The Quest for Limits

Law and public opinion on euthanasia in the Netherlands

Joop van Holsteyn and Margo Trappenburg

Introduction

One of the recurring worries about Dutch euthanasia policy is that almost everything would have become permissible over the years. The Dutch have been talking about euthanasia for dying cancer patients, but they have also discussed the medical shortening of life for elderly patients suffering from Alzheimer's disease, they have debated the fate of permanently comatose patients, they have talked about psychiatric patients determined to take their own lives, about minors, supposedly entitled to decide for themselves about life and death, and about old people who do not want to wait for natural death to collect them. Obviously, mere talk (or even extensive public debate) does not necessarily imply acceptance. The most logical place to find out what is and is not considered permissible in the Netherlands is the new law on medical assistance in dying and the parliamentary proceedings concerning this law (an english translation of the new law is included in this special issue, cf. p. …) The second most relevant place to search for moral acceptance and its limits might be the medical profession and its organizations, most prominently the KNMG but also the associations for psychiatrists or nursing home physicians. The Dutch law has been characterized as the result of "a process of self-regulation [by the medical profession] which has been going on for more than twenty years already."[1] Legal sociologist John Griffiths did extensive research into the norms and regulations surrounding euthanasia in the Netherlands. He observed that "the rules that now apply to euthanasia emerged within the medical profession itself and were later adopted by the courts in the context of criminal prosecutions. The courts - especially the Supreme Court - have formulated the defense of justification available to a doctor in a way that explicitly acknowledges the primacy of medical ethics and professional standards."[2] The medical profession in the Netherlands is very well organized, almost all medical doctors are members of the KNMG. Hence, one may assume that most of them share the statements issued by their

[1] J. Griffiths, ' Self-regulation by the Dutch Medical Profession', in: H. Krabbendam & H-M. ten Napel (eds.), *Regulating Morality. A Comparison of the Role of the State in Mastering the Mores in the Netherlands and the United States.* E.M. Meijers Instituut en Maklu Uitgevers, Antwerpen-Apeldoorn, 2000, pp.173-190 [p.177].
[2] Ibid.

organiztion. This being the case it seems likely that the criteria for acceptable euthanasia enacted in the law will tend to concur with the limits drawn by doctors.[3]

The third most logical place to look for the boundaries between acceptable and unacceptable forms of euthanasia would be public opinion. Where do ordinary citizens draw the line and does this line correspond with the boundaries that emerge from the law and its accompanying parliamentary proceedings? That is the central question in this article. We will focus on the substantive criteria in the new law - unbearable suffering, and a voluntary, well-considered request - thereby assuming that ordinary citizens are less interested in procedural criteria such as the consultation requirement and the notification procedure.

Method and data

In January 2001 we sent a self-administered postal questionnaire to a random sample of 2500 households in the Netherlands.[1] The sample was provided by the Postal Office. In an accompanying letter we described the procedure for drawing a sample within the household. The questionnaire should be filled in by a person 18 years of age or older, more specifically by the person in the household whose birthday would be the first to follow the receipt of the questionnaire. One week after sending the questionnaire a reminder was sent. Because of a lack of funds only one letter was sent and not a new questionnaire. A total of 1027 questionnaires were returned of which 991 were filled in completely, a net response of 39.6 percent. The survey of 2001 was a replication of a survey held in 1995; the net response in our first survey on euthanasia was 46 percent (of a sample with size 2000). In both years a comparison of the respondents with the Dutch population as a whole on known characteristics as sex, age, and religion showed only minor deviations.

Both in 1995 and in 2001 most of the questions on euthanasia were cast in the form of so-called vignettes, i.e. sketches or scripts of various situations in which some form of euthanasia was suggested or applied. "The advantage behind their use is that (...) vignettes present the respondent with concrete and detailed situations. It becomes possible, therefore, to discuss norms and beliefs in a situated way which accepts the complexities normally surrounding them."[2] Most sketches in our questionnaire were followed by several approval/disapproval statements with which the respondent could (fully) agree or (fully) disagree on a seven-point

[3] One criterion which does not seem to meet wholehearted acceptance in the medical profession is the notification procedure. Cf. Griffiths, J., A. Bood & H. Weyers, *Euhanasia and Law in the Netherlands*,

scale. All vignettes in the questionnaire were based on or inpsired by real life situations, i.e. actual cases of euthanasia in the Netherlands. The survey of 2001 was meant to be a replication of the original survey of 1995 and the questionnaires included many identical questions, but we added some new questions (vignettes) in 2001 as a result of the most recent developments with regards to the practice of euthanasia in the Netherlands.

Results: opinions on euthanasia

'Ordinary' euthanasia

In most cases of euthanasia in the Netherlands the patient requesting euthanasia suffers from cancer or some other gruesome terminal disease such as multiple sclerosis or a progressive muscular disease.[4] In our 2001 questionnaire we included a general question on euthanasia in its most common variety. This question was followed by a vignette that described the case of Mr. Bootsma, an example of this type of euthanasia. We asked the same questions in our 1995 survey. The results of these two questions are presented in Tables 1 and 2.

Table 1. General opinions towards euthanasia, 1995 and 2001

Question:

Euthanasia is the termination of life by a doctor after repeated requests by a terminally ill patient. Some persons feel that euthanasia should be forbidden under all circumstances. Others feel that a doctor should always be allowed to perform euthanasia at the request of the patient. And, of course, there are those whose opinion lies between these two positions.

What is your opinion? Could you place yourself on the scale below?

	1995		**2001**	
(1, 2, 3)				
always forbidden	12	13	12	12
4	8	8	10	10

Amsterdam, Amsterdam University Press, 1998, p. 237. Also there is some doubt whether nursing home physicians are happy with the prominent status of advance directives in the new law.

[4] In 1995 80 % of the patients dying as a result of euthanasia suffered from cancer, 4 % from neurological diseases. Van der Wal, G.A. & P.J. van der Maas, *Euthanasie en andere beslissingen rond het levenseinde. De praktijk en de meldingsprocedure*, Den Haag, SDU 1996, p. 54.

always allowed (5, 6, 7)	77	80	75	78
don't know/no answer	3	*	4	*
Total	100%	100%	101%	100%
N=	911	882	991	953

Table 2. Opinions towards euthanasia in the case of Mr. Bootsma, 1995 and 2001

Question:

Mr. Bootsma has an incurable muscle disease. He is no longer able to walk. Speech is becoming increasingly difficult. The disease will cause more and more paralysis and the chance is great that in about two months he will suffocate. Bootsma has repeatedly told his wife and his physician that he does not wish for things to go that far. He would like for the doctor to help him die. Bootsma's physician consults with another doctor and then provides Bootsma with a lethal injection.

Do you think that Bootsma's physician has acted correctly?

	1995		**2001**	
Yes	76	83	82	88
No	16	17	12	12
don't know/no answer	8	*	6	*
Total	100%	100%	100%	100%
N=	911	840	991	931

Psychiatric patients

Over the years euthanasia in the case of incurably ill patients - suffering from cancer or some other somatic disease - has become relatively unproblematic. Euthanasia in this classical sense is generally accepted in the Netherlands. A small minority of Dutch citizens (about 12 percent in both our 1995 and 2001 survey; see Table 1) opposes euthanasia in whatever shape or form

it may take.[5] However, an overwhelming majority of about 80 percent agrees that doctors should be allowed to end the life of an incurably ill patient, who is suffering unbearably, at his or her explicit request. We see this majority if we look at the very general question on euthanasia (Table 1) as well as in the of physician-assisted death of Mr. Bootsma (Table 2).

Although dying patients suffering from one or another lethal disease are by far the largest group of patients requesting euthanasia, they are not the only ones. Occasionally other cases of euthanasia or medical assistance to suicide attract media attention. In June 1994 the Dutch Supreme Court ruled in what became known as the Chabot case.[3] Mrs. Boomsma, the patient in this case, was a middle-aged woman. Her marriage had never been very happy and had ended in a divorce. Her oldest son committed suicide while he was in military service. Her youngest son suffered from cancer and died too. Thereupon Mrs. Boomsma found that she had nothing left to live for. All she wanted was to be buried between her two sons. She contacted psychiatrist Boudewijn Chabot and asked him to help to end her life. After numerous conversations with Mrs. Boomsma, Chabot decided to help her. He finally gave her medication to enable her to commit suicide.

The Chabot case raised two moral issues at the same time:

(1) Can psychiatric patients suffer unbearably, without any prospect of improvement? And if so, is it acceptable for doctors to assist them in suicide?

(2) Is it acceptable for a doctor to help people take their own life because they are very unhappy and desperate, when they do not suffer from a disease?

The Supreme Court answered the first question affirmatively. According to the Court in exceptional cases psychiatric patients may be given assistance in suicide. However, doctors who want to go along with such a request should be extremely careful and take even more precautions than doctors who commit 'ordinary' euthanasia. This ruling of the Supreme Court was in line with the position defended by the Royal Dutch Medical Association (KNMG) in a report on psychiatric patients.[4] The report on euthanasia in the Netherlands suggests that assistance in suicide to psychiatric patients occurs less than ten times per year although several hundreds of psychiatric patients ask their psychiatrists to help them take their own lives.[6]

---

[5] The results of these questions in our survey concur with other opinion research in the Netherlands. The Social and Cultural Planning Bureau found a percentage of 10 to 16 % of respondents rejecting euthanasia in whatever form or shape (on the basis of several surveys with different questions). SCP, *Sociale en culturele verkenningen 1997*, Rijswijk, 1997, p. 163.

[6] Van der Maas, P.J. and G. van der Wal, *Euthanasie en andere medische beslissingen rond het levenseinde. De praktijk en de meldingsprocedure*, Den Haag, SDU 1996, pp. 202-217.

There was a complicating factor, however. Chabot maintained that Mrs. Boomsma had not been a psychiatric patient at all. In fact, this evaluation of her case had been a contributing reason for his decision to honor her request. After all, psychiatric patients do not always know very well what they want, since their disease may cloud their judgment. Mrs. Boomsma on the other hand knew exactly what she wanted and she certainly did not want to be seen as a patient in need of therapy. She was extremely unhappy and she just did not want to get over the death of her children, as she did not want to change her self.[5] This raised the important question whether people who do not qualify as patients in a normal sense of that word, because they do not suffer from a disease or an illness, should be able to ask for medical assistance to suicide.

Unfortunately, the Supreme Court did not answer that specific question in the Chabot case and this question thus remained hanging. Five well-known intellectuals (Achterhuis, a philosopher; Koerselman, a psychiatrist; Otten, an author; Goud, a theologian; and Schalken, a lawyer) took issue with the Chabot case. In their pamphlet *Als de dood voor het leven* (Scared to death of life) they argued that the Supreme Court should have taken a much firmer stand against Chabot's assisting of Mrs. Boomsma.[6] As a result of the decision of the Court, which was followed by many articles in newspapers and magazines, and of this pamphlet, the moral and ethical questions raised by the Chabot case were widely discussed in the Netherlands.

In October 2000 the Haarlem Court of Law had to give a verdict on the case of the late senator Brongersma and his general practitioner Philip Sutorius. Sutorius had chosen to help Mr. Brongersma to take his own life. Brongersma suffered from a few minor old age problems, such as having trouble walking. However, his main reason for wanting to die was that life had ceased to be valuable in his eyes. Being 86 years of age, he had retired from work quite a long time ago. He felt alienated from modern life when he read his daily newspaper. All his friends had died. He was lonely and tired of life - he felt like death had forgotten to fetch him.[7] Prof. De Beaufort, a well-known medical ethicist and expert witness, testified that there was no consensus in medical ethics as to what does and does not constitute unbearable suffering. In her personal opinion one should adopt a broad definition of this concept. Given such a broad definition it might very well have been the case that Brongersma had indeed suffered unbearably. The Court of Law sided with De Beaufort's vision and Sutorius was discharged.[8] The prosecution decided to appeal.

Like the Chabot case, the Brongersma verdict was widely discussed among experts as well as in the media. As it happened, the verdict in the Brongersma case was given on the same day that the new law on euthanasia was discussed in a parliamentary committee meeting. As may

have been expected, cabinet members and members of parliament were asked for their opinion and felt obligated to take a stand on the Brongersma case. The euthanasia bill was supposed to regulate euthanasia for patients who are suffering unbearably, without any prospect of improvement. But did that include psychiatric suffering? And did it include unhappiness, loneliness, and other forms of unhappiness without a medical cause? During the debate in the Second Chamber (the Dutch lower house) opinions seemed to differ. The minister of Justice, Benk Korthals (Liberal Party), argued that the bill was certainly not meant to cover cases in which the individual requesting euthanasia was merely 'tired of life'. The minister for Health, Els Borst (Democrats '66), on the other hand argued that she did not know whether patients who felt tired of life were not suffering from a disease after all. A few smaller parliamentary groups (the GreenLeft party and the social-liberal Democrats '66) sided with the minister for Health. Other parliamentary party groups seemed to choose Korthals' position on this touchy matter.

When the bill was discussed in the First Chamber (the Dutch senate) Korthals' position had clearly prevailed. The cabinet argued time and again that the criterion of unbearable suffering would lose its bite and meaning if it were to be used outside the context of illness and disease. Doctors were not supposed to judge on matters outside their field of expertise.[9] Apparently the legislature has drawn the line between acceptable and unacceptable euthanasia as follows: In order to 'apply' for euthanasia or medical assistance in suicide one should suffer from a medical condition, 'preferably' a somatic disease. In exceptional cases it may also be a psychiatric disease. Despair, loneliness or unhappiness, however, do not qualify as legitimate grounds for euthanasia.

How does this line, drawn by politicians, between acceptable and unacceptable cases of euthanasia relate to the lines drawn by ordinary citizens? Do they agree with the Korthals position? Or do they support the position taken by minister Borst? As stated earlier, with regard to psychiatric illness, the Royal Dutch Medical Association (KNMG) agreed with the Supreme Court’s verdict in the Chabot case: in exceptional cases euthanasia or physician-assisted death should be available for psychiatric patients, provided the psychiatrist proceeds with great care. So far the KNMG has not taken a stand on cases like the one that doctor Sutorius was asked to deal with. The KNMG recently installed a committee to reflect on the Brongersma case, but this committee has not yet published a report.[10] Scarce statements in the past suggest that the doctors’ association would not be very keen on having their territory expanded so as to include all kinds of unhappiness and misfortune.[11] Empirical research among doctors has shown that as a rule they do not tend to comply with a request for euthanasia from patients

who do not suffer from one or another medical condition.[12] This would suggest that doctors support the line drawn by the legislature, i.e. by minister Korthals in particular. But how about public opinion? This is what we will try to find out on the basis of our survey research (of 2001). First, we presented our respondents with the story about Mrs. Langezaal, a woman suffering from a psychiatric disease.

Table 3. Opinions towards euthanasia in the case of Mrs. Langezaal, 1995 and 2001

Question:

Mrs. Langezaal is a middle-aged woman. She is physically in sound health, but not mentally. She has suffered for years from depression and the treatment provided by the doctor has not helped. She repeatedly tells her doctors that she wishes to die. She has also once attempted to commit suicide, but was unsuccessful. Mrs. Langezaal goes to her psychiatrist and requests a potion with which she can end her life. The psychiatrist provides her with this potion.

Could you indicate what your reaction is to the action of the psychiatrist?

a. *It was correct of the psychiatrist to provide the potion, because the woman had repeatedly indicated her wish to die.*

	1995		**2001**	
[completely] disagree	46	52	48	58
4	11	13	8	10
[completely] agree	31	35	27	32
don't know/no answer	12	*	18	*
total	100%	100%	101%	100%
N=	911	799	991	817

b. *It was not correct of the psychiatrist to provide the potion, since patients suffering from mental illness can recover.*

[completely] disagree	26	33	26	32
4	12	15	13	16
[completely] agree	42	52	43	53
don't know/no answer	19	*	19	*
total	99%	100%	101%	101%
N=	911	736	991	800

c. *It was not correct of the psychiatrist to provide the potion, since patients suffering from mental illness are not able to make decisions about their own life and death.*

[completely] disagree	30	37	30	37
4	11	13	12	14
[completely] agree	40	50	39	48

don't know/no answer	19	*	19	*
total	100%	100%	100%	99%
N=	911	738	991	805
d. *It was not correct of the psychiatrist to provide the potion, because it ends a person's life.*				
[completely] disagree	42	54	38	48
4	9	12	8	11
[completely] agree	27	35	33	42
don't know/no answer	23	*	20	*
total	101%	101%	99%	101%
N=	911	705	991	790
Note: [completely] disagree: position 1, 2, 3 on a 7-point scale; [completely] agree: positions 5, 6, 7.				

The case of Mrs. Langezaal (see Table 3 for the question and results) was included in the survey of 1995 as well, so we can compare the opinions of 1995 and 2001. Apparently, opinions differed in 1995 and still differ in very much the same way in 2001 on whether euthanasia or assistance to suicide to psychiatric patients should be permitted. In both years a majority disagrees with the statement that the psychiatrist acted correctly, since Mrs. Langezaal had repeatedly told him that she wanted to die; however, one third of our respondents agree with the action of the psychiatrist. An important reason for rejection his action seems to be that people think that patients suffering form a mental illness still have the chance to recover form their illness. Half of the respondents (who gave an answer to this question) agree with a statement with this meaning, as opposed to one third who disagree. There is also a plurality of respondents who agree with the statement that the psychiatrist acted wrong in the case of Mrs. Langezaal, since patients like her, suffering from a mental illness, are not able to decide over their own life and death.

We see that in the case of mentally ill patients like Mrs. Langezaal public opinion is divided. Most people are reserved with regards to euthanasia in this situation, but on the other hand a substantial minority of about 30 percent seems to accept physician-assisted death even in the cases of mental illness.

Unhappiness and despair

How about euthanasia for those 'patients' who are not patients at all, but who suffer unbearably and want to put an end to their sufferings? How about the Chabot case if the Court of Law

had followed Chabot's opinion that Mrs. Boomsma did *not* suffer from a psychiatric disease? To probe for opinions with regard to euthanasia under these circumstances, we presented our respondents with the tragic life of Mr. Van der Helm (see Table 4).

A large majority of our respondents seem to think that euthanasia and medical assistance to suicide is not meant to end the lives of unfortunate people like Mr. Van der Helm. A large majority of all respondents (72 percent) disagrees with the fact that the doctor gave Mr. Van der Helm the pills, since he was so very unhappy. Of the respondents who responded to this particular statement - almost 20 percent did not - almost 90 percent disagrees, and less than 10 percent agrees with this action of the doctor. The fact that Van der Helm compellingly asked his doctor for the pills is not reason enough to create support for the action of the doctor. An overwhelming majority of 86 percent of the respondents who answered this question disagrees with the statement that it was correct of the doctor to provide the pills, because Mr. Van der Helm pleaded for them.

Table 4. Opinions towards euthanasia in the case of Mr. Van der Helm, 2001

Question:

Mr. Van der Helm is 55 years old. His only son died four years ago in a traffic accident. After the death of his son, his marriage deteriorated. He is now divorced from his wife. Mr. Van der Helm no longer enjoys his work. He is extremely unhappy and has repeatedly asked his family physician if he would help him to end his life. The family doctor finally decides to give Mr. Van der Helm the pills that will allow him to carry out his wish.

Could you indicate what you think about the action of the doctor?

a. *It was correct of the doctor to provide the pills, because Mr. Van der Helm was extremely unhappy.*

	2001	
[completely] disagree	72	89
4	3	4
[completely] agree	6	7
don't know/no answer	19	*
total	100%	100%
N=	991	804

b. *It was correct of the doctor to provide the pills, because Mr. Van der Helm pleaded for them.*

[completely] disagree	70	86
4	3	4
[completely] agree	8	10

don't know/no answer	18	*
total	99%	100%
N=	991	809
c. *It was not correct of the doctor to provide the pills, because Mr. Van der Helm is not in fact ill.*		
[completely] disagree	16	17
4	4	5
[completely] agree	70	78
don't know/no answer	10	*
total	100%	100%
N=	991	889
d. *It was not correct of the doctor to provide the pills, because doctors are not allowed to help people to commit suicide.*		
[completely] disagree	39	49
4	9	11
[completely] agree	33	41
don't know/no answer	19	*
total	100%	101%
N=	991	800
Note: [completely] disagree: position 1, 2, 3 on a 7-point scale; [completely] agree: positions 5, 6, 7.		

The lack of support for the doctor seems to be the result of the idea that Mr. Van der Helm is not 'really' ill. Three out of every four of the respondents in our survey (who gave an answer) agree with the statement that he acted incorrectly, since Mr. Van der Helm is not in fact ill. He may be extremely unhappy, but apparently this is not the same as a physical or mental illness. And evidently only in the case of a serious and real illness there is acceptance of or support for a doctor helping someone to end his or her life.

If this is the case one would expect that people would disapprove even more strongly if one were to consider medical assistance to suicide for people who are neither ill nor as desperately unhappy as Mr. Van der Helm. To find out we presented our respondents in the survey of 2001 - this also is a new case, and we do not have data from 1995 - a little story loosely based on the assisted suicide of senator Brongersma, in the sketch in our questionnaire renamed Mr. De Bruyn (see Table 5).

If the doctor would behave as public opinion suggests, Mr. De Bruyn would probably still live for many years, lonely and unhappy as he may be. A large majority of our respondents agrees with the statement that the doctor should not provide De Bruyn with the potion with which he could commit suicide, because he is not sick. And the fact that De Bruyn himself did ask for this potion does not change public opinion: three out of every four respondents who gave an answer to this question disagree with this kind of a procedure. People may perhaps feel very sorry for the loneliness and unhappiness of Mr. De Bruyn, but this is no or at least insufficient reason for the doctor to give him a lethal potion. Almost 80 percent of the respondents who gave an answer to this question disagree with the statement in which it is said that the doctor should provide De Bruyn with the potion since he is so lonely and unhappy.

The answers to the questions with regard to the cases of Mr. Van der Helm and Mr. De Bruyn suggest that people strongly support the line between acceptable and unacceptable euthanasia as drawn by the legislature in general and minister Korthals in particular. Euthanasia and medically assisted suicide is a 'privilege' for patients suffering unbearably from a medical condition. Apparently, according to Dutch citizens, doctors are not supposed to solve non-medical problems by means of lethal potions for unhappy, lonely or otherwise weary people. One might rightly wonder what exactly makes people support this legal boundary. Do they object to the idea that doctors would operate outside their field of expertise if they were to help people who do not qualify as patients? Or do they object to the mere fact that these unhappy people should have access to an easy death?

Table 5. Opinions towards euthanasia in the case of Mr. De Bruyn, 2001

Question:

Mr. De Bruyn is 86 years of age. He was a professor at the university. He then enjoyed his life. Now he is old and many of his friends are dead. He never married and has no children. He often feels lonely, but he is not sick and he is also mentally alert. Mr. De Bruyn could live many more years. But De Bruyn does not look forward to this prospect. He would rather die. He has told this many times to his family doctor. Mr. De Bruyn requests a potion from his doctor with which he can end his life. The doctor is uncertain concerning what action he should take.

What do you think? Could you answer this by giving your response to the following statements?

a. *The doctor should not provide the potion, because Mr. De Bruyn is not sick.*

	2001	
[completely] disagree	18	21
4	5	6
[completely] agree	66	74

don't know/no answer	10	*
total	99%	101%
N=	991	888
b. *The doctor should provide the potion, because Mr. De Bruyn has pleaded for it.*		
[completely] disagree	61	75
4	6	7
[completely] agree	14	18
don't know/no answer	19	*
total	100%	100%
N=	991	804
c. *The doctor should provide the potion, because Mr. De Bruyn is lonely and unhappy.*		
[completely] disagree	63	79
4	5	6
[completely] agree	12	15
don't know/no answer	20	*
total	100%	100%
N=	991	791
d. *The doctor should not provide the potion, because it will end a person's life.*		
[completely] disagree	33	41
4	9	12
[completely] agree	38	47
don't know/no answer	19	*
total	99%	100%
N=	991	801
Note: [completely] disagree: position 1, 2, 3 on a 7-point scale; [completely] agree: positions 5, 6, 7.		

The 'Drion pill'

Shortly after the euthanasia law was accepted by the senate, the minister for Health, Mrs. Borst, gave an interview to *NRC Handelsblad*, a national newspaper. The minister said that she would be in favor of what the Dutch refer to as the 'Drion pill'. In 1991 Huib Drion, a retired member of the Dutch Supreme Court, wrote an article for *NRC Handelsblad*. He argued

that many old people were not ill and thus could not ask for euthanasia. However, some of them would be very happy, Drion thought, if they were able to acquire some sort of medication that would enable them to take their own life at a moment of their own choosing. Drion suggested that such medication - soon and ever since to be called the Drion pill - could be given to them at their request.[7] During the interview Minister Borst did not quite embrace this proposal, but she thought it deserved serious consideration and a good societal debate.[13] The Dutch Association for Voluntary Euthanasia (NVVE) immediately took up on this suggestion and proposed to have a nation-wide discussion on the Drion pill.[14]

Introducing a Drion pill would give people the opportunity to end their own life without any further medical help. So if people do not want doctors to step outside their field of expertise, providing a Drion pill might be an alternative for people like Mrs. Boomsma and senator Brongersma. But what does the Dutch citizen think of it (see Table 6)?

It is interesting to see that the disapproval of assistance in suicide for mr. Van der Helm and mr. De Bruyn is larger than the disapproval of the Drion pill. Obviously, there is no widespread support for the Drion pill (as we sketched it in our questionnaire). A minority of less than 40 percent of our respondents agrees with a proposal to this effect, but half of them disagree. This is equally true for 1995 and for 2001. But the majority who disagreed with the doctors helping mr. Van der Helm and mr. De Bruyn was much more substantial. Especially the fear of misuse of the Drion pill seems to be the reason for rejecting the proposal. In both our surveys a majority of the respondents agrees with the statement that is may be a good proposal as such, but that it is not a good idea to put it in practice since the danger of misuse is too great. The fact that elderly people might feel expendable may be relevant as well: almost half of the respondents who answered this question thought it a bad proposal because elderly people can thereby feel expendable and redundant. Hence it does not seem likely that they would be very much in favor of a self-help route to death instead of medically assisted suicide or euthanasia. There may be some support for the idea in general, but the potential dangers and negative side effects of a Drion pill in one form of another are considered to be too great.

[7] Drion's article was later reprinted in drion, H., *Het zelfgewilde einde van oude mensen. Met reacties van Ch. J. Enschedé, H. Kuitert en anderen*, Amsterdam, Balans 1992.

Table 6. Opinions towards euthanasia: the so-called Drion pill, 1995 and 2001

Question:

Elderly people sometimes fear the future. They are afraid of becoming invalids or demented. They are also afraid they will lose their dignity at the end of their lives. They do not wish to be placed in an institution in such a condition. It has been suggested that such persons should be provided with the possibility of deciding for themselves to terminate their life. For example, they might request a potion or a pill from their doctor. Then they could decide for themselves at what moment they would die.

What is your opinion concerning this proposal?

a. *It is a good proposal, because elderly people must have the right to terminate their lives when they wish.*

	1995		**2001**	
[completely] disagree	44	51	43	52
4	9	11	11	13
[completely] agree	33	38	29	35
don't know/no answer	14	*	17	*
total	100%	100%	100%	100%
N=	911	783	991	819

b. *It is a good proposal, but it should not be put in practice because of the great danger for misuse.*

[completely] disagree	26	31	23	28
4	9	10	9	10
[completely] agree	50	59	51	62
don't know/no answer	15	*	18	*
total	100%	100%	101%	100%
N=	911	772	991	818

c. *It is a bad proposal, because no one has the right to end his own life.*

[completely] disagree	49	59	47	58
4	8	10	10	13
[completely] agree	26	31	22	29
don't know/no answer	17	*	20	*
total	100%	100%	99%	100%
N=	911	756	991	798

d. *It is a bad proposal, because elderly persons can thereby feel expandable.*				
[completely] disagree	33	40	28	36
4	7	8	8	10
[completely] agree	42	52	42	54
don't know/no answer	18	*	22	*
total	100%	100%	100%	100%
N=	911	743	991	773
Note: [completely] disagree: position 1, 2, 3 on a 7-point scale; [completely] agree: positions 5, 6, 7.				

Advance directives

The Chabot-Brongersma line between acceptable and unacceptable euthanasia was not the only limit introduced in the new Dutch law on euthanasia. Another topic that was hotly debated was the status of advanced directives drawn up by patients before they became senile, mostly due to Alzheimer's disease. Due to years of campaigning, information and guidance by the Dutch Society for Voluntary Euthanasia, many Dutch citizens carry an advanced directive in which they indicate they do not want to be treated or even want their lives terminated, should they ever reach a state of Alzheimer's disease in which they, for example, would no longer be able to recognize their loved ones. Should doctors honor these requests, and if so, in what way? During the parliamentary debate about the new euthanasia law, it became clear that doctors can end the life of demented patients on the basis of an advance directive, but only if they are convinced that the other substantial criterion in the law is fulfilled: the patient must be suffering unbearably. Doctors are not supposed to terminate the lives of senile people on the basis of an advance directive alone. And again we ask ourselves: How about public opinion? Do ordinary citizens think that demented people may be killed on the basis of an advanced directive they wrote when they were still competent?

In order to gauge Dutch public opinion on this question, we presented our respondents with the case of Mrs. Hendriks. We presented this case of Mrs. Hendriks in 1995 as well as in 2001, but we changed the presentation and the formulation of the situation in our most recent survey. This makes it hard to compare the results; in Table 7 these questions and results for both years are included.

