

Relevant

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Summaries by Corry den Ouden-Smit

Increasing requests euthanasia is a problem to doctors of the Life's End Clinic

'IN FACT WE RATHER DO NOT DO IT'

More and more people ask for euthanasia. General practitioners and also the Life's End Clinic struggle with the increasing requests. How to deal with this?

By Koos van Wees

General practitioner Raymond Kersten recalls his first patient with a euthanasia request, a man with brain tumor. 'He helped me over the threshold. He waited till I was ready for it.' Thereafter Kersten has given euthanasia twelve times. 'In fact you rather do not do it. I think oh, no, not again. All the time this euthanasia occupies my mind. In a way I am happy to help out suffering, at the other hand the person dies by my hands and that does not feel good. It is emotionally heavy.' More often nowadays he has conversations with patients who want to know his attitude on euthanasia. 'They want to know, now they are safe and sound. And their number grows.'

In one blow

Joost Zaat, also general practitioner, wrote in a column in the Volkskrant that he sleeps badly around euthanasia. He criticizes those who find doctors are too reticent. 'They have never opened the infusion tap and saw life goes in one blow.' He will not apply for a job at the Life's End Clinic. 'I would not sleep anymore.'

Director Steven Pleiter of the Life's End Clinic has seen the number requests grow fast since 2012, the year the clinic started. In 2017 the number requests was 2487 that is 691 more than in 2016. In the first operational year of the Life's End Clinic, 2013, the number requests was 749, and to 133 people the euthanasia has been implemented. In 2017 the number implemented euthanasia was 747 against 498 in 2016.

Pleiter thinks 'his' doctors find it less charging than the average general practitioner. The doctors of the Life's End Clinic have their own network, personal coaching and special schooling. 'I can give euthanasia regularly and sleep well' wrote Bert Keizer, doctor of the Life's End Clinic in Medisch Contact in reaction to Joost Zaat. He confirms Pleiters' words. 'I do this about twelve times a year. This is my only job. That makes a difference with my colleagues who do it once in a while.' Also important is experience. 'What applies to normal actions applies to euthanasia also: the more you do it, the better it goes. At a certain moment you have your fears more or less under control. Certainly a quantitative limit will arise, but that will differ by doctor.'

Safety net

Last year the Life's End Clinic started a campaign to recruit doctors. A doubling of doctors for the Life's End Clinic is needed to comply with the euthanasia requests, states Steven Pleiter. Say no to a request because there are no doctors is not the road we want to take. We are a safety net to those whose euthanasia request is not realized by their own doctor.'

For their fellow workers the Life's End Clinic takes care the work load becomes not too heavy. Because they are so involved they may not see their limits.

Pleiter forecasts an ongoing increase in requests 'We have to cope with that. The answer lies by the professional group. We take care of ten percent of the euthanasia number, and that's enough. We are for the difficult cases, psychiatric patients, demented people and people with piling up of ailments of the old age. The patient with incurable cancer should be helped by his own doctor or his replacement.'

Pressure

The professional organization KNMG supports this plea. Their chairman René Héman advocates the Hoogeveen model in which, out of a group collaborating physicians, by turn they take over the euthanasia if a colleague has principal objections.

The number requests is growing, but the general physicians can cope with that, is the view of the KNMG chairman. 'Investigations show physicians feel pressure from the family to give euthanasia. Also the penal aspects, becoming persecuted weighs heavily.'

He does not know if this is the reason the Life's End Clinic receives so many request from relatively easy cases. 'Investigation is needed. Another reason could be the time consuming aspect of euthanasia.'

Héman pleads for more investigation to the increase of euthanasia requests. 'The KNMG wants to know if the reason may be an attenuation of care. If someone wants to die because he is not taken care for and he gets euthanasia that is a big shame.'

No way back

Life's End Clinic and KNMG find each other in the schooling program the Life's End Clinic offers. This is one of the points to parry the growing demand apart from the Hoogeveen model and their own SCEN-program. In addition Pleiter points to the euthanasia advisory expert his organization offers. This doctor or nurse with broad experience can assist general practitioners who are willing to help out but do not dare by lack of experience.

The KNMG loves to have this experience. 'The average general practitioner gets once or twice a year a request for euthanasia so we can use the expertise of the Life's end Clinic' says Héman.

General practitioner Raymond Kersten describes once again what makes giving euthanasia so loaded. 'It haunts through your head, you prepare mentally, speak with the patient and his family, consider which means you have to administer. Did I do it right? And afterwards have I written it down correctly? There is a control afterwards, but it has been done and there is no way back. Then I do sleep worse, yes indeed.'

