

Episode 5 - The keys to life and death in someone else's hands

[SUICIDE WARNING]

[PRAYER BELL CHIMES]

[Ethereal female voice]: There is no death. There is only me, me, me who's dying.

Alex Schadenberg: I'm not safe now when you have some doctor who actually thinks it's all wonderful, it's all good. It has become that human right. He has got that right to die. Isn't that wonderful? No, we have people who are going through terrible conditions. Yes, we all agree. How do we treat them? How do we deal with them? Do we care for them or do we abandon them to a lethal injection? And I say abandon them. That's what's going on.

Andrew Denton: The Netherlands is home to the world's longest-running euthanasia laws. Or, if you're a critic, home to a system of legalised killing that is running out of control. In Australia, we hear lots of dark things about the 'culture of death' that's been created there. But we seldom hear from the people who work in the system to find out what they do – or from the people who use it, to find out why they support it in such vast numbers. Perhaps it's time we did.

[OPENING TITLES]

Andrew Denton: You're listening to *Better Off Dead*. My name is Andrew Denton, and I'm hoping to find out why, in my country, good people are being forced to die bad deaths.

Theo Boer: Just like many of you, I consider the active termination of a human life to be intrinsically problematic.

Andrew Denton: This is Professor Theo Boer from the Netherlands, one of the star turns at the international anti-euthanasia symposium I attended in Adelaide earlier this year.

Theo Boer: What was once considered a last resort now becomes a default way to die for an increasing number of people.

Andrew Denton: Boer is a critic of the system. But not just any critic. For the last 9 years, he's been one of the cogs in the system – a member of one of the five regional review committees that oversee all euthanasia deaths in the Netherlands.

Theo Boer: As of 2007, the number of assisted deaths has increased by 15% annually. The figures are well above the 5000 line in 2014.

Andrew Denton: Initially a supporter of the system, Theo resigned from the review committee in 2014 alarmed at what he saw as evidence of a 'slippery slope'.

Theo Boer: My second concern is a shift in the type of patients. Whereas in the first year, hardly any patients with psychiatric illnesses or dementia appear in reports, these numbers are now sharply on the rise.

Andrew Denton: When I heard him speak at the symposium, in truth, I was a bit alarmed.

Theo Boer: One out of 25 people in the Netherlands now dies with the assistance of a doctor.

Andrew Denton: One in 25. That sounds like a lot. So I've come to the Netherlands to find out, first hand, how this system works – and if it's working as it should.

Rob Jonquiere: The Netherlands is unique in the world. We have our Royal Dutch Medical Association who has been supportive from the beginning. Completely different from Australia, where the Australian Medical Association says, negatively, "Never - no legalisation".

Andrew Denton: That's Rob Jonquiere, Director of the Dutch right-to-die organisation, NVVE. It's worth knowing that the conversation, here, about euthanasia goes all the way back to 1974 when a Dutch GP helped her suffering mum to die. When she was prosecuted her local community began a campaign saying "Our doctor is not a killer". A groundswell of public support followed. The judge handed down a 'symbolic sentence' - effectively 'decriminalising' euthanasia if carried out by a doctor to end suffering - and the issue was brought into the open.

And there it has stayed. Ten years later the Royal Dutch Medical Association did something revolutionary: Recognising that doctors do end lives, they published a statement in favour of euthanasia and physician-assisted suicide.

Provoked, the Dutch Parliament began an inquiry to find out what exactly doctors were doing in end-of-life care.

Rob Jonquiere: It turned out that about 3000 times a year a doctor made a decision on the end of life. So even politicians could no longer say this is only an exceptional thing. This is something which happened 3000 times a year, and even we knew that some things are happening without request.

Andrew Denton: Faced with this reality, the Medical Association began preparing strict criteria that, if followed, would protect doctors from prosecution as they helped patients with unbearable suffering – who had requested that help - to die.

