliative Care Journals:

- Annals of Palliative Medicine
- BMC Palliative Care
- BMJ Supportive & Palliative Care
- International Journal of Palliative Care
- Journal of Pain and Symptom Management
- Journal of Palliative Medicine
- Journal of Palliative Care
- Palliative Care & Social Practice
- Palliative Medicine
- Supportive Care in Cancer

Public Health Journals:

- Archives of Public Health
- BMC Public Health
- BMJ Quality & Safety
- Children & Society
- Ethiek en Maatschappij
- Health Policy
- Journal of Public Policy
- Palliative Care & Social Practice
- Social Science and Medicine
- Sociology of Health

Other Medical Journals:

- Acta Oncologica
- Annals of Internal Medicine
- Archives of Gerontology and Geriatrics
- Archives of Internal Medicine
- BMC Family Practice

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- BMC Geriatrics
- BMC Medical Ethics
- BMC Medicine
- BMJ
- British Medical Journal
- British Journal of General Practice
- European Journal of General Practice
- European Journal of Cancer Care
- European Journal of Internal Medicine
- European Journal of Public Health
- Huisarts & Wetenschap
- Huisarts Nu
- International Journal of Nursing Studies
- Journal of the American Medical Association (JAMA)
- Journal of the American Medical Directors Association (JAMDA)
- Journal of Advanced Nursing (JAN)
- Journal of the American Geriatrics Society (JAGS)
- Journal of Medical Ethics
- Lancet
- Lancet Oncology
- Medical Care
- Nederlands Tijdschrift voor Geneeskunde (NTVG)
- New England Journal of Medicine (NEJM)
- Nursing Research and Practice
- Plos One
- Psycho-Oncology
- Tijdschrift voor Geneeskunde

13. LIDMAATSCHAP VAN PROFESSIONELE ORGANISATIES
(memberships of professional or scientific societies)

International:

- European Association of Palliative Care (EAPC)
- EAPC Research Network (EAPC RN), Co-Chair
- EAPC Reference Group on Public Health & Palliative Care (EAPC RG PHPC), Chair
- European Public Health Association (EUPHA)
- International Association for Hospice and Palliative Care (IAHPC)
- International Society for Advance Care Planning (ACP-I)
- International Primary Palliative Care Network (IPPCN)
- International Association of Geriatrics and Gerontology (IAGG)
- Public Health Palliative Care International (PHPCI), member of PGPCI Council

National:

- Belgische Vereniging voor Volksgezondheid (BAPH)
- Palliatieve Zorg Vlaanderen (PZV)
- Royal Academy of Medicine - Koninklijke Academie voor Geneeskunde van België (KAGB)
- Universitaire Stichting België

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14. LEZINGEN EN CONGRESBIJDRAGEN OP UITNODIGING (invited presentations, lectures or chairing)

International Conferences

1. 13.10.98, End-of-life decisions of doctors in Belgium (Flanders): design for a National Survey. 12th International Conference of the "World Federation of Right to Die Societies", Zürich (Switzerland): EXIT-Switzerland. (Co-presented) [Invited speaker]
2. 06.10.99, The practice of end-of-life decision making in Belgium (Flanders). Congres "Medische beslissingen rond het levenseinde in internationaal perspectief", Erasmusuniversiteit Rotterdam i.s.m. Vrije Universiteit Amsterdam, Amsterdam. [Invited speaker]
3. 06-09.10.99, Euthanasia and other end-of-life decisions in medical practice in Belgium (Flanders). Expert Meeting "Epidemiological and clinical aspects of end-of-life decision-making", Amsterdam: The Royal Netherlands Academy of Arts and Sciences. [Invited speaker]
4. 13-17.05.01, Introduction of Symposium End-of-Life Decisions in General Practice. 16th WONCA World Conference, Durban (South Africa): WONCA. [Invited speaker and chair]
5. 06-07.09.02, Euthanasia research and the Law. World Federation of Right to Die Societies, 14th World Conference, Brussels. [Invited chair]
6. 02-05.04.03, Palliative Care Consultation in the Netherlands. 8th Congress of the European Association for Palliative Care, The Hague, The Netherlands. [Invited chair]
7. 20-22.11.03, Workshop "End-of-life decision making in 6 European countries". Annual Meeting of EUPHA, Rome, Italy. [Invited chair]
8. May 2004, workshop "Palliative Care and end-of-life decisions in six European Countries (EURELD study)". 3rd Research Forum of the European Association for Palliative Care, Stresa, Italy. [Invited chair]
9. 29.09-02.10.04, workshop "The last 48 hours in palliative Care". International Congress on Palliative Care, Bucharest, Romania. [Invited chair]
10. 18-22.3.05, Invited Conference "End of Life care research", WHO/Rockefeller Foundation, Bellagio, Italy. [Invited speaker]
11. 13-14.09.05, End of life decision-making in Europe and the VAE law of Belgium. International Symposium "European Perspectives on End of Life Decision Making", Institute of Medicine, Law and Bioethics, Liverpool Law School, University of Liverpool, UK. [Invited speaker]
12. 15-17.09.05, End of life decisions in newborns. 16th ESPNIC Medical and nursing annual congress, European Society of Paediatric and Neonatal Intensive Care, Antwerp, Belgium. [Invited speaker]
13. 13.06.06, Terminal sedation in Belgium and Europe. 'Bioethics in a European Context', Centre for Biomedical Ethics and law, KUL, Leuven [Invited speaker]
14. 21.06.06, Public health research at the end of life: an introduction, invitational conference "Public health at the end of life", Amsterdam, The Netherlands. [Invited speaker]
15. 26.09.06, Death certificates Data. Opportunities for (International) Research. 16th International Congress in Care of the Terminally Ill, Montréal, Canada [Invited speaker]
16. 26.09.06, Nationwide monitoring of palliative care via the sentinel network of GPs. 16th International Congress on Care of the Terminally Ill, Montréal, Canada [Invited speaker]
17. 07.10.06, End of life decisions in newborns, European Conference of Pediatrics, Barcelona - Spain [Invited speaker]

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18. 05.07.07, End-of-Life Care: Future and new challenges. VI European Congress 5-8 July 2007, Healthy and active ageing for all Europeans, Saint Petersburg, Russia [Invited speaker]
19. 1-3.10.07, Hospital deaths in six European countries: population-based cross national study of factors associated with dying in hospital. National Cancer Research Institute Conference, Birmingham, UK [Invited speaker]
20. 14.10.07, Palliative Care. International Psychogeriatric Association (IPA) 2007 Osaka Silver Congress, Osaka, Japan [Invited speaker]
21. 17.01.08, Palliative care in The Netherlands and Belgium. International Conference of PC. File Fondazione Italiana di Leniterapia. "At the end of Life. The System of Treatment and the Hospice", Florence, Italy [Invited speaker]
22. 25.02.08, End of life decisions in medical practice, Brussel: Bordet Institute [Invited speaker]
23. 27.02.08, Place of care and care trajectories at the end of life in Belgium. King's College Seminar, London [Invited speaker]
24. 01.03.08, Een praktijkstudie over de handelingen van artsen bij het levenseinde van patiënten. Opleiding LEIFartsen, Wemmel [Invited speaker]
25. 10.03.08, Introductie vh symposium, EPZ Werksymposium, Amsterdam: Expertisecentrum Palliatieve Zorg [Invited speaker]
26. 11.04.08, End of life Decision making. 10th Annual Symposium of the Belgian Society of Medical Oncology. Belgian Society of Medical Oncology (BSMO), Hotel Pullman, Diegem, Brussels [Invited speaker]
27. 29.05.08, Palliative Care in Dutch Nursing Homes: Dying with Dignity. 5th Research Forum of the European Association for Palliative Care, Trondheim, Norway [Invited speaker]
28. 29.05.08, Session on Medical sociology and policy. 5th Research Forum of the European Association for Palliative Care, Trondheim, Norway [Invited chair]
29. 31.05.08, Meeting the expert: Succesfully get from Data to Paper. 5th Research Forum of the European Association for Palliative Care, Trondheim, Norway [Invited speaker]
30. 31.05.08, Mixed methods in public health researcch in palliative care. Oral presentation at the 5th Research Forum of the European Association for Palliative Care , Trondheim, Norway [Invited speaker]
31. 13.11.08, Ethical and methodological problems in end-of-life care research, ANTEA Palliative Care Conference 12-14 nov 2008, Rome [Invited speaker]
32. 27.01.09, Frequency of medical end-of-life decisions and euthanasia practices in the Netherlands and Belgium, End of life decision making: dilemmas and directions, Joint Cancer Experiences Collaborative and Palliative Care Research Society (PCRS) Conference, Holiday Inn, Birmingham, UK [Invited speaker]
33. 30-31.01.09, Monitoring end of life care by the EURO Senti Melc study 2010, Annual "Médicos-Sentinela", Luso, Portugal [Invited speaker]
34. 20.03.09, End-of-life care and planning: How can European health systems provide better service for patients?, CHES Roundtable, Brussel: Residence Palace [Invited speaker]
35. 23.03.09, Palliative Care Center of Expertise (PCCE) VU university medical Amsterdam, symposium EAPC Board – Nederlandse Kenniscentra [Invited speaker]
36. 07.07.09, Why palliative care needs geriatrics? XIX IAGG Gerontology and Geriatrics Congress, 5-9 July 2009. [Invited speaker]
37. 18.09.09, Euthanasia and other end of life decisions. EUGMS Glasgow Congress "Palliative medicine and end of life issues in older adults", 17-18 september 2009 Glasgow, UK. [Invited speaker]

