

End of Life Choice



Newsletter on current debates

Euthanasia in the Netherlands

After 35 years of experience with euthanasia, detailed data on the practice from doctor surveys and legal reporting, the Netherlands has achieved broad community acceptance of euthanasia as an option for people when their suffering is unbearable and hopeless.

The Netherlands law permitting euthanasia has a unique origin. In 1973 Dr Geertruida Postma was prosecuted for euthanasing her 78 year old mother and given a one week's suspended sentence. Her mother had repeatedly asked her daughter to assist her to die. Dr Postma was a local family doctor.

The judge listed reasons why the action of Dr Postma resulted in such an apparently minimal sentence, which set a legal precedent for other doctors. Over the next two decades the courts worked with the Royal Dutch Medical Association to develop and refine the criteria for euthanasia. These criteria were consolidated in the Termination of Life on Request and Assisted Suicide (Review Procedures) Act (2000), enacted in 2002.

Euthanasia is defined as the termination of life by a physician at the patient's request. The aim is to end unbearable suffering where there is no prospect of improvement. Physician-assisted suicide also falls under this definition. Specified due care criteria must be met or euthanasia can be considered an offence.

The **Due Care Criteria** are

1. the patient request is voluntary and well considered
2. the suffering is unbearable to the patient
3. the doctor cannot identify any further treatments acceptable to the patient
4. a second doctor consults with the patient and confirms the diagnosis
5. good medical practice is followed in delivering the euthanasia
6. the action is reported to one of the five Regional Review Committees.

No physician is required to grant a request for euthanasia. 85% of euthanasia cases are carried out at home with the family doctor.

Requests for euthanasia can be made by young people between 12 and 18. For young people aged 16 to 18 parents or guardians must be involved in the decision; for young people aged 12 to 15, the parents or guardian must agree to the request.

Advanced care requests can nominate euthanasia as a potential end of life care outcome.



The R Emmelink Commission

In 1990 the Dutch Government established the R Emmelink Commission to conduct a nationwide study of the practice of euthanasia and other medical decisions concerning the end of life. R Emmelink, the then Attorney General, headed the Commission and guaranteed immunity from prosecution to physicians taking part in the study. This immunity is widely viewed as the key reason doctors provided frank responses to the various surveys undertaken during the study, which included personal interviews with a randomised sample of physicians (Lancet, Sept 1991).

R Emmelink reported that of the 190,000 deaths in the Netherlands in 1990, 1,040 people - or 0.8% - died when doctors euthanased them without their consent; doctors based their action on previous conversations or compassion for the patient, but at the time the person was unable to actively request euthanasia, as required by the 'due care' guidelines. This outcome has become known as the '1000 of R Emmelink' and is frequently quoted to condemn euthanasia in the Netherlands as a slippery slope to non-voluntary euthanasia.

Physician surveys in the Netherlands have continued on average every five years since. In the most recent study in 2012, the "0.8%" had decreased to 0.2%, empirical evidence that permitting euthanasia in the Netherlands has not been a slippery slope to non-voluntary euthanasia.

Regional Review Committees

Doctors are required to report each death by euthanasia to one of five Regional Review Committees. Each committee has nine members, three in each area of expertise - medical, legal and ethics or philosophy. Each committee is chaired by a legal expert. The committees decide whether the physician has acted in accordance with the statutory due care criteria. Where it is considered that a physician has not followed the guidelines, a report is provided to the Public Prosecutor. In 2011-12, five cases were forwarded to the Public Prