Background about Euthanasia in The Netherlands

Note: This fact sheet is based upon developments in the Netherlands through 1994. It includes data from the "Remmelink Report."
For information and events, including the current law regarding Dutch euthanasia and assisted suicide since 1994, see www.patientsrightscouncil.org.

Right-to-die advocates often point to Holland as the model for how well physician-assisted, voluntary euthanasia for terminally-ill, competent patients can work without abuse. But the facts indicate otherwise.

BACKGROUND INFORMATION

Dutch Penal Code Articles 293 and 294 make both euthanasia and assisted suicide illegal, even today. However, as the result of various court cases, doctors who directly kill patients or help patients kill themselves will not be prosecuted as long as they follow certain guidelines. In addition to the current requirements that physicians report every euthanasia/assisted-suicide death to the local prosecutor and that the patient's death request must be enduring (carefully considered and requested on more than one occasion), the Rotterdam court in 1981 established the following guidelines:

1. The patient must be experiencing unbearable pain.
2. The patient must be conscious.
3. The death request must be voluntary.
4. The patient must have been given alternatives to euthanasia and time to consider these alternatives.
5. There must be no other reasonable solutions to the problem.
6. The patient's death cannot inflict unnecessary suffering on others.
7. There must be more than one person involved in the euthanasia decision.
8. Only a doctor can euthanize a patient.
9. Great care must be taken in actually making the death decision. (1)

Since 1981, these guidelines have been interpreted by the Dutch courts and Royal Dutch Medical Association (KNMG) in ever-broadening terms. One example is the interpretation of the "unbearable pain" requirement reflected in the Hague Court of Appeal's 1986 decision. The court ruled that the pain guideline was not limited to physical pain, and that "psychic suffering" or "the potential disfigurement of personality" could also be grounds for euthanasia. (2)

The main argument *in favor* of euthanasia in Holland has always been the need for more patient autonomy — that patients have the right to make their own end-of-life decisions. Yet, over the past 20 years, Dutch euthanasia practice has ultimately given doctors, *not patients*, more and more power. The question of whether a patient should live or die is often decided exclusively by a doctor or a team of physicians.(3)

The Dutch define "euthanasia" in a very limited way: "Euthanasia is understood [as] an action which aims at taking the life of another*at the latter's expressed request.* It concerns an action of which death is the purpose and the result." (4) (Emphasis added.) This definition applies only to *voluntary* euthanasia and excludes what the rest of the world refers to as *non-voluntary* or *involuntary*euthanasia, the killing of a patient without the patient's knowledge or consent. The Dutch call this "life-terminating treatment."

Some physicians use this distinction between "euthanasia" and "life-terminating treatment" to avoid having a patient's death classified as "euthanasia," thus freeing doctors from following the established euthanasia guidelines and reporting the death to local authorities. One such example was discussed during the December 1990 Institute for

Bioethics conference in Maastricht, Holland. A physician from The Netherlands Cancer Institute told of approximately 30 cases a year where doctors ended patients' lives after the patients intentionally had been put into a coma by means of a morphine injection. The Cancer Institute physician then stated that these deaths were **not** considered "euthanasia" because they were *not voluntary*, and that to have discussed the plan to end these patients' lives with the patients would have been "rude" since they all knew they had incurable conditions. (5)

For the sake of clarity in this fact sheet, the direct and intentional termination of a patient's life, performed *without* the patient's consent, will be termed "involuntary euthanasia."

THE FACTS

The Remmelink Report– On September 10, 1991, the results of the first, official government study of the practice of Dutch euthanasia were released. The two volume report (6)–popularly referred to as the Remmelink Report (after Professor J. Remmelink, M.J., attorney general of the High Council of the Netherlands, who headed the study committee)–documents the prevalence of*involuntary* euthanasia in Holland, as well as the fact that, to a large degree, doctors have taken over end-of-life decision making regarding euthanasia. The data indicate that, despite long-standing, court-approved euthanasia guidelines developed to protect patients, abuse has become an accepted norm. According to the Remmelink Report, in 1990:

- 2,300 people died as the result of doctors killing them upon request (active, voluntary euthanasia).(7)
- 400 people died as a result of doctors providing them with the means to kill themselves (physician-assisted suicide).(8)
- 1,040 people (an average of 3 per day) died from involuntary euthanasia, meaning that doctors actively killed these patients *without the patients' knowledge or consent.*(9)
    - 14% of these patients were fully competent. (10)
    - 72% had never given any indication that they would want their lives terminated. (11)
    - In 8% of the cases, doctors performed involuntary euthanasia despite the fact that they believed alternative options were still possible. (12)
- In addition, 8,100 patients died as a result of doctors deliberately giving them overdoses of pain medication, not for the primary purpose of controlling pain, but to hasten the patient's death. (13) In 61% of these cases (4,941 patients), the intentional overdose was given *without the patient's consent.*(14)
- According to the Remmelink Report, Dutch physicians deliberately and intentionally ended the lives of 11,840 people by lethal overdoses or injections–a figure which accounts for 9.1% of the annual overall death rate of 130,000 per year. The majority of all euthanasia deaths in Holland are *involuntary deaths.*
- The Remmelink Report figures cited here do not include thousands of other cases, also reported in the study, in which life-sustaining treatment was withheld or withdrawn without the patient's consent and with the intention of causing the patient's death. (15) Nor do the figures include cases of involuntary euthanasia performed on disabled newborns, children with life-threatening conditions, or psychiatric patients. (16)
- The most frequently cited reasons given for ending the lives of patients *without* their knowledge or consent were: "low quality of life," "no prospect for improvement," and "the family couldn't take it anymore."(17)
- In 45% of cases involving hospitalized patients who were *involuntarily* euthanized, the patients' families had no knowledge that their loved ones' lives were deliberately terminated by doctors. (18)
- According to the 1990 census, the population of Holland is approximately 15 million. That is only half the population of California. To get some idea of how the Remmelink Report statistics would apply to the U.S., those figures would have to be multiplied 16.6 times (based on the 1990 U.S. census population of approximately 250 million).

Falsified Death Certificates —In the overwhelming majority of Dutch euthanasia cases, doctors–in order to avoid additional paperwork and scrutiny from local authorities–deliberately falsify patients' death certificates, stating that the deaths occurred from natural causes. (19) In reference to Dutch euthanasia guidelines and the requirement that physicians report all euthanasia and assisted-suicide deaths to local prosecutors, a government health inspector recently told the New York Times: "In the end the system depends on the integrity of the physician, of what and how

he reports. If the family doctor does not report a case of voluntary euthanasia or an assisted suicide, there is nothing to control." (20)

Inadequate Pain Control and Comfort Care — In 1988, the British Medical Association released the findings of a study on Dutch euthanasia conducted at the request of British right-to-die advocates. The study found that, in spite of the fact that medical care is provided to everyone in Holland, palliative care (comfort care) programs, with adequate pain control techniques and knowledge, were poorly developed. (21) Where euthanasia is an accepted medical solution to patients' pain and suffering, there is little incentive to develop programs which provide modern, available, and effective pain control for patients. As of mid-1990, only two hospice programs were in operation in all of Holland, and the services they provided were very limited. (22)

Broadening Interpretations of Euthanasia Guidelines

- In July 1992, the Dutch Pediatric Association announced that it was issuing formal guidelines for killing severely handicapped newborns. Dr. Zier Versluys, chairman of the association's Working Group on Neonatal Ethics, said that "Both for the parents and the children, an early death is better than life." Dr. Versluys also indicated that euthanasia is an integral part of good medical practice in relation to newborn babies. (23) Doctors would judge if a baby's "quality of life" is such that the baby should be killed.
- A 2/15/93 statement released by the Dutch Justice Ministry proposed extending the court-approved, euthanasia guidelines to formally include "active medical intervention to cut short life *without an express request.*" (Emphasis added.) Liesbeth Rensman, a spokesperson for the Ministry, said that this would be the first step toward the official sanctioning of euthanasia for those who cannot ask for it, particularly psychiatric patients and handicapped newborns.(24)
- A 4/21/93 landmark Dutch court decision affirmed euthanasia for psychiatric reasons. The court found that psychiatrist Dr. Boudewijn Chabot was medically justified and followed established euthanasia guidelines in helping his physically healthy, but depressed, patient commit suicide. The patient, 50-year-old Hilly Bosscher, said she wanted to die after the deaths of her two children and the subsequent breakup of her marriage.(25)

