

Relevant

**Magazine of Right to Die-NL (NVVE)
Volume 34, nr. 2, May 2008
Summaries by Corry den Ouden-Smit**

CHABOT writes a manual about life termination

Psychiatrist Boudewijn Chabot is the first author of the book 'Informatie over zorgvuldige levensbeëindiging' (Information on the carefully executed termination of life). He says it is a manual for people who want to say goodbye to life and their nearest, in a dignified way. The purpose of this book is to prevent desperate people from throwing themselves under a train or to jump from a building.

By Fred Verbakel

Everyone wants to die with dignity. However, even when suffering severely, it is not always possible. One does not have the means and doctors won't give those means if they have conscientious objections, or the law prevents it. The above-mentioned book is published by a foundation for scientific research into a careful termination of one's own life, the WOZZ (Stichting Wetenschappelijk Onderzoek naar Zorgvuldige Zelfdoding). It is highly informative, easy to read, and contains practical examples. In contrast with the former WOZZ-publications this book is openly available.

Freedom of choice

Experts in pharmacology and toxicology have assisted psychiatrist and researcher Boudewijn Chabot with his manual. A long list of medications and lethal combinations are mentioned. In The Netherlands assisting in suicide by non-medical persons is punishable by law. The question is if the publication of this book will be seen as 'assisting in suicide'. Chabot doesn't think so: 'We give information. This is anchored in the freedom of choice. People who wish to end their life, in a responsible way e.g. by not eating and drinking or by taking lethal medication are in need of information. Doctors who object to euthanasia are often not prepared to inform their patients of other possibilities. Moreover the number of suicides does not increase by this information.'

Not dying in solitude

This book is meant for patients who suffer severely, for elderly persons who find their life has been completed, for chronic psychiatric patients who have been treated in vain, and for persons in an early stage of dementia. The book is also meant for those who are asked to think along: family, friends, doctors and social workers. 'Nobody has to die in solitude' writes Chabot. He also discusses the subject of how to avoid accusations and a sentence for assisting suicide. Chabot emphasizes there must be room to reconsider the death wish, always.

Moral boundaries

If a person cannot take the lethal medication for medical reasons, and another person has to assist what are the consequences? In that case it is important to have a long delay between purchasing the medication and helping to take it. The

person who wants a careful way to die should orchestrate the ultimate deed. To safeguard his helper against prosecution it is wise to inform other people and to repeat his request over and over again. Chabot advises the one who assists to guard his own moral boundaries. With regard to the legal norm it is not clear yet where the fine line lies between giving information, moral support and taking over the direction. Judicial norms always come after social developments.

Courage and guts

NVVE-chairman Eugène Sutorius received the WOZZ booklet from Pieter Admiraal, president of the WOZZ, on the annual Meeting of the NVVE. Pieter Admiraal states there will be a German, French and English translation available. Sutorius called *Informatie over zorgvuldige levensbeëindiging* a transparently written and courageous book that offers answers. He praises the WOZZ for having the courage to do this. The NVVE has limited itself to giving suggestions. The WOZZ has the responsibility for the book and will take care of the distribution. 'Maybe, in the future we will distribute this book together' says Sutorius. He, a lawyer himself, considers some changes in the text, mainly in the chapter about assisted suicide. 'Our instructions to the volunteers of the NVVE, who help people in distress, are that they should confine themselves to instructions. Otherwise they are too vulnerable.'

For more information: www.wozz.nl
There is an English version on its way.

Thinking together about the future of the NVVE

Rob Jonquière, CEO

As a first step for the memorandum *Perspectives on dying with dignity* a concept memorandum was written and presented to the members of the NVVE in the Annual Meeting of 2007. Many experts and organisations were consulted. In a public meeting with experts the memorandum has taken its final form. This was presented to the NVVE Annual Meeting 2008. The framework of this memorandum has been made, but the individual parts have to be worked out, for instance the dilemmas of euthanasia in dementia and assisted suicide and in cases of chronic psychiatric suffering. And, last but not least, the 'lastwill pill' as a possibility for those who think their life is complete.

Apart from this, attention was given to the notion of dying with dignity. The renewed objective of the NVVE is to make clear that everyone has the right to make his own decision at life's end: to be able to die *where, when* and *in which way*. This part of the memorandum is called 'palette policy'. The palette extends from stopping with life-prolonging treatment, or taking a deadly dose of medicine (with or without help of a physician) to palliative sedation and euthanasia, and everything in between.

The activities will be implemented as a project. A project manager was appointed and four teams consisting of NVVE volunteers, committee members and experts have started. Plans of action have to be made and after that the board will set priorities. Not everything can be taken on at the same time in view of finances,

human resources and opportunity. The moment to publish our findings is important. Time should be on our side. At the NVVE Annual Meeting 2009 the Board will propose a priority list. We intend to publish the total memorandum in 2015.

