

# Citizens' opinions on new forms of euthanasia. A report from the Netherlands

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## Abstract

Euthanasia strictu sensu is about ending a patient's life at his or her explicit request. However, there are many cases of ending someone's life that are related to euthanasia in its classical form but do not neatly fit into the strict definition. Dutch citizens were asked to judge all kinds of 'euthanasia' and appeared to be able to do this in a highly balanced way. They do not use just one or two criteria to judge various cases of euthanasia, they seem to evaluate each new case on its own merits and they do so in a very thoughtful and sophisticated way, using a refined combination of criteria. © 1998 Elsevier Science Ireland Ltd. All rights reserved.

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## 1. Introduction

Public debate on euthanasia in the Netherlands has made a rather intriguing U-turn over the years. It started with a much discussed pamphlet by J.H. van den Berg, entitled *Medical Power and Medical Ethics* (1969) [1]. Van den Berg discussed a number of tragic cases of, in his phraseology, victims of medical power. Had they but lived 100 or even 50 years ago, they would have been allowed to die in peace. These days, however, they are being kept alive, simply because their doctor is able to keep them alive regardless their best interests. Van den Berg's cases include a senile woman suffering from

Alzheimer's disease; a newly born baby whose mother had been given thalidomide and who consequently did not have arms or legs; and a hydrocephalic, severely retarded young man who could not do anything other than lie in bed and whose life was prolonged by a drain from his brain. Van den Berg suggested that all these victims of medical power should be granted a dignified death. Following Van den Berg's publication Dutch opinion leaders discussed the (moral and other) pros and cons of different varieties of medical mercy killing: active killing, passive or indirect killing, death in the patient's best interest, at the patient's request, voluntary and involuntary euthanasia. Gradually, the debate narrowed down to one particular form of euthanasia, probably due to the fact that this par-

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ticular form had been submitted to legal judgment in several famous court cases. Henceforth, euthanasia was defined as *ending a patient's life at his or her explicit request* (in 1985 this definition became official when the state committee on euthanasia chose to use it in their final report) [2].

Recently, however, public debate turned back to the tragic cases in Van den Berg's little book. This U-turn was preceded by empirical research (first and foremost two large scale research projects commissioned by the government [3–5]) which had shown that the number of cases that would qualify as clear cut euthanasia (in the official definition) was much smaller than might have been expected. Medical practice seemed to involve a large number of other decisions regarding the end(ing) of life, many of them much more ambivalent than straightforward euthanasia (administering ever growing doses of morphine for instance), and some of them dealing with patients who could not be considered fully competent. The Royal Dutch Medical Association (KNMG) published four widely discussed reports on end-of-life decision making with regard to incompetent or less competent patients: severely handicapped newborn infants, irreversibly comatose patients, senile patients in the last stages of Alzheimer's disease, and psychiatric patients [6]. In 1996 two physicians were prosecuted (but not convicted) for having terminated a severely handicapped infant's life. A well known retired law professor (and former member of the Dutch Supreme Court) argued that old people should be given the right to ask their doctor for lethal medications, so as to prevent the last stages of old age (dementia, nursing homes, increasing invalidity). In short: the debate was broadened considerably. These days a number of new or rediscovered issues are being discussed that were not on the public agenda during the 1980's when the debate was structured around the official state committee's definition of euthanasia.