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38. 24.09.09, Raising end of life issues when the patient is still focused on treatment. ECCO 15 – ESMO 34 Multidisciplinary Congress, 20-24 september 2009, Berlin, Germany. [Invited speaker]
39. 15.10.09, Where do palliative care patients die in Europe?, 4th International Trondheim Conference on Palliative Care, 15-16 september Trondheim, Norway. [Invited speaker]
40. 15.03.10, The development of palliative care quality indicators in the Netherlands, Berlijn: PRISMA symposium. [Invited speaker]
41. 06.05.10, The law on euthanasia and its implementation in Belgium, Paris: French Senate, Commission des affaires sociales [Invited speaker]
42. 17-20.05.10, Round table discussion, Place of death Congress, Canada, Edmonton: University of Alberta [Invited speaker]
43. 10-12.06.10, Place of death as an outcome in clinical and epidemiological studies, challenges and limitations, 6th Research Congress of the EAPC, Glasgow, Schotland [Invited speaker & meeting the expert]
44. 04.09.10, Best practice in measurement in longterm care facilities. PRISMA Work package 6, Firenze: FILE conference. [Invited speaker]
45. 21.09.10, Sessie End of life decisions, OPCARE9 conference, Rotterdam: Hotel Europa . [Invited referee]
46. 5-8.10.10, Workshop: Euthanasia and palliative care: Experiences and lessons to be learned from Belgium and the Netherlands, 18th International Congress on Palliative Care, Montreal, Canada [Invited chair]
47. 30-1.11.10, End-of-life care in Long-term Care Expert meeting, PRISMA conference, Amsterdam [Invited chair]
48. 3-5.11.10, Euthanasia practice in Flanders, Belgium. Coldspring Harbour: Brandbury Center, Coldspring Harbour Laboratory, USA [Invited speaker on invited workshop]
49. 23.11.10, Euthanasia practice and characteristics of euthanasia requests: research evidence from Belgium and the Netherlands. Séminaire de recherche "Euthanasie et suicide assisté: état des connaissances et enjeux pour la recherche", Observatoire National de la Fin de Vie. Paris: Ministère de la Santé Public.
50. 25-26.11.10, High Level Conference on Dementia op 25-26 november 2010, Belgian Presidency of the EU 2010, Brussel: Hotel HUSA President Park Brussels [Invited referee]
51. 04.12.10, Medical end of life decision making, Congress European Resuscitation Council, Porto, Portugal [Invited speaker]
52. 11-12.03.11, International Congress "Continuous Sedation at the End of Life", UGent, Ghent, Belgium [Invited chair]
53. 24.03.11, Palliative care in long-term-care facilities in Europe, PRISMA final Conference, Bibliothèque Solvay, Brussels [Invited speaker]
54. 05-06.04.11, Round Table "Any questions" and Meeting the expert session, CECe Conference, Manchester, UK [Invited speaker]
55. 19-21.05.11, Euro Impact a new Marie Curie Initial Training Network in Palliative Care Research, 12th EAPC congress, Lisboa, Portugal, 19-21 May 2011. [Invited speaker]
56. 19-21.05.11, 12th EAPC congress, Lisboa, Portugal, 19-21 May 2011. [invited chair for several sessions]
57. 06-09.09.11, Palliative care for patients with dementia, 15th International IPA Congress, Reinventing Aging through Innovation, Care • Research • Technology, The Hague, The Netherlands [Invited speaker]
58. 23-27.10.11, Documented advance care planning among nursing home residents with dementia in Belgium: prevalence and associated outcomes. 9th Asia / Oceania Congress of Geriatrics and Gerontology in Melbourne, Australia [Invited speaker]

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59. 27.03.12, Euthanasia: attitudes and practices in Europe and Belgium, Congress Kyoto, Japan [Invited Speaker]
60. 28.03.12, End-of-life decision making in medical practice in Belgium, Congress Tokyo, Japan [Invited Speaker]
61. 31.05.12, Empirical research in end-of-life care: patients' preferences and reasons for euthanasia (requests) in Belgium, Conference "Patients' wishes in regard to their life's end", University Hospital, Bazel, Zwitserland [Invited speaker]
62. 07-09.06.12, Meeting the expert: "Successfully get from Data to Paper", 7th World Research Congress of the European Association for Palliative Care, Trondheim, Norway [Invited speaker]
63. 07-09.06.12, EAPC RN: public health and health services research, symposium "EAPC Research Network", 7th World Research Congress of the European Association for Palliative Care, Trondheim, Norway [Invited speaker]
64. 07-09.06.12, session Free standing Papers, 7th World Research Congress of the European Association for Palliative Care, Trondheim, Norway [Invited Chair]
65. 21.09.12, Swiss National Science Foundation Kick-off Meeting NFP67 "Opening event for the researchers and the Steering Committee of the National Research Programme "End of Life", Altes Spital, Solothurn, Switzerland [Invited Chair]
66. 17.10.12, Euro-Impact Midterm review meeting, Het Pand Conference Center, Ghent, Belgium. [Invited Speaker and Chair]
67. 18-19.10.2012, Palliative Care Research: A clinical as well as a public health challenge, 2nd International Seminar of the PRC and European Association for Palliative Care RN, Het Pand Conference Center, Ghent, Belgium [Invited speaker]
68. 18-19.10.2012, 2nd International Seminar of the PRC and European Association for Palliative Care RN, Het Pand Conference Center, Ghent, Belgium [Invited Chair]
69. 12.11.12, Advance Care Planning and nursing homes, Public Conference on Palliative Care in Nursing Homes, Pflegezentrum Mattenhof, Zurich, Switzerland [Invited speaker]
70. 05.03.13, Advance Care Planning and nursing homes: relevant research, experiences, comments and possible collaboration, Oslo, University of Oslo Hospital, Oslo, Norway [Invited speaker]
71. 12.04.13, Palliative care research in motion. An international perspective. 1st Research Congress, German Palliative Medicine Association, Erlangen, Germany. [Invited speaker]
72. 25-27.04.13, A public health perspective on palliative care and end-of-life care, 3rd International Public Health and Palliative Care Conference, 25th – 27th April 2013, Limerick, Ireland [Invited Keynote speaker]
73. 30.05.13, EAPC 2013. Impact and dissemination: basic vs applied scientific research. Euro-Impact pre-conference workshop. 13th World Congress of the European Association for Palliative Care, Prague, Czech Republic [Invited speaker]
74. 31.05.13, EAPC 2013. Avoiding pitfalls and planning in public health research. Teaching Session: Planning and conducting clinical and public health research. 13th World Congress of the European Association for Palliative Care, Prague, Czech Republic [Invited speaker]
75. 01.06.13, EAPC 2013. Public health approach in palliative care and research opportunities of death certificates. Session Public Health Perspectives. 13th World Congress of the European Association for Palliative Care, Prague, Czech Republic [Invited speaker]
76. 02.06.13, EAPC 2013. How to successfully build value on your résumé as a postdoctoral researcher. Euro-Impact Session. 13th World Congress of the European Association for Palliative Care, Prague, Czech Republic [Invited speaker]

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77. 16.08.13, Public health perspective and palliative care. Palliative Research Centre, Stockholm, Sweden [Invited speaker]
78. 16.08.13, How to write for peer reviewed journals? Palliative Research Centre, Stockholm, Sweden [Invited speaker]
79. 06.11.31, A Public Health Approach for Palliative Care. Round Table Policy Discussion with the Public Health Ministers of Northern Ireland and the Republic of Ireland. All Ireland Institute of Hospice & Palliative Care (AIHPC) [Invited speaker]
80. 29-30.11.13, Inequalities in the prevalence of medical end-of-life decisions. Wish to hasten death : a clinical vision of a new-old syndrome ? Workshop at the Institut Català d'Oncologia in Barcelona [invited speaker]
81. 05-06.12.13, 3th International Seminar of the PRC and European Association for Palliative Care RN, Milano: National Cancer Institute [invited chair]
82. 6-7.2.2014, Two decades of research in end of life decision making and palliative care : the experience of the EOLC research group in Belgium, 2nd NRP67 conference Sursee, SNF, Switzerland [Invited Speaker]
83. 12-13.3.2014, How to successfully build value on your résumé as a postdoctoral researcher, Euro-Impact conference, Kings College London, United Kingdom [Invited Speaker]
84. 18.3.2014, Public Health Research in palliative care. The need to use registry data for international comparative research. Routine Data Expert Days – Methodological Issues – Kings College London, United Kingdom [Invited Speaker]
85. 15-16.5.2014, Facilitating death at home. How can we do it ? Workshop Palliative Care, European & Swiss Congress of Internal Medicine (ESCIM) – Genève. [Invited Speaker]
86. 03.06.2014, EAPC 2014. Planning, conducting and avoiding pitfalls in public health research. Teaching session. Pre-congress seminar. 14th World Congress of the European Association for Palliative Care, Lleida, Spain [invited speaker]
87. 05.6.2014, EAPC 2014. Obtaining an international PhD in palliative care : a social sciences research perspective from Euro Impact, a FP 7 Marie-Curie initial training programme. Session building your research career. 14th World Congress of the European Association for Palliative Care, Lleida, Spain [invited speaker]
88. 06.06.2014, EAPC 2014. Meet the experts read and write scientific papers. 14th World Congress of the European Association for Palliative Care, Lleida, Spain [invited speaker]
89. 06.06.2014, EAPC 2014. Chair of Poster discussion session (5 posters), 14th World Congress of the European Association for Palliative Care, Lleida, Spain [invited chair]
90. 11-12.07.2014, Palliative sedation and euthanasia. Sapporo Conference for Palliative Care and Supportive Care in Cancer 2014, Sapporo, Japan [invited speaker]
91. 13-15.08.2014, Euthanasia practice in Belgium, ICEL (International Conference on End of Life), Brisbane, Australia [invited speaker]
92. 13-15.08.2014, Panel discussion session "Assisted death practice: research from around the world", ICEL (International Conference on End of Life), Brisbane, Australia [invited panel member]
93. 15.10.2014, Palliative Care 2020. Towards integration of palliative care in an age-friendly EU, Final conference of 2 European projects: IMPACT & Euro Impact, Brussels: Natural History Museum [organizer & invited speaker]
94. 16-17.10.2014, Palliative Care Research in Europe: How to move towards evidence-based medicine and evidence-based practice. Session Public health research. 4th International seminar of the PRC and EAPC RN, Amsterdam, The Netherlands [invited chair]

