Relevant

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Summaries by Corry den Ouden-Smit

CLW-board disputes criticism:

'WE DO NOT MAKE SUICIDE EASIER, BUT MORE DIGNIFIED'

The board of the Cooperation Last Will (CLW) does not have any doubt. The preservative the cooperation tracked down, the middle of the year, sees to a fast, safe, legal and humane death.

By Leo Enthoven

Chairman Jos van Wijk says: 'The information about the means we make available to our members. The CLW was established in 2013 (ed. as a breakaway out of the NVVE) to find and distribute means for self-euthanasia. The autonomy of everyone is central.' The end of June the CLW presented the means for self-euthanasia. Many reactions came. Everyone above 18 years old should have the direction of his own life and death, is the CLW philosophy, and physicians should not have the monopoly on this subject. The board has talked with members and experts – toxicologists and pharmacists – about all kind of means from toadstool till cinnamon. One after the other dropped out. 'They do not work, or not enough or on a horrifying way' explains member of the board Petra de Jong.

No double crossing
With the preservative it is different. This 'means X' is in use in laboratories to prevent liquids from infiltration with fungi and bacteria's. In the examination for usefulness the board had three criteria: Can means X be used for a fast and humane death? Can we find an application method to stay within the law? (Van Wijk: 'We do not want double crossing and break the law') And, how do we organize the safety?

For safety reasons the name of means X is only known to a handful of people, who will distribute it to groups of persons with pledge of secrecy. Only a small amount of means X will be available in a safe which can be opened only with a fingerprint. A color will be added which will be visible if it is put into a cup of tea – in case of meaning harm. After ingestion the mouth will be coloured. At autopsy traces in the blood will be found.

Petra de Jong, lung specialist, qualifies means X as 'perfect'. 'It is irreversible and within an hour gives a soft death. There are some side effects, but they can be remedied easily.'

Thoughtless
Means X is not a medicine. Points of critic is there are no tests. There have been accidents with the preservative, means X, which show a fast and soft death. 100 cases have been scrutinized by the board. Van Wijk: 'Experts who say this means does not give a soft death do not know which means is involved. These are thoughtless reactions.'

Copycat behavior and impulse suicide are other points of criticism. Van Wijk: 'Everyone has his social context and talks with his nearest and his caretakers. In spite of this, horrifying suicides are not preventable.' De Jong: 'We do not make suicide easier, but more dignified.' Lately the number of CLW-members has skyrocketed from 3.200 to 14.500 (the average age is 68). The board takes the view that most of them want this means at their disposal. Member of the board Patricia Koster: 'If only for reassurance, in case of, to have it at hand.'

The members of the board think the procedure of combining buyers' cooperative and administration is not against the law which forbids assisted suicide. Not all obstacles haven been overcome yet.
Two gram is enough for a humane, soft death. Means X consists of colourless and odourless white crystals resolving good in water or alcohol. It is very poisonous. Means X drives out the oxygen in the blood. After five minutes blood pressure drops and nausea and headache appear. Unconsciousness and cardiac arrhythmia follow after 20-30 minutes. People die of brain damage or cardiac failure. After intake of means X these processes are irreversible. There is no antidote.

Warranty declaration
The CLW gives an information package about preventing side effects, but also about the importance of a warranty declaration. In such a declaration the person in question states – in writing or video- he has made an end to his life without assistance of anyone.

Capability to express one's will
To become member of CLW you should be 18 years or older. A wait time of six months is brought up 'to prevent impulse suicide as much as possible.' The first buyers' cooperative will take shape the beginning of next year. Testing if a person is capable to express his will is marginal. Van Wijk: 'People are capable to express their will unless the contrary is proofed.' Becoming a member, sitting out wait time, participate in a buyers' group, making a warranty declaration, submitting identity papers, put down your fingerprint, signing secrecy, signing nobody will be held responsible, signing a document you know the effect of this means, paying the bill and collect the means in person: the CLW consider this all as sufficient proof of capability to express one's will. The recommended retail price for means X is € 200, - to €250,-, inclusive a contribution to a solidarity fund to finance juridical procedures, if any.

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'TALK WITH PSYCHIATRIC PATIENTS ABOUT THEIR DEATH WISH'

Take the death wish of psychiatric patients serious. And involve their nearest in the euthanasia wish, from the beginning. These are the spearheads of the policy of the Foundation Euthanasia in Psychiatry (SEP). 'Actually psychiatric patients do not want to be dead. They find living too difficult.'

