

# Relevant

Magazine of Right to Die-NL (NVVE)

Volume 43, no. 1, January 2017

Summaries by Corry den Ouden-Smit

*Minister Schippers snowed under with reactions after the letter from cabinet Completed Life*

## **'IT IS A VERY EMOTIONAL DEBATE'**

**Never Edith Schippers has received so many reactions as on the intention of the cabinet to make possible a decent death for aged people who think their life has been completed. 'It is a very emotional debate. Even in the street I am spoken to. Our proposal touches their heart. As well for those who absolutely do not want it and fear the slippery slope as for those of whom I have received an unbelievable amount expression of support.'**

*By Leo Enthoven*

Last November during the symposium Completed Life the minister of Health emphasized the values everyone cherishes: mercy, self-determination, safety, empathy, respect and the feeling to be welcome whatever your background or needs. Schippers and her colleagues of the cabinet decided, taking these values as basis, to work on a law which gives room to citizens to die in dignity on a self-chosen point of time and in a careful and safe way.

### ***Can you imagine doing it yourself?***

'I have seen many people die who did not want to and the opposite people who wanted to die and did not. Sometimes people say "if I am at this point" -and then they describe a situation- "then I don't care, then I want euthanasia." In practice I have seen those people change their borders. If the feared situation has come they find life still being worthwhile to bear the suffering. There is nothing wrong with this. Never has been said one has to be consequent on this point. If people at high age come to the conclusion they don't care anymore, than I am an advocate that they can decide themselves how they want to die. That concerns those whose case belongs to the euthanasia law, but also those who are not eligible because a medical ground is missing. And yes, that relates to me. But at the moment I cannot describe a situation to which this applies.'

### ***Are euthanasia and related topics being discussed in your home?***

'Sure. We have talked about life and death from childhood' Do you have a euthanasia statement? 'No. I have talked about it with my physician and I found out he did not do euthanasia. In the meantime my physician has changed his mind. Also physicians can change their minds.'

### ***Still 40 percent of the physicians are not willing to do euthanasia.***

'They have a right to it. Only they have to state that to their patients. If they cannot fulfil this wish they have to refer to a physician who is willing to do it.'

### ***One of the objections of adversaries of help with dying in completed life is the risk of misuse of deadly means.***

'We have to pay attention to this. The cabinet has emphasized this point in its letter and suggested safety measures. It should become a very careful process. The pharmaceutical industry makes medicines which are poisonous and deadly if misused in a wrong combination or quantity. That is why it is regulated only physicians can prescribe and pharmacists deliver them. A euthanaticum is not a medicine. It has ingredients

which can cause great harm so it should not fall in false hands. With many medicines you have to take care, for deadly means this applies twice.'

***Another objection is elderly people may feel pressed by their surroundings.***

'Our society has values, and one of them is everyone is welcome. The people who react negatively are afraid older people will not feel welcome. Also advocates find everyone is welcome. We should have respect for each other. That means we have to realise there are people who do not want to go on living. We should give those people the opportunity to die in dignity.'

***The commission-Schnabel says those people do not exist.***

'He says it is a small group. I am thankful to the commission- Schnabel for the many insights she has given. The commission says many people with a wish to die can be helped within the present euthanasia law. I think the members of the commission are mistaken in the proportions of the group. Besides, size does not matter. There is a group who find their life is fulfilled, completed. And this group is growing. We can do much more in the medical field and we become older and older. For many people this is a blessing, but not for everyone. I think the commission underestimates that.'

***How is this principle in the proportion to an age limit? Why 75 to be eligible to die and not 74 and nine months?***

'Of course this is extremely arbitrary and not principally. The cabinet has in its letter to the Chamber stated to talk with all the persons concerned: physicians, psychiatrists, the NVVE, patients associations and so on. Together we must look were to draw the age line.'

***When do we have this bill?***

'This kind of legalisation will not be realised in one cabinet period. It needs a careful path. The discussion goes on for more than a quarter of a century. On a certain moment you have to dare to take a decision. That is why I find it important the cabinet should take this point of view. The initiative bill of D66, which I find positive, has been published and goes to the Council of State. It is very important that from different directions, both coalition and opposition, people work on plans to make this possible. The motion of D66 lies close to the cabinet letter, and both have been inspired by the initiative bill of *Uit Vrije Wil* (Free Will Movement) some years ago.'

\*\*\*\*\*

*Theo C. de Vries (95) would like to make use of a new law Completed Life*

**'I HAVE ALWAYS PAIN AND DO NOT CARE ANYMORE'**

**If the foresaid law would have passed the 95-year old Theo C. de Vries from Wageningen would make an appeal to it. 'My wife died three years ago in my arms. She has been ill for two weeks. She was in luck. When she died, I died too. Only I still live.'**

*By Marijke Hilhorst*

Mister De Vries filed a request for euthanasia to his physician, and after his refusal to the End of Life Clinic, who also did not honour his request. 'I have tried everything but I did not succeed to make a miserable impression,' he says. And indeed he looks well-groomed and talks firm. In his life he had to do everything himself. That's how he became a fighter.

### **Roaming existence**

Theo's father worked in the garden of an estate and had to find work after he was dismissed. So the family was roaming through the country. During elementary school Theo moved four times. When he entered High school his father said Theo had to leave school as soon as he had bad marks. Theo finished school as the best pupil. In his working life Theo took up studies in the evening hours and he made a successful career for which he had to move often. He met his wife during the war and they were married in 1947.