Rob Jonquiere: The Royal Dutch Medical Association has said right from the beginning as long as we know it happens - doctors do things - we better advise our members how to do it in the proper way - use the right medications, follow the right protocols.

Andrew Denton: Euthanasia became legal in the Netherlands in 2002. Under the law, physician-assisted death still is a crime, but doctors won't be prosecuted if they follow the "criteria of due care".

Henk Reitsema: I would like to see the laws repealed, if I'm honest. I just don't think that a euthanasia law, a law that legitimises active killing with lethal injection, I don't think it's a safe option. There's no way to safeguard it.

Andrew Denton: That's Henk Reitsema, an ethicist with a focus on faith and science, who I met in Adelaide. He's a charming guy and also one of many people who's warned me about the 'slippery slope' in the Netherlands – that once you head down the path of legally helping people to die there's no way of controlling where it goes.

But his claim, "There's no way to safeguard it," strikes me as odd. Isn't the whole system built on safeguards?

Eric van Wijlick: Yes. First, the patient has to voice his request voluntarily and several times. He has to be very sure that, in a situation of unbearable hopelessness and suffering, he wants to die.

Andrew Denton: This is Eric Wijlick, a senior policy advisor at the Royal Dutch Medical Society.

Eric van Wijlick: The situation has to be unbearable and hopeless – unbearable from the perspective of the patient, and it is directly connected to the hopelessness of the suffering of the patient. Both should be convinced that there are no reasonable alternatives. Being

convinced or getting convinced is really active; the patient has to show the doctor and to convince him that the suffering in this situation is really unbearable, and the doctor, based on those professional guidelines, has to be convinced that there are no reasonable alternatives. So they have to convince each other. It is very active.

▣**Andrew Denton:** Presumably this is not a quick process.

Eric van Wijlick: Usually it takes a lot of time. It takes time to grow to each other, because doctors first want to alleviate suffering. They want to cure patients, and when that is not possible, they want to alleviate the suffering. At the end, when there is no realistic option, then killing a patient might be an option. It is very difficult. It is very, very difficult. So the patient really has to have strong argumentation to convince their doctor. Doctors are not willing to perform euthanasia; they will do everything to prevent death.▣

Marianne Hoffman: My name is Marianne Hoffman, and I'm 46. [Laughing]

Susan Hoffman: [Laughing]

▣**Andrew Denton:** [Laughing] That's a good start.

Marianne Hoffman: Well I am. And I am an entrepreneur.

Susan Hoffman: I am Susan, also a Hoffman of course, and I am a dental nurse, and I'm 49 years old.

Andrew Denton: Curious about what the system is like when it's your family using it, I went to meet the Hoffman sisters in their semi-detached Amsterdam home.

Andrew Denton: Why did you laugh when Marianne said 46?

Susan Hoffman: Because that's...

Marianne Hoffman: Why did you do that?

Susan Hoffman: It's just the kind of humour we have.

Marianne Hoffman: [Laughing]

Andrew Denton: I had arrived expecting a somber conversation about the death of their mother, Gret. Instead, I found two women bursting with laughter. It soon became clear where this came from.

Andrew Denton: [Laughing] So, I'll call her Gret, because that's what you call her. Tell me what kind of a woman was she?

Susan Hoffman: Well, she has a lot of humour.

Marianne Hoffman: Yes.

Susan Hoffman: She had really a lot of humour. That's what I miss. What we miss. Most.

Marianne Hoffman: The most of her.

Susan Hoffman: Yeah, yeah.

Marianne Hoffman: When she was somewhere she was 100 per cent there with all her humour and love, and she has this perfect timing of making a remark or giving an answer. And she has the - how do you say it - the laughers on her side.

Susan Hoffman: Yes, yeah, yeah. [Laughing]

Marianne Hoffman: [Laughing]

Andrew Denton: Gret Hoffman had been treated for breast cancer 15 years before she died. When it returned in 2011 it had spread to her stomach, her bladder, her bones.

Marianne Hoffman: My mother was a very strong woman.

Susan Hoffman: Yeah.