Opinion

UNBEARABLE AND HOPELESS SUFFERING DOES NOT HAVE COUNTRY BORDERS

Our euthanasia law and foreigners; the government finds it an uncomfortable combination. They fear a euthanasia tourism like Switzerland has. Recently Den Haag recognizes the law does not exclude foreigners.

By Leo Enthoven

Worldwide deadly ill patients ask for help to end their suffering. The Dutch euthanasia law of 2002 does not state you should have the Dutch identity. It states you have to fulfill the six criteria of carefulness. The request should be done out of free will, and well considered, the suffering should be unbearable

and hopeless, there is no reasonable alternative, a second independent doctor should be consulted and the euthanasia should be applied carefully by a doctor. More is not needed.

Misconception

By misleading information on her website the Dutch government is guilty to the misconception abroad that foreigners are not eligible to the euthanasia law. Besides the person does not have to live in The Netherlands or should have a patient- doctor-relationship. By this misinformation foreign experts, like Derek Humphry in *Final Exit* (nearly a million copies sold), have said to stay away from The Netherlands 'because they have an absolute rule against euthanasia for foreigners'. Last year August the website has been adapted, thanks to lobbying of the NVVE. Now it states 'the doctor may decide himself if he wants to consider the euthanasia request of a foreign patient and what is needed, apart from the above mentioned criteria of carefulness.'

Thorough approach

By rendering euthanasia to foreigners doctors can use the model of Dignitas in the Swiss Zürich (ed. Dignitas is an organization for assisted suicide). Dignitas makes strong demands on medical files which should include all tests and check-ups of general practitioners and medical specialists plus personal documents.

After coming to Zürich the person has to consult a doctor before he gets the green light (or not). This sound approach links up imperceptible to the criteria of carefulness of the Dutch euthanasia law. The basic distinction between the Swiss and Dutch law is that in Switzerland assisted suicide is permitted, under strict conditions, and in The Netherlands both assisted suicide and euthanasia are permitted under strict conditions, including the assistance of a doctor. In the period 1998-2016 Dignitas supplied 2328 people with deadly barbiturates for assisted suicide. Of them 166 had the Swiss nationality and 2162 persons came from abroad (46 countries among them The Netherlands with 10 persons). Like in The Netherlands, the government in Switzerland does not like 'death' tourism. The canton Zürich wrote in 2011 a referendum to restrict the legal assisted suicide to the residents of the Alps. But this was rejected by 78 percent of the enfranchised.

Euthanasia boat

Shortly after the introduction of the euthanasia law the government was not waiting for a flood foreigners. The law was fought for and had to prove itself in practice. The Australian doctor Philip Nitschke, international fighter for the self- chosen death came with the idea of a euthanasia boat under Dutch flag in international waters. The Dutch government was frightened to death and decided to give 'never' permission for Dutch registration.

Again frustration reigns. There lies a bill to permit assisted suicide in fulfilled life for Dutch people or two year residency. If this bill becomes law the bizarre situation comes into being that one law excludes foreigners and the other does not.

The conclusion of the third evaluation of the euthanasia law is that the targets of the law have been met. The benefits and effects have been proofed in practice. To exclude deadly ill and desperate foreigners from the euthanasia law is a misjudgment of this law and a form of legal inequality. At last the government has this admitted. Now it is up to the doctors if they will and can take a step forward.

Zoraya ter Beek (22) thinks of death daily

'WHY SHOULD I GO BY THE BACK DOOR?'

Twenty two years old, a fine house, a fine job and a boyfriend, Stein. Still she is not happy. Everyday Zoraya ter Beek thinks of euthanasia or suicide. She has the diagnosis chronic depression with autistic aspects.

By Martien Versteegh

'The most important reason I tell this story is you can lead a normal life, while you are so depressed life is not bearable for you. Few people take into account people with psychic problems. I am lucky with my boss who is considerate.'

But Zoraya sees lack of understanding also, in school and in therapy. Her former therapist did not want to hear about her death wish. And then the eternal remarks about the reanimation token she wears good noticeable: 'You are too young for that.'

Relief

Zoraya hopes to recover. She has had many therapies including medication and now she will go to the University Medical Clinic Groningen. Her psychiatrist has recommended that. She benefits also from the compassion in the group of the Café Deadly Normal, of the NVVE youth. 'Most people in my surrounding do not understand what I go through, and it is a relief to meet people who are not astonished if you say you do not want to become eighty.'

Her psychiatrist understands her, just like her general practitioner who, after a short frightened reaction, proposed to have regular consultations. 'She does not exclude euthanasia at forehand.'

