

Relevant

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Summaries by Corry den Ouden-Smit**

Nursing home often helpless in case of death-wish

'THE ONLY THING IS SERIOUSLY LISTENING'

Marthy Zoetemelk, location manager, states that it happens in her nursing home, like in every other nursing home: elderly people who don't want to go on with living but cannot get help. 'You are dependent on others, the physician, the psychologist, the Mental Health Organization.'

By Anja Krabben

If an elderly person does not have any lust for life and doesn't have a physically or mentally illness you cannot do anything for him. It is frustrating because the only thing he craves for is Death. Of course you can try your utmost best to talk to him, to comfort him and to give extra attention. But you know that the threat 'otherwise I will do it myself' is often not vain.

Dependant

She has witnessed it more than once, and it is an awful experience both to the nursing people and to the residents. You have a sense of guilt, although you have done every thing possible. But you are dependent of others, the physician, the psychologist, et cetera. Zoetemelk does not want to specify the cases 'out of respect to the deceased and to the family'. In general she can say the death-wish comes from sorrow and loneliness. The old person is tired and unable to start a new live. The significance to live has gone. One can think it is a depression and it is curably. Depressions by older people are different from those in by younger people, though. Healing takes more time, the elasticity is less. Combined with 'no future' the depression is there to stay.

Refer

'In a nursing home one has take the death-wish seriously and, if necessarily, refer to a psychiatrist or others. The nurse, who is usually the first to be aware, should tell me or another staff member. Most nurses don't know how to manage the problem "weary of mind". They are often young and not used to listen to a request in a way of "what is behind? What is the real problem?" Their training does not supply in this kind of skill but is focussed on care and cure. Nowadays there are courses focussed on those experiences to fill in this gap.

A death-wish is not always explicit, more often people hand over signals. They are angry, don't take their medicines and don't participate in activities organised for them.

Zoetemelk knows she is not the only one who has experienced death-wishes and suicides. 'Suicide by elderly people who are weary of mind is a common social problem. It is important to talk about it. It has occurred in the past, it happens today, it happens in The Netherlands and presumably it happens all over the world. But in announcements one talks about an accident and not about suicide.'

She doesn't thinks it happens more often now. 'In the past it was not discussable. Besides, euthanasia and assisted suicide were not legally. Nowadays most people know about the possibilities. That makes them more open to talk about euthanasia. Most

people think you can ask for euthanasia, and you can get it. But that is not the case. The conditions are very strict. One has the right to ask, not to get. At the other hand, when a person comes to live in our nursing home we talk about reanimation and the possibility of a non-reanimation statement.'

Alert

The wrong image of euthanasia is partly the effect of the way general practitioners handle the death-wish problem. They promise to help but wait too long (in case of sneaking-along dementia) or don't specify that weariness of life is not a criterion for euthanasia. 'The only thing we can do is staying alert if a death-wish has been spoken out. I am not going to inspect and control their chamber.'

In her 17 years-career Zoetemelk has not seen that euthanasia has been granted if someone was weary of life. There had to be a combination of weariness and bodily illness. Neither had she seen that persons with a persistent death-wish did renounce it. She does not have the ideal solution. 'Enlarge the euthanasia law? I don't know. It is a social problem in the first place. It helps if the problem is not ignored. The important thing is to stay with them, at their side. The problem is a social one. The family structure is less then in former times, children don't visit their parents every week, if at all. They know their parents are taking care for, and they themselves are busy.'

The nursing homes have a negative image in the news. 'Let us view the nursing homes in a positive way and give the elderly people the attention they should have. Of course there will be persons who don't want to live on, but a bit of attention has never done harm to anyone.'

Albert Heringa assisted his 99-year old mother at her suicide

IT WAS HER OWN INTENSE WISH

'She knew what she wanted.' **Albert Heringa assisted his 99-year old mother at her suicide. He gave her the medicines which she took to make an end to her life. Formerly he is punishable. Intentionally he seeks the publicity in this interview and in a television documentary.**

By Fred Verbakel

Life is a right, not a duty. The limit is yours to determine. Albert Heringa (67) an ecologist who has travelled all over the world, thinks this way so does his mother. He called her always Moek (Mum).

Four years before she died, Moek went to a home for the elderly a home with a Christian signature. Moek could function independently but she hardly had any contact with other people. She could enjoy nature, birds and listening to a spoken-book. Things changed when she had to move to another room. She missed the peaceful setting, the birds and the squirrel that came to her chair. She became more aware of the infirmities of old age, her view became worse and her self-confidence disappeared because she often got confused.

Control

More often she had told she did not want to go on, that she wanted to die. But the moving on to another room made her death-wish acute. She had more bodily ailments and once in a while she was confused. She was afraid to lose the control of her life. She did not want to see her 100^e birthday she even did not want to wait for her second great

grandchild to be born. After that Albert knew 'something is really wrong'. In a personal talk she said that she wanted to die, very soon. She was member of the NVVE since years and had completed all necessarily documents.

'The discussion with the physician was wearisome. Moek was not clear in what she wanted. The physician thought she did not meet the criteria. He understood her wish and suggested to stop with eating and drinking. That was not what she wanted, though and she felt deserted.'

