

Euthanasia on the Dutch model

by Jutta Dinkermann

On Aug. 31 of this year, the Christian-Liberal government of the Netherlands proposed, after a two-year debate, draft legislation on the "euthanasia question," which would permit euthanasia of "incurable" patients. Doctors are to be conceded the right to rely simply on "reasons of conscience" in their actions.

In fact, Dutch doctors have been allowed to perform euthanasia "under certain conditions" since 1973. Then, as now, there were qualifications, to the effect that "the patient has the last word" or "in contested cases, the decision should still be made before a judge," but these were and are a farce. No charges are brought by the state prosecutors, and the justification each time is the same: It is not in the "public interest." Yet even the minimal risk of being taken to court can be avoided by doctors now by a simple ruse: The death certificate will read, simply, "natural causes, heart failure," or some other lying diagnosis.

With an average death rate in the Netherlands of 120,000 per year, approximately 12,000 human beings are subjected to euthanasia, and a large number of those against their will. The Dutch newspaper *NCR Handelsblad*, which gave these figures on Sept. 22, reports, in addition, that only 15% of these cases were ever brought before a court.

The euthanasia activists

The euthanasia lobby in Holland is large, and one of the most active in Europe. The executive board of the Royal Holland Society for the Promotion of Medicine is a zealous advocate of euthanasia, and is supported by approximately 60% of Dutch doctors. One of the most zealous fighters for euthanasia is Baroness von Till d'Aulnis de Bourneuil, a descendant of an old French family. She leads the Dutch Society for Voluntary Euthanasia and works closely with "Dr. Death," Pieter Admiraal. A 1986 survey showed that 76% of Holland's citizens approve of euthanasia under "certain circumstances."

It is no coincidence that the Dutch today frequently speak of the "plague of old people," and sharp cuts in care for the sick and the aged have produced a correspondingly bad level of care in the Netherlands. More and more of the elderly are—understandably!—refusing to go to a rest home or to a

hospital, out of fear that they will be killed.

A Dutch specialist in internal medicine described an effective practice by means of which he could force his more reluctant patients to request euthanasia: "The only thing I have to do, in order to get a request for active euthanasia, is to shoot them up with a cytostatic agent, ignore their pain, and, above all, devote little time to them."

Yet it is far more often the family, rather than the patient himself, who express the wish that the patient should die. Professor Muntendam, who was chairman of the Dutch Euthanasia Society in 1976-77, wrote in 1977 that in cases where the desire for euthanasia is lacking, an important role must be conferred on the family! But not in the converse case: If seriously ill children, under 18 years of age, express the wish to die, parents, in the view of the Dutch health law, do not have the right to intervene and save their children.

Meanwhile, the director of the Amsterdam Academic Hospital, Dr. Jan ten Brink, in whose clinic euthanasia is practiced daily, deliberates quite openly on how he can eliminate, in the most elegant manner, retarded newborn children—who, of course, cannot state whether they would like to live or die. In an interview with the West German magazine *Stern*, Ten Brink stated: "I believe there is one way. In constant conversations with the parents of such a child and the doctors involved, an independent team must determine from a check list whether the conditions are met in order to prolong or end such a life. Agreement must have been reached about the points in such a list." The State Commission for Euthanasia also does not insist on the "necessity" that a human being express the wish to be killed. It proposes—should it come to the filing of charges—that the maximum punishment in such a case be reduced by one-third if the victim is not able himself to express such a wish.

The following are a few of the recent cases that have received publicity:

- At the beginning of 1985, it was admitted that a resident physician in a home for the elderly had killed at least three elderly patients, against their will. The doctor was not convicted.

- Last year, a health care worker killed a physically and mentally retarded youth in a psychiatric clinic. A psychologist defended the murder as follows, in a newspaper article: "Precisely because those severely retarded mentally cannot express their will, they are not moral beings, and we therefore need not apply the moral standard we use for human beings to them."

Cases this year have also been admitted in which health care workers have killed comatose patients, and in which those ill with AIDS are subjected to "mercy killing." A Dutch doctor has written recently that he knows of cases, from his own experience, in which human beings were killed against their wills and without knowing they were being killed. The doctor's justification in each case was: This life is no longer worth living.