Marianne Hoffman: She had no fear. No fear of that, no fear of life, and no fear of her illness. And she was not upset or angry about life or things what happened to her.

Susan Hoffman: No, no. That's right.

Marianne Hoffman: It was very beautiful to see that.

Susan Hoffman: Yeah.

Marianne Hoffman: Yeah, I really admired that part of my mother.

Andrew Denton: Even as the cancer got to work, Gret got on with life.

Susan Hoffman: Over three years, because for three years - I think, two and a half years - she had a reasonable life. She could cycle, she could walk, she was happy on her way - on

her own way - and the last half year she really was getting down. The pain is getting more, she can't - starts to walk very badly.

Marianne Hoffman: Cycle – difficult.

Susan Hoffman: Cycle, she could not, yeah. It was difficult. She was ...

Marianne Hoffman: Tired. Always tired.

Susan Hoffman: *Afhankelijk?*

Marianne Hoffman: Depending.

Susan Hoffman: Dependent on my father - my father has to be there always.

Marianne Hoffman: Yeah.

Andrew Denton: So very much the life she didn't want.

Marianne Hoffman: Oh no! No! Especially the - only the last half year.

Susan Hoffman: Exactly.

Marianne Hoffman: She didn't want to become another person than she was. She wanted to be able to do what she did during her life, and if she was not able to walk or cycle, she didn't want to have that life. It sounds perhaps simple, but if you knew my mother, you would imagine.

Susan Hoffman: Yeah, yeah.

Andrew Denton: How does that Paul Kelly song go – “Death doesn’t care just who it destroys”? For Gret, the moment to decide had come.

Marianne Hoffman: When she heard in the hospital that it was - there was no way back, so the treatment has its final point reached. She invited us to the hospital, and there we had this family conversation, and that was the moment, I think, she wanted - she said, “I want to go home,” because she loved her house.

And so that happened, we did it. And she came home, and then Dr Kimsma, her doctor, came and we discussed this with him, and he wanted to do it after the weekend, because he needed some time for himself, because he had this bond also with my mother.

Andrew Denton: So when you say you discussed it with him, you discussed your mum ending her life.

Marianne Hoffman: Yes.

Susan Hoffman: Yes.

Andrew Denton: And your mum discussed that with him as well.

Marianne Hoffman: Yes. We were together.

Susan Hoffman: I mean, she already told to him, "If my moment's come, and I don't get any better, I am just getting worse and I am not able to do the things I would like to do, then life has no meaning for me". And he knew that.

Marianne Hoffman: He knows that, he knew that – yeah.

Susan Hoffman: Yeah.

▣**Andrew Denton:** And he had known your mum and treated her for many, many years.

Marianne Hoffman: Oh, yeah.

Susan Hoffman: Yeah, yeah.

Forty years, I think, perhaps longer.

Marianne Hoffman: Perhaps longer, yeah.

Andrew Denton: Was everyone in the family in agreement with her? Did everyone talk about it?

Marianne Hoffman: Yes.

Susan Hoffman: Absolutely.

Marianne Hoffman: Yeah, her sisters, our father.

Susan Hoffman: Yeah.

Marianne Hoffman: It was difficult for him, because he knew that he would be left alone.

Andrew Denton: To die with the help of her doctor, Gret Hoffman began the formal process that would enable her to end her life as she wished. Aside from the request to her long-time GP, under the law a second independent doctor had to be consulted. Eric Wijlick explains.

Eric van Wijlick: That is one of the due care criteria as well – that another independent physician has to check whether the due care criteria from the doctor who might perform the euthanasia are met or not. So he gives him advice – strong advice – to proceed or not. That is really a safeguard, because as a colleague you will be checked by another colleague, considering the situation of the patient and also considering whether as a doctor you have acted according to the professional standards and guidelines of palliative care.

Andrew Denton: The SCEN doctors as they're called, are also an important safeguard in ensuring that the request is made voluntarily, without coercion. They meet with the patient alone.