95. 08.05.2015, EAPC 2015. Building Bridges in Palliative Care: To Where and To Whom? (Plenary Session). 14th World Congress of the European Association for Palliative Care, Copenhagen, Denmark [invited keynote speaker at the opening ceremony]
96. 08.05.2015, EAPC 2015. Parallel Session Public health approaches to support evidence based palliative care practice. 14th World Congress of the European Association for Palliative Care, Copenhagen, Denmark [invited chair]
97. 10.05.2015, EAPC 2015. Meet the expert: The Science of Planning and Conducting Clinical Research in Palliative Care. 14th World Congress of the European Association for Palliative Care, Copenhagen, Denmark [invited speaker]
98. 06.07.2015: conference Measuring the difference we make: Outcome measures and quality indicators in palliative care. King's College London - Cicely Saunders Institute of Palliative Care, Policy & Rehabilitation, London, United Kingdom [invited speaker]
99. 09.09.2015, Meet the Expert. Parallel pre-conference workshop. 5th International Society of Advance Care Planning and End of Life Care Conference, München, Germany [invited speaker]
100. 09.09.2015, ACP in Europe – what are we waiting for, what does it take? Short Statement and Panel Discussion. 5th International Society of Advance Care Planning and End of Life Care Conference, München, Germany [invited panel speaker]
101. 10.09.2015, Themed Concurrent Session End-of-Life Care. 5th International Society of Advance Care Planning and End of Life Care Conference, München, Germany [invited chair]
102. 11.09.2015, Good palliative care – still a challenge with an advance care plan in place? (Plenary Session). 5th International Society of Advance Care Planning and End of Life Care Conference, München, Germany [invited keynote speaker]
103. 11.09.2015, Concurrent Panel Sessions: How do general practitioners conceptualise advance care planning in their practice? A qualitative study. 5th International Society of Advance Care Planning and End of Life Care Conference, München, Germany [invited speaker]
104. 01-02.10.2015, 3rd conference programme NRP 67 End of Life, Sursee, Switzerland [organizer: member of scientific committee]
105. 01.10.2015, 3rd conference programme NRP 67 End of Life, Sursee, Switzerland [invited speaker]
106. 14.10.2015, Session The Global Health Approach to Palliative Care, Global Colloquium on Palliative Care. All Ireland Institute of Hospice and Palliative Care, Dublin Castle, Ireland [invited speaker]
107. 17.11.2015, ICER dag (International Collaborative for End-of-Life Care Research), Universitaire Stichting, Brussel [invited chair]
108. 10.12.2015, Workshop about preparatory conversations, University of Oslo, Norway [invited speaker]
109. 11.12.2015, Good palliative care in need for good advance care planning. National Conference on Advance Care Planning and preparatory Conversations, University of Oslo, Norway [invited keynote speaker]
110. 26.02.2016, Dealing with wishes to hastening death and the euthanasia practice in Belgium. Deutscher Krebs Congress 2016, Berlin, Germany [invited speaker]
111. 07.04.2016, Parallel Session 1: Place of death: A quality indicator? VIII National Congress of Palliative Care, Lisbon, Portugal [invited speaker]
112. 07.04.2016, Workshop: What is there to investigate in palliative care? VIII National Congress of Palliative Care, Lisbon, Portugal [invited speaker]
113. 08.04.2016, Articles revision. VIII National Congress of Palliative Care, Lisbon, Portugal [invited speaker]

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114. 06.06.2016, What you see is what you get: palliative care research in need for registry data or health administrative databases? EAPC RN and PRC pre-congress seminar, Dublin, Ireland [invited speaker]
115. 06-07.06.2016, Sessions 1-3 "Presentations based upon submitted abstracts: Different designs and methods". EAPC RN and PRC pre-congress seminar, Dublin, Ireland [invited chair and facilitator]
116. 10.06.2016, Meet-the-expert session II: Research protocols, 9th World Research Congress of the European Association for Palliative Care, Dublin, Ireland [invited chair]
117. 15.06.2016, Mainstreaming palliative care for an age-friendly society, Intermediate PACE policy conference: The need for a new, comprehensive approach to palliative care, Brussels: Council of Europe [invited chair]
118. 19.10.2016, World Bioethics Day, Human dignity and human rights. UNESCO chair in Bioethics. Ghent: Het Pand [member of steering committee]
119. 21.04.2017, End-of-Life decision making in neonates and newborns in Belgium, Symposium Neonatology, Zurich, Zwitserland [invited speaker]
120. 07.05.2017, PACE consortium meeting, Masterclass: "how to write academic papers", Treviso, Italy [invited speaker]
121. 19.05.2017, EAPC 2017 Free Communication session "Research Methodology", Madrid, Spain [invited chair]
122. 23-28.07.2017, "Palliative care in the Mainstream : The Case for Integrated Geriatrics and Palliative Care Strategies", 21st IAGG World Congress of Gerontology and Geriatrics , San Francisco, USA [keynote speaker]
123. 6-9.09.2017, How to invite clinicians to initiate ACP to residents, patients and family carers, ACPEL conference, Banff, Canada [invited speaker]
124. 13-15.09.2017, Introduction Research Workshop, Empirical Studies : "What do we know 15 years after implementation of the Law on Euthanasia in Belgium, ICEL2 conference, Halifax, Canada [invited speaker]
125. 13-15.09.2017, Plenary : "Priorities and strategies for end-of-life practices research, ICEL2 conference, Halifax, Canada [invited speaker]
126. 17-20.09.2017, 5th PHPCI world conference, Public Health and Palliative Care conference, Ottawa, Canada
127. 5-7.10.2017, GW Hanks Lecture, 7th International Seminar EAPC & EAPC RN, Oslo, Norway [invited chair]
128. 5-7.10.2017, Selected research abstracts, 7th International Seminar EAPC & EAPC RN, Oslo, Norway [co-chair of the session]
129. 21.10.2017, "The establishment of collaboration groups", Oncology Congress Porto, Portugal [invited speaker]
130. 3.5.2018, MAID Research Forum, 2nd Annual Medical Assistance in Dying Conference, Ottawa, Canada [invited speaker]
131. 4.5.2018, Assisted Dying in Belgium: Experience, Research & Lessons Learned, 2nd Annual Medical Assistance in Dying Conference, Ottawa, Canada [invited speaker]
132. 23.05.2018, EAPC 2018 RN & Pre-conference seminar, Research in Palliative Care for Older People: Overcoming methodological research challenges, Bern, Switzerland [co-chair]
133. 3.05.2018, EAPC 2018 Plenary session : Theory based development and evaluation of complex interventions in older people, 10th World Research Congress of the European Association for Palliative Care Bern, Switzerland [welcome & introduction]
134. 23.05.2018, EAPC 2018 Guided poster walk, 10th World Research Congress of the European Association for Palliative Care Bern, Switzerland [invited chair]

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135. 24.05.2018, EAPC 2018 Reference Group Open meeting, General Introduction and overview of aims and deliverables, 10th World Research Congress of the European Association for Palliative Care Bern, Switzerland [invited speaker]
136. 24.05.2018, EAPC 2018 Reference Group Open discussion : priority issues in public health and palliative care research, 10th World Research Congress of the European Association for Palliative Care, Bern, Switzerland [invited speaker]
137. 25.05.2018, EAPC 2018 Meet the experts, 10th World Research Congress of the European Association for Palliative Care, Bern, Switzerland [invited chair]
138. 25.05.2018, PACE seminar, "Global views on Palliative Care for Older People : priorities in research and clinical practice", 10th World Research Congress of the European Association for Palliative Care, Bern, Switzerland [introduction]
139. 26.05.2018, EAPC 2018, method discussion session, 10th World Research Congress of the European Association for Palliative Care, Bern, Switzerland [invited chair]
140. 26.05.2018, EAPC 2018, plenary III, 10th World Research Congress of the European Association for Palliative Care, Bern, Switzerland [invited chair]
141. 6.06.2018, Your Career Journey as a Palliative Care Researcher, Hammond Care Palliative Care, Pallister House – Greenwich Hospital, Greenwich, Sydney, Australia [invited speaker]
142. 6.06.2018, Palliative care research for older people at a cross-road of new developments? Hammond Care Palliative Care Research Meeting, Pallister House – Greenwich Hospital, Greenwich, Sydney, Australia [invited speaker]
143. 7.06.2018, Panel - Making the Impossible Possible: Palliative Care and Dementia, 2018 International Dementia Conference, Hammond Care, Sydney, Australia [invited speaker]
144. 8.06.2018, Quality of Dying and Quality of End-of-Life Care in Nursing Homes. Results from the PACE study in six European countries, 2018 International Dementia Conference, Hammond Care, Sydney, Australia [invited speaker]
145. 12.06.2018, Collaborative research in palliative care. How to be successful?, St-Vincent's Hospital, Melbourne, Australia [invited speaker]
146. 13.06.2018, Evaluation and improvement of health care delivery for people with advanced disease – clinical versus public health research, Annual Lecture in Palliative Care, Centre for Palliative Care & Victorian Comprehensive Cancer Centre (VCCC), University of Melbourne, Australia [invited speaker]
147. 28-30.06.2018, Parallel session 16 : A "good death" The Role of Supportive and Palliative Care at Mascc/Isoo Annual Meeting Supportive Care in Cancer, Vienna, Austria [invited speaker]
148. 28-30.06.2018, E-Poster presentations 19 – palliative care 2 Mascc/Isoo Annual Meeting Supportive Care in Cancer, Vienna, Austria [invited chair]
149. 22.08.2018, Summer School in Palliative Care Research, "Public Health and Palliative Care", Castle Münchenwiler, Murten, Switzerland [invited speaker]
150. 24.08.2018, Summer School in Palliative Care Research, workshop "Scientific Writing", Castle Münchenwiler, Murten, Switzerland [invited speaker]
151. 4.9.2018, Meeting with Centre of Research Excellence in End of Life Care, presentation of our End-of-Life Care Research Group of Belgium, Institute of Health and Biomedical Innovation, QUT, Australian Centre for Health Law Research, Brisbane, Australia [invited speaker]
152. 5.9.2018, Palliative care research for older people at a cross-road of new developments?, Institute of Health and Biomedical Innovation, QUT, Australian Centre for Health Law Research, Brisbane, Australia [invited speaker]
153. 10.09.2018, Internal law school seminar "Neonatologists and neonatal nurses' attitudes towards perinatal and-of-life decisions, Brisbane, Australia [invited speaker]