Until recently public opinion research took (almost) no notice of these new developments. Over the years an impressive number of opinion polls have been held to find out how Dutch citizens feel about euthanasia *strictu sensu*. The number of citizens who approve of euthanasia at the patient's explicit request grew from 40% in 1966 to over 60% (in some polls almost 80%) in 1993. Likewise the number of

opponents decreased steadily (21% in 1986, 17% in 1989, 12% in 1994) [7–10]. Few opinion researchers took the trouble of asking their respondents how they felt about other forms of euthanasia; see for an exception the study undertaken by Veenhoven and Hentenaar [11]. It seems both interesting and important to remedy this deficiency. What do ordinary Dutch citizens think of medical killing that does *not* qualify as euthanasia in the old Dutch definition? After a long period of public debate in which the importance of the patient's explicit request was emphasized time and again, citizens might disapprove of any form of medically induced death which is not grounded in such a request. On the other hand, several pessimistic observers of Dutch euthanasia policy have predicted that people are bound to lose every sense of distinction, once the norm of the holiness of human life is infringed upon. It might be that the semi-legalization of euthanasia in the Netherlands has resulted in a certain loss of moral standards: people might have come to think that every kind of medically authorized death is morally permissible. Are Dutch citizens still able to distinguish between different kinds of medical decisions regarding the end of life?

In this article we present the results of a public opinion research on several forms of end-of-life decision making. We will try to find out whether ordinary Dutch citizens are able to distinguish between different sorts of euthanasia and if they are, what kind of distinctions they make. Henceforth we will refer to different forms of medical mercy killing as 'euthanasia'; ending a patient's life at his or her own explicit request will be referred to as 'euthanasia *strictu sensu*', as 'euthanasia in the traditional Dutch definition' or some similar formulation.

## 2. Methods

In May 1995 we mailed a questionnaire to a random sample of 2000 households in the Dutch population; 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 was supposed to be filled in by a person 18 years of age or older, more spe-

cifically the person whose birthday would be first follow the receipt of the questionnaire. One week after sending the questionnaire a reminder was sent. A total of 945 questionnaires were returned, of which 911 were filled in completely; this means a response of 46%. In a comparison of the respondents to the population as a whole on known characteristics as sex, age, and religion only minor derivations were found: women, people aged 20 to 39 years, and people with no religion are slightly underrepresented in our sample. For the results and conclusions of the research this underrepresentation most likely has only little or no effect, since we are primarily interested in and concerned not with single statistics but with the structure of opinions with regard to various forms of euthanasia [12,13]. We think we are only a bit arrogant when we talk about ‘the’ ordinary citizens and ‘the’ Dutch population.

The questionnaire consisted of two sorts of questions. We asked for background and demographic information, and, of course, asked for opinions on euthanasia. Most of the questions on euthanasia were cast in the form of so-called vignettes, sketches of all kinds of situations in which some form of euthanasia was 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’ [14]. The sketches were followed by several (approval and disapproval) statements with which the respondents could (fully) agree or disagree (on a seven-point scale). The sketches in our questionnaire related to (a) euthanasia in the classical sense, in which all formal conditions stipulated in the legal notification procedure were fulfilled (thus apart from the patient’s explicit request, there were unbearable physical pains, an incurable illness, and the doctor had consulted one of his fellow doctors – in our sketch: the case of Mr. Bootsma); (b) a terminally ill premature baby (Monique); (c) a severely physically disabled premature baby (Joost); (d) a baby suffering from Down’s syndrome as well as a duodenum obstruction (Katja); (e) a comatose patient we called Jaap de Raat; (f) a middle aged lady suffering from a mental illness (Mrs. Langezaal); (g) the case of Mrs. Hendriks, an old, senile woman; and finally (h) the case of elderly people who wish to obtain a lethal

pill to end their life if they want to (the so-called ‘pill of Drion’, after the person who made a much talked-about plea in favour of this possibility) [15].

### 3. Opinions on euthanasia

#### 3.1. The classical case of euthanasia

Our first sketch presented the case of Mr. Bootsma, an example of euthanasia in the classical, strict sense. We presented this case as follows:

*Mr. Bootsma has an incurable muscular disease. He cannot walk, talking is getting harder. The disease will paralyse him more and more and chances are big that he will suffocate eventually. Bootsma told his wife and his doctor several times that he does not want it to come this far. He wants the doctor to help him die. After consulting another doctor, Bootsma’s doctor gives Bootsma a lethal injection.*

Respondents were asked whether Bootsma’s doctor had acted correctly. A large majority (80% of the people who gave an opinion; 8% did not) agreed with the doctor’s action, thus confirming the idea that most Dutch citizens approve of euthanasia at the patient’s explicit request. In order to gain a better insight into the opinions in this case an open-ended follow-up question was asked. This revealed that two reasons stand out for the people who are in agreement with the handling of this case: 46% of them indicate that the doctor acted correctly because he acted in accordance with the patient’s explicit wish, and 42% argue that people have a right to a dignified death without unnecessary, inhuman suffering. A third reason, mentioned by 29%, was that the procedure was carefully executed. The carefulness of this procedure was a moot point, however. For the people who disagreed with the action of Bootsma’s doctor procedural flaws were the main reason for disagreement (mentioned by 31%): more doctors should have been consulted, there was no written request, there was no inhuman suffering as yet. Other reasons mentioned frequently (both mentioned by 21%) were that only God has the right to decide on

life and death, and that the lethal injection came too early.

### 3.2. Euthanasia without explicit request

In Bootsma's case the right to self-determination apparently played an important role, but in several other cases this right cannot be executed. We presented our respondents for instance with the case of Monique, a terminally ill baby:

*Monique is a prematurely born baby. She is kept alive with artificial respiration. When Monique is one week old, the doctor tells her parents that she will only live for a very short time. The doctor proposes to switch off the respirator.*

This case was followed by three statements. A majority of 64% disagreed with the statement 'The doctor is not allowed to switch off the respirator' and a minority of 19% agreed (the positions 1 and 2 respectively 6 and 7 on a seven-point scale). This of course raises the question under what circumstances and for what reasons the doctor may switch off the respirator. The wish of the parents appeared to be very important in this respect. Some 10% did not give an opinion on the statement 'The doctor is allowed to switch off the respirator provided the parents of Monique requested it', but from the people who gave their opinion a large majority of 80% agreed with it, 14% was neutral or had a moderate attitude (positions 3, 4 and 5), and only a very small minority of 6% disagreed. The statement 'The doctor is allowed to switch off the respirator, because Monique will die anyway' obtained much less approval. Almost 25% were unable or unwilling to give an opinion on this statement and of those who did give an opinion a minority of no more than 14% agreed, while a majority of 65% disagreed.

We complicated the case of Monique still further by suggesting that the respirator was indeed switched off, but that the little girl did not die immediately and was suffering severely. In this situation, the sketch went on, the doctor proposed to give her a lethal injection. This proposal produced mixed opinions. Of the people who spoke out on it (almost a quarter did not) 41% did not support this action, whereas 32% agreed. The discord almost disappears,

however, when we add that the parents of Monique requested the lethal injection. In that case more respondents are able to deliver their opinion (10% does not) and a clear majority (71%) of them agree with this version of 'euthanasia' on request of Monique's parents.

The case of Joost was the second sketch involving a disabled premature baby. The main difference with Monique was that Joost could be kept alive, although his life would be more or less intolerable:

*Like Monique, Joost is a premature baby. Already at birth Joost is severely handicapped. He can stay alive but he won't be able to walk. He will never be able to talk either, because his brains are insufficiently developed. The parents of Joost ask the doctor to give their little son a lethal injection.*

For a majority of respondents the plain fact that Joost is unable to ask for the lethal injection is no reason for restraint: 60% disagree with the statement that the doctor may not give Joost this injection because he did not ask for it himself. Again the opinion of the parents plays an important role. When they ask the doctor to give their son the injection a large minority (46%) supports the action; a quarter of the respondents disagrees with it. At the same time these figures show that public opinion is more restricted in the case of a child who has a chance to live (Joost) than when the end is in sight (as in Monique's case), even if in both cases the parents have requested the ending of their child's life.