Andrew Denton: So the SCEN doctor came, is that right?

Marianne Hoffman: Yes.

Andrew Denton: And made an assessment.

▣**Susan Hoffman:** Yes, and we have to leave the room, because it was a female one. She wants to know for sure that my mother has made her own decision. That it was not the pressure from us.

Marianne Hoffman: That's the law in Holland.

Susan Hoffman: That's the law.

Marianne Hoffman: So, she needs to ask this question alone.

Susan Hoffman: And she said, "Yeah, your mother knows what she wants. She's so fed up with it".

Marianne Hoffman: Yeah.

Susan Hoffman: Yeah.

Marianne Hoffman: Yeah. Yeah, totally, the peacefulness, the peace went over her. Really I admired her for that. And my father, our father as well.

▣**Susan Hoffman:** So, yeah, and the funny thing. Well, that is for me, she loved her house, of course she loved her house, but the last days, you know, detachment of her stuff, of her things, of her furniture, of everything else. She couldn't care at last, she couldn't care more. She only looks outside, because she has a hospital bed near the window. She only looks outside and then she talks to us, and says jokes or something or memories, and then she looks again outside.

Marianne Hoffman: In her own mind.

Susan Hoffman: Yeah, in her own life, in her own way and own mind - of thoughts.

Marianne Hoffman: She was already saying goodbye.

Susan Hoffman: Leaving us.

Marianne Hoffman: Yeah, leaving us and the world.

Susan Hoffman: Yeah, yeah.

Andrew Denton: Gret's request meets the Netherland's legal 'due care' criteria: she's capable of making the decision, her condition is irreversible, her suffering is intolerable, and two independent doctors have considered her request. While the support and understanding of her family is important, the law is clear: Gret's wish to die is a private matter between her and her doctor. The request granted, Eric Wijlick explains what happens next.

Eric van Wijlick: Then the doctor who is proceeding has to contact a pharmacist, because you need the [INDISTINCT] to do it medically safely and to be sure that the patient will die. After that, the euthanasia, or the physician-assisted suicide, will be scheduled, and then it will happen. The physician who is performing, even when he is there with the medication, will ask a patient at the end, 'If you're not sure, if you doubt, or if you really want to see out of it, it is not a problem. I will just go away'. So until the final stage, the doctor wants confirmation of his patient that this is really the request he wants.

Andrew Denton: There's one more vital element in the euthanasia mix here in the Netherlands. It comes as something of a revelation, a concept I've never heard in the bitter, polarising debate in Australia. The doctor perceives his part in the euthanasia as an act of 'medical friendship'.

Gerrit Kimsma: In the end I am convinced it is a good thing. But the fact that you end the life of a patient and the patient is one minute alive, and the next minute the patient is dead is a very shocking experience.

Andrew Denton: This is Gret's doctor of 40 years, Gerrit Kimsma.

Gerrit Kimsma: And one I would not do voluntarily, but I feel that it is part of my obligations. Otherwise I would have the feeling that I would abandon my patient in the hour of need.

Andrew Denton: I think back to Canadian anti-euthanasia warrior Alex Schadenberg...

Alex Schadenberg: Do we care for them or do we abandon them to a lethal injection? And I say abandon them. That's what's going on.

Andrew Denton: What I'm hearing here strikes me as the opposite of 'abandon'. In fact, to my surprise, I discover that Kimsma struggled to get himself emotionally ready for what he had been asked to do.

Susan Hoffman: So the doctor asked my mother, "Okay, can we put it after the holidays? Can we put it..." That was...

Marianne Hoffman: Well, he wanted to postpone it.

Susan Hoffman: Yes.

Marianne Hoffman: So he can be used to the idea that my mother was going to die.

Susan Hoffman: Yeah.

Marianne Hoffman: And that's his good heart. His human heart. But my mother was...well, at this point we could talk with my mother just by looking at her, and I read in her eyes what she wanted. And I thought - I saw over the weekend it's too late, because she was really tired. She was totally ready for it.

Susan Hoffman: She also said it to Kimsma, "Oh no, Dear, please not!"

Marianne Hoffman: "No, not after the weekend"

Susan Hoffman: "Not after the weekend. No!"

Marianne Hoffman: So we arranged that it will happen this Friday at 5 o'clock, and why 5 o'clock? Because this family loves to have a drink with each other, and we started always at 5 o'clock, and then we eat together. So, 5 o'clock we thought it was a nice moment.

Susan Hoffman: Yeah, yeah.

▫**Andrew Denton:** So can you explain that moment to me, describe it to me?

Susan Hoffman: I'm not saying it wasn't easy. It's one of the most difficult things to do. Difficult but beautiful [Sniffs].

Marianne Hoffman: Beautiful.

Susan Hoffman: Yeah. It was all so peaceful. So quiet, so in harmony. And the doctor went - came at five o'clock? Yes.

▫**Marianne Hoffman:** And it was peaceful, I think. The situation was peaceful. My mother was content.

Susan Hoffman: Oh, and something I will never forget. It was half past five. ...

Marianne Hoffman: Half past four.

Susan Hoffman: Half past four, and she looks at the clock, and she said, "Oh, that's funny. In a half hour I will be dead. That's funny, isn't it?"

▫**Marianne Hoffman:** Really, and it...

Susan Hoffman: And like, "Okay, mum". [Laughing]

▫**Andrew Denton:** Yeah, what do you say to that?

▫**Marianne Hoffman:** Yeah, that's funny. Well, we laughed.

Susan Hoffman: Yeah, we laughed.

▫**Marianne Hoffman:** Really.

Susan Hoffman: Yeah, and she said, "Okay, take a drink. We'll drink to me".

Marianne Hoffman: Yeah.

Susan Hoffman: "I don't want alcohol". She only wants water, because she couldn't eat any more. She says, "I don't take alcohol, but please, you do".

▫**Andrew Denton:** And did you take a drink?

Marianne Hoffman: Yes, we did.

Susan Hoffman: Of course.

Marianne Hoffman: Yes. Yeah, we cheered - we cheers - we cheered about her. And, well, that's the most beautiful of this whole process.

Susan Hoffman: Yeah, yeah.

▫**Marianne Hoffman:** That it would end for her.

Susan Hoffman: Yeah, as quickly as she - because she wants it also to be quick. That it be done quickly, beautiful but quickly.

Marianne Hoffman: "Please don't make a fuss of it," she always says.

Susan Hoffman: Yeah, she really did.

Andrew Denton: And your father? What was he doing at this time?

Marianne Hoffman: He - he was on the pills.

Susan Hoffman: [Laughing]

Marianne Hoffman: That's only what I remember [Laughing].

▫**Andrew Denton:** What kind of pills?

Susan Hoffman: To calm him down only, because...

▫**Marianne Hoffman:** What kind of pills?

Susan Hoffman: Yeah.

▫**Marianne Hoffman:** Well, this is in Holland, you know?

Susan Hoffman: Not ecstasy.

▫**Marianne Hoffman:** Not ecstasy.

Andrew Denton: [Laughing]

▣**Marianne Hoffman:** And no... No, he was - it was calming.

▣**Susan Hoffman:** Yes, calming down.

▣**Marianne Hoffman:** And it's so strange, but the strength we all felt...

▣**Susan Hoffman:** Yeah.

▣**Marianne Hoffman:** Was almost touchable.

▣**Susan Hoffman:** In the room, yeah.

▣**Marianne Hoffman:** Even Kimsma told us, "I've never..."

▣**Susan Hoffman:** "I've never met this before".

Marianne Hoffman: Experienced this.

Susan Hoffman: "Experienced this before". It went so peaceful, so in harmony, so beautiful - nearly. He was amazed.

▣**Marianne Hoffman:** Yeah.

Susan Hoffman: He was just amazed. Yeah.