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154. 20.09.2018, Assisted dying and palliative care : two antagonistic practices or two sides of the same coin ?, Australian Centre of Health Law Research Yearly Public Oration, QUT Gardens Point, Brisbane, Australia [invited keynote speaker]
155. 24.09.2018, Euthanasia and vulnerable groups. Belgium on a slippery slope ?, Biannual Conference of the Australian Association of Bioethics and Health Law, Townsville, Australia [Keynote speaker]
156. 28.09.2018, Centre for Palliative Care Research and Education Annual Research Conference, RBWH Education Centre Royal Brisbane and Women's Hospital, Brisbane, Australia [invited speaker]
157. 25-26.10.2018, International Seminar Public Health & Palliative Care, Palace of the Royal Academies of Belgium, Brussels [invited speaker]
158. 13-14.12.2018, Societal challenges in palliative care: professional, patient, public and media, 8th Int. Seminar on the European Palliative Care Research Centre and EAPC Research Network, Royal College of Physicians, Edinburgh, Scotland [invited speaker]
159. 21-22.01.2019, Public Health and Community Approaches to supporting older people with co-morbidities, Foresight Centre, University of Liverpool, UK [invited speaker]
160. 24.01.2019, PACE, EU FP7, Final Event, Brussels, Belgium [Invited Chair]
161. 07-09.03.2019, 3rd International Conference on End of Law, Ethics, Policy and Practice (ICEL3), Global Panel, Het Pand, Ghent, Belgium. [chair of the scientific committee, and host]
162. 09.03.2019, 3rd International Conference on End of Law, Ethics, Policy and Practice (ICEL3), Plenary 5 : The long-term view on end-of-life practice, Het Pand, Ghent, Belgium. [chair of the session]
163. 19-22.03.2019, Advanced European Bioethics Course: Suffering, death and palliative care, "Assisted dying and palliative care : two antagonistic practices or two sides of the same coin ?", Nijmegen, The Netherlands [keynote speaker]
164. 9+10.05.2019, 1st International congress on palliative care & dementia, "Keynote 4 – choice : palliative care in dementia : the role of advance care planning", Belfast, Northern Ireland [keynote speaker]
165. 23-25.05.2019, EAPC 2019, 16th World Congress of the European Association for Palliative Care, parallel session 12 "Implementing ACP across the Healthcare System in Europe and the US: the Results of Three ACP Trials", Estrel Congress Center, Berlin, Germany [invited chair]
166. 23-25.05.2019, EAPC 2019, 16th World Congress of the European Association for Palliative Care, parallel session 14 "Understanding Health Promotion in End of Life Care : from Policy Change to Community Action", Estrel Congress Centre, Berlin, Germany [invited chair]
167. 23-25.05.2019, EAPC 2019, 16th World Congress of the European Association for Palliative Care "Health promoting palliative care", Estrel Congress Center, Berlin, Germany [invited speaker]
168. 31.05-02.06.2019, 3rd Annual National Conference on Medical Assistance in Dying (MAID 2019) The Marriott Vancouver Pinnacle Downtown, Vancouver, Canada [invited speaker]
169. 13-16.10.2019, PHPC Congress Blue Mountains Sydney, Australia; workshop "Research and Evaluation for early researchers" [invited speaker]
170. 4-6.12.2019, MND congress, Perth, Australia. Presentation : "Interdisciplinary and collaborative research group on EoL & PC, the Perron Institute in Perth [invited speaker]
171. 4-6.12.2019, MND congress, Perth, Australia. Presentation : "Palliative Care and Healthcare Utilization at the End of Life in people with ALS/MND [invited speaker]

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172. 20.08.2020, EAPC PHPC scientific committee, online seminar, Closing word [invited speaker]
173. 17+18.11.2020, Panel "Challenges of Covid 19 pandemic and public health" PHPC Belfast, Ireland online conference. [panel member]
174. 18.11.2020, Closing word of seminar, PHPC Belfast, Ireland online conference; [invited speaker]
175. 24.11.2020, paper writing for junior researchers, DIAdIC consortium, online workshop [invited speaker]
176. 04.12.2020, PRC seminar Nijmegen, The Netherlands. Panel Discussion [moderators Luc Deliens/Stein Kaasa], subjects : how to plan and conduct studies?How can results from new studies guide clinical practice?The debate will focus on data registries in PC and the place of PC in early clinical trials.
177. 6-8.10.2021, 17th EAPC conference online "exploring new dimension". 7.10.2022 Parallel session8 "expanding palliative care beyond health care services: lessons learned from intl research [online chair].
178. 12.10.2021, EU Parliament lecture: "EU Citizens' right to access to end of life treatments", Brussels, Belgium.
179. March 2022, several lectures during research stay at Queensland University of Technology (QUT) Brisbane, Australia.
180. 31.03.2022, Workshop "writing papers for peer-reviewed health and medical journals, Law faculty, QUT gardens point campus, Brisbane, Australia [invited speaker]
181. 04.04.2022, Creating palliative care capacity in the society, Sunshine Coast University, School of Nursing, Brisbane, Australia [invited speaker]
182. 21-23.04.2022, Creating palliative care capacity in the society, Congress "Pearls of Palliative Care; ten years after", teaching conference for palliative care physicians, Palermo, Italy. [invited speaker]
183. 20.05.2022, EAPC online congress. High scoring abstracts [session co-chair]
184. 18-20.05.2022, EAPC online congress. oral abstracts session "End of Life and Ethics" [session co-chair]

Nationaal – National Conferences

1. 27.08.97, Euthanasie in Vlaanderen. Studiedag "Euthanasie", Vlissingen: Zomeruniversiteit Zeeland. [Invited speaker]
2. 15.09.00, Handelwijzen van artsen rond het levenseinde in de medische praktijk in Vlaanderen: resultaten van het HALP-onderzoek. Expertmeeting "Beslissingen rond het Levenseinde", Antwerpen: UFSIA. [Invited speaker]
3. 25.11.00, Beslissingen van artsen rond het levenseinde van hun patiënten. Studiedag Arts en Euthanasie, Belgische Vereniging voor Medische Ethiek en Moraal, Brussel: Universitaire Stichting. [Invited speaker]
4. 14.04.01, De rol van de verpleegkundigen bij euthanasie en andere beslissingen van artsen rond het levenseinde. Studiedag Euthanasie en Verpleegkunde, Leuven: centrum bioethiek KUL. [Invited speaker]
5. 25.03.03, De toekomst van het palliatieve zorg onderzoek in Nederland. Symposium "Palliatieve zorg in de regio Amsterdam. Vijf jaar COPZ-Amsterdam", COPZ-Amsterdam i.s.m. VU medisch centrum, Amsterdam. [Invited speaker]
6. 06.09.03, Medische beslissingen rond het levenseinde in Vlaanderen en vijf andere Europese landen. Symposium Palliatieve zorg en beslissingen rond het levenseinde, Federatie Palliatieve Zorg Vlaanderen, Ronse. [Invited speaker]
7. 29.11.03, Medische beslissingen rond het levenseinde in Vlaanderen en vijf andere Europese landen. Studiedag "Op de grens van leven en dood. Palliatieve zorg en beslissingen rond het levenseinde", Netwerk Palliatieve Zorg Limburg, LUC Diepenbeek. [Invited speaker]
8. 06.12.03, Medische beslissingen rond het levenseinde in 6 Europese landen. Congres "Menswaardig Sterven", LEIFartsenforum i.s.m. Omega, KBC-bank Brussel. [Invited speaker]
9. 22.01.05, Terminale Sedatie in 6 Europese landen, 2de BENELUX Levenseinde Informatie Forum Medische Beslissingen en Palliatieve Zorg, KBC-gebouwen, Brussel. [Invited speaker and Invited chair]
10. 20.05.05, End-of-life decision making in Belgium and The Netherlands, Invited Conference "Euthanasia in Belgium", Centre for Biomedical Ethics and Law, KU Leuven, Leuven. [Invited speaker]
11. 13.10.05, Medisch handelen rondom het levenseinde van pasgeborenen en zuigelingen. Leerstoel Medische Ethiek - Erevoorzitter Dr. Jules Knapen - cyclus 2005-2006 i.s.m. PAVAl - Postacademische vorming Artsen Limburg en de Provinciale Hogeschool Limburg en 3de jaar Bachelor Geneeskunde, Universiteit Hasselt. [Invited speaker]
12. 21.04.06, Medische beslissingen aan het levenseinde in de neonatologie, NL-BE congres voor Neonatologie, Leiden - NL [Invited speaker]
13. 13.06.06, End-of-life decisions in newborns. 'Bioethics in a European Context', Centre for Biomedical Ethics and law, KUL, Leuven [Invited speaker]
14. 13.11.06, De plaats van palliatieve zorg in de algehele gezondheidszorg. Op zoek naar een goede dood. Landelijke vrijwilligersdag, Vrijwilligers Palliatieve Terlinale Zorg 2006, Reehorst-Ede [Invited speaker]
15. 15.03.07, Palliatieve Zorg. Onderzoek en praktijk. Kaderopleiding Palliatieve Zorg Nederland [Invited speaker]
16. 21.06.07, Parallel sessie LEIFartsen vs SCEN artsen, Jubileum Congres 10jaar SCEN, Utrecht [Invited chair]
17. 11.07.07, Expertisecentrum Palliatieve Zorg VUmc: overzicht en onderzoek, Seminarie Care & Prevention, VUmc Amsterdam [Invited speaker]

