

RELEVANT

**Magazine of Right to Die-NL (NVVE)
Volume 35, nr. 1, February 2009
Summaries by Corry den Ouden-Smit**

Maarten van Rossem about (not) growing old

'IF YOU ARE LUCKY, YOU COME DOWN'

To one person he is a pessimist, another likes the way he sees things in perspective. Historian Maarten van Rossem contemplates about our 'genetic material' in relation to growing old. If necessary, he will end his life on his own strength.

By Fred Verbakel

Maarten van Rossem (65) agrees with the careful euthanasia legislation. Nevertheless he intends to end his life on his own strength, anytime. He will not burden a physician with it. 'Many physicians don't like it to assist suicide and will resist ultimately. And: why should I make another person responsible for a decision I make and can execute myself, hopefully.'

'The lethal medications will not be a problem. There is literature on the subject, and I know many physicians who are willing to give me advice. Dying by injection is not my favourite way. It reminds me of the American executions'.

Retirement

Doctor Maarten van Rossem retired last year -the university holds on to the age of 65. He will go on with writing, lecturing and performing on TV. His main interest is American history.

Silly idea

His father died at the age of 71. He just fell down: dead. 'That is the way I would like it', says Van Rossem, whose mother (89) lives in a nursing home. 'I now realise that a long process of decay is one of the possibilities. My mother suffers, I am sure of that. It would be a blessing if she died, for her and for her caregivers, because she is extremely annoying and disagreeable. And she would do us, her children and grandchildren, a great service. Every time I visit her I suffer. I see all those rooms with people who are demented in their own, specific way: one is calling for a nurse another is mumbling a third sits expressionless. I am against that silly idea that one should try to get as old as possible, that silly idea, which is getting roots in our culture. Is that so attractive? It has never been the intention that we should use our genetic material for ninety years. I don't count the miraculous exceptions that cycle the Tour de France at age 95.'

Van Rossem received a new cardiac valve when he was 62 and takes medication for high blood pressure. 'I find 62 reasonable young. When you die before your sixtieth it is tragic, between sixty and seventy you have bad luck, older than seventy you should not complain. O.K. you may have nice vacations, read a good

book but it is over. My children are grown up, my career is finished. I will go on writing and giving lectures. But I am not afraid to die, by preference if it is instantly.'

Floating

Van Rossem takes into account that he may decline after his 70th birthday. 'You come into a glide. You loose your memory you can't concentrate. It is like after a heart operation. You try to read and you start sweating. It is as though you are floating'.

If you think you are not completely intelligible, should you have the right to euthanasia? 'Yes, but on reasonable conditions. The death wish must not be part of a winter depression. A physician should say, after a brain scan, in case of beginning dementia: 'take into account that, within a year, you may be unable to express your will, to decide if you want to die.'" I can't imagine that I am ready, but that moment may come. That's why I consider an age limit. For people older than eighty it should be easier to get assistance with suicide than over seventy. If you are ninety you should have the right to step out'.

The dupe

The problem of euthanasia and assisted suicide is still unsolved for Van Rossem. He hopes it will be solved for him, by a sudden death. 'But in case of a brain haemorrhage and paralysis I am the dupe, I will be helpless. I hope to come to a solution in dialogue with my family. If I am partly paralysed and I can think properly I will go on. But I fear the mental fog. I must be able to read and to use my computer, otherwise it better be finished.'

Van Rossem does not expect much from this government. On paper things are well organised, but too many physicians are afraid and don't know the rules. And the Public Prosecutor has a strange prosecution policy. Say you want to die, you have the pills but you can't take them yourself as you are paralysed. Another gives you the pills and is guilty by giving assisted suicide. A crime! Absurd.

Subtle and gradually

For a broader legislation and a more liberal prosecution policy his hope is set on the babyboom generation. They are with many and also very assertive. 'In the case of my mother I recognised only later that something was wrong. She never mentioned euthanasia. You don't know, not even what you want yourself, if the time has come. Maybe you don't even want to know that you begin to loose grip on reality. Often it is a subtle and gradual process. I may be very certain now but I hope to be in time to make the decision, so I will not burden the physician unnecessarily.'

Quite a few people find it hard to die if there is no "authority" around.

'I understand their point of view but it is avoiding your responsibility. If you end up in a nursing home, you are too late. It would be a good thing to have a pool of physicians who are willing to help with euthanasia or assisted suicide. Many people are left in the lurch if their general practitioner, their own physician, is not willing to help. In our society suicide is an immense taboo. One should guard against a morbid pastime. But if people find their life is a burden or that they have fulfilled their life, they should be offered a good way out.'