▣**Marianne Hoffman:** And still I feel this. It's strange, you know? Because I wish for everyone a perfect goodbye.

▣**Susan Hoffman:** Yeah.

▣**Marianne Hoffman:** A peaceful goodbye.

▣**Susan Hoffman:** And we - so, the moment that my mother was there, and I didn't notice at all, and then and suddenly, she said, "Oh, yeah".

▣**Marianne Hoffman:** "I can feel it".

▣**Susan Hoffman:** "I can feel it". And then...

▣**Marianne Hoffman:** That was it.

▣**Susan Hoffman:** And that was it.

□**Marianne Hoffman:** Because she fell...

Susan Hoffman: She fell to sleep.

Marianne Hoffman: She fell to sleeping.

□**Susan Hoffman:** And sleep-like, like that because he really did his work – Kimsma.

□**Marianne Hoffman:** The first injection.

□**Susan Hoffman:** And it was so beautiful. She was really glad when she said it, “Oh yeah, I really feel it!”.

□**Marianne Hoffman:** “I feel it!” Yeah. Well, I watched Mamma.

Susan Hoffman: Yeah, yeah.

□**Marianne Hoffman:** And she was looking at my father.

□**Susan Hoffman:** Yeah, still.

□**Marianne Hoffman:** And my father was looking at the vein situation...

□**Susan Hoffman:** Completely on drugs [Laughing].

□**Marianne Hoffman:** And my mother was looking at my father [Laughing]. So it was - yeah. And it only lasted minutes, but...

□**Susan Hoffman:** It's terrible [Laughing].

□**Marianne Hoffman:** Yeah, it's terrible, but it only lasted 5 minutes, but when I think back about it, it feels like a whole life, because it was - we had this humour and these jokes, and this pure love feeling in the house. Pure love - there was this.

□**Susan Hoffman:** Yeah, yeah. Absolutely.

Andrew Denton: Well, you should, if you can, die as you lived. And your mum's life was full of humour and love and jokes and perhaps pills, I don't know.

Marianne Hoffman: [Laughing].

Andrew Denton: But all these things were there as they should be.

Marianne Hoffman: Yes. And I know for sure, and I can say with a hand on my heart, this is exactly how Mother wants this.

Susan Hoffman: Oh yeah, yeah.

Marianne Hoffman: And I'm sure - I don't know if you believe in life after death, or life after life; I do. And she is sitting on this *wolk*.

Susan Hoffman: Cloud.

Marianne Hoffman: Cloud, looking satisfied and very proud.

Andrew Denton: Listening to the Hoffman sisters it's hard not to be struck by the civilised way in which their mother, who was facing a hard death, was given a choice about how hard it needed to be. It doesn't seem to me that Henk's warning...

Henk Reitsema: I don't think it's a safe option. There's no way to safeguard it.

Andrew Denton: ..stands up to close scrutiny, even less so when Eric Wijlick explains what happens after someone has been euthanased.

Eric van Wijlick: First, a doctor has to report. He has to warn the coroner. The coroner then immediately has contact with the public prosecutor just to be sure that there are no irregularities in the process. After that, the coroner will send the medical journals, the reports, the written requests from the patient, the reports from the independent physician and his own report all to the review committee, and they will judge on that whether the doctor met the due care criteria or not. If he did not meet the due care criteria, all the paperwork will be sent to the head of public prosecutions, and the minister of justice is directly involved. So every doctor tries to prevent euthanasia as much as he can, then has to act according to due care criteria. He is never alone. Also the pharmacist is involved. So you cannot do it without - there are always other professionals involved, relatives involved and nurses involved. So you have to do it really properly and report it.

Andrew Denton: So there is no way you could commit this act and not report it? You would be found out?

Eric van Wijlick: Everything is possible in life.

Andrew Denton: Yes, and people are devious at times.

Eric van Wijlick: Exactly, so we cannot exclude that. So let's be clear. But basically we know what is happening in our medical practice. Society, Parliament and even the Christian parties are really satisfied about what we are doing in announcing the system, and the results as well.