The presence of an advanced directive or at least a written request seems to be important. This is what we conclude if we compare the reactions to the first statement of 1995 and 2001. In the situation we sketched in 1995 Mrs. Hendriks did not have a written request, in the situa-

tion of 2001 she had. In 1995 less than half of the people who responded, were in agreement with the statement that it was quite acceptable for the doctor to give her the lethal injection, whereas in 2001 a large majority agreed with this statement. Although in 2001 we changed the situation of Mrs. Hendriks on more than this point, the fact that she had drawn up a written request before she became demented is the most plausible reason for this increase of support for the action of the doctor. This interpretation is somewhat supported by the response to a question we only asked in 1995. In that year a majority of the respondents thought it acceptable to give the injection, but only if Mrs. Hendriks repeatedly had made her request before she became demented. Also the reaction to the fourth statement - an identical statement for 1995 and 2001, but set in a different context - appears to support the idea that a request made when one was still mentally healthy, is relevant for the evaluation of the behavior of the doctor. In 2001 more people disagree with the statement that the injection is not allowed, because Mrs. Hendriks is demented and not able to decide what she wishes; in 2001 her request is in accordance with her wish ten years earlier, when she was not demented at all.

Table 7. Opinions towards euthanasia: the case of Mrs. Hendriks, 1995 and 2001

Question:

1995:

Some elderly persons get demented. Mrs. Hendriks is such a person. She is 79 years old and has lived for several years in a care center. She is severely demented. She no longer recognizes her daughter. She is quite confused and no longer trusts anyone. She is afraid of other people and she behaves badly.

Mrs. Hendriks has repeatedly told her daughter that she would rather be dead. She has also told the doctor and nurses of the care center that she no longer wishes to live. She wants an injection, so she has said. The doctor finds it a difficult question and does not know what to do. What do you think?

2001:

Some elderly persons get demented. Mrs. Hendriks is such a person. She is 79 years old and has lived for several years in a care center. She is severely demented. She no longer recognizes her daughter. Ten years ago, before she got in this condition, Mrs. Hendriks signed a statement in which she declared that if she were to become demented, she wanted her physician to give her an injection. The daughter of Mrs. Hendriks now feels that the physician should carry out this wish. The physician has doubts and is uncertain what to do. What do you think?

a.

1995: *It is acceptable for the doctor to give her the injection, because it was after all her wish.*

2001: *It is acceptable for the doctor to give Mrs. Hendriks the injection, because that was her wish*

	1995		**2001**	
[completely] disagree	35	41	16	18
4	10	12	5	6

[completely] agree	40	47	69	76
don't know/no answer	15	*	10	*
total	100%	100%	100%	100%
N=	911	772	991	896
b. 1995: *It is acceptable for the doctor to give her the injection, but only if Mrs. Hendriks repeatedly had made her request before she became demented.* 2001: -				
[completely] disagree	27	32		
4	8	10		
[completely] agree	50	59		
don't know/no answer	15	*		
total	100%	101%		
N=	911	775		
c. 1995: *It is acceptable for the doctor to give her the injection, but only if the daughter of Mrs. Hendriks is in agreement.* 2001: -				
[completely] disagree	35	43		
4	14	17		
[completely] agree	33	40		
don't know/no answer	18	*		
total	100%	100%		
N=	911	749		
d. 1995: *It is not acceptable for the doctor to give her the injection, Because Mrs. Hendriks is demented and thus not able to decide what she wishes.* 2001: *It is not acceptable for the doctor to give her the injection, Because Mrs. Hendriks is demented and thus not able to decide what she wishes.*				
[completely] disagree	35	45	58	74
4	10	12	6	7
[completely] agree	34	43	14	18
don't know/no answer	20	*	22	*
total	99%	100%	100%	99%
N=	911	725	991	769

e. 1995: *It is not acceptable for the doctor to give her the injection, because doctors are not allowed to kill people.* 2001: -				
[completely] disagree	57	72		
4	5	6		
[completely] agree	17	21		
don't know/no answer	21	*		
total	100%	99%		
N=	911	720		
f. 1995: *It is not acceptable for the doctor to give her the injection, because Mrs. Hendriks is not suffering any physical pain.* 2001: *It is not acceptable for the doctor to give her the injection, because Mrs. Hendriks is not suffering any physical pain.*				
[completely] disagree	52	66	56	70
4	8	10	7	8
[completely] agree	19	24	18	22
don't know/no answer	22	*	20	*
total	101%	100%	101%	100%
N=	911	710	991	792
Note: [completely] disagree: position 1, 2, 3 on a 7-point scale; [completely] agree: positions 5, 6, 7.				