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18. 17.11.07, Palliatieve zorg en zorgtrajecten in de laatste levensmaanden in Vlaanderen en Wallonië. Design en resultaten van de SENTI-MELC studie. Wetenschap in de palliatieve zorg, Onderzoeksforum Nederland-Vlaanderen, Antwerpen, België [Invited speaker]
19. 14.12.07, Public Health at the End of Life: an introduction. 9th Symposium on Public Health, Brussel, België [Invited speaker]
20. 22.09.08, Voorkomen van transfers tussen zorgsettings aan het levenseinde. Congres Tijd voor palliatieve zorg. Een praktisch congres over continuïteit, communicatie adequaat handelen in de palliatieve zorg, De Reehorst, Ede. [Invited speaker]
21. 11.10.08, Advance Care Planning en Dementie. Symposium over dementie, Geetbets: KBS Symposium. [Invited speaker]
22. 14.11.08, Meeting the expert: Van data tot publicatie. 2de Nationale conferentie Palliatieve Zorg Nederland, Lunteren [Invited speaker]
23. 07.02.09, Advance Care Planning: Recente studies in België, 32 Wintermeeting 2009 Belgische Vereniging voor Gerontologie en Geriatrie, Oostende [Invited speaker]
24. 07.03.09, Advance Care Planning en Dementie, KBS colloquium Dementie, Koning Boudewijn Stichting, Brussel: HUB [Invited speaker]
25. 14.03.09, Medische beslissingen aan het levenseinde in België en Nederland. Opleiding LEIFartsen, Wemmel [Invited speaker]
26. 09.09.09, Resultaten van de 3de grootschalige sterfgevallenstudie in Vlaanderen: de ELD3 studie 2007. MELC Symposium. Euthanasie en Palliatieve sedatie in de medische en verpleegkundige praktijk., Brussel: VUB. [Invited speaker]
27. 18.12.09, MELC Symposium. Euthanasie, pijnbestrijding en levensmoeheid: juridische en sociologische aspecten. Wilrijk: Universiteit Antwerpen. [Invited chair]
28. 01.03.10, Levenseindeproblematiek bij kinderen, ism Geert Pousset, Brussel: Lezingencyclus "Kinderen, jongeren en beslissingen rond het levenseinde" VUB: Faculteit Letteren en Wijsbegeerte. [Invited speaker]
29. 31.03.10, Palliatieve zorg en ouderenzorg: op weg naar geïntegreerde kaders?, Amsterdam: VUmc symposium nav Oratie prof Cees Hertogh.
30. 29.04.10, Medische beslissingen omtrent het levenseinde van kinderen, Lezing ikv de VLK Leerstoel "Medische beslissingen aan het levenseinde", Leuven: KUL. [Invited speaker]
31. 07.05.10, Medische beslissingen aan het levenseinde van minderjarigen, MELC Symposium Medische beslissingen aan het levenseinde bij kinderen. Gent: UGent [Invited speaker]
32. 26.06.10, Euthanasie en andere medische beslissingen aan het levenseinde, Brussel: Koninklijke Academie voor Geneeskunde [Invited speaker]
33. 28.06.10, dagvoorzitter en voorzitter workshop, conferentie EPZ, Amsterdam: VU medisch centrum [Invited chair]
34. 26.08.10, Symposium "Death and the City", Brussel: VUB Campus Jette, End-of-Life Care Research Group [Invited chair]
35. 23-24.09.10, Sessie meetinstrumenten. 3de Nationaal Congres Palliatieve Zorg Nederland, Lunteren: Agora. [Invited chair]
36. 12.11.10, Spirituele zorgverlening in de huisartsenpraktijk, Kapelle-op-den-Bos: KUL Huisartsgeneeskunde [Invited participant on invited expertmeeting]
37. 26.11.10, Sessie Kwaliteitsindicatoren. VL NL onderzoeksforum Palliatieve Zorg, Rotterdam [Invited chair]
38. 27.11.10, Euthanasia and neurology in Belgium. Studiedag (herfstvergadering) van de Belgische Vereniging Neurologie, Leuven: KUL [Invited speaker]

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39. 29.11.10, Het levenseinde: preferenties inzake communicatie en medische beslissingen, Presentatie ikv de VLK Leerstoel "Medische beslissingen aan het levenseinde", Antwerpen: Universiteit Antwerpen [Invited speaker]
40. 02.12.10, Introductie, Eind goed al goed? MELC Symposium, Brussel: VUB campus Jette [Invited speaker]
41. 02.12.10, Slotbeschouwingen, Eind goed al goed? MELC Symposium, Brussel: VUB campus Jette [Invited speaker]
42. 08.12.10, Euthanasie en palliatieve sedatie, Reflectiegroep Bioethiek, Brussel: UZ Brussel, Brussel [Invited speaker]
43. 16.09.11, Verschillen tussen kankerpatiënten en niet-kankerpatiënten in medische beslissingen aan het levenseinde, Geneeskundige dagen Antwerpen 15-17 sept 2011, UA, Antwerpen [Invited speaker]
44. 05.05.2012, Euthanasie in België. Resultaten van studies naar praktijken en attitudes van artsen voor en na de euthanasiewet, Symposium "Een goede dood 2002-2012 tien jaar 'controversiële' euthanasiewet", UVV, Brussel [Invited Speaker]
45. 10.11.12, Euthanasie en andere medische beslissingen aan het levenseinde: wetenschappelijke resultaten, LEIF artsen opleiding Basis Module, Wemmel [Invited speaker]
46. 18.04.13, Slotwoord, Zorgen voor morgen? Goede palliatieve zorg in woonzorgcentra begint vandaag!, 1ste FLIECE congres, KU Leuven, Leuven, Provinciehuis. [Invited speaker]
47. 19.04.13, How to write a paper for peer reviewed journals? Dag van de Doctorandi LK, VUB, Campus Jette. [Invited speaker]
48. 17.10.13, End-of-life decisions in neonates. A sociologic perspective (Le point de vue sociologique), Séminaire "Fin de vie en période néonatale: du tabou de l'euthanasie à la réalité des pratiques", Point Centre: Service de Pédiatrie-Néonatalogie, Charleroi, Belgium [Invited speaker]
49. 13.12.13, Slotwoord. Congres "Palliatieve Zorg in het ziekenhuis", 2^{de} FLIECE congres, Gent: Guislain Instituut, UGent [invited speaker]
50. 18.12.13, Debat Levenseinde nav Film Kill me Please!, opleiding Huisartsgeneeskunde KUL, Leuven: Kinopolis [invited speaker]
51. 02.04.2014, Palliative Care Needs and Medical Education, Meeting Palliatieve Zorg curriculum Medische Faculteiten, Koninklijke Academie der Geneeskunde, Brussel [Invited Speaker]
52. 26.04.2014, End-of-Life decisions and euthanasia, Opleiding Radiotherapie Belgium. Bordet Instituut Brussel [Invited Speaker]
53. 20-21.11.2014, Advance Care Planning ter verbetering van de kwaliteit van leven van kankerpatiënten en hun familie, Oncologiedagen 2014 voor Nederland en Vlaanderen, NVMO & BVMO, Hotel Papendal, Arnhem (NL) [Invited Speaker]
54. 05.12.2014, Voorafgaande zorgplanning in een international perspectief, Colloquium 'Vroegtijdige zorgplanning: makkelijker gezegd dan gedaan?', Koning Boudewijnstichting, Brussel-St-Gillis: La Tricoterie [Invited Speaker]
55. 29-30.01.2015, Congres "Hoe de palliatieve zorg verbeteren in Vlaanderen", 3^e FLIECE congres, Brussel: Koninklijke Vlaamse Schouwburg [organizer, invited speaker, invited chair]
56. 27.03.2015, workshop sessie "Palliatieve zorg bij niet-kankerpatiënten", 9de Vlaams-Nederlands Onderzoeksforum Palliatieve Zorg, Universiteit Antwerpen [invited chair]
57. 04.05.2015, Pediatric end of life care: what about research? Symposium Euthanasie, Charleroi: Hopital Civil Marie Curie [invited speaker]
58. 28.05.2015, Euthanasie en psychisch lijden, 3de Nationale Dag van Waardig Sterven en Euthanasie, Antwerpen: Elzenveld [invited speaker]

