

## Relevant

Magazine of Right to Die-NL (NVVE)  
Volume 44, no. 2, May 2018  
Summaries by Corry den Ouden-Smit

*Committee Coöperatie Laatste Wil (Cooperation Last Will) stays militant*

### **'JUSTICE PUTS OUR MEMBERS ASIDE AS CRIMINALS, THAT HURTS'**

**Huib Drion, who in 1991 put forward the idea for a last will pill, sighed a long time ago: 'If I want this I am still not a scoundrel?' 27 years later Petra de Jong and Jos van Wijk, board members of Coöperatie Laatste Wil (Cooperation Last Will, CLW), repeat indignant his cry from the heart: 'We are still no scoundrels?'**

*By Leo Enthoven*

In 2016 the CLW wanted to talk with justice about the possibility starting a strongly regulated test with the last will pill. It came to nothing. The members of the CLW were perplexed when the Public Prosecutor (PP) took another road, some weeks ago. They did not start a conversation but decided to take a firm line with the CLW.

March 21 a letter was handed out by two policemen to De Jong and Van Wijk and immediately the Public Prosecutor informed the press about their firm line to the CLW. De Jong and Van Wijk did not even have had time to read the letter when their mobiles started to ring and did not stop ringing. 'We could not prepare our reaction, we did not find this decent.' Both committee members think their mobiles are being tapped since that day.

In the letter the CLW is summoned to comply with several points on the basis of an article in the criminal code which forbids assisted suicide. They had to stop with the purchase groups, give the chemical name of means X, give the names of the purchase group members, and the names of the members who were going to participate in these groups (more than thousand), how much means X the CLW had in house, and where it was stocked. At last the PP wrote it saw the CLW as a criminal organization according to an article of the criminal code. If the CLW go along, summary proceedings would follow.

### **Enforcers of the law**

Accompanied by their lawyers the two board members came to the PP Middle Netherlands opposite two public officers, an acting head public officer and a policy maker. They said 'we are only here to enforce the law.'

The board members decided not to give the asked information. Both sides agreed no punishable acts had been committed. But the public prosecutors could see punishable acts coming and were determined to nip in the bud: the CLW and its members were at the point to give aid to suicide or at least incite to suicide, and both are punishable offences with a maximal punishment of three years imprisonment. After last year's discovery of means X the CLW had consulted juridical advice about the purchase and distribution of it. The Board thought this method was waterproof.

Van Wijk: 'Our lawyer disputed the interpretation justice gives to the law. The question was if the PP was bluffing. Was our reasoning waterproof? We talk about a juridical unexplored terrain. We did not want to boil it down. Petra and I were willing to go on to the High Court but we did not want to expose thousand members to prosecution. That they, we and 22,000 members should form a criminal organization is bizarre.'

### **Going on with stimulating the debate**

The committee has asked their members to react as less as possible. They do not have the time to react to thousand reactions. For this reason they also hired an administration organization to help out. Seven hundred members have cancelled their membership; their aim was to get the means quickly. At the other side new members came in and donations followed. Some members of the purchase groups did not want their payment back (180 euros). Others say: 'fine you are going on.' Both De Jong and Van Wijk find stopping is no option. Van Wijk: 'The CLW has still 23,000 members. Official figures show six million Dutch people are advocate of a legal deadly means. So this is an important issue. We should go on questioning politics. We will go on stimulating the public debate. We have stopped the purchasing groups but all other activities are going on. Politics should realise people will go on purchasing from internet. A grey underground circuit comes up. The government should take care for those who find their life is unbearable.'

### **Disappointed**

On the question if they thought they had failed, De Jong answered: 'No, not at all. We are disappointed our initiative to come to a good, safe and legal means, has been nipped in the bud. It could have become a dignified end of the discussion on the pill of Drion. We represent 23,000 people who want to have a safe and legal suicide means. That justice puts all these people aside as criminals hurts. Justice and politics choose for forbidding instead of for solving.'

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*Albert Heringa after five years of proceeding still militant*

### **'OF COURSE WE GO ON'**

**Five years the prosecution of Albert Heringa, for assted suicide to his mother, is going on. Does that upset him? It does a great deal to Heringa but he is militant. 'Of course we go on.'**

*By Koos van Wees*

The day before the session of the court in Den Bosch, December 2017 Albert Heringa panics. Nearly ten years ago he helped is 99 years old mother, Moek, to die. Later on he was accused of murder. His case had been judged by the court in Zutphen; guilty without punishment, and the Court of Arnhem dismissed him from prosecution. By order of the High Court the court of Den Bosch has to tackle the case now.