Stock pills

The next time I came to visit her, she showed me the stock pills she had gathered by not taking them in. The amount was unbelievable! His mother said 'I will take them all at once and then I won't wake up anymore.' I inspected the pills; she could not die by taking them. She was desperate.

Albert Heringa had compassion and thought of a solution. He looked in the booklet with methods for suicide. He himself had anti-malaria medication he could use. He talked to his mother and she wanted badly the medication to fulfil her death-wish. 'Her death-wish was serious. She knew what she wanted.' The only thing lacking was long acting sleeping-pills and anti-vomiting pills, for which a solution was found. In the view of the fulfilment of her death-wish Moek revived. She reflected on the music being played at her cremation: songs from Schubert and a cello suite of Bach. Her husband, who died in 1972, had played them himself.

Photos

And the risk that her son would end in prison because of assisted suicide? 'She surely had not realised that, and I have not mentioned it', says Heringa. The last two weeks the contact was intense. 'We talked about the past by looking to pictures. Moek knew a lot about illustrative art and literature, and she was surprised to see that I was interested. In fact Moek wanted to go without saying goodbye. "You can't do that in respect to my daughters" I said.' She agreed to say goodbye to her grandchildren.

'In the evening we had decided it should happen, I wanted to ask her if she was sure, definitively sure she wanted to die. I did not get the chance. She interrupted me and replied with a citation of Schiller: *Ich bin, spricht jener, zu Sterben bereit. Ich bitte nicht um mein Leben.*'

After she had taken about 150 pills partly with yogurt and we had said goodbye, she slept within several minutes. One and a half hour later I left, around half past ten. I would have liked to stay all the time, but that was not possible for obvious reasons. Besides she wanted to die alone. She had said in advance: 'tomorrow they will come and say: Good morning madam, did you sleep well? And then I am not there anymore!' Nobody had to know about the suicide."

A natural death. It hardly went wrong. The night-nurse had observed that Heringa was leaving at a later hour than usually. Probably she had taken a look, although his mother had said explicitly that she did not want to be disturbed during the night. 'The nurse called me at six in the morning. She said: "you probably know very well why I am calling." I was tired and overcome with sleep. I said she should call the doctor. After that I cried for ten minutes. All the stress and sorrow had to come out. But I was glad that my mother had died without complications.' The doctor, a weekend physician, ascertained a natural death had set in at 5.30 hour.

Why did Albert Heringa, after one and a half year, seek the publicity and risk going to jail? 'Over fifteen years I am a member of the NVVE, I support their targets and the spearheads to which attention is drawn now. I saw two documentaries about the wish to

die, one concerning suicide the other concerning dementia, and I read about the intention to make a documentary about fulfilled life. To me Moek was the ideal example.' 'Her wish to leave this world was indisputable legitimate, because of her old age, her lucidity, her loss of control and her ever growing bodily ailments, It was clear she should have become eligible for euthanasia. I contacted the NVVE and they were interested.'

No help

'The fact that Moek did not get help from a physician and that I a layman, had to help her is really very sad. With people getting older this problem will grow. That's why I am involved. I would like to get this help in the future.'

What he has done does not feel as a crime. 'I have made a film, though, of my last hours with her to document the taking of the medication to safeguard myself if juridical steps should be taken.' He continues: 'I don't want to be a martyr, but if I am going to be convicted, let it be. There are lots of books I still want to read. A possible punishment will affect my nearest above all. I have helped Moek to do what she could not do by herself. It was her intensely felt wish to may go.'

HOSPICE AND CHOICE

By Walburg de Jong, instructor NVVE

The NVVE is looking for solutions for three groups of patients: demented people, chronic psychiatric patients and persons who value their life as being fulfilled. The NVVE wants to explore and map in which Dutch hospice, if any, it is possible to die with self collected medicines.

From the investigation it became clear that it is not possible to the fore mentioned groups to die in a hospice, not a single one, outside the dying-phase with self collected medicines. Within the dying-phase it is possible in some of the hospices, namely 26%.

Even in the future, most hospices will not take in those people. Although in the future 42% is willing to take in old people, who consider their life as being fulfilled, if they will stop with eating and drinking. However, we do know that to stop with eating and drinking is only an option for persons seriously ill or very old and in a bad shape.

From the investigation it also became clear that 80% of the hospices accept euthanasia and assisted suicide by a physician under the law. Members of the NVVE can be informed in which hospices euthanasia and assisted suicide is an option. In all hospices palliative sedation is possible. It is said in 98% of the hospices that it is possible for a patient in the dying-phase to stop wilfully with eating and drinking.

All hospices, except those for under the 18 years have been addressed. Of those 185 (90%) hospices have reacted. Together they have 965 beds. The departments Noord- and Zuid-Holland do have the most capacity, Groningen the least. In 97 percent an indication from the Health authority is obligatory; 83 percent of the hospices do have their own additional criteria. 129 hospices do have a neutral/ general signature, 35 a religious, four are humanistic, one of the Salvation Army, one Anthroposophic. Fifteen hospices did not fill in their signature.