Andrew Denton: That's interesting: And not only is there support for euthanasia across the political spectrum here, as well as from all the major medical bodies, but public support for it is at 85% - the highest in the world. Not what you would expect from a system that isn't working.

Even the insider critic, Theo Boer, admits that the review system does its job well.

Theo Boer: The law on assisted dying has in fact led to a practice that is transparent. Review committees report a reporting rate of close to one hundred percent. Practices that formerly took place in hiddenness are now more or less controllable. And despite the claim of some, the law has not led to a deterioration of palliative care. In fact, the quality of palliative care has considerably increased in the past decade.

Andrew Denton: He also notes an uncomfortable truth.

Theo Boer: In 14 years time, not one case has led to a prosecution.

Andrew Denton: Fourteen years. Not one. That's quite something. I wondered how rigorous the review process is.

Gerrit Kimsma: Well, I would say it is quite rigorous. Everybody prepares the cases at home, then you meet...

Andrew Denton: Gerrit Kimsma sat on one of the committees for 12 years.

Gerrit Kimsma: There are cases that hardly warrant extensive discussion, but the few cases that raise questions you talk about quite extensively. The beginning is not that the doctor is a criminal but that a physician has gone through the steps of the law, had a consultation, was convinced that the suffering was unbearable, and you tried to find out really why - how the physician came to those conclusions and whether it was warranted or not.

Andrew Denton: But not a single prosecution in over a decade? How could that be?

Gerrit Kimsma: Well, that is an interesting question. You should ask a lawyer. Because I have sat on cases that we thought were not prudent, were not careful. They were sent to the medical inspectorate, the medical police, so to say, and they were sent to the prosecution, and the prosecution had their own idea. They said that the not careful nature was not of a nature that warranted a criminal procedure, so that is how the law looked at it. But I've seen what it does to physicians if a review committee says that a case has not been careful. That is psychologically so burdensome and the uncertainties are so large, whether there will be prosecution, that in itself is a terrible punishment, to be honest.

Andrew Denton: As chair of the review committees since their euthanasia law began, Willie Swildens has seen it all. Is she satisfied the safeguards are working?

Willie Swildens: Yes. I'm sure of it because we are very severe and doctors are not easy to say yes to a patient with euthanasia wish. Well, as you mentioned before there has not been any prosecution in all those years because the physicians are very serious, and we see that they do their job very carefully, and we do our job carefully too. So we see that the system works and that's the reason that I'm not afraid of slippery slope or how you will call it?

Andrew Denton: It all sounds solid. And yet, there is still that nagging statistic of Theo Boer's.

Theo Boer: As of 2007, the number of assisted deaths has increased by 15% annually. The figures are well above the five thousand line in 2014. One out of 25 people in the Netherlands now dies with the assistance of a doctor.

Andrew Denton: One out of 25. That sounds like a lot. And then I think about it the other way around and realise that – wait a minute – this means that euthanasia laws don't apply to 96% of the population. I asked Eric Wijlick what was the explanation for the rising numbers.

Andrew Denton: Theo Boer said that he thinks that any society that organises to kill its own citizens is running great risks. He talks about there being since 2007 on average a 15% increase in the number of euthanasia deaths in the Netherlands. Do you see that as underlining his point that this is a system which has perhaps become too loose?

Eric van Wijlick: No, I totally disagree because the risk for society without having a legal system or professional guidelines and safeguards is even more risk for society. My

explanation for the rise – it is true, the 15 per cent every year. It also depends on the number of people who are dying yearly in society, and that number is rising, and the number of patients who die of cancer is rising. So that explains partly why the number of reported cases, are still ascending. But I think more adding to that is that doctors are more aware of how to proceed and how you might act according to due care criteria. They feel a little more sure on how to act within the framework. Also very important is that patients learn that we have a law, that they have the right to make a request – not that they have a right to euthanasia, but they have a right to make a request on euthanasia.