How can that be done? 'I don't have a suiting answer to that. People abroad, especially in America, think that in The Netherlands you get a letter at your 65' birthday: 'Dear sir/ madam. It has been nice so far. We suggest giving you one year retirement payment and then it should be finished. If not, we will send a firing-squad to put you down in your front garden'. At CNN I hear them say *Amsterdam, the suicidal capital of the world*. That TV canal suggests that if you fly to Amsterdam, death can be arranged that very evening. By the way, if they stick to the rules that's o.k. with me.'

FINISHED LIFE: WHO IS LISTENING

Too much has been said on this subject. It's time to listen to those people who feel their life has been fulfilled and their life should come to an end.

By Hans van Dam

On 19 October 1991 *NRC Handelsblad* published an article 'The self-willed end of old people' by Huib Drion, a jurist and former vice-president of the Supreme Court. Drion pleaded for the possibility that old people could require means to die on a humane way. The discussion goes on till today. However in the discussion one group is absent: the old people themselves.

The present administration has blocked the discussion on broadening the euthanasia law.

Imagine

The blocking of the debate on 'finished life' could be prompted by fear. Fear of one's own old age. If you don't look, it is not there!

People should get the possibility to talk. Huib Drion has seen how it is if your life light dims and in fore mentioned article he asked for help for the old people including himself -in case of. Former senator Edward Brongersma asked for help to die in his old age when he was disabled and no one of his friends was left. He was rendered help, but the physician who helped him was sentenced. Artist and comic strip writer Marten Toonder had to live his live. For him, over the age of ninety, every day living in a world 'that is not mine anymore' was too heavy a burden. And many, many people recognise those stories.

The core of the stories is the feeling of drifting apart and not having the energy to do things you cared for. Not having any energy at all.

Straight and cool

One should discriminate between the different forms of *no attachment to life*. If things don't go the way you like it when you are young is different from the way in old age that life gets out of you. That life itself comes to an end, because death belongs to life. That life can end without a disease just by itself but long after you have become spiritually dead. He who doesn't shut his eyes for this

problem will think straight and clearly about the question 'What then'. First we should give the people, who go through this, the stand. When the feelings of old people of 'no attachment to life' are shown and their desire to determine 'when to die' is expressed, the problem will be clear how urgent the query is to 'self determination of life.' And how much suffering is caused by blocking the exit. How they come into a helpless position. Helplessness elicits fear. One does not have any control over his life and is obliged to live his life without colour or taste.

The problem is that politics, people of another Weltanschauung, know-it-alls and physicians decide. It would decorate them if they would give the green light to those who are completely not-attached to life. It would give those people peace.

Sneaky

Quite a few think we will enter the inclined plane. It is the contrary. It shows decency to open your eyes for the problems of the elderly. To see that it is a natural process not to be attached to life anymore. And that some of them want to 'get out'. The only way open to them is starvation, gathering pills on a sneaky way or deceive their physician.

Finally: everyone has the right to feel God doesn't agree with a deed of self-determination, but it is not rightful to decline others self-determination. It is even undemocratic! If one step forward can be made in reflecting about this problem and in respecting others choices, safe regulations are within hands reach. Where there is a will there is a way.

Physician in Utrecht did not have the right to deny 'refusal of treatment'

A physician in the Universitair Medisch Centrum (UMC), the University Clinic in Utrecht has denied unjustly a patient his right not to be treated. The Complaint Committee of the hospital passed judgement, loud and clear, the end of October 2008. The Committee also made recommendations.

The complaint was made by the widow of a man who was hospitalised in the UMC with serious health problems in 2007. After he was transferred from intensive care to a nursing ward and it was clear his situation was precarious his wife gave the document 'refusal of treatment', to one of the physicians and stated that the hospital should comply with it. However, the physician in charge did go on with the treatment although the situation aggravated seriously.

Against the will of the family the man was treated till he died. The conversations with the physicians were unsatisfactory, so the widow lodged a complaint against the hospital.

The Complaint Committee stated the widow was right in saying that the physician should have complied with the 'refusal of treatment'. The Committee also stated that the communication in the department and in the ward had major flaws. Many physicians did not know a living will had been made. The Executive Board of the hospital has promised that the necessary improvements will be made.