His lawyers had asked for a direction session, so only the Arnhem decision should be revised. But this was rejected. A pity since the process had cost so much energy already. Heringa has an anxious foreboding. A feeling of desolation, loneliness and helplessness strikes him. His childhood comes back. When he was one and a half years old his biological mother was caught for hiding Jewish women. She died in Ravensbrück. Since he was three years old, Moek was his mother.

### **Cup of yoghurt**

Nearly ten years ago Moek wanted desperately to die. She was 99 years old, nearly blind, had all kind of ailments and this world was not her world anymore. It was enough. At first Heringa did not go along with her wish, but when he had seen she had saved medicines to that end and her determination, he changed his mind. He saw her saved medicines would not kill her. It would become a disaster. Her physician was asked to help, but he did not want to give euthanasia since the rules were not met (ed. nowadays the criteria of carefulness would have been met) Moek asked him to help her and at last he helped her with other medicines which he put in a cup of yoghurt. Heringa films his mother when she eats her yoghurt. They talk about many things, she emphasizes her wish

to die. His mother dies peacefully. Heringa is glad he could help her after all these years. Since his early childhood she has taken care of him. Outside the family everybody thinks Moek has died in her sleep.

### **Judgement as hard as nails**

Some years later Heringa himself breaks this image in two. 'I saw an announcement in *Relevant*, my favourite paper, about making a documentary on completed life. Moek would be a classic example, I thought. I showed them my film and some pictures have been used for a documentary. I think the NVVE was more concerned about the juridical consequences than I was.'

Three weeks after the broadcast of *Moek's last will* Heringa is interrogated. His lawyer Willem Anker is present. It is the beginning of a long route culminating in a judgment as hard as nails of the court in Den Bosch: a suspended sentence of six months with a probation of two ears.

The sentence came as a blow in the face, but not completely unexpected. Heringa is still indignant. 'In 2013 the PP had made insults: he had been muddled and not seen things right, while nine witnesses certified it was really my mother's wish. The PP also said I should have taken away the medicines or tell the home about it. I find this without any respect. That they blame me, her son, for this.'

According to the Court Heringa was motivated by his rebel against the law. 'That is totally unfounded. I wanted to help my mother who wanted badly to die, and to do this in a safe way. That was my motivation. Much later I became activist. By the PP self.'

### **Personal message**

More than twenty thousand people signed a petition in the national journals, set up by the NVVE. Heringa radiates when he shows some examples. He mentions also that 54 per cent of the questioned people, in an enquiry hold up by Maurice de Hond, found acquittal would have been better, and 30 per cent a statement of guilty without punishment. 'That is rather something. Nearly 85 per cent finds the judgment of the Court unjust.'

The implicit and unremitting support of his wife Lida and daughters Minne and Aafke has strengthened Heringa also. They were very indignant about the way he was put down by the Court, as a man who as activist let die his mother. 'That image should be wiped off. What my father did was out of care for his mother. He wanted to help my mother. That is according to his character. He has helped homeless people, refugees, friends who needed help.' Minne and Aafke wrote an open letter about the attitude of the Court. 'Without any respect.'

### **Mess**

Heringa thinks this letter hits the heart of the matter. 'My mother was in charge of her own her life. If she did not want anything you should not have to go against it. She had a strong character.' Minne: 'The PP outlines an image of a pitiful old woman who should be protected. In fact she was a fantastic, stubborn and intelligent lady. That false image disturbs.'

And now? 'Of course we go on', says Heringa militant. 'I would have very happy if it had been all over, but that is not the case because the Court has made such a mess of it.' The lawyers see enough starting points to dispute the verdict also.

*Dutchman Joop Agterberg fights for legalising euthanasia in Italy*

### **'FOR MANY ITALIANS TALKING ABOUT DEATH IS TABOO'**

**'In Holland seven hundred children have been killed by euthanasia in one year.'** For the nth time Joop Agterberg (78) hears about the euthanasia practice in our country on Italian television. It is enough, he thinks and decides to write a book to tell the real story.

*Leo Enthoven*

It was more work than he had thought of. He planned to write a thirty pages summary, but it became a book of 270 pages *Libertà di decidere (Right of Self-determination)* It took three years. He gives lectures to physicians and his book was in great demand. He sends his book to members of Parliament and leading journalists.