Our third sketch featuring a baby shows that under specific circumstances public opinion does not 'follow' or agree with the wish of the parents at all. This is the case of Katja, a baby suffering from Down's syndrome as well as a duodenum obstruction.

*Baby Katja is born with Down's syndrome. In popular speech she is called a 'mongol'. Katja also has a duodenum obstruction. This obstruction can be remedied by surgery. But if she is not operated, she will die. The parents don't look forward to caring for a mongol for the rest of their life. They decide not to give permission for the operation of the duodenum obstruction. Katja dies shortly after.*

Public opinion is clearly in disagreement with Katja's parents. One out of ten respondents does not give an opinion, but two out of every other three think that the parents did not have the right to withhold Katja her operation. One out of five has a neutral or at least moderate opinion and the smallest group of respondents (15%) thinks that Katja's parents actually have the right to withhold their consent to the operation. More than that, a majority feels that the doctor should actively try to change the parents' minds. The statement 'The doctor should try to persuade the parents of Katja not to let her die' was supported by 65% of the people who gave their opinion (10% did not). A small minority (16%) did not think this was the doctor's responsibility. As a matter of fact, there is a strong correlation ( $\text{Gamma} = 0.90$ ) between the two opinions in Katja's case: 90% of the people who think that the parents do not have the right to let their child die also feel that the doctor is obliged to talk them into the operation. From the (much smaller) group of people who think the parents have the right to withhold Katja the operation, a majority of 77% do not see the need of this interference.

Not just babies are unable to develop or at least express their will. The same is true for comatose patients. In order to find out how people think of euthanasia under these circumstances, we sketched the case of a patient we called Jaap de Raat.

*Eight years ago Jaap de Raat had a serious car accident. He survived but has remained in a coma ever since. In order to keep him alive he is fed by a catheter through his nose. It is impossible to get in contact with him, he reacts to nothing. Jaap's family asks the doctor to stop the forced feeding, so he will die.*

Although 23% think that the doctor should not stop the forced feeding on any account, a majority of 60% holds the opinion that this action can be allowed. The action is not allowed simply because doctors should not be obliged to perform medically useless treatments: a large minority of 47% disagrees with a statement of this kind, and a smaller group of 29% agrees. Opinion is more evenly divided when we introduce the element of Jaap's (earlier expressed) wish. Only slightly more people agree than disagree

(42 and 36% respectively) with the statement 'The doctor may stop the treatment if Jaap previously expressed the wish not to be kept alive should he ever get in a coma'. Apparently the explicit request of Jaap's family is of the utmost importance. A majority of 59% agrees with the statement 'The doctor is allowed to stop the medical treatment, because close family requested it', whereas only 16% disagrees. It is remarkable that in this case the wish of the (close) family appears to be more important than the (much earlier expressed) wish of the person involved.

### 3.3. Euthanasia on mentally ill persons

In the cases described above we have been dealing with people with severe physical problems. However, there is no compelling reason why the wish to end one's life has to be restricted to people suffering from this kind of diseases. People with a mental illness may just as well have a longing for death. Although we are by now far away from the classical cases of euthanasia, we wanted to know how people feel about this issue. Hence we confronted our respondents with the case of Mrs. Langezaal, a middle aged lady suffering from a mental illness:

*Mrs. Langezaal is middle aged. She is physically healthy, but mentally ill. She has been depressed for years and medical treatment has not done any good. Regularly she tells her doctors that she wants to die. She once tried to commit suicide, but the attempt failed. Mrs. Langezaal goes to her psychiatrist and asks for a medicine with which she can make an end to her life. The psychiatrist gives her the medicine.*