Andrew Denton: In fact, when you look at the official figures, not only is the number of deaths by euthanasia in the Netherlands less than 4% of all deaths – 90% of those deaths are people with incurable diseases: cancer, neurological disorders, heart failure.

This hardly squares with Theo's claim that...

Theo Boer: What was once considered a last resort now becomes a default way to die for an increasing number of people.

Andrew Denton: There's another surprising figure too – one that Theo didn't mention – the number of cases that are declined.

Eric van Wisjlick: What we know from research – and we have a long tradition of scientific research on this, so we know very well what is happening in practice – is that one-third of the serious requests will be granted, so two-thirds are not. In the group of two-thirds is because patients withdraw their request, the suffering is not unbearable, the suffering is not hopeless, a patient has died – all different reasons why the euthanasia is not granted at that stage.

Andrew Denton: Looked at closely, Theo's figures appear less like evidence of a slippery slope and more like a picture of a system doing what it was designed to do: which is to help that small number of people, whose pain is beyond the reach of medical science, to die humanely.

I put Theo's concerns to Gerrit Kimsma.

Andrew Denton: Theo says this is a criticism; however. He believes that it is a dangerous thing for this society that euthanasia is now seen as a readily available option.

Gerrit Kimsma: No, I think he is, he is - I disagree, fundamentally, because euthanasia is not an option to solve social problems. Euthanasia is an option for individuals who ask for

it and who do not get it if they do not ask for it. And the fact that there are more people asking for it in itself has no moral significance other than that more people choose to have an end of life that they really want, which I think is a good thing.

Andrew Denton: A choice about the end of life you really want. That strikes me as being a very good thing. No wonder there's such support for the idea in Australia – hands up all those who want to die a terrible, drawn out death? Didn't think so.

And yet the Netherlands is constantly held up to us as a warning about what will happen if we get our own laws to assist people to die. "See?" we're told, "It's out of control. People are abandoned. You can't safeguard it".

From what I've seen here, the opposite is true.

But then – maybe – I haven't been looking in the right places. Because there are other stories about the Netherlands: of mobile death clinics and of people being euthanased simply because they are tired of living. Of doctors becoming too used to killing, and of tinnitus being considered a good enough reason to end someone's life.

Maybe that's the "slippery slope" people talk about. If it is, next week I'm going to find out.

[SONG 'FORTY-EIGHT ANGELS BY PAUL KELLY]

[CLOSING CREDITS]

Marianne Hoffman: The life we live is so short, and the thing we know is we're going to die.

Susan Hoffman: Everybody does.

Marianne Hoffman: Everybody does. And this is the way our mother wanted it, and she was so peaceful with it.

Susan Hoffman: We all want - that you can choose the way you want to die. When you... understand?

Marianne Hoffman: Yes.

Susan Hoffman: Not if you're healthy, but if you are ill, and you know you're not getting better or you're going to die, then she don't want to wait, because she knows it's only getting worse.

Marianne Hoffman: Yeah, extending life for the people who love you is unnecessary.

Susan Hoffman: It's awful. It's...

Marianne Hoffman: Selfish.

Susan Hoffman: It's so selfish.

Andrew Denton: I'm smiling there, because in Australia those who oppose the thought of euthanasia always argue the opposite. They say that the people who wish to die are being selfish.

Marianne Hoffman: They are crazy.

Andrew Denton: [Laughing]

Susan Hoffman: No! You don't love somebody who is in pain, who you don't want to die. Then you don't love them. That's awful.

Marianne Hoffman: You can't speak about love.

Susan Hoffman: If you really, really love somebody, and it's close in your heart, like family or your partner or something like that, you want to help him in whatever way. And that is the way we wanted to help my mother, and we all stood behind it.

Marianne Hoffman: But I can really understand a little bit, because we people, and also in Australia, you have two types of living - in love or in fear. And I think people who say this is selfish to end your life, they live in fear.

Susan Hoffman: Yeah.