'I want to know my possibilities. I do not want to include or frighten other people by throwing myself before the train or taking a rope. We did come in life by the front door, why do we have to leave by the back door? I want a decent end of life.' She has a picture in mind how she sees it. At home in a warm bed and an injection. 'If my family will be there? I do not know. I do not have a warm relationship with them, and they do not understand it. But they want to say goodbye, certainly. And if Stein will be there. I do not know if he can cope with it.'

Laugh

Her friend is an important reason for Zoraya to stay alive. 'I find it terrible to see him sad. But he knows he is not responsible for what I do.' Luckily they can laugh about the situation and see it in perspective. Zoraya lies often in bed. She does not sleep well. 'I am not allowed to take sleeping pills every night. When I do not take a sleeping pill I only sleep two hours and am broken the next day. I do not have much energy and cannot stand too much stimuli.'

During the interview this was not noticeable. She looks energetic and cheerful. 'Yes, that is a trick. You should do your best, is not it?' she says smiling. To add directly 'but that makes people do not understand I am occupied with death. It is so difficult to explain what I feel.'

'OF COURSE PHARMACIST MAY REFUSE EUTHANATICA'

'Pharmacists are not mentioned in the euthanasia law. While they do have the key to the medicine cabinet. That wrenches. 'It is rather strange we are forced to cooperate in ending one's life' says pharmacist Wilma Göttgens.

By Koos van Wees

Once in a while her anger shows during the conversation. Especially when Wilma Göttgens thinks her profession group is confronted with injustice. 'We are led to the scaffold' she says. She gives a guided tour through her pharmacy and shows the system of check-check-double check before medication is handed out, often with adjustments. 'In The Netherlands ten million times a year pharmacists adjust a recipe' knows Göttgen.

Refusal

In connection with the refusal of some pharmacists to deliver deadly means for use in euthanasia this conversation took place. Göttgens was head of a project of the Radboud University to find out the experience of pharmacists with euthanasia. She teaches pharmacy and has written pleas to involve pharmacists in the process of euthanasia at an early stage. For it is strange the pharmacist is expected to cooperate in ending one's life but is not mentioned in the euthanasia law! 'What the pharmacist does is illegal. The only one who has an exception in prosecution is the doctor. This is bizarre' she says.

More than once pharmacists have refused to deliver medication for euthanasia. In Medical Contact doctor Martine Schrage wrote under the heading 'Winding Paths in euthanasia country' about a pharmacist who did not want to deliver the medication for euthanasia on a demented person 'for then I feel as an executioner.' A similar story was told by Bert Keizer doctor at the Life's End Clinic. He came across a pharmacist who did not want to cooperate 'because he had bad feelings about it.' Schrage concludes 'It cannot be the pharmacist becomes the deciding factor.'

The research Göttgens carried out for the pharmacist organization KNMP revealed the refusal came when pressure was felt. 'Especially problems arise when the request comes to deliver the medication at once, It happens the pharmacist does not know the doctor or the patient, and does not have the time to find out if the criteria of carefulness have been met.'

Borderline

Göttgens does not find it strange a pharmacist says no to a request a doctor and SCEN-physician have said yes. 'Questions around life's end are at the borderline of personal and professional integrity. It can be you agree with euthanasia in psychic suffering but not in fulfilled life. Of course a pharmacist may refuse his cooperation. In practice there has been no euthanasia in which a pharmacist was not involved. Last year we have handed out seven thousand deadly medications, infringed the law because society asked for it.' The reason to ask the Minister of Health to appoint the pharmacist in the euthanasia law was because things went wrong. In the Regional euthanasia review committees, on which now sit a doctor, a jurist and an ethic person will then be place for the pharmacist. 'With our pharmaceutical eye we see doctors do not always act carefully. Sometimes they leave the medication at a psychiatric patient who decided not to go on with the euthanasia, or hold the euthanasia medication if the patient had died in advance. And sometimes the doctor waits too long to give the muscle relaxant after the coma inducing medication.'

Recipe counter

Göttgens recalls the days before the euthanasia law when doctors and pharmacists worked together to relieve suffering of deadly ill patients. In 1983, far before the euthanasia law, pharmacists drew up a euthanasia protocol to speed up death in severe suffering. 'Since the euthanasia law the pharmacist is not included in the process anymore. The doctor stands between the patient and the pharmacist. I do not want to be a recipe counter, neither do I want to be forced to cooperate in life's end if I have moral objections. That's why it is so important to include the pharmacist in the previous going conversations, so he can make up his mind or look for a replacement.'