Euthanasia "Fallout" — The effects of euthanasia policy and practice have been felt in all segments of Dutch society:

- Some Dutch doctors provide "self-help programs" for adolescents to end their lives. (26)
- General practitioners wishing to admit elderly patients to hospitals have sometimes been advised to give the patients lethal injections instead. (27)
- Cost containment is one of the main aims of Dutch health care policy. (28)
- Euthanasia training has been part of both medical and nursing school curricula. (29)
- Euthanasia has been administered to people with diabetes, rheumatism, multiple sclerosis, AIDS, bronchitis, and accident victims. (30)
- In 1990, the Dutch Patients' Association, a disability rights organization, developed wallet-size cards which state that if the signer is admitted to a hospital "no treatment be administered with the intention to terminate life." Many in Holland see the card as a necessity to help prevent involuntary euthanasia being performed on those who do not want their lives ended, especially those whose lives are considered low in quality. (31)
- In 1993, the Dutch senior citizens' group, the Protestant Christian Elderly Society, surveyed 2,066 seniors on general health care issues. The Survey did **not** address the euthanasia issue in any way, yet ten percent of the elderly respondents clearly indicated that, because of the Dutch euthanasia policy, they are afraid that their lives could be terminated without their request. According to the Elderly Society director, Hans Homans. "They are afraid that at a certain moment, on the basis of age, a treatment will be considered no longer economically viable, and an early end to their lives will be made." (32)

The Irony of History — During World War ll, Holland was the only occupied country whose doctors refused to participate in the German euthanasia program. Dutch physicians openly defied an order to treat only those patients who had a good chance of full recovery. They recognized that to comply with the order would have been the first step

away from their duty to care for all patients. The German officer who gave that order was later executed for war crimes. Remarkably, during the entire German occupation of Holland, Dutch doctors never recommended nor participated in one euthanasia death. (33) Commenting on this fact in his essay "The Humane Holocaust," highly respected British journalist Malcolm Muggeridge wrote that it took only a few decades "to transform a war crime into an act of compassion." (34)

Implications of the Dutch Euthanasia Experience

- Right-to-die advocates often argue that euthanasia and assisted suicide are "choice issues." The Dutch experience clearly indicates that, where voluntary euthanasia and assisted suicide are accepted practice, a significant number of patients end up having no choice at all.
- Euthanasia does not remain a "right" only for the terminally-ill, competent adult who requests it, no matter how many safeguards are established. As a "right," it inevitably is applied to those who are chronically ill, disabled, elderly, mentally ill, mentally retarded, and depressed– the rationale being that such individuals should have the same "right" to end their suffering as anyone else, even if they do not or cannot voluntarily request death.
- Euthanasia, *by its very nature*, is an abuse and the ultimate abandonment of patients.
- In actual practice, euthanasia only gives doctors greater power and a license to kill.
- Once the power to kill is bestowed on physicians, the inherent nature of the doctor/patient relationship is adversely affected. A patient can no longer be sure what role the doctor will play–healer or killer.
- Unlike Holland, where medical care is automatically provided for everyone, in the U.S. millions of people cannot afford medical treatment. If euthanasia and assisted-suicide were to become accepted in the U.S., death would be the only "medical option" many could afford.
- Even with health care reform in the U.S., many people would still not have long-standing relationships with their doctors. Large numbers of Americans would belong to health maintenance organizations (HMOs) and managed care programs, and they often would not even know the physicians who end up treating them. Given those circumstances, doctors would be ill-equipped to recognize if a patient's euthanasia request was the result of depression or the sometimes subtle pressures placed on the patient to "get out of the way." Also, given the current push for health care cost containment in the U.S., medical groups and facilities many be tempted to view patients in terms of their treatment costs instead of their innate value as human beings. For some, the "bottom line" would be, "Dead patients cost less than live ones."
- Giving doctors the legal power to kill their patients is dangerous public policy.

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