59. 16.06.2015, Koning Boudewijnstichting "Advance Care Planning", Brussel: BIP [invited speaker]
60. 27.11.2015, Overzicht van het IWT-SBO Project "Integration of palliative care into home, nursing home and hospital care and into the community in Flanders" Begeleidingscommissie INTEGRATE, Brussel: Muntpunt
61. 20.02.2016, Levensindebegeleiding: euthanasiewetgeving, de praktijk en voorafgaande zorgplanning (VZP), CRA bijscholing, Vilvoorde: Nationaal Volleybalcentrum [invited speaker]
62. 20.04.2016, Seminarie over het Zorgprogramma Laatste Levensdagen, UZ Gent, Gent [invited chair and moderator]
63. 28.05.2016, Dementie en verworven wilsonbekwaamheid: wat onderzoek ons leert? 4de Nationale Dag van Waardig Sterven en Euthanasie, Antwerpen: Universiteit Antwerpen [invited speaker]
64. 15.10.2016, Voorafgaande zorgplanning in de huisartsenpraktijk, Huisartsenbeurs, Domus Medica, Antwerpen: Expo [invited speaker]
65. 25.11.2016, The research program of the End-of-life Care Research Group, The Site Visit VUB Oncology Research Centre, Brussels: VUB Health Campus.
66. 03.02.2017, Terugblik en vooruitblik op ZRL, Stafdagen onderzoeksgroep Zorg rond het Levensinde, Brussel: Huis van de Mens [invited speaker]
67. 18.03.2017, Voorafgaande zorgplanning: over kansen en valkuilen, Turnhout: Thomas More-Campus Blairon, Palliatief Netwerk Arrondissement Turnhout vzw [invited keynote speaker]
68. 11.05.2017, Evaluatie van de euthanasiewet, Debat over Euthanasie, Senaat te Brussel
69. 16.11.2017, "15 years of euthanasia law in Belgium", Universiteit Antwerpen [invited speaker]
70. 17.11.2017, Verwelkoming als mede-coordinator op het congres "Integrate" over tijdige integratie van palliatieve zorg bij mensen met kanker en COPD, Het Pand, Gent [invited speaker]
71. 17.11.2017, Paneldiscussie : Hoe breng je tijdige palliatieve zorg aan bij patiënten? Reflecties van het onderzoek en de klinische praktijk. Congres "Integrate" over tijdige integratie van palliatieve zorg bij mensen met kanker en COPD, Het Pand, Gent [panellid]
72. 30.11.2017, Workshop interdisciplinair onderzoek, Wetenschapsdagen Amsterdam [invited chair]
73. 01.12.2017, Paneldiscussie plenaire sessie, Wetenschapsdagen Amsterdam [sessievoorzitter]
74. 21.12.2017, Master Class: writing papers for peer reviewed medical journals, Vrije Universiteit Brussel, campus Etterbeek [invited lecture]
75. 28.03.2018, "Why and how to publish in high impact journals ?", Symposium PANU, Gent [invited speaker]
76. 24.10.2018, Integrate congress "Geen palliatieve zorg zonder vrijwilligers en mantelzorgers ? Congres over de veranderende rol van informele zorgverleners", Paleis der Academiën, Brussel (Chair)
77. 20.02.2019, VUB debat Brussel "taboe van de dood", Galerij Ravenstein, Brussel [invited speaker]
78. 12+13.09.2019, Palliatieve Zorg is van iedereen, eindcongres Integrate, Koninklijke Vlaamse Schouwburg [invited Chair]
79. 16.09.2019, Workshop "Scientific Writing", UZ Gent [invited speaker]
80. 7.3.2020, Euthanasie bij kinderen, Thomas More Campus De Naeyer, Sint-Katelijne-Waver [invited speaker]

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- Curriculum Vitae prof dr Luc Deliens -

81. 29.09.2020, Masterclass "writing papers for peer reviewed journal", Faculteit Psychologie en Educatiewetenschappen, Vrije Universiteit Brussel (online) [invited speaker]
82. 26.11.2020, Lecture "Physical therapy in palliative cancer patients", Interuniversity Master in Kinesitherapy, UGent, Campus Sterre Gent, Belgium (online) [invited lecturer]
83. 31.03.2021, 2de expertenworkshop "Het Palliatief debat", online [invited participant]
84. 09.10.2021, Internationale Dag van de Palliatieve Zorg. Panelgesprek Voltooid Leven AP Hogeschool, Antwerpen. [panel member]
85. 01.12.2021, Lecture "Palliative Care in Cancer", Interuniversity Master in Kinesitherapy, UGent, Campus Sterre Gent, Belgium [invited lecturer]
86. 14.02.2022, Les onderzoeksdag faculteit LK, Vrije Universiteit Brussel, "Grant writing tips & tricks" [online keynote lecture]

Publications of Luc Deliens, MA, MSc, PhD

Professor of Palliative Care Research – VUB University and Ghent University, Belgium, www.endoflifecare.be

ORCID ID: 0000-0002-8158-2422

- **Web of Science:** H-Index 62; 625 publications, 15,966 citations, average citations per paper 25.55 (June, 2023)
- **Research Gate:** RG score 9.355; h-Index 71; citations 20.263 (November, 2022)

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1. Articles in ISI web of Knowledge (SCI or SocSCI Index with an impact factor) (FWO A1.1)

About **21.30%** of papers in journal ranking **D1 (top 10%)** of the domain in the web of science

About **55.70%** of papers in Journal ranking **Q1 (top 25%)** of the domain in the web of science

About **85.76%** of papers in Journal ranking **Q2 (top 26-50%)** of the domain in the web of science

⇒ about **71.40%** of papers in Journals ranking in the **upper half** of the domain in the web of science

1992:

1. Deliens L, Van Mulwijck F, Betz W, Louckx F, Cancer Prevention in the Training of General Practitioners. *British Journal of General Practice* 1992 Oct;42:439-40. [2017 SCI impact factor 3.261; journal **ranking Q1**, n°2/19 in PRIMARY HEALTH CARE]

2000:

2. Mortier F, Deliens L, Bilsen J, Cosyns M, Ingels I, Vander Stichele R, End-of-life decisions of physicians in the city of Hasselt (Belgium). *Bioethics* 2000 Jul;14(3):254-67. [2017 SCI impact factor 1.660, journal **ranking Q1**; ranking n° 10/51 in ETHICS, SocSCI; ranking n° 4/16 in MEDICAL ETHICS]
3. Deliens L, Mortier F, Bilsen J, Cosyns M, Vander Stichele R, Vanoverloop J, Ingels K. End-of-life decisions in medical practice in Flanders, Belgium: a nationwide survey. *Lancet* 2000 Nov; 356(9244):1806-11. [2000 SCI impact factor 10.232, journal **ranking D1** in MEDICINE, GENERAL AND INTERNAL]

2001:

4. Verstraete A, Vander Stichele R, Deliens L. Ethical issues in pharmacoepidemiological research in Belgium. *Pharmacoepidemiology and Drug Safety* 2001 Dec;10(7):595-9. [2017 SCI impact factor 2.314, journal **ranking Q2**; ranking n° 66/180 in pharmacology and pharmacy]

Scientific publications prof Luc Deliens

2003

5. Deliens L, Bernheim J. Palliative care and euthanasia in countries with a euthanasia law. *Palliative Medicine* 2003 Jul;17(3):393-4. Letter to the editor. [2017 SCI impact factor 3.780; journal ranking Q1; ranking n° 15/94 in health care sciences and services; ranking n° 24/154 in MEDICINE, GENERAL AND INTERNAL]
6. van der Heide A, Deliens L, Faisst K, Nilstun T, Norup M, Paci E, van der Wal G, van der Maas P on behalf of the EURELD Consortium. End-of-life decision-making in six European Countries: descriptive study. *Lancet* 2003 Aug;362(9381):345-50. [2003 SCI impact factor 18.316, journal ranking D1; in MEDICINE, GENERAL AND INTERNAL]
7. van der Heide A, Deliens L, Faisst K. End-of-life decisions and conflicts of interest, Authors' reply. *Lancet* 2003;362(9393):1419-1420. Letter to the editor. [2003 SCI impact factor 18.316, journal ranking D1; in MEDICINE, GENERAL AND INTERNAL]
8. Deliens L, van der Wal G. The euthanasia law in Belgium and the Netherlands. *Lancet* 2003 Oct;362(9391):1239-40. Research Letter. [2003 SCI impact factor 18.316, journal ranking D1; in MEDICINE, GENERAL AND INTERNAL]
9. Mortier F, Bilsen J, Vander Stichele R, Bernheim J, Deliens L. Attitudes, Sociodemographic Characteristics, and Actual End-Of-Life Decisions of Physicians in Flanders, Belgium. *Medical Decision Making* 2003 Nov-Dec;23(6):502-10. [2017 SCI impact factor 3.012; journal ranking Q1; ranking n°20/94 in health care sciences and services]

2004

10. Kuin A, Courtens AM, Deliens L, Vernooij-Dassen MJFJ, van Zuylen L, van der Linden B, van der Wal G. Palliative Care Consultation in the Netherlands: a Nationwide Evaluation Study. *Journal Pain and Symptom Management* 2004 Jan;27(1):53-60. [2017 SCI impact factor 3.249; journal ranking Q1; ranking n°18/94 in health care sciences and services; n°29/154 in medicine, general and internal]
11. Vander Stichele RH, Bilsen JJ, Bernheim JL, Mortier F, Deliens L. Drugs used in euthanasia cases in Flanders, Belgium. *Pharmacoepidemiology and Drug Safety* 2004 Feb;13(2):89-95 [2017 SCI impact factor 2.314, journal ranking Q2; ranking n° 66/180 in pharmacology and pharmacy]
12. Deliens L, Ganzini L, Vander Stichele R. The use of drugs to hasten death. *Pharmacoepidemiology and Drug Safety* 2004 Feb;13(2):113-5. Editorial. [2017 SCI impact factor 2.314, journal ranking Q2; ranking n° 66/180 in pharmacology and pharmacy]
13. Provoost V, Deliens L, Cools F, Deconinck PG, Ramet J, Mortier F, Vandenplas Y. A classification of End-of-life decisions in neonates and infants. *Acta Paediatrica* 2004 Mar; 93(3):301 – 5. [2017 SCI impact factor 2.580; journal ranking Q1; ranking n°28/124 in pediatrics]
14. Bilsen J, Vander Stichele R, Bernheim J, Mortier F, Deliens L. The incidence and characteristics of end-of-life decisions by GPs in Belgium. *Family Practice* 2004 Jun;21(3):282-9 [2017 SCI impact factor 1.675; journal ranking Q3; ranking n°11/19 in in PRIMARY HEALTH CARE]
15. Echteld MA, Deliens L, Ooms ME, Ribbe MW, van der Wal G. Palliative care units in The Netherlands: Changes in patients' functional status and symptoms. *Journal of Pain and Symptom Management* 2004 Sep;28(3):233-43 [2017 SCI impact factor 3.249; journal ranking Q1; ranking n°18/94 in health care sciences and services; n°29/154 in medicine, general and internal]
16. Bilsen J, Vander Stichele R, Mortier F, Deliens L. The involvement of nurses in euthanasia in Flanders, Belgium. *Journal of Advanced Nursing* 2004 Sep;47(6):583-91 [2017 SCI impact factor 2.267 journal ranking D1; ranking n° 7/118 in nursing]