Our respondents have difficulty with this form of 'euthanasia' for patients suffering from a mental illness, at least they are rather divided on the issue. Several considerations seem relevant. A considerable part of the respondents (37%), for instance, think that the psychiatrist should not have given the medicine, because mentally ill persons are unable to decide on (their own) life and death. Almost one third show a neutral or moderate attitude, and the smallest group, still consisting of 30% of the respondents though, disagree with the statement that the

psychiatrist should not have granted Mrs. Langezaal's request for this reason. The idea that mentally ill persons are unable to formulate a well-considered request for euthanasia also seems to be present in the opinions on the statement that the medicine should have been given to Mrs. Langezaal because she had indicated repeatedly that she wanted to die. Whereas in other cases (Mr. Bootsma, Jaap de Raat) the expressed wish of the person involved resulted in a considerable increase of tolerance and acceptance, in this case the largest group of 45% of the respondents do not concur with the patient's wish. Only 24% is in agreement with the statement that the psychiatrist should give the lethal medicine because Mrs. Langezaal has expressed her wish to die on numerous occasions. Respondents not only doubt a psychiatric patient's ability to make deliberate choices, they also wonder whether psychiatric illnesses can be considered definitely incurable at all. At least some people appear to believe that it is never completely impossible to recover from a mental disease. The statement 'The psychiatrist should not have been allowed to give the lethal medicine, because people with a mental illness can get well again' was supported by 37% of the respondents. A smaller group of 24% disagree. It should be noted, however, that this case is particularly hard to judge: 20% of all respondents do not give their opinion, and of the people who do the largest group (40%) opted for the (middle) positions 3, 4 and 5 on the seven-point scale ranging from fully disagree to fully agree.

Age can be a heavy burden. Some elderly people get demented and have to spend the rest of their lives in nursing homes. Recently a debate has started on the ending of the life of demented (old) people. We wanted to consult public opinion on this difficult issue. Hence we confronted our respondents with Mrs. Hendriks, an old, senile woman.

*Some of the elderly get demented. Mrs. Hendriks is one of them. She is 79 years old and has been living in a nursing home for some time now. She is heavily demented. She does not recognize her daughter. She is very confused and does not trust anybody any longer. She is afraid of other people and is hard to handle regularly. Mrs. Hendriks more than once told her daughter that she would rather be dead. She told the nurses and the doctor*

*of the nursing home as well that she does not want to go on living. She just wants to get a lethal injection, she said. The doctor is at a loss about it and wonders what he should do. What do you think?'*

This sketch was followed by five statements on what to do, and why. The relevancy of the wish of the old woman herself is controversial: groups of equal size disagree, take a more or less neutral stand, and agree with the statement that the doctor should give Mrs. Hendriks the fatal injection because this is her wish after all. We see almost the same pattern of opinion in reaction to the statement 'The doctor should not have been allowed to give her the lethal injection, because Mrs. Hendriks is mentally ill and does not know what she really wants'. It should come as no surprise that the opinions on these two statements are related ( $\text{Gamma} = 0.67$ ).

Public opinion is more lopsided when the demented person involved has expressed her opinion concerning euthanasia before she grew demented. A large minority of 45% accepts the lethal injection provided Mrs. Hendriks had indicated regularly that this would be what she wanted, before dementia struck her. A smaller group of 24% thinks that the doctor should even in this case not give the injection. For most respondents the opinion of the daughter of Mrs. Hendriks is less relevant: only 25% agrees with euthanasia in this case provided that the daughter agrees with it. Finally it can be noted that the case of Mrs. Hendriks makes clear – perhaps unnecessarily – that the presence of physical pain is no prerequisite for euthanasia. Only 19% of our respondents support the idea that the doctor should not give the injection because Mrs. Hendriks is not suffering physically; 58% is in disagreement with this idea.

#### 3.4. The 'pill of Drion'

The last sketch we included in our survey had to do with a proposal farthest away from euthanasia strictu sensu, the so-called 'Drion pill', a lethal medication to be granted to elderly people in order to give them a chance to take their own life if they want to.

