The Netherlands: Forerunner or Loner?

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Worldwide the Netherlands has the broadest experience with voluntary euthanasia and assisted suicide. In 1994 a clause was added to the Burial and Cremation Act allowing doctors to help a person die, so long as the patient made an informed request and faced unbearable suffering with no prospect of improvement. This clause was further cemented by the Euthanasia Act in 2001.

Two forms of assisted dying are practiced legally in the Netherlands: euthanasia, in which the action of the physician causes death, and physician-assisted suicide, in which a doctor provides the patient with a legal dose of medication to be administered by the patient themselves.

Although I was sceptical about this legislation at the beginning, I could and can imagine the exceptional case of ending a patient's life when nothing else can ease unbearable suffering. It was and is my conviction that some form of legalisation of assisted dying may be needed when public support reaches a certain level, as a matter of democratic respect. This is why I agreed to join one of the five regional review committees in 2005. Each committee consists of a lawyer, a physician and an ethicist, charged with overseeing the practice and retrospectively assessing whether a case of assisted dying complied with the law. Over nine years, I reviewed almost 4000 cases of assisted dying, almost all of which met the legal criteria. I have no doubt as to the professional and personal integrity of the physicians involved, and am impressed by the heartbreaking situations in which many patients find themselves at the end of a deadly disease.

For a decade and a half the Dutch system seemed to provide a means to stabilise the number of cases and prevent the expansion of grounds for seeking assisted dying. However, from 2007 the numbers of assisted dying cases started increasing with a solid 15 per cent each year. In 2017 the number of reported cases stood at 6,585, a rise of 242% from the 2005 figure. In 2015, 4.5% of all deaths in the Netherlands were the consequence of assisted dying. Based on ongoing research, I see reason to believe that we will see a further rise in the numbers. Furthermore, contrary to claims made by many, the Dutch law did not reduce the number of suicides, which instead went up by 35 per cent over that period.

There has also been a shift in the type of patients who seek assisted dying. Whereas in the first years the vast majority of patients- about 95 per cent – had a terminal illness with a natural death expected within days or weeks, an increasing number of patients now seek assisted dying because of dementia, psychiatric illnesses, and age-related complaints. For a considerable number of Dutch citizens, euthanasia is fast becoming the preferred mode of dying for cancer patients, and public opinion is beginning to interpret it as a right, with a corresponding duty for doctors to become involved.

The good news is that the level of palliative care has increased significantly over the past 15 years and has now reached a level similar to that in neighbouring countries. But it appears that good palliative care does not keep patients from requesting assisted dying. Rather than requesting euthanasia out of fear of ineffective palliative care, an increasing number see it as the form of a good death after a trajectory of good palliative care. Where fear of suffering was the most important motive initially, elf-determination now seems to have taken that role.

It would require extensive discussion to identify the backgrounds and reasons for these developments. The 2017 Governmental Evaluation suggested that there is a diminishing tolerance in

society for suffering. This does not imply a diminishing degree of compassion, but rather that compassion increasingly includes the preparedness to end life. The Dutch example gives reason to conclude that, just as with other human actions and needs, supply may have created demand. Some may argue that what has happened in the Netherlands is bound to happen in *any* country that legalises assisted dying. However, it may not be legalisation in itself, but the way in which the Dutch have set the rules, that leads to these developments. This is why Oregon, Canada, and Australia should also be closely monitored: will these states be able to prevent the surge in the demand for an organized death that the Netherlands have seen? The rule that human life needs protection needs better safeguards than those the Dutch have chosen.