

Relevant

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Summaries by Corry den Ouden-Smit**

Gerda Havertong about dementia and self-determination

'WHY DOING SO DIFFICULT?'

Gerda Havertong (Paramaribo, 1946) is an entertainer. Twelve years ago she started the foundation 'Wiesje' to help demented people in Suriname. A conversation about her family and her future.

By Leo Enthoven

'According to me, being mentally ill, being dement is the worst thing that can happen to you.' She specifies: 'People want to communicate. The basis of being human is communication. If you cannot communicate any more, not even with a short glance of recognition, you are lost'.

Gerda wants to decide herself what is human dignity. In her eyes it is beyond human dignity 'not having memories'.

Working hard

Gerda Havertong goes to a sport school to keep her body in condition. She still has to recover from a car accident more than 15 years ago. And she wants to be in good shape.

She lives in a rustic surrounding with her husband in his art gallery. She is multi talented and has a variety of activities on stage and on TV. She prefers to be named entertainer because she is gay on the outside and seriously at the inside. 'I can be balanced in many fields. That has to do with a broad spectrum of interest, but the most important is discipline.'

Her horoscope is Libra. She looks for balance also in the social field. She likes to help people who cannot help themselves. She enjoys working in 'Sesamstraat', a well known program for little children. 'What you see and experience in your childhood is so important!' Her two year old granddaughter watches this TV program without knowing it is her grandma playing. She does not see her granddaughter often, but she Skypes every day with her.

Educationalist

Gerda Havertong is the eldest of five children. None of them lives still in Suriname. She came to Holland to study and became an educationalist. She has worked in this field, but was always active in the entertainment field with singing and acting. In 1980 she said farewell to her profession of educationalist and became full time artist.

Sorrow

Her home in Suriname was a cosy one. They were not rich but that did not matter. One day she heard from her father that something was wrong with their mother. She became demented. Her brother, sisters and she did what they could do: flying often to the capital Paramaribo and staying a week each time.

Her father was dedicated and cared for her at home as long as possible. After two years she had to go to a nursing home. Her father visited her three times a day, made delicious soup for her and washed her clothes.

But three years later she died, in fact a year after her husband. He became seriously ill and died unexpectedly. According to a psychologist he died of sorrow. 'He could not win on the dementia. As soon as her spirit was flying away his spirit gave way'

After their father's death they all went as much as possible to Suriname. But her mother did not recognise them anymore. That was hard.

Are you afraid of getting older?

'I am afraid to become demented. My mother was demented and my younger sister also. She does not live any more. I am taking steps, but it is very hard. As soon as you are demented you have forgotten everything. I want to get euthanasia in an early stage of dementia. But the procedures are so cumbersome. There are so many rules. You have to talk and talk. All the people in my surrounding know how I think. I am clear in my head now. I say what I want. So why make it so difficult. It is *my* life.'

A NURSERY HOME FOR DEMENTED PEOPLE IN PARAMARIBO

Gerda Havertong started the foundation 'Stichting Wiesje' in 1999, the year her mother Wiesje Havertong- Nooitmeer died, 72 years old. The foundation works for demented people in Suriname. They raise money. Much has been accomplished: day care for demented people and a knowledge centre to spread information. The next ambition is a 24 hours living home for people with dementia. If all goes well, the realisation will start in 2012. The care for demented people in Suriname is not well organised. There is shortage of money, expertise, material and housing. Patients can end up in a psychiatric hospital with the label 'mad'. In the nursing home where Wiesje Havertong-Nooitmeer stayed, were working 43 persons of whom only one was certified.

Gerda Havertong: 'It is a mission I have to fulfil. I want to delegate this project to the society of Suriname. That society has an obligation to their countrymen who can not remember their own life anymore.'

Zie ook www.wiesje.nl

Suicide is a non-natural death

POLICE AT THE DEATH BED

Two hundred times a year a person older than seventy years ends his life without help. Police looks in all cases as if it is a crime. That may be shocking. Is it necessary?

By Els Wiegant

A suicide in Zuid-Holland: a couple, both 80 years old, take an over dose painkillers and pass away peacefully. Their son and daughter find them the next day - as was arranged - and they notify the police. There is a misunderstanding about gas and an overshoot of services has been called, even the fire brigade. At last they leave, but the bodies are left naked. It was an awful experience to the children.