*Old people sometimes can't face the future. They*

*are afraid of getting demented or disabled. They are afraid to lose their sense of dignity at the end of their life as well. In this condition they do not want to be admitted in a nursing home. There is a proposal to give these people the possibility to make an end to their life. They could, for instance, ask their doctor for a medicine or pill. In that case they could determine the moment of their death themselves.*

The presentation of 'the pill of Drion' was first of all followed by two statements sympathetic to this possibility. In the first statement the reason for the positive attitude was that 'old people deserve the right to terminate their life if and when they want to'. This was going too far for many respondents, however. A large minority of 44% did not agree with the proposal thus substantiated, and a smaller group of 29% agreed. The second statement in which the proposal was called a good proposal included a reference to practical problems: 'It is a good suggestion, but it cannot be executed because of the great danger of abuse'. Almost half (48%) of our respondents were in agreement with this statement, whereas 27% disagreed. It should be noted that the people who are in agreement with the more principal side of the proposal nevertheless are able to see the practical problems of it. A substantial part of the people who think that the elderly have the right to make an end to their life if they want to is also in agreement with the statement that the proposal cannot be carried out because of the danger of abuse; the correlation between the opinion on the two statements is inevitably low ( $\text{Gamma} = 0.07$ ).

Two other statements on the pill of Drion indicated that this proposal was a bad idea. In the first one this was so 'because nobody has the right to terminate one's own life'. In view of the results thus far it will come as no surprise that many respondents disagree with this extreme point of view. According to 53% of our respondents people have some sort of right to make an end to their life, and only 26% indicate, by agreeing with this statement, that such a right does not exist. The statement 'It is a bad suggestion, because old people will feel themselves redundant' gets more support. More people (42%) are in agreement with this statement than in disagreement (34%). All in all it seems to be the case that the

proposal done by Drion is just a little bit too revolutionary: the practical danger is deemed too big, and the side effect of feelings of redundancy unwanted. Public opinion is not (yet?) ripe for the pill of Drion.

#### **4. Multiple criteria in evaluating euthanasia**

Dutch citizens apparently are able to judge all kinds of examples – presented as invented cases but modeled on reality – of 'euthanasia' and the first impression is that they are able to do so in a more or less sophisticated way: not all cases we presented to our respondents were the same, and not all opinions were the same. Moreover it does not seem possible to attribute differences in opinion to one or two specific criteria. To name but a few examples. The public discussion on euthanasia during the eighties was dominated by one particular kind of euthanasia: the ending of a patient's life at his or her own explicit request. People might have learned from this that medical mercy killing is permitted if and only if there is such an explicit request, made by a competent adult. Yet, it seems that Dutch citizens are also willing to tolerate forms of euthanasia in which there is no such request, because the patient is unconscious or too young to formulate it. The existence of a request by the patient himself is not considered a necessary condition for euthanasia to be morally acceptable. On the other hand, the existence of such a request is not always considered sufficient either. Mrs Langezaal, our psychiatric patient, Mrs Hendriks, suffering from Alzheimer's disease asked to put an end to their suffering, but the public did not seem eager to grant them their wish. Nor were they willing to go along with competent elderly people asking for a suicide pill.

Sometimes people seem to be sympathetic towards a proxy request by the nearest and dearest of the patient: Monique's and Joost's parents both asked the doctor to end their infant's life and Dutch public opinion seemed to support this request. Likewise they supported Jaap de Raat's family members who thought that their comatose relative should not be kept alive indefinitely. However, our respondents did not seem willing to go along with the request of Katja's parents: apparently Down's syndrome plus a

duodenum obstruction is not considered a reason for some form of euthanasia. Likewise the wishes of senile Mrs. Hendrik's daughter were not considered very relevant either. Perhaps people feel that Down's syndrome and Alzheimer's disease are more painful for close family members than for the patients themselves and they are inclined to think that close family members' wishes should not play an important role in a euthanasia request.