### **Where to go**

In 1978 Theo got a burn out. He had asked too much of himself and had to quit premature. Then Theo and his wife made long journeys through Europe. In fifteen years they travelled over 300.000 km. To those adventures came an abrupt end in 1996. He got polyneuropathy and could not drive a car anymore. But even so, where to go? 'My friends are dead, so is my brother. My son lives in Switzerland and does not want contact. My neighbours' are nice, but twenty years younger. Their world is not mine. The only thing left is reading and watching television, and that makes days long.'

### **Revolver**

In 2004 mister De Vries got a hip prosthesis. Last year he broke his leg and the pin of his prosthesis split the bone. 'It did not heal and the orthopaedic specialist said nothing could be done. And afterwards that I could request euthanasia. But that was easy said. My request has not been honoured. People think I can look after myself but nobody sees I can't stand up longer than 25 seconds. I walk with a rollator and have a catheter. I have always pain and do not want to live anymore.' He looked up which method had the least chance of surviving. It turned out to be the revolver with 92 percent success. 'If I had a revolver I should put it into my mouth and shoot. But I do not have one. And with pills the chance of a good outcome is 7 percent. Imagine it goes wrong. I have always been a good trouble-shooter in my life but this I can't solve myself.'

\*\*\*\*\*

*Jurist and advocate of Free Will Eugène Sutorius:*

### **'LAST-WILL-PILL IS NOT A PHYSICIAN'S THING'**

**'The last-will-pill is not a physician's thing. It is not about assistance. We don't need assistance; we need access to the right means. A euthanaticum is not a medicine. It is a simple means by which you can die at the moment that suits you. There are no medical or legal reasons to insist those means are physician's means. It is ours.'**

*By Leo Enthoven*

Since many decades Professor, Master of Laws Eugène Sutorius is engaged in the self-willed life's end. As lawyer he defended physicians who, long before the euthanasia law was enforced, had the courage to release deadly ill patients from their suffering. He has been chairman of the NVVE and was member of the Initiative group *Uit Vrije Wil*. In this authority he was co-author of a bill to make it legal possible for not-terminal ill older people to get assistance, under particular conditions, to die. It did not stand a chance in Parliament.

### **Rough extremes**

'Our biggest problem is misuse. If the pharmaceutical industry succeeds in a DNA pill, which works only for the person with that DNA profile, the pill will not come in the wrong tea cup. Now opponents imprison us with their fear for potential misuse. Sutorius finds some champions do the same by hammering on the prevention of horrifying suicides. The importance of this theme justifies a broader and more profound approach. Jurist and champion of the Free Will movement Eugène Sutorius: 'The last-will-pill is not a

physician's thing. It is not about assistance. We don't need assistance; we need access to the right means. They do exist'. A euthanaticum is not a medicine. It is a simple means by which you can die at the moment that suits you. There are no medical or legal reasons to insist those means are physician's means. It is ours.' Sutorius does not want to close his eyes for the fact that elderly care can be better. 'If you ask me the issue is good elderly care or the right to end your life on a self-chosen time and the way of your choice, then elderly care comes first. Always.' Mixing below-standard elderly care and the principal right to a self-chosen life's end confuses the discussion also. 'In the discussion around euthanasia were called children having their eye on the inheritance! The slippery slope! That proved to be incorrect. We can have trust in ourselves and in each other.'

### **Old Eskimo**

'No one should say "I am a burden to you so I will go." Like the old Eskimo who leaves home because there is not enough meat for the coming winter. That is not my preferred motive. I like it better if someone says "my life is completed, I do not want to go on living." The freedom to have your own mixture of motives is exactly what self-determination is about. Society should confirm again that we cannot and may not oblige each other to live on. Ours is the right to decide when to stop and how to stop. That principle is stated in the European Treaty for Human Rights and confirmed in jurisdiction of the European Court. It is about a decision in our personal field. The choice to die when and how is ours and of no one else, certainly not the state. If we can see this right exists the problem of how to do it rests. Doctors should not have the monopoly on the euthanaticum.

### **Empathies**

'The report commission Schnabel has a high criminal law percentage. They have not done their work properly by saying there is no problem, the group is very small and if there is a need the doctors can use the 'piling up of elderly complaints' criterion. That is not true, Empirical research shows suffering by elderly is loneliness and living in a world where all their family and friends have gone. A world they do not understand anymore. If you walk into a nursery home you can perceive this feeling of elderly people in spite of the loving care which is given often.' Sutorius reproaches opponents of the legalised availability of means a want of empathy. 'We should have empathy with those who have managed their life. Empathy means looking, listening to the other and putting oneself in his place. Elderly who say their life is over should be taken seriously. There is now a serious proposal, a bill, to this end. If the bill passes to law the freedom to round off your live will be realised.'

### **Certificate of live**

'An age limit, for example 75, is not contrary to the law. Every age limit is difficult to explain. What I do not want is to open it to everyone. That goes too far, because entire other often more complicated requests for assistance than "having completed your life" are concealed. A regulation without an age limit has no chance to pass. There should come a separate law, not an adjustment of the euthanasia law. This law has euthanasia made to a medical thing with doctors in the key role. The last-will-pill is not a doctor's thing. If you are not crazy and not act impulsive, you may say "I have earned my certificate of life, I may go, and with respect of my fellow citizens, of my own sympathetic society. I even do not have to explain you my motives.'"