2005

17. Brandt HE, Deliens L, Ooms ME, van der Steen J, van der Wal G, Ribbe MW. Symptoms, Signs, Problems and Diseases of Terminally ill Nursing Home Patients. A Nation-Wide Observational Study in the Netherlands. *Arch Int Med* 2005 Feb;165(3):314-20 [2014 SCI impact factor 17.333; journal ranking D1; ranking n°6/153 in medicine, general and internal]
18. Bosshard G, Nilstun T, Bilsen J, Norup M, Miccinesi G, van Delden JJM, Faisst K, van der Heide A on behalf of the EURELD Consortium (incl. Deliens L). Forgoing treatment at the end of life in six European countries. *Arch Int Med* 2005 Feb;165(4):401-7 [2014 SCI impact factor 17.333; journal ranking D1; ranking n°6153 in medicine, general and internal]

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Scientific publications prof Luc Deliens

19. Bilsen J, Bauwens M, Vander Stichele R, Bernheim J, Deliens L. Physician-assisted death: attitudes and practices of community pharmacists in East Flanders, Belgium. *Palliative Medicine* 2005 Mar;19(2):151-7. [2017 SCI impact factor 3.780; journal **ranking Q1**; ranking n° 15/94 in health care sciences and services; ranking n° 24/154 in MEDICINE, GENERAL AND INTERNAL]
 20. Provoost V, Cools F for NIC-Flanders, Mortier F, Bilsen J, Ramet J, Vandenplas Y, Deliens L. Medical end-of-life decisions in neonates and infants in Flanders, Belgium. *Lancet* 2005 Apr;365(9467):1315-20 [2005 SCI impact factor 23.878; journal **ranking D1**; in MEDICINE, GENERAL AND INTERNAL]
 21. Miccinesi G, Fischer S, Paci E, Onwuteaka-Philipsen BDD, Cartwright C, van der Heide A, Nilstun T, Norup M, Mortier F on behalf of the EURELD consortium (incl. Deliens L). Physicians' attitudes towards end-of-life decisions: a comparison between seven countries. *Social Science and Medicine* 2005 May;60(9):1961-74. [2017 impact factor 3.007; journal **ranking Q1**; ranking n°39/180 in SocSci Public, Environmental and Occupational Health]
 22. Brandt HE, Deliens L, van der Steen JT, Ribbe MW, Ooms ME, van der Wal G. The last days of life of nursing home patients with and without dementia assessed with the Palliative care Outcome Scale. *Palliative Medicine* 2005 Jun;19(4):334-42. [2017 SCI impact factor 3.780; journal **ranking Q1**; ranking n° 15/94 in health care sciences and services; ranking n° 24/154 in MEDICINE, GENERAL AND INTERNAL]
 23. Echteld MA, Deliens L, Ooms ME, Ribbe MW, van der Wal G. Quality of life change and response shift in patients admitted to palliative care units: a pilot study. *Palliative Medicine* 2005 Jul;19(5):381-8. [2017 SCI impact factor 3.780; journal **ranking Q1**; ranking n° 15/94 in health care sciences and services; ranking n° 24/154 in MEDICINE, GENERAL AND INTERNAL]
 24. De Gendt C, Bilsen J, Vander Stichele R, Lambert M, Van Den Noortgate N, Deliens L. Do-Not-Resuscitate policy on Acute Geriatric Wards in Flanders, Belgium. *Journal of the American Geriatrics Society* 2005 Dec;53(12):2221-6 [2017 SCI impact factor 4.155; journal **ranking D1**; ranking n°2/36 in gerontology (SocSci)]
- 2006:**
25. Fischer S, Miccinesi G, Hornung R, Bosshard G, Deliens L, van der Heide A, Nilstun T, Norup M, Onwuteaka-Philipsen BD on behalf of the EURELD Consortium. Responders and non-responders in a study on medical end-of-life decisions in Denmark, the Netherlands, Sweden and Switzerland. *Soz Präventiv Med [Journal of Social and Preventive Medicine]* 2006 Jan; 51(1):24-33 [2008 SCI impact factor 1.250; journal **ranking Q3**; ranking n°72/105 in public, environmental and occupational health]
 26. Provoost V, Cools F, Bilsen J, Ramet J, Vander Stichele R, Vanherreweghe I, Vande Velde A, Mortier F, Vandenplas Y, Deliens L. The use of drugs with a life-shortening effect in end-of-life care in neonates and infants. *Intensive Care Medicine* 2006 Jan;32(1):133-9 Epub 2005 Nov 15 [2017 SCI impact factor 15.008; journal **ranking D1**; ranking n°3/33 in critical care medicine]
 27. Deschepper R, Vander Stichele R, Bernheim J, De Keyser E, Van Der Kelen G, Mortier F, Deliens L. Communication on end-of-life decisions with patients wishing to die at home: the making of a guideline for GPs in Flanders, Belgium. *British Journal of General Practice* 2006 Jan;56(522):14-19. [2017 SCI impact factor 3.261; journal **ranking Q1**, n°2/19 in PRIMARY HEALTH CARE]
 28. Borgsteede S, Riedstra C, Deliens L, Francke AL, van Eijk J.Th.M, Willems DL. Good end-of-life care according to patients and their GPs. *British Journal of General Practice* 2006 Jan;56(522):20-6. [2017 SCI impact factor 3.261; journal **ranking Q1**, n°2/19 in PRIMARY HEALTH CARE]
 29. Echteld MA, Deliens L, Onwuteaka-Philipsen BD, Klein M, van der Wal G. EORTC QLQ-C15-PAL: the new standard in the assessment of health-related quality of life in advanced cancer? *Palliative Medicine* 2006 Jan;20(1):1-2. Editorial. [2017 SCI impact factor 3.780; journal **ranking Q1**; ranking n° 15/94 in health care sciences and services; ranking n° 24/154 in MEDICINE, GENERAL AND INTERNAL]
 30. Bilsen J, Norup M, Deliens L, Miccinesi G, van der Wal G, Löfmark R, van der Heide A, on behalf of the EURELD Consortium. Drugs used to alleviate symptoms with life shortening as a possible side effect: End-of-life Care in six European Countries. *Journal of Pain and Symptom Management* 2006 Feb;31(2):111-21 [2017 SCI impact factor 3.249; journal **ranking Q1**]

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31. Miccinesi G, Rietjens J, Deliens L, Paci E, Bosshard G, Nilstun T, Norup M, van der Wal G on behalf of the EURELD Consortium. Continuous deep sedation: Physicians' experiences in six European countries. *Journal of Pain and Symptom Management* 2006 Feb;31(2):122-9. [2017 SCI impact factor 3.249; journal [ranking Q1](#); ranking n°18/94 in health care sciences and services; n°29/154 in medicine, general and internal]
 32. Borgsteede S, Deliens L, Francke AL, Stalman WAB, Willems DL, van Eijk JTM, van der Wal G. Defining the patient population: one of the problems for palliative care research. *Palliative Medicine* 2006 Mar;20(2):63-8. [2017 SCI impact factor 3.780; journal [ranking Q1](#); ranking n°15/94 in health care sciences and services; ranking n°24/154 in MEDICINE, GENERAL AND INTERNAL]
 33. Nilstun T, Cartwright C, Löfmark R, Deliens L, Fischer S, Miccinesi G, Norup M, van der Heide A on behalf of the EURELD Consortium. Access to death certificates: what should research ethics committees require for approval? *Annals of Epidemiology* 2006 Apr;16(4):281-4. Epub 2005 Jun 8. [2017 SCI impact factor 6.630; journal [ranking Q1](#); ranking n°5/33 in critical care medicine] in public, environmental and occupational health]
 34. Onwuteaka-Philipsen BD, Fisher S, Cartwright C, Deliens L, Miccinesi G, Norup M, Nilstun T, van der Heide A, van der Wal G. End-of-life decision making in Europe and Australia: A Physician Survey. *Arch Int Med* 2006 Apr 24;166(8):921-9. [2014 SCI impact factor 17.333; journal [ranking D1](#); ranking n°6/153 in medicine, general and internal]
 35. van Delden JJ, Löfmark R, Deliens L, Bosshard G, Norup M, Cecioni R, van der Heide A; on behalf of the EURELD Consortium. Do-Not-Resuscitate decisions in six European countries. *Critical Care Medicine* 2006 Jun;34(6):1686-90. [2017 SCI impact factor 6.630; journal [ranking Q1](#); ranking n°5/33 in critical care medicine]
 36. Van den Block L, Bilsen J, Deschepper R, Van Der Kelen G, Bernheim JL, Deliens L. End-of-life decisions among cancer patients compared with noncancer patients in Flanders, Belgium. *Journal of Clinical Oncology* 2006 Jun 20;24(18):2842-8. [2017 SCI impact factor 26.303; journal [ranking D1](#); ranking n°4/222 in ONCOLOGY]
 37. Löfmark R, Mortier F, Nilstun T, Bosshard G, Cartwright C, van der Heide A, Norup M, Simonato L, Onwuteaka-Philipsen BD; EURELD Consortium (incl. Deliens L). Palliative care training: a survey of physicians in Australia and Europe. *Journal of Palliative Care*. 2006 Summer;22(2):105-10. [2017 SCI impact factor 0.882; journal ranking Q4; ranking n°88/94 in health care sciences and services]
 38. Brandt HE, Ooms ME, Deliens L, van der Wal G, Ribbe MW. The last two days of life of nursing home patients - a nationwide study on causes of death and burdensome symptoms in the Netherlands. *Palliative Medicine* 2006 Jul;20(5):533-40. [2017 SCI impact factor 3.780; journal [ranking Q1](#); ranking n°15/94 in health care sciences and services; ranking n°24/154 in MEDICINE, GENERAL AND INTERNAL]
 39. Cohen J, Marcoux I, Bilsen J, Deboosere P, van der Wal G, Deliens L. European public acceptance of euthanasia: Socio-demographic and cultural factors associated with the acceptance of euthanasia in 33 European countries. *Social Science and Medicine* 2006 Aug;63(3):743-56. [2017 SocSCI impact factor 3.007; journal [ranking Q1](#); journal ranking n°39/180 in SocSCI Public, Environmental and Occupational Health]
 40. Kuin AM, Deliens L, van Zuylen L, Courtens AM, Vernooij-Dassen MJFJ, van der Linden B, van der Wal G. Spiritual issues in palliative care consultations in the Netherlands. *Palliative Medicine* 2006 Sep;20(6):585-592. [2017 SCI impact factor 3.780; journal [ranking Q1](#); ranking n°15/94 in health care sciences and services; ranking n°24/154 in MEDICINE, GENERAL AND INTERNAL]
 41. Cohen J, Bilsen J, Hooft P, Deboosere P, van der Wal G, Deliens L. Dying at home or in an institution. Using death certificates to explore the factors associated with place of death. *Health Policy* 2006 Oct;78(2-3):319-29. [2017 SCI impact factor 2.293; journal [ranking Q2](#); ranking n°22/79 in health care sciences and services]
 42. Brandt HE, Ooms ME, Ribbe MW, van der Wal G, Deliens L. Predicted Survival vs. Actual Survival in Terminally Ill Noncancer Patients in Dutch Nursing Homes. *Journal of Pain and Symptom Management* 2006 Dec;32(6):560-6. [2017 SCI impact factor 3.249; journal [ranking Q1](#); ranking n°18/94 in health care sciences and services; n°29/154 in medicine, general and internal]