So in the case of Mrs. Hendriks the presence of an explicit request, made when she was not yet mentally affected or ill, seems to be critical. It is not the fact that she is not physically ill but 'only' demented that is relevant, as we can see in the reactions to the last statement of this case, where we can see that both in 1995 and in 2001 a majority of the respondents is in disagreement with the idea that it is not acceptable for the doctor to give her the injection, because she is not suffering any physical pain. It is interesting to see that the support for euthanasia in this case of a demented patient carrying an advance directive is bigger than the support for physician-assisted suicide in the case of psychiatric patients and old people longing for death, even though these last categories might be able to describe their sufferings much better and thus convince their doctors that their suffering is indeed unbearable. Perhaps Dutch citizens assume that Alzheimer's disease implies unbearable suffering. Or perhaps they know that there is no prospect of improvement for people suffering from Alzheimer's disease.

After all, one of the arguments leading to a lot of reservations in the case of Mrs. Langezaal was the thought that ‘patients suffering from a mental illness can recover’.

Conclusion

The new Dutch law on euthanasia and medical assistance to suicide establishes two important criteria for euthanasia. The patient must have made a voluntary and well-considered request and he or she must suffer unbearably without any prospect of improvement. During the parliamentary proceedings the government has clarified both criteria. In this paper we have tried to find out whether the government’s interpretation of these criteria coincides with public opinion.

According to the government a voluntary and lasting request might also take the form of an advance directive written before the patient became ill and mentally incompetent. Public opinion in the Netherlands seems to support this position. A large majority of respondents in our survey tend to think that euthanasia for Alzheimer patients on the basis of an advance directive is acceptable. According to the Dutch medical profession and (following their lead) according to Dutch politicians, in exceptional cases psychiatric patients will be able to make a voluntary and lasting request for medical assistance in suicide or physician-assisted death. If these patients suffer from a hopeless condition, their request may be honored. This cautious position also seems to be supported by ordinary Dutch citizens. Opinions suggest a hovering balance between proponents and opponents of assistance in suicide for psychiatric patients who are incurably ill.

According to Dutch government the legal criterion of unbearable suffering should be situated in a medical context, that is to say: an individual has to suffer from a medical condition in order to make medical help in dying 'legally acceptable'. Despair and unhappiness do not qualify as medical conditions. Hence, according to the government, people like the late senator Brongersma should not be eligible for lawful medical assistance in suicide. Again the government’s position seems to be in almost complete agreement with public opinion. Our respondents disapproved of medical help in dying for unhappy people or people who are old and tired of life. There also does not seem to be much enthusiasm for a self-help suicide pill that would allow people to take their own lives in a decent way, but without medical assistance. Generally speaking, our respondents seem to have many doubts about the feasibility and the practical consequences of such a suicide pill.

The new so-called euthanasia law was widely criticized, especially from abroad. However, on the basis on our survey we are tempted to conclude that the legislation as it has been accepted in parliament and as it has been interpreted by the government, enjoys broad support among ordinary Dutch citizens. Surely, in a democracy this is a reason for joy.

---

[1] The survey was financially supported by the Leids Universiteits Fonds (LUF). We would also like to thank Berlinda Wagenaar for her assistance in creating the dataset of the survey 2001.
[2] M.L. Lee, *Doing Research on Sensitive Topics*. London, Sage etc., 1993, p.114.
[3] The Chabot case is described in J. Griffiths, A. Bood & H. Weyers, *op cit*, pp.329-340.
[4] Commissie Aanvaardbaarheid Levensbeëindigend handelen, *Discussienota Hulp bij zelfdoding bij psychiatrische patiënten*, Utrecht, KNMG 1993.
[5] B.E. Chabot, *Zelf beschikt*, Amsterdam, Balans 1993.
[6] H. Achterhuis et al., *Als de dood voor het leven. Over professionele hulp bij zelfmoord*, Amsterdam, G.A. van Oorschot 1995.
[7] Esther Pans, *Klaar met leven. Hulp bij zelfdoding aan hoogbejaarden*, unpublished manuscript, UvA, 2000, p. 43.
[8] Rechtbank Haarlem, ELRO nummer AA7926, Zaaknr. 15/035127-99 (www.rechtspraak.nl).
[9] EK 26 691, nr. 137b, p. 32, 34, 42.
[10] Th.M.G. van Berkestijn, a well-known doctor wrote that many doctors do not want to have the criterion of unbearable suffering expanded ever further by law-courts. Th.M.G. van Berkestijn, 'Ondraaglijk lijden is niet wettelijk vast te leggen', in: *de Volkskrant*, 24-4-2001, p. 7.
[11] Heleen Weyers, unpublished manuscript.
[12] I. Haverkate et al. 'Weigering van verzoeken om euthanasie of hulp bij zelfdoding meestal gebaseerd op ingeschatte niet-ondraaglijkheid van het lijden, in: *Nederlands Tijdschrift voor Geneeskunde*, Vol. 145, rn. 2 (2001), pp. 80-84..
[13] M. Oostveen, 'Minister Els Borst over het tekort van de nieuwe euthanasiewet', in: *NRC Handelsblad*, 14-4-2001, p. Z 3.
[14] 'Nu zelfdoding ter discussie. Vereniging voor vrijwillige euthanasie begint debat over de pil van Drion', in: *Trouw*, 17-5-2001, p. 1.