MAJORITY OF DUTCH CITIZENS WANT TO BE MASTER OF THEIR OWN'S END OF LIFE

According to a survey after the showing of the TV documentary 'Voor ik het vergeet' (Before I forget) more than 80% of the Dutch people feel one has the right to decide about his life's end.

After this documentary by Nan Rosens, on TV November 10 2008, and the following NVVE-debate a discussion in the media broke loose for weeks.

The film is about Paul van Eerde, his family and the role of physicians. Paul van Eerde suffered from Alzheimer. Since his physician refused to help him with euthanasia he decided to make an end to his life 'when time had come' i.e. before he could forget. He assembled the means himself. According to the survey only 4% is against euthanasia in any situation. 82% feel that every adult who is able to express his will should get the possibility to decide about his life's end. Within the Christian Democratic Party the percentage is 64.

In the mean time 65% of all Dutchmen think the physician has the right to refuse a request for help in euthanasia and assisted suicide. But 85% feel the physician should refer the patient to a willing physician.

2009: NVVE lives up to its aspirations

YES, WE CAN

The NVVE instigates a large number of actions aimed at awakening and obtaining new opportunities for self-determination at life's end, starting with psychiatry and dementia. Change? Yes, we can!

By Marleen Peters en Janneke Vonkeman

The long list of ambitious ideas of the NVVE has become a short list to begin with: psychiatry and dementia.

A group of experts will be formed, a web of psychiatrists throughout the country. They discuss the problem of the death wish of patients. Last year only two psychiatrists reported assisting in suicide (it was the first time since the euthanasia law of 2002) while many cases are known of patients with a death

wish –ultimately leading to a horrible suicide. Psychiatrists should be able to advise and to support each other through the web.

Assisting in suicide is a difficult issue for psychiatrists. It means the psychiatrist admits that he can't help the patient anymore. One has to accept that there are situations in which a person can't go on. It is important to talk about the problem with the patients and with each other. It helps if the patient is taken seriously and 'the how' is discussed.

Treated out [?? Ronald zeg jij het maar]

A group of experts in ethics, jurisprudence and psychiatry will look at the *refusal of treatment*. What does that mean in psychiatry? If a person tries to commit suicide he will be declared *incapable to express his will*. So what is the value of a refusal of treatment? It will be overruled. Secondly: when can a person not be treated any longer? When do you decide he can't no more be helped.

At the congress of the Dutch Psychiatrist Society (NVvP) this spring, the NVVE will accentuate the existing regulations on euthanasia and assisted suicide. Quite a few psychiatrists don't know too much about it. Attention is also focused on setting up a web of psychiatrists. The Jellinek-Centre organises a symposium about assisted suicide and the NVVE will give a workshop.

The Radboud University in Nijmegen (RUN) starts an investigation into assisted suicide and psychiatry, with recommendations by other universities and the NVvP. This large investigation will be executed by Joep van Helden of the RUN and under the auspices of the NVVE. In 1995 Van Groenewoud took stock of assisted suicide in psychiatry. This investigation will build hereon.

Essay competition

The NVVE organises a symposium for 'the second circle' about the self willed end-of-life. The second circle consists of those who work in the psychiatric field like nurses, social workers, clergymen and spiritual providers. There will be an essay competition between 'the second circle' and psychiatrists about the self willed end-of-life.

An active policy has started for presentations on the theme self willed end-of-life for organizations and institutions, for schooling and training.

Extra clause

Another field the NVVE focuses on is dementia. A new clause, specific for the end of life in dementia can be added to the present living will. This clause can help the physician to know what the patient wants and when, in case his dementia aggravates. A new brochure will be written about the subject of assisted suicide in early dementia.

By being active in politics, locally and nationally, the NVVE plans to gain terrain on many fields. Many actions are scheduled.

COMING ACTIONS

Psychiatry

- setting up a web of psychiatrist
- make inquiries and publication on 'refusal of treatment' and 'treated out'

- workshop on congress NVvP
- examine the subject of assisted suicide in psychiatry
- have an essay contest among all workers in psychiatry
- offer presentations actively about queries on the end of life
- organise a national symposium for 'the second circle'

Dementia

- make a new clause for a living will
- write a brochure
- organise regional meetings on the subject of dementia
- organise a national debating cycle
- make inquiries into the possibility of 'route escort' for dementia
- have a large-scale investigation into dementia and assisted suicide

Furthermore

- investigate how to set up a specialised hospice
- install an advisory board for education
- set up an extensive media campaign, enlist members and acquire funds.