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43. Cohen J, Marcoux J, Bilsen J, Deboosere P, van der Wal G, Deliens L. Trends in acceptance of euthanasia among the general public in 12 European countries (1981-1999). *European Journal of Public Health* 2006 Dec;16(6):663-9. [2017 SocSCI impact factor 2.782; journal ranking Q1; ranking n°20/156 in public, environmental and occupational health]
 44. Provoost V, Cools F, Deconinck P, Ramet J, Deschepper R, Bilsen J, Mortier F, Vandenplas Y, Deliens L. Consultation of parents in end-of-life decision-making in neonates and infants. *European Journal of Pediatrics* 2006 Dec;165(12):859-66. [2017 SCI impact factor 2.242; journal ranking Q2; ranking n°42/124 in pediatrics]
- 2007**
45. De Gendt C, Bilsen J, Vander Stichele R, Van Den Noortgate N, Lambert M, Deliens L. Nurses' involvement in 'do not resuscitate' decisions on acute elder care wards. *Journal of Advanced Nursing* 2007 Feb;57(4):404-9. [2017 SCI impact factor 2.267; journal ranking D1; ranking n°7/118 in nursing]
 46. De Gendt C, Bilsen J, Van Den Noortgate N, Lambert M, Vander Stichele R, Deliens L. Prevalence of patients with do-not-resuscitate status on acute geriatric wards in Flanders, Belgium. *Journals of Gerontology: A Biol Sci Med Sci*. 2007 Apr;62(4):395-9. [2017 SCI impact factor 4.902; journal ranking Q1; ranking n°7/53 in geriatrics and gerontology]
 47. Borgsteede S, Deliens L, Graafland-Riedstra C, Francke AL, van der Wal G, Willems DL. Communication about euthanasia in general practice: Opinions and experiences of patients and their general practitioners. *Patient Education and Counselling* 2007 May;66(2):156-61. [2017 SCI impact factor 2.785; journal ranking D1; ranking n°8/98 in SOCIAL SCIENCES, INTERDISCIPLINARY]
 48. Van den Block L, Deschepper R, Driessens K, Bauwens S, Bilsen J, Bossuyt N, Deliens L. Hospitalisations at the end of life: using a sentinel surveillance network to study hospital use and associated patient, disease and healthcare factors. *BMC Health Services Research* 2007 May 8;7:69 [2017 SCI impact factor 1.843; journal ranking Q3; ranking n°53/94 in health care sciences and services]
 49. Vrakking AM, van der Heide A, Provoost V, Bilsen J, van der Wal G, Deliens L. End-of-life decision making in neonates and infants: comparison of the Netherlands and Belgium (Flanders). *Acta Paediatrica* 2007 Jun;96(6):820-4 [2017 SCI impact factor 2.580; journal ranking Q1; ranking n°28/124 in pediatrics]
 50. Cartwright C, Onwuteaka-Philipsen BD, Williams G, Faisst K, Mortier F, Nilstun T, Norup M, van der Heide A, Miccinesi G on behalf of the EURELD Consortium (incl. Deliens L). Physician discussions with terminally ill patients: a cross-national comparison. *Palliative Medicine* 2007 Jun;21(4):295-303. [2017 SCI impact factor 3.780; ranking n°15/94 in health care sciences and services; journal ranking Q1; ranking n°24/154 in medicine, general and internal]
 51. Michiels E, Deschepper R, Van Der Kelen G, Bernheim JL, Mortier F, Vander Stichele R, Deliens L. The role of general practitioners in continuity of care at the end of life: a qualitative study of terminally ill patients and their next of kin. *Palliative Medicine* 2007 Jul;21(5):409-15 [2017 SCI impact factor 3.780; journal ranking Q1; ranking n°15/94 in health care sciences and services; ranking n°24/154 in MEDICINE, GENERAL AND INTERNAL]
 52. Borgsteede S, Deliens L, Beentjes B, Schellevis F, Stalman WAB, Van Eijk JThM, Van der Wal G. Symptoms in patients receiving palliative care: a study on patient-physician encounters in general practice. *Palliative Medicine* 2007 Jul;21(5):417-23 [2017 SCI impact factor 3.780; ranking n°15/94 in health care sciences and services; journal ranking Q1; ranking n°24/154 in medicine, general and internal]
 53. Bilsen J, Vander Stichele R, Broeckaert B, Mortier F, Deliens L. Changes in medical end-of-life practices during the legalization process of euthanasia in Belgium. *Social Science and Medicine* 2007 Aug;65(4):803-8 [2017 SocSCI impact factor 3.007; journal ranking Q1; journal ranking n°39/180 in SocSCI Public, Environmental and Occupational Health]
 54. Buiting HM, van Delden JH, Rietjens JAC, Onwuteaka-Philipsen B, Bilsen J, Fischer S, Löfmark R, Miccinesi G, Norup M, van der Heide A, on behalf of the EURELD consortium (incl. Deliens L). Forgoing Artificial Nutrition or Hydration in Patients Nearing Death in Six European Countries. *Journal of Pain and Symptom Management* 2007 Sep;34(3):305-314 [2017 SCI impact factor 3.249; journal ranking Q1; ranking n°18/94 in health care sciences and services; n°29/154 in medicine, general and internal]
 55. Cohen J, Bilsen J, Miccinesi G, Löfmark R, Addington-Hall J, Kaasa S, Norup M, van der Wal G, Deliens L. Using death certificate data to study place of death in 9 European countries:

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Scientific publications prof Luc Deliens

- opportunities and weaknesses. *BMC Public Health* 2007 Oct;7:283 (8 October 2007) [2017 SCI impact factor 2.420; journal [ranking Q2](#); ranking n°63/180 in public, environmental and occupational health]
56. Van den Block L, Van Casteren V, Deschepper R, Bossuyt N, Drieskens K, Bauwens S, Bilsen J, Deliens L. Nationwide monitoring of end-of-life care via the Sentinel Network of General Practitioners in Belgium: the research protocol of the SENTI-MELC study. *BMC Palliative Care* 2007 Oct;6:6 (8 October 2007) [2017 SocSCI impact factor 2.335; journal [ranking Q1](#); ranking n°19/79 in SocSCI health policy & services]
 57. Van den Block L, Deschepper R, Bilsen J, Van Casteren V, Deliens L. Transitions between care settings at the end of life in Belgium. *Research Letter. JAMA - Journal of the American Medical Association* 2007 Oct;298(14):1638-9. [2017 SCI impact factor 47.661 journal [ranking D1](#); ranking n°3/154 in medicine, general and internal]
 58. Borgsteede S, Deliens L, van der Wal G, Francke AL, Stalman WAB, Van Eijck JThM. Interdisciplinary cooperation of GPs in palliative care at home. A nationwide survey in The Netherlands. *Scandinavian Journal of Primary Health Care* 2007 Dec;25(4):226-31. [2017 SCI impact factor 1.809; journal [ranking Q2](#); ranking n°64/154 in medicine, general and internal]
 59. Grigoryan L, Burgerhof JG, Degener JE, Deschepper R, Lundborg CS, Monnet DL, Scicluna EA, Birkin J, Haaijer-Ruskamp FM; on behalf of the SAR consortium (SAR consortium incl. Luc Deliens). Attitudes, beliefs and knowledge concerning antibiotic use and self-medication: a comparative European study. *Pharmacoepidemiol Drug Saf.* 2007 Nov;16(11):1234-43. [2017 SCI impact factor 2.314, journal [ranking Q2](#); ranking n° 66/180 in pharmacology and pharmacy]
 60. Cohen J, Bilsen J, Fischer S, Löfmark R, Norup M, van der Heide A, Miccinesi G, Deliens L on behalf of the EURELD consortium. End-of-life decision making in Belgium, Denmark, Sweden and Switzerland: does place of death makes a difference. *Journal of Epidemiology and Community Health*. 2007 Dec;61(12):1062-1068. [2017 SCI impact factor 3.973; journal [ranking D1](#); ranking n°10/156 in public, environmental & occupational health (SocSCI)]
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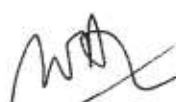
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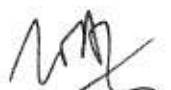
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