### **Dutch nationality**

Agterberg was raised in Utrecht in a workman family. He started working on his fifteenth and was stimulated by his superior to study in the evening hours. He worked himself up and became accountant. To get international experience he applied for a job at the Dutch branch of an accountant's office in Milan. He learned Italian and moved with his wife to Italy and stayed there. Their children have been raised in Italy. He never regrets he did not go back to The Netherlands, but he will stay Dutchman, even after 52 years living in Italy. He was retired in 2001. For twenty years he had been CEO of the KNMG (a prestigious accountancy organization) Italy. 'I am proud to be Dutchman. At the other side I feel European, so why changing my nationality?'

### **Catholic Church.**

Italy knows a small number of organizations who advocate zealously for legally permitted euthanasia. Most known is the Associazione Luca Coscioni (ALC), named after its founder Luca Coscioni, the MS patient who died by suffocation. Joop Agterberg is, since years, one of the three thousand members. The ALC has a broad palette of objectives: lift up obstacles for the disabled, make medical marihuana available, scientific research on embryos, enforce the right to abortion and the right to choose one's life's end, so legalizing euthanasia.

'My plan to study the euthanasia practice in the Netherlands and publish it in Italian made Marco Cappat, leader of the ALC, enthusiastic. He asked me to assist in collecting literature about this subject from all over the world. Two years ago I became member of the ALC- board', tells Agterberg. 'Initiatives of the ALC around euthanasia, abortion and artificial insemination are being held down by rightist parties and leftist Catholic politicians. In Italian society the Catholic Church plays a dominant role. The Central Committee of bishops takes regularly a view about subjects, like abolishing the legalization of abortion, which believers should take over.' He himself has turned his back to the Catholic Church half a century ago.

### **Taboo**

Talking about death is taboo for many Italians. Last year the interest in euthanasia in the public debate has increased. Therefore are two reasons: Firstly in December 2017, after a long parliamentary debate, a bill on declaration of one's will became enacted. Physicians do have obligations, among them provide information. Patients have rights like refusing a treatment. An important scored point is the physician may give palliative sedation in unbearable suffering, by permission of the patient. Agterberg finds this a good law, better than he expected. 'Although a euthanasia law is far away, this is an important step in that direction.' A recent investigation has shown 77 per cent of the Italians is in favour of euthanasia. Of the 650.000 deaths a year 20.000 cases are thought to be by (illegal) euthanasia.

A second reason for revival of the public debate are the deathly ill patients who go to Dignitas in Zürich for assisted suicide. In behalf of the ALC two companions travelled with, to challenge the law article that forbids assisted suicide. After returning they declared to justice. The court in Milan declared the article concerned non-constitutional. That was a windfall. The case is now at the High Court.

‘We will not give up. In Italian “*mai mollare*”. The minister of Health has said, directly after the vote on expression of one’s will, physicians do not have to go along with the patient’s decision, if they have conscientious objections. We will be alert on all attempts to reverse with difficulty acquired freedoms.’

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*Medical ethical person Jeanette Pols about concept ‘dignity’:*

### **‘IT CONCERNS VALUES WHICH REALLY TOUCHES PEOPLE’**

**Behold your dignity, lose your dignity and squander your dignity. The concept ‘dignity’ about good care, good living and a good death is often the fuse in the powder keg of the discussions about good care . This concept may vary, but there is one resemblance, says prof. dr. Jeannette Pols, particulate professor empirical ethics in care at the University of Amsterdam ‘dignity unifies people.’**

*By Els Wiegant*

Jeannette Pols goes to units of hospitals, retirement homes and psychiatric clinics to look and listen. She saw various views of the concept ‘dignity’. Caregivers in psychiatry found it important to let them be, so often over there it was a mess. In retirement homes they found it important people were taken care off, so everything was neat and proper. ‘Both handled the concept ‘dignity’ as argument. That aroused my curiosity.’

### **A good life**

For psychiatric caregivers dignity was letting the patient in his value. In retirement homes dirtiness was seen as not taking care of oneself, or want of self-respect. These examples show the two aspects of worthiness: humanities and dignity. In humanities the principles of universal values are important, like equality and freedom which are represented in the Universal Declaration of the Human Rights. Autonomy is a universal value also, and is often used in the discussion about completed life, the last will pill and euthanasia in demented people. ‘In juridical terms you can talk about self-determination, in esthetical terms dignity is more intricate. Then we talk about what we find a good and acceptable life. In the public discussion I miss the ethical stories about this. How do we associate with severe demented people? Is it still possible to live a good life with dementia? How does that looks like? That debate has vanished. Let us start with that debate.’