EUTHANASIA FOR BEGINNERS -being polite is an advantage in euthanasia

University teachers Van Tol, Van de Vathorst and nursing home physician Keizer state that the way of asking for euthanasia is of utmost importance in receiving euthanasia. A doctor may refuse euthanasia if he is not approached in the right way. In the medical journal *Medisch Contact* (25-01-2008) ten tips are given to patients to increase the chance their request for euthanasia will be honoured.

1. Never try to force your request by saying: 'you have promised it'. Instead say: 'I know it is very hard for you'. If it is still possible, ask for help in taking the medication yourself.
2. Motivate your request. Do say you have had a very good life. Or, if your life has been difficult, say that you are at peace with it now.
3. Doctors are more impressed by physical suffering than by loss of reasons to live. Emphasize your physical suffering and place your mental suffering in the context of your life and character –see 7.
4. It is not acceptable to say that you are a burden to your environment. Never say: 'I want euthanasia because my wife cannot go on anymore'.
5. Do not trivialize your suffering.
6. Be careful by asking for postponement e.g. if you want to see your to-be-born grandchild. A doctor may see this as proof that your suffering is not unbearable.
7. Place your euthanasia request within the framework of your life's history. Loss of independence is worse for someone who has been independent his whole life than for someone who has not been independent. Tell how awful it is for you to lose your visual faculty because painting and reading were your passion.
8. If you refuse a therapy, suggested by your doctor, thank him for his suggestion but tell him your life is fulfilled. If your doctor suggests palliative sedation instead of euthanasia tell him that you can imagine that euthanasia is more difficult for him but that sedation is not your way of dying. You want to be conscious up to the last moment, surrounded by your dearest. That is what you mean by a good death.
9. Do not say you suffer from depression. Don't say you don't like to eat, that you feel hopeless, that nothing interests you anymore. In that case your doctor will probably prescribe you anti-depressive medication. He can go on and on with that until you are dead.
10. Write a declaration of your will in good time. Do it together with your doctor so he knows what you mean and that you are serious about it. The more you involve your doctor the more he feels responsible when it comes to pass.

Assisted dying in Europe is the keynote of the NVVE-symposium

HAVING THE RIGHT TO A PERSONAL, FREE CHOICE

On March 28 the symposium *Assisted dying in Europe* took place in the 'Rode Hoed' in Amsterdam, in the framework of the 35-th anniversary of the NVVE. The discussion began with the right to assisted suicide. In the afternoon the debate was focussed on palliative sedation versus euthanasia.

By Leo Enthoven

Sheila McLean, professor of Law and Medical Ethics at Glasgow University made a difference between the right to die and the right to a free choice. 'No one has a right to die, but people should have a right to a free choice. If there is a right to die it will have consequences for the government. Then the government has to comply with this death request. It is less difficult for a government to confine the right to free choices. We have to fight for that right even if that right includes a choice for death.'

The following discussion concentrated on the problem that, to realise a wish to die one needs a doctor. Ludwig Minelli, founder of Dignitas in Switzerland, agreed. He called McLean's view 'camouflage for the right to choose assisted suicide'. McLean emphasised that the issue is a *human* one, not a *medical* one.' The question is: can the inviolability of life make way for the right of self-determination? In that case other expertise is needed than medical ones. NVVE director Rob Jonquière pointed out the NVVE view: 'Our starting point is the individual. The NVVE acknowledges the right to free choices.'

The right to self-determination

Minelli began at the European Convention of Human Rights (ECHR). 'Personal autonomy' is acknowledged as a fundamental principle. The Swiss Federal Court ruled in 2006, on the basis of the ECHR: the right to self-determination also means *the right for everyone to decide how and when to end ones own life*. 'This was the first time a Court of Justice acknowledged the right to suicide as a fundamental human right. If so, society has to accept this right. At the same time society should be prepared to give professional help in cases of suicide.'

Third country with a euthanasia law

Stans Verhagen, internist-oncologist of the Faculty Pain Treatment and Palliative Care of the UMC St Raboud in Nijmegen, made a plea for palliative sedation. 'If nothing else works we put this into practice. It is normal medical practice.' He stirred up the discussion by asking: 'Palliative sedation or euthanasia? –do we give the patient a soft landing or do we give him a final push?' In The Netherlands there are around 132.000 deaths yearly. About 1,8 percent are cases of euthanasia, about 10 percent palliative sedation. This last percentage is rapidly increasing. Verhagen is clear about the role of the doctor. 'Patients are not always able to make the right choice. Especially when communication is not possible. In that case the doctor is in charge. We should give information and start the discussion at an early stage. Otherwise we may be too late.'

The Member of Parliament from Luxembourg Jean Huss does not agree. 'The will of the patient is decisive. He determines what is going to happen, palliative sedation, euthanasia or assisted suicide.' Huss tells that Luxembourg is shortly to

be the third European country, after The Netherlands and Belgium with a euthanasia law.