

Relevant

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Psychiatrist Damiaan Denys on euthanasia and psychic suffering

'IF SOMEONE WANTS TO DIE YOU SEE THIS AS FAILURE'

Of course euthanasia in psychic suffering is possible, says psychiatrist and philosopher Damiaan Denys with emphasis. 'We do not say it cannot be, absolutely not. But we are very careful. In my opinion this is being interpreted as denial.'

Leo Enthoven

Denys is also professor and section head of the Psychiatric Academic Medical Centre Amsterdam and chairman of the Dutch Psychiatric Society (NVvP). There is friction between psychiatrists and the Life's End Clinic. The Life's end clinic says the difficult psychiatric cases are put on the plate of the Life's End Clinic and the psychiatrist feel put aside as cowards. This reproach has stirred up bad feelings. But it is important psychiatrist take their responsibility. It is important psychiatrists do give euthanasia in extreme cases, and I find it undesirable all patients go to the Life's End Clinic for their death wish. I feel we are coming together. We should have respect for each other's attitude. '

Paradox

The clash between the Live's End Clinic and psychiatrists is the result of a paradox. The request for euthanasia in psychiatric suffering rises. In 2010 two mentions were made to the Controlling Committee, 41 in 2014 and 83 in 2017. In the same time the willingness of the psychiatrists to give euthanasia declined. In 1995 found 53 percent of the psychiatrists it 'unthinkable' to give euthanasia. In 2016 the percentage became 63. Denys thinks he can explain this. 'Euthanasia as way out of suffering has become discussable. Since 2002 euthanasia became juridical possible and more and more accepted in society. The desire to decide over death independently has increased the last decades. May be a growing incapacity to accept suffering plays a part too.

The decrease of psychiatrists who find euthanasia acceptable I find more intricate. Giving euthanasia as option feels as a failure. As if you did not do enough if someone wants to die. The more requests are done the more the psychiatrist feels insecure. And the more intricate the request the more the tendency to keep it save and to say no. '

Not an exaggerated number.

'Around eleven hundred psychic suffering persons ask for death. This is not an exaggerated number in comparison with the one million activities the mental health care performs yearly. Out of these eleven hundred requests those have to be retrieved which satisfy the criteria of the euthanasia law. A request for death is often not the real question. It is the second nature of the psychiatrist to find the real issue. Even if all criteria are met the psychiatrist has the ethical question, will I do it, or not.'

He has an example out of his practice. A woman of 40 with children of 10 and 12 is very depressive during a long time and asks to end her life. Is that acceptable, even if she meets all criteria? What is the impact on her children and her family? There seems no solution, but you never know.'

Impact decision

Denys respects the autonomic decision of the person, but he thinks the person cannot clearly see the impact on his environment. For a 'normal' person it is difficult, even more so for people with psychic complaints like depression, a personality disorder or hallucinations.

'It is the role of psychiatrists to see what may be the impact on the environment and if the wishes of the person are in line with reality. If someone is only forty and wants to step out life it is difficult to a psychiatrist to honor that wish. You have to have good arguments to do this. The new directions of the NVvP makes euthanasia in the professional group discussable. The NVvP takes the view euthanasia should be possible in psychic suffering but carefulness is of the utmost importance.'

Finished treatment

'In somatic disorders a doctor can say "finished treatment". In psychiatry you hardly ever can cure people, you can relieve their complaints. In depression 50% decrease of complaints is the criterion. The half! When will the patient be "finished treatment"? Of all hundred patients we get, half get another diagnosis. It is a difference of opinion. In psychiatric suffering "finished treatment" is a difficult notion. In some patients we use deep brain stimulation as very last treatment option. If that does not work we say "finished treatment".'

Last year's we have had four of such patients. In those cases we found euthanasia a very legitimate option.'