### **For the sake of appearances**

In the elderly care many discussions are held about what is dignified. One day a week no shower? It affects our feeling of esthetical dignity. Some people find it unacceptable others not. You can say there is no accounting for tasting. But Pols find it important to talk about the esthetical aspect of dignity.

‘I did research on women with breast cancer. They had lost their hair after chemotherapy. Although they looked death in his eyes the loss of hair was crucial. Being bald made all the difference between ill and not ill, even between human and not human, and it had a huge impact on their relationships.’ Dignity goes farther than the sake of appearances. It is fundamental.

I have seen a case of a terminal ill patient. The son wanted all therapies should be given, for that was dignified. The caregivers did not want to bring in the nose catheter again and again because the man pulled it out. They found it degrading for the man. Both parties could not moderate their demands. That are very intricate situations.'

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*SCEN-physician Jan van der Meulen about a good death by stopping with medicines.*

### **ABSTENTION IS SOMETIMES A DESIRABLE ALTERNATIVE'**

**To stop with medicines, also called abstention, can be sometimes a good alternative for euthanasia. That finds SCEN-physician Jan van der Meulen. He pleads for a two tracks policy. 'In practice it is often or- or if a patient choses for palliative sedation, euthanasia is out of sight. The same passes for abstention. In my eyes that should not be so.'**

*Martien Versteegh*

Patients with cancer sometimes arrive at the intensive care with tight in their chest. When the diagnosis lung embolism is made treatment with diluents is started. 'Of course they know he has cancer, but they treat for that moment and do not look at the whole picture. Afterwards the general practitioner takes over, while lung embolism could have given a good death, in his sleep.'

As SCEN-physician (SCEN stands for Support and Consultation Euthanasia in The Netherlands) Jan van der Meulen takes it to himself to ask the attending doctor which medicines are taken, and possibly to advice about it. 'We have to determine if someone suffers unbearably and hopeless but also if there are alternatives. In my eyes that are not only alternatives for curing but also alternatives for dying.' Sometimes abstention is a good alternative, finds Van der Meulen. 'Do understand me well, if the patient wants euthanasia that is his good right, but he should be well informed and I see attending physicians do not put the alternatives to the patient. And SCEN-physicians do not see it as their task duty to point that put.'

**In her sleep.** Van der Meulen tells about a 61-year old woman with leukemia. When he asked her when she wanted the euthanasia she answered not yet, preferably I like to die in my sleep. 'I advised her physician to stop the diluents, which were given to prevent lung embolism. The physician followed my advice and the woman died some days later in her sleep, just what she had hoped for.' The human body is a complex thing so it can happen the lung embolism gives a feeling of tight in the chest. 'But one can go in for most symptoms with pain killing medicines or sedation' says Van der Meulen. He pleads for a two tracks policy. To stop medication so death will follow or, if that is not the case or suffering becomes unbearable to choose for euthanasia. The same passes for palliative sedation. Palliative sedation can be a heavy burden to the nearest. The patient could consider euthanasia may be applied, if death does not follow say in three days.'

<p><b>Abstention:</b> giving up taking prolonged medicines. <b>Die:</b> stopping with eating and drinking. <b>Palliative sedation:</b> bringing and keeping someone asleep the one who does not have longer than two weeks to live. <b>Giving euthanasia:</b> actively ending one's life (under strict conditions) <b>Assisted suicide:</b> the patient drinks the deadly means, the physician sees to it, if that does not work, he can still give euthanasia.</p>
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### **Patient central**

Van der Meulen hammers at the patient should be central. 'If you ask exhaustive in a consultation about euthanasia some people say they rather die in their sleep. You cannot guarantee that but at

least you can explain what the chances are if they stop with their medicines. If a kidney patient stops with dialysis he hardly has two weeks to live. The same passes for a diabetic patient. He needs insulin. He may get an infection and you can choose for pain killing instead of for antibiotics. If someone does not want to live anymore it is not such a bad idea not to treat the infection, is not it?

Forty years ago, tells Van der Meulen, patients with cancer were told they had stomach ulcer. That time has passed. 'But still physicians take often a paternalistic attitude. By choosing for euthanasia from abstention or assisted suicide, he exercises supervision over it.

If someone chooses for assisted suicide he can vomit. If he chooses to stop taking medicines the course of the illness is not predictable. But if you monitor the situation well and have euthanasia in reserve it is a desirable alternative for some patients.'