eReview
LATEST DEVELOPMENTS IN FAMILY FRIENDLY RESEARCH
IMFC

VOL. 11, NO. 19 SEPTEMBER 28, 2011

The eReview provides analysis on public policy relating to Canadian families and marriage.

What can the Dutch experience with euthanasia teach Canada?

By Derek Miedema, Researcher, Institute of Marriage and Family Canada

The Royal Dutch Medical Association (KNMG) is the body that represents Dutch doctors. In June 2011, they released a policy statement regarding the role of physicians in cases of assisted suicide and euthanasia, which takes steps toward enshrining euthanasia as a necessary part of Dutch medical care. Thirty years ago, this statement would never have been made but acceptance of euthanasia has broadened over time to make this extreme position possible.

It was 1973 when the first euthanasia case became known in the Netherlands. Physician Truus Postma killed her elderly mother with a morphine injection. She was given only a suspended sentence. [1] Another well-known case in 1994, saw a doctor euthanize a 50-year-old woman who was not terminally ill. He was found guilty by the Dutch Supreme Court but received no jail time. [2] Though these cases remain controversial, they have contributed to the acceptance of euthanasia as a normal part of Dutch life.

Euthanasia and assisted suicide were made legal in the Netherlands in 2002. [3] Since then, the spread of euthanasia has grown at a more rapid pace. The Groningen Protocol is a prime example. Proposed in 2002, it became law in 2005. [4] This protocol regulates the process of killing infants with life threatening illness and/or the prospect of great suffering throughout their lives.

Finally, in 2009, a new proposal was made by a citizen's initiative called "Uit Vrije Wil" ("By Free Choice")to allow anyone over the age of 70 who, though not terminally ill, has had enough of life to be euthanized by a "specially trained care provider." This could be a medical doctor, but not necessarily.[5] This has yet to be passed into law but the idea of euthanasia for anyone, for any reason, is now on the table.

Currently, the law in the Netherlands states that in order for doctors to kill people without fear of prosecution they must, among other things, "be convinced that the patient is facing interminable and unendurable suffering". [6]

The new KNMG statement makes the concept of suffering completely relative to the individual. Their response to the current legal guidelines is that doctors should let the patient decide: "The question of whether suffering is unbearable is one that only the patient can answer… It is therefore the patient who determines if his suffering is unbearable." [7]

The KNMG also notes that doctors who agree with a patient's decision in this regard need not fear prosecution from the Regional Review Committees, which determine whether a doctor has killed his patient legally or not. The definition is relative to the individual, and doctors really need not worry about prosecution since the report identifies that even minor problems that sound quite normal can be considered "unbearable suffering" for the purposes of dying by euthanasia. The report includes "disorders affecting vision, hearing and mobility, falls, confinement to bed, fatigue, exhaustion and loss of fitness." [8] In short, in this new policy, the KNMG believes any reason for euthanasia to be a good one.

Though it's difficult to imagine, even with the bar set this low, the KNMG is concerned there are still some Dutch citizens who will not meet these criteria for death. In these cases, the KNMG recommends discussing that a patient can refuse food and drink. "If a patient brings up the possibility of denying food and drink, the physician has an obligation to discuss this option with him. It is the physician's duty to inform the patient as fully as possible about all the pros and cons of such a decision," the policy statement reads. [9]

Providing full information is usually a good thing, however, in this case the KNMG recommend patients consult a pro euthanasia and assisted suicide resource on the web. It is written, in part, by Boudewijn Chabot, the doctor in the 1994 case mentioned above, who killed a patient who was not terminally ill. [10]

The Royal Dutch Medical Association (KNMG) makes clear they believe that more people can legally die by euthanasia than doctors currently think: "The KNMG has noted that the current statutory framework and the concept of suffering have already become broader than their interpretation and application by many physicians to date (see section 2.3). This makes patently clear not only that physicians' practice and the professional standard are not set in stone, but also that the legal assessment framework is attuned to such advancing insights." [11]

It's intriguing that the KNMG uses language to imply that this is a moving target. Nothing is set in stone and all medical protocols are "adjusting to advancing insights."

These loose recommendations of the doctors' federation of the Netherlands indicate that euthanasia will be granted to anyone getting up in age who decides that their suffering is unbearable and that they have no hope of recovery. If your doctor agrees with you that you have no hope for the future, is he really treating you at all? Does the promise of death constitute treatment? At what point did the Dutch medical association stop asking this question? It seems clear they believe death is treatment, especially but not only for sick infants and the worn out elderly.

What was incomprehensible and unacceptable 30 years ago is now unabashedly out in the open. Canadians should learn from this example and remain ever vigilant against the progressive acceptance of practices that aim not to heal and help, but rather, to kill.

Endnotes

---

[1] Sheldon, T. (2007, Febuary 10). Andries Postma. *British Medical Journal*, 334 (7588): 320. Retrieved September 23, 2011 from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1796690/
[2]Cohen-Almagor, R. (2002). The Chabot case: analysis and account of Dutch perspectives. *Medical Law International*, vol. 5, pp. 141-159.
[3] The Netherlands. (2002).The termination of life on request and assistance with suicide (review procedures) act. Ministries of Justice and of Health, Welfare and Sport. Retrieved September 28, 2011 from http://www.healthlaw.nl/eutha_e.html#act
[4] Verhagen, E., Sauer, P.J.J. (2005). The Groningen Protocol — Euthanasia in severely ill newborns. *New England Journal of Medicine*, 352:959-962. Retrieved September 23, 2011 from http://www.nejm.org/doi/full/10.1056/NEJMp058026
[5] KNMG. (2011). The role of the physician in the voluntary termination of life. KNMG position paper, p. 12. Retrieved September 26, 2011 from http://knmg.artsennet.nl/Diensten/knmgpublicaties/KNMGpublicatie/Position-paper-The-role-of-the-physician-in-the-voluntary-termination-of-life-2011.htm
[6] Korthals, B., Borst, E. (2001). Review procedures of termination of life on request and assistance with suicide. Ministry of Security and Justice. Retrieved September 28, 2011 from http://english.justitie.nl/currenttopics/pressreleases/archives2001/-Bill-for-testing-requests-for-euthanasia-and-help-with-suicide-passed-by-Dutch-parliament.aspx
[7] KNMG. (2011). The role of the physician in the voluntary termination of life. p. 20.
[8] *Ibid*.
[9] *Ibid*., p. 34. 35.
[10] Ibid., p. 35. See http://www.boudewijnchabot.com/index.php?option=com_content&view=article&id=70&Itemid=54 (in Dutch).
[11] *Ibid*, p. 26.