The investigation took place between 18 August and 28 September 2009, by volunteers of the NVVE.

In 2010, as a follow-up, the NVVE will investigate the possibility to set up hospices with a complete and broad palette of choice options for the end of ones life.

NUMBER OF REPORTS EUTHANASIA AND ASSISTED SUICIDE INCREASE IN 2009

In the year 2009 more cases of euthanasia and assisted suicide have been reported to the Regional euthanasia review committees again, in total 2500. This increase of 200 cases is a structural one, according to the chairman of the committees Mr. Jan Sluiter.

In six cases assisted suicide has been granted to people in an early stage of dementia. In total this has occurred 22 times since the counting has started in 2002. In all the cases the rating 'carefully' has been given by the controlling committee.

The reactions vary. The Christian Parties want to have a reaction by the Minister of Justice. At the other hand a professor in geriatrics, Dr. Cees Hertogh, states in a television program that many physicians have the opinion that they cannot help demented people who have a death wish. 'That is nonsense and the result of ignorance. The suffering is what counts, not the diagnosis.'

In that same program a general practitioner mentioned he had given assistance to a 67 – year old patient in an early stage of dementia. The general practitioner named 'fear for the future' the major problem to the patient. Exactly this point worries the Christian Parties. They fear that euthanasia is asked for out anxiety to be hospitalized in an institution.

Citizen initiative 'Completed Life'

'COMPLETED LIFE' ON THE POLITICAL AGENDA

The initiative group Uit Vrije Wil (Off Free Will) works towards legalisation for assisted suicide for elderly people with a fulfilled life – to start with getting the subject as a citizen's initiative on the political agenda. Old-politicians and among others cabaret artist Paul van Vliet co-operate.

By Leo Enthoven

Sociologist Yvonne van Baarle is initiator and chairman of 'Uit Vrije Wil'. The initiative group hopes to force a political debate by means of a citizen's initiative. As soon as this initiative has the support of forty thousand Dutchmen entitled to vote, it has to be put on the agenda of the Second Chamber [Lower House]. That is the way democracy works. Chairman Yvonne van Baarle counts on a multiple of autographs. She knows she has the support of known Dutchmen like Jan Terlouw, Hedy d'Ancona and Paul van Vliet.

Van Baarle's own being concerned with the subject, dates back to the decease of her parents. 'Their passing away took place in a way they never had wanted it. They had put in writing everything, but my sister and my self could do nothing for them' she tells.

As a buddy for the Stichting Buddy Netwerk (Foundation Buddy Network) Van Baarle is being confronted with painful situations and queries about terminal care. 'In general our society has emancipated drastically. Citizens are more independent, and individualizing leads to self-determination in all kind of fields. In this context I do find it strange that human beings are not allowed to decide about their own life's end, if they find their life has been fulfilled. Indeed, people do have to have this right, be it under strict conditions.'

Simply said: the initiative group finds that the one who is capable to express his will and is very old, has the right to assisted suicide. Self-determination and the free will of the individual are foremost. The person, asking for help, should be of old age and should,

after a long period of deliberation, have come to the conclusion that he has lived his life and his life has been fulfilled. The age limit of seventy is thought of, but will be discussed.

To exclude 'life fulfilment tourism' this kind of terminal care will be eligible to Dutch citizens only. Special trained assistants have to take legally bind criteria for assistance in consideration, and have to take a clearly defined path. The authentic motivation of the elder person comes first.

In this respect the group does not expect much from this administration. But the elections in 2011 are in view and 'Uit Vrije Wil' aims to put this subject on the election programs. There will be people against a legal settlement. Van Baarle: 'Objections may come from religious conviction or from mortal fear. Though, those principles and fear may not impede those who want to say goodbye to life in a dignified way. Their wish is based on norms and values, also. And they long as well for compassion and respect.'

The aim of the initiative group 'Uit Vrije Wil' is legalizing assisted suicide in case of old people who view their life as a fulfilled life; this on their explicit request and under strict criteria of carefulness and controllability.

FULFILLED LIFE: NVVE STARTS BIG CAMPAIGN

In February the NVVE will start the campaign 'Voltooid Leven' (Completed Life) It is a follow-up of the social discussion on the 'Pil van Drion', starting in 1991 with an essay of Huib Drion in 'NRC Handelsblad' -a high-ranking daily paper. The essay was a powerful statement to consider the possibilities of a 'pill' for old people who consider their life as being fulfilled and who are longing for means to step out of their life on a self-chosen moment. Many times this subject has been on social and political agenda's and every time it has been put aside.

To see to it that the discussion will go on and lead to concrete steps the NVVE starts a campaign 'Voltooid Leven'. This will be supported by social organisations like the 'Humanistic Verbond', the Humanist Society, 'Stichting De Einder' and the initiative group 'Uit Vrije Wil'.

The NVVE is of the opinion that old people should be able to make a deliberated request at their life's end. People don't have to make use of the opportunities for help in assisted suicide, but they do have to have the choice. Of course all carefulness should be observed.