We decided to carry out an (explorative) factor analysis in order to find out more about the structure of Dutch public opinion: 'In substantive areas where little is known, exploratory factor analysis can prove valuable and can suggest underlying patterns in the data' [16]. Our explorative factor analysis results in a clear pattern in our data and suggests six factors or dimensions (see Table 1) [11]. Strictly speaking there were seven dimensions with an eigenvalue higher than 1, but the seventh factor seemed irrelevant: it had an eigenvalue of 1.035 and contained only one statement on euthanasia. Besides, the interpretation of the pattern does not change really change at all.

One by one the six dimensions can be interpreted in a meaningful way. The *first* and most important factor has to do with the idea that doctors are simply just never allowed to commit euthanasia or otherwise by any medical act end the life of a patient. This first factor evidently has to do with a strong anti-euthanasia point of view and sets apart the categorical opponents of euthanasia (in all kind of situations and in various forms) from all other people.

On the *second* factor the statements with regard to the case of Mrs. Langezaal are loading. In this case we have to do with the termination of the life of a mentally ill and seriously depressed middle aged woman. Apparently in public opinion there is a distinction between the termination of life in the case of mentally ill patients and other cases. The opinion on 'euthanasia' in the case of a physically fit but psychiatric patient is unrelated to cases in which we have a physically (and terminally) ill patient. Dutch citizens do not seem to judge euthanasia on physically and mental ill persons from one and the same perspective. Sutorius, a Dutch lawyer well-known for his appearances in lawsuits that have to do with euthanasia, once pointed out that it would not be fair, that it would oppose the principle of equality to

withhold aid and assistance to euthanasia in one category of cases and give this aid and assistance in another [17]. This more or less logical line of reasoning is not shared by public opinion.

The *third* factor shows an element of the utmost importance in the debate on euthanasia: the existence of a request, either from the person concerned or from a (close) member of his or her family. In all cases with a high loading on this third factor there is an explicit request for 'euthanasia': the parents of the incurable baby Monique made such a request, as did the parents of baby Joost, who was heading for an unlivable life; the family of the comatose patient Jaap de Raat made a request; Mrs. Hendriks requested it herself before she became seriously mentally ill; and Bootsma did so too. In the sketches we presented to our respondents, all these people explicitly stated their intentions to have their life ended by a medical act (or close relatives did so on their behalf).

Do the elderly have special rights with regards to euthanasia (in the broadest meaning of the word)? There appears to be a specific attitude on the basis of which their situations are evaluated; see the *fourth* factor. Opinions on the 'pill of Drion' and on the termination of life in the case of old and senile Mrs. Hendriks go together and at the same time are more or less separated from the opinions in other cases. Apparently the elderly and their 'choice' for death are looked at and assessed from a typical perspective.

In our *fifth* factor another very relevant aspect in the debate on euthanasia shows up, which is the severity of suffering of the patient. The opinions loading on this factor all have to do with suffering, in particular suffering in really hopeless cases. They involve the case of the terminally ill premature born baby Monique; the discontinuation of a pointless medical treatment in the case of Jaap de Raat; and the administering of a lethal injection to De Raat, who has been a comatose patient for eight years. The grouping of these opinions on one factor indicates that the suffering of the patient plays an important role in the evaluation of cases of euthanasia: cases in which the patients are suffering very seriously are evaluated in one and the same way, but their evaluation is different from the evaluation in all kind of other cases.