Marianne Koops about the euthanasia of her 29-years old daughter AnoeK

'IF YOU CANNOT GO ON ANYMORE YOU DO NOT HAVE TO DIE ALONE'

The 29-years old AnoeK received euthanasia this year for unsupportable and hopeless psychic suffering. Looking back her mother Marianne Koops (59): 'I would like to see people would grant their depressed child an opening to talk about euthanasia and would stand beside their child. Even if that is difficult.'

Marijke Hilhorst

From her ninth year on we knew something was wrong, says Marianne Koops. Her husband nods yes, but leaves the room. It is too emotionally for him. Marianne continues: 'Because her behaviour was alarming to us we took her to the doctor. But he said she should be kicked at her bottom. But she became more and more troublesome, out of helpless rage, I think now. In school problems arose. They said it was dyslexia.'

Borderline

Around her 15^e AnoeK came into touch with psychiatry. She was admitted to hospital and diagnosed as 'borderline'. Later on day therapy started and the diagnosis 'borderline' was dropped. AnoeK went back to school, she liked it but it was too much for her. Many hospital admissions followed. After an admission to the psychiatric clinic of Utrecht University she came home in a wheelchair. Her leg was paralyzed. This was conversion, the result of heavy psychic suffering. After a year AnoeK could walk again and she decided to start salsa lessons. She made friends, went to parties. At that time she lived on her own. Because she was in trouble with herself she did not want to have a relationship.

Drained

Two years later the heavy medication takes its toll. AnoeK was drained, says her mother. AnoeK ends up again at the university clinic Utrecht and receives electroshocks. Thereafter she has memory loss. This is the moment she asks for euthanasia. Her request was denied, the doctors thought she could

be helped. But she became more and more depressed, did not sleep at all. Her death wish became stronger and stronger. A suicide attempt failed. Many more followed. She was living on her own and I said if she could not go on anymore she could die at home. She did not have to die alone.

Anoek told us a lot. We are a close family. What else could we do but being a safe harbour? I have supported her in her therapies, went with her to the clinic.

January 2017 was a heavy year. Anoek told us she had contacted the Life's end clinic. Because the whole route would take over a year Anoek contacted also the Einder. People of the Einder advise about ways to end one's life. 'To my relief Anoek called for the consultation. So I did not have to be afraid finding her dead or in coma.' It became a heavy year, Anoek organized everything, her funeral, the farewell ceremony.' When the moment of euthanasia was there she said: 'I will make a beautiful journey. And with you everything will be okay.' Then she was gone. So peaceful.

Out of her experience with her daughter Marianne wants to give a message. 'I hope people with a depressive child will grant the child an opening to talk about euthanasia, and that they will stand beside the child. How difficult that may be. For Anoek it was important we agreed with her decision. I grant all people, who are in the same situation as we, that peace.

Lejo had Alzheimer, was incapable to express his will and received euthanasia

'THIS WAS THE RIGHT MOMENT AND THE RIGHT DECISION'

December 2017 Lejo came home to receive euthanasia. He is 65 years old and nine years ago the diagnosis Alzheimer was made. He hardly speaks and does not recognize his wife and children but he feels they are his dearest for with them around he is calm.

Martien Versteegh

Annemiek and their children have taken Lejo from the nursing home to their house to die. The doctor of the Life's end clinic, Kees van Gelder, and a nurse are present. Annemiek tells: 'They have guided this process very carefully. It took a year, a difficult and emotional year, which we needed to walk the path together till the end.'

'Film fragments have been made of Lejo, a medical –ethical board has been formed with three caretakers, the psychologist, the doctor and the spiritual assistant. Many conversations have been held. That was good for Lejo and for us, the family.'

The diagnosis

Lejo was end forty when he got a burn-out. Thereafter he could not concentrate well. At the age of 51 we went to a neurologist but in the brain liquid were no signs of dementia. Five years later Alzheimer was detected at the university clinic VU Amsterdam.

Immediately they went to the general practitioner. 'Both our parents had dementia, and Lejo's mother has vegetated many a year. That was awful to see. Really.' The general practitioner agreed to the euthanasia as long as the request was done in capability to express one's will. When the doctor said Lejo had to decide now since his mental capacities were deteriorating Lejo was not ready for it since he enjoyed life especially with his newborn grandchild. Shortly afterwards the euthanasia by the general practitioner was a past station.

Dancing

Annemiek cherishes these last years. Lejo was dancing with nurses in the nursing home and with their daughter at home. It were also trying years. 'Loving is to let go. We have taking care for him at home as long as possible. The last three years he has been in a nursing home. Visiting him was nice, but leaving him was a drama. Our youngest daughter could not stand that, so when she left someone else was with him. Luckily we were able to take him home often.' Lejo became anxious, got medication, suffered from side effects which made his body rigid and which gave other ailments. Terror and pain prevailed. Lejo became close to the situation he had described in his euthanasia request. For the nursing home euthanasia was not allowed to people who were unable to express their will, so Annemiek contacted the Life's end clinic. 'The contact with the nursing home was very good, they were willing to cooperate to let him go home for the euthanasia'

On his own force

We have informed Lejo what was going to happen, but he could not let us know if he understood. But it seems he felt what was going on. That last morning the caregivers found him lying in bed, relaxed for the first time, in contrast to his normal fetal posture.

Annemiek: 'Also these last days at home he was quiet. It was good to be together, we even made a small walk in the snow. When he sat down we told him the doctor would come and give him a drink after which he would die. For us it was important he took the drink himself, so in a way he had the direction himself. An infusion could make him anxious, At the other hand, if Lejo did not drink it we had to take him back to the nursing home.'

Lejo took his drink on his own force, although the doctor had to help holding the cup. He dies rapidly and quietly. Annemiek says: 'It was the right time and the right way. Life was ready for him. We can start mourning. During such an illness process you lose a lot, but now I have the time and the room to miss him.'

Careful

Some months later the Regional controlling committee states the euthanasia as careful. 'That was an enormous relief. I know how careful the process was done, but we know also how intricate it is. I would have found it awful for the doctor and the nurse the carefulness should not have been recognized.'

REGIONAL CONTROLLING COMMITTEE (RCC) EUTHANASIA ON BASIS OF LIVING WILL WAS CAREFUL

The doctor who gave euthanasia to a deep demented woman, incapable to express her will, has acted according to the carefulness requirements of the euthanasia law. It includes also giving a sedative before the infusion was inserted. To this judgement came the RCC end September. Earlier the RCC had judged a comparable case as careless.

Leo Enthoven

The euthanasia law says explicitly a written living will can take the place of an oral request if the person is unable to express his will. End October Minister Hugo de Jonge affirmed this in reaction to questions made by members of Parliament of the orthodox party SGP. In an earlier case, judged by the RCC as careless the committee had found the living will as indistinct. She also reproached the doctor having put secretly a sedative in the patient's coffee.

Dignity

In the careful judged case it is about a woman between 60 and 70 years. Six years before her decease the diagnosis Alzheimer was made. A year later she made a living will stating she wanted euthanasia when she did not recognize her family any more, would be completely dependent of care and would loss her dignity. The following years she had discussed the euthanasia request over and over again with her general practitioner. Four years later she had to be taken in into a nursing home. In the long run she did not recognize anyone, she was completely dependent of care, was anxious and panicked. The doctor found she could not give her a dignified life and was convinced of the unbearableness of her suffering and there was no perspective.

The doctor consulted the family and caregivers frequently on the basis of the living will. The SCEN-doctor looked into the medical dossier, the living will, talked with the family and visited the woman. An independent psychiatrist tested her and described 'the loss as consequence of her disorder' as 'disastrous'. Because the conduct of the woman was unpredictable and she could injure herself the doctor decided to give her a premedication with a sleeping pill. Thereafter in the presence of the family euthanasia was given. The RCC has concluded the circumstances in which euthanasia had been performed were in accordance with the written living will, and premedication was 'good medical practice' in these specific circumstances. Also this last aspect, giving premedication to patients unable to express their will, came up to discussion in the letter of the Minister. He concludes also this falls 'under the current guidelines'.