Another suicide, in Gelderland: a man 85 years old takes an over dose insulin. The household help finds him the next day - as was arranged - and police has been notified. The disgraceful proceeding of the police was shocking. It gave rise to a plaint to the mayor by a friend of the diseased. He complains about the display of power. 'On the one side police complaints of not having enough people too operate, and in a case like this police acts as if a dangerous criminal has to be caught.'

Uneasy

Chief of the police in Gelderland explains the way in which police operates in general. In most cases the physician or the coroner calls the police. If police is notified otherwise, she calls for emergency instances to help, if necessary. An overshoot of people involved is easily made.

In case of a natural death the physician may give a declaration of death and the funeral or cremation can be organised. In case of a non-natural death the cause of death has to be found by the police and the coroner. 'We have to find out if it was an accident, a crime or suicide.'

Assisted suicide is a crime with punishment of maximal three years in prison or a money fine. Police has to be sure that no help has been given in the case of suicide.

The task of the police, given by law, is finding the truth. So we have to look carefully and be alert if a crime is at stake.

If a criminal investigation is started at least four persons are involved: two detectives, the coroner and the deputy Public Prosecutor.

But there may be more constables to hear the ones who have found the dead person.

Empty purse

Every functionary has his own field of research. For the detectives the technical details (is an empty purse on the table?) and tactical details. The coroner scrutinises the naked body to look if the state of the body corresponds with the presumable cause of death.

'Since afterwards the body will be washed and has to be lied in state we don't dress the body. It takes too much time. That can be hard to the family, but we try to explain.'

Traces

The police chief is asked if, in the curriculum of the police training special attention is paid to suicide. 'It has been a long time ago since I had my training. We were told how to act on the place where a dead person was found, so traces could be preserved. But that are general rules.

The letter about the suicide of the 85 year old person has had an impact on our team. We will try to take into consideration the feelings of the next of kin and the persons concerned.'

KNMG (THE DUTCH PHYSICIANS ASSOCIATION) INTERPRETS THE EUTHANASIA LAW MORE LIBERALLY.

The new point of view of the KNMG has come after discussions with the NVVE and after the initiative of the group 'Uit Vrije Wil' (Out of Free Will) says KNMG chairman Arie Nieuwenhuijzen Kruseman.

The reproach that physicians leave their patients in the cold, a reproach often made by the NVVE, has been effective, says the chairman. 'We have analysed the practice of the euthanasia law and in September we have taken a new attitude towards euthanasia.'

The physicians association stated that most queries for euthanasia have been denied: from the 8000 queries are 6000 denied. 'But' says the chairman 'in 2500 cases the patient died before the query could be granted. It can be that the patient or the doctor is too late in making their wish known.'

Nieuwenhuijzen Kruseman admitted that in general physicians do not acquaint themselves with the euthanasia law, also because most physicians do not have to do with

it. The NVVE disputes this view 'once in three to five years an average physician will perform euthanasia.'

One of the most important recommendations of the KNMG to physicians is to consult people with expertise in time. Besides the KNMG standpoint convokes refusing physicians to refer to willing physicians.

MORE AND MORE DUTCH PEOPLE ASK FOR ASSISTED SUICIDE

The number of reports of euthanasia and assisted suicide has augmented in 2010 with 19 percent. As a consequence physicians have to wait longer for the judgment of the controlling committee.

In 2009 there were 2636 reports; in 2010 the number was 3136. Most of the physicians worked along the requirements of due care, according to the controlling committee in their annual report. Even in the 25 cases of dementia. In 2006 the number of cases in dementia was three, in 2009 six. Last year two cases of psychiatric (depressed) patients got help; patients with cancer were in vast majority (2548).

The disadvantage of the increased work load of the committee is that physicians have to wait a long time before they get to know the 'verdict'. The physician should be notified within several weeks -according to the law. Now the physician hears the judgment after an average 63 days.

Every five years the department of Health initiates an inquiry about how physicians deal with termination of life: new results are being expected at the end of 2012.