Table 1

Opinion on euthanasia and other forms of the termination of human life, *N* = 911

Statements	Factors					
	1	2	3	4	5	6
– A doctor is not allowed to give anybody, including Joost, a lethal injection.	0.74					
– The doctor is not allowed to give her (Mrs Hendriks) the lethal injection, because doctors do not have the right to terminate one's life.	0.65			0.33		
– The doctor is not allowed to give Monique the lethal injection. He has to alleviate her pain in another way.	0.59					
– The doctor is not allowed to switch off the respirator (in the case of Monique).	0.56					
– The doctor is not allowed to give Joost a lethal injection, because Joost did not ask for it himself.	0.50					
– The doctor is under no circumstances allowed to stop the forced feeding (of Jaap De Raat).	0.47					
– The doctor is not allowed to give her the lethal injection, because Mrs Hendriks is not physically suffering.	0.45	0.31		0.44		
– The psychiatrist was not allowed to give the lethal medicine, because people with a mental illness are unable to decide on their own life and death.		0.78				
– The psychiatrist was not allowed to give the lethal medicine, because people with a mental illness can get well again.		0.72				
– The psychiatrist was allowed to give the lethal medicine, because the woman time and again had stated she wanted to die.		– 0.68				
– The psychiatrist was not allowed to give the lethal medicine, because it brings an end to someone's life.	0.49	0.57				
– The doctor is allowed to give the lethal injection provided that the parents of Monique ask for it.			0.74			
– The doctor is allowed to switch off the respirator provided that the parents of Monique ask for it.			0.72			
– The doctor is allowed to stop the medical treatment (in the case of Jaap De Raat), because close family asks for it.			0.47			
– The doctor is allowed to give her the lethal injection provided that even before her mental illness Mrs Hendriks time and again expressed this wish.			0.46			
– The doctor is allowed to give Joost a lethal injection, because the parents of Joost ask for it.			0.44			0.36
– Do you think that the doctor of Bootsma acted correctly? (yes/no)			– 0.41			
– This ('the pill of Drion') is a good suggestion, because old people deserve the right to terminate their life if and when they want to.				– 0.67		
– This ('the pill of Drion') is a bad suggestion, because old people will feel themselves redundant.				0.62		
– This ('the pill of Drion') is a bad suggestion, because nobody has the right to terminate one's own life.	0.44			0.58		
– The doctor is not allowed to give her the lethal injection, because Mrs Hendriks is mentally ill and does not know what she really wants.	0.30			0.42		
– The doctor is allowed to give her (Mrs Hendriks) the lethal injection, because after all it is her wish.			0.31	– 0.39		
– The doctor is allowed to give the lethal injection to make an end to the suffering of Monique.					0.69	
– The doctor is allowed to switch off the respirator, because Monique will die anyway.					0.61	
– A doctor may always stop a useless medical treatment, so he may in this case (of Jaap De Raat).					0.55	
– The doctor is allowed to give a lethal injection, so Jaap will die more quickly.					0.43	
– The parents do/do not have the right to let Katja die.						0.86
– The doctor has to/does not have to try to persuade the parents of Katja not to let her die.						0.73

Just like the second factor, the sixth factor deals with only one specific case we presented to our respondents. This is the case of baby Katja, a child born with a Down's syndrome and an intestinal abnormality. This abnormality might have been remedied, but Katja's parents refused medical treatment because they could not face the prospect of having to take care of a mongoloid child for the rest of their life. According to our respondents this is a specific case, not to be compared with the other (presented) cases of 'euthanasia'. The case of Katja is evaluated differently from all other cases in which a baby is concerned, and also deviates from cases in which the parents requested for euthanasia for a close family member.

## 5. Conclusion

Our explorative factor analysis of public opinion suggests that people evaluate euthanasia situations one by one and they do this from different perspectives and on the basis of a diversity of norms and values. Does a doctor have the right to terminate human life? Do we have to do with a physical or mental illness? Is there an explicit request? Is the patient old or not? How hopeless exactly is the situation? Are we dealing with a very special case, for instance a mongoloid baby for whom the parents do not want to take care for the rest of her (and their) life? These are the various specific questions behind the evaluation of all kind of different cases of euthanasia. Time and again we are talking about very complex situations, and ordinary Dutch citizens appear to treat these cases in a highly meticulous and sophisticated way. On the whole public opinion seems to be subtle and varied.

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