By Leo Enthoven

The number of people who committed suicide was 1894 in 2016, and sixty psychiatric persons received euthanasia. 'Weekly 39 persons die because they find living too heavy, and every week 39 families and acquaintances are faced with it. These numbers show how important it is to talk about patients' death wish and that they can find their way to their general practitioner and specialist.' Speaking are the chairwoman Jeannette Croonen and member of the board Johan Huisman. They are of the opinion the nearest should be involved in the euthanasia wish. Recently they have written instructions for use. Too often the death wish is not taken serious by psychiatrists. Huisman, psychiatrist herself: 'Last ten years

progression have been made. But it could be better. Psychiatric patients do feel relieved when their death wish is taken serous. It gives some of them the energy to search, together with their attending doctor, for a new therapy,'

Bright spots
Croonen adds: 'There are many justified requests. It is about the recognition of not wishing to go on with that psychic disorder. The attending doctor should look to the person behind the disorder.' Croonen knows where she is talking about. Her daughter committed suicide in a closed institute. Her death wish was not listened to. Jeannette and another mother, Carine de Vries, who lost a son by suicide started SEP. Carine died in 2015, the day before she died she said to Jeannette: 'I am very ill and going to die. But I do not want to be dead. Imagine how ill our children were.' Since the foundation of SEP Jeannette gives advice to patients and family. Together with other council members she tries to persuade psychiatrists not to close their eyes for the death wish of patients. 'Personal contacts bring back memories of my daughter. I recognize the despair so well. It is good this foundation exists.'

Sometime there are bright spots. 'The psychiatrist who was attending doctor of my daughter is brought around. Now he is SCEN- physician. And after my talk at the training for psychiatrists in Utrecht, those present said: 'we did not have the foggiest idea!''' Talking about it in training yields profit, says Croonen and Huisman can endorse it. 'This subject does get poor attention. We have sent a new manual to all colleges of education but no response whatsoever.' There is also opposition from the institutions to hand out flyers to client counsels. Huisman understands it. 'Because these institutions want to give help in living and everything that may lead to the conclusion 'impossible to cure' encounters opposition. The core of the message is to admit some people have passed the line to go on living, they only will, and can, be helped with terminal care.'

Livable life
There are possible explanations for this reticent attitude. The work load is heavy. Our country has 3700 psychiatrists and 700 vacancies. Cutbacks of the government heighten the work load even more. A euthanasia route cost time, and that scares off. Especially the last step, hand or administer the deadly means, is difficult to many a psychiatrist. Also there may be fear for legal consequences and the detailed reporting necessary for the Controlling committee euthanasia. So the threshold to call in the Life's End Clinic becomes increasingly lower. This clinic takes charge of most euthanasia and assisted suicide cases (60 percent) in case of psychiatric patients.

A third evaluation of the euthanasia law revealed the number euthanasia and assisted suicide requests are increased. In 1995 there were 320 cases, in 2008 500 and in 2016 1100. In 2016 four percent of the psychiatrists declared to have assisted to end one's life on request. In the evaluation is stated psychiatrists are more reticent to end one's life on request. In 1995 found 53 % of the psychiatrists it unthinkable to assist in suicide, in 2016 the percentage increased to 63 %. A precarious situation, finds the SEP- board members. One has to guess for an explanation. Croonen: 'Older psychiatrists have more experience. Often younger psychiatrists have the sincere conviction they can offer their patient a livable life. Unfortunately they do not want to hear the death wish of their patient.'

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General practitioner Sutorius gave euthanasia on account of the diagnosis 'completed life'

'NOW ALL MEDICAL COMPLAINTS BECOME BLOWN UP. IT IS CHEATING'

If anyone is entitled to talk about euthanasia in completed life it is Flip Sutorius. The now 65-years old general practitioner in Haarlem is officially the only one who gave euthanasia on account of this diagnosis. He has been persecuted but was not punished. 'We do not have the right to leave them out in the cold.'

By Koos van Wees

If Sutorius had complied to the euthanasia request nowadays and not in 1998 he would not have been prosecuted. He should have piled up the physical complaints to make it a physical problem. With such a 'piling up of complaints of the old age' the controlling committee would have agreed, he knows. But that is not the case in completed life. His aged patient Eduard Brongersma did not suffer that much from his physical complaints but from life itself. 'People said he was tired of life, but that does not cover the load' explains Sutorius. 'He suffered from life.'

The term 'completed life' gives a wrong image. 'As if life is finished, everything has been done and one looks back satisfied and asks for euthanasia. But completed life concerns day in, day out being confronted with dependence, loss of direction and autonomy. The feeling you stand out of life, have lost the connection. Caregivers say care should be adapted to this, but this is not a problem of care. These people do not want to be patronized.'

Leaving out in the cold
Sutorius saw Brongersma suffering from life and gave on account of this diagnosis euthanasia. "I thought: what I have done is good. All requirements were obeyed, the second physician who checked the case, did not meet with objections. The public prosecutor however found it went too far.'
The ruling- Brongersma became a benchmark in the euthanasia discussion. The Supreme Court of Judicature ruled there should be a medical reason for euthanasia. Suffering from life, 'completed life', did not fall in that category. Sutorius 'so people suffering from life are left in the cold. I could have helped them by piling up their physical complaints while they say: 'my arthroses and other complaints are bad, but that is not the reason for asking euthanasia.'''

It looks fishy
It became easier since the medical association, the KNMG in 2010 provided guidelines. A piling up of complaints of the old age can be a ground for euthanasia. Adjustment of the euthanasia law was not necessary concluded the Advisory committee headed by Paul Schnabel.

'But what is happening now looks fishy' ascertains Sutorius. 'Medical reasons are looked for and blown up to justify euthanasia.' If completed life is no ground for euthanasia people will search for other solutions. That is logic, finds Sutorius. 'I support every action to regulate something for them. It may be an adjustment to the law so companions are entitled to help in assisted suicide, or the 'autonomic route' with the last will pill'. And if physicians find 'completed life' is not a medical issue and not their piece of cake, they should not cry out those initiatives are wrong, because assisted suicide cannot be done properly without them. That is annoying.'

Inflated ego
Sutorius find these physicians, not willing to participate in assisted suicide but crying out it is irresponsible without them suffer from an inflated ego. 'With a SCEN group I was in Switzerland at Dignitas, where assisted suicide is given by laymen, volunteers. There have been no accidents. Without a physician it went all right.'

He backs up the action of the Cooperation Last Will to help members to become a legal last will pill. 'People do have the right to decide about their life and death. And, yes, you can murder someone with this means, and yes, you have to take care a young person with a feeling of broken- hearted has this means at hand. But the emphasis on this, poisons the discussion. The real point of discussion is the right of self-determination.'

Since this year general practitioner Sutorius is member of the NVVE and of the Life's end Clinic. He will use his role in the ruling- Brongersma in which he officiated as figurehead. 'Because the case Brongersma is the case of completed life whichever way you look it. Besides, as general practitioner I see that eighty- or ninety-year -old people are more emancipated nowadays. They insist their suffering is completed life and not their age complaints. This group rises. I want to help them.'

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General practitioner furious about caricature euthanasia practice in The Wall Street Journal

'WE PHYSICIANS ARE PUT ASIDE AS MURDERERS. I WAS DEEPLY INSULTED'

General practitioner Esther Croiset nearly exploded when she read physicians were put aside in The Wall Street Journal as murderers by Member of Parliament Kees van der Staaij. She finds his sketch of the euthanasia practice in The Netherlands an awful caricature.

By Leo Enthoven

Eshter works with her husband and two other colleagues in a general practitioner's office in Hazerswoude, not far from Van der Staaij's place of residence. The office cooperates in a multidisciplinary Health center Lindehof, in a village close to the Randstad. 'Many families live here during generations. People have close relationships with each other. Health problems are the same as in town. We try to be accessible to them. Terminal care we do ourselves, also in the evening and during weekends' explains Esther.

Clergyman
In Hazerswoude are three religious denominations. Esther Croiset is a non-believer. Thanks to mutual respect faith has never been an issue. 'At one of my euthanasia cases was a clergyman present. For all attending people this was a special experience.' During her holidays in Ibiza she read in the Dutch journal, the Volkskrant July 21, the letter to the editor of Van der Staaij in The Wall Street Journal, in which he stated the 'euthanasia culture' in The Netherlands gets out of hands: aged people, depressed people and retarded people are being discarded out of society little by little.

Esther Croiset became more and more angry. She retrieved the original article in The Wall Street Journal and nearly exploded. Then she wrote a letter to the editor of the Volkskrant. 'Van der Staaij puts me and my colleagues aside as murderers.' Esther received many positive reactions of colleagues and patients

on this letter, but no reaction of the Member of Parliament. She says later 'The way Van der Staaij describes it is not reality. I am deeply shocked and feel humiliated.' In her practice euthanasia comes up regularly. 'When a patient comes with his living will, it often leads to a first conversation about euthanasia. This document I add to the patients file but I explain this does not mean a guaranty.'

Careful
In all ten euthanasia cases she has performed over the years it concerned patients for whom cure was not possible anymore, often cancer patients. 'If they do not start the discussion about life's end I will. I find it important to talk about any subject in an atmosphere in which both sides can say what they want and without shame. It should be stated clearly. We should know each other's points of view. I do not look forward to these conversations, but it is a fine part of the profession. And belief me, these are very intense periods.' As far as she is concerned several weeks may pass in between. Fast euthanasia does not exist. It has to do with the family also. 'Sometimes the family is shocked. They need time to get accustomed to it.'
Esther lies awake every time a euthanasia case comes up. 'Do I know the patient enough, are all requirements fulfilled?' You never get used to it. 'Killing someone is not where I have studied for' she stated in her letter to the editor.

The general practitioner will not be put under pressure by the patient or their family. 'Once a patient asked for euthanasia on the ground of piling up of complaints of old age. But these complaints were not enough, so I refused. There are limits to what a physician can do. Euthanasia is a difficult step. Physicians get on with euthanasia carefully. And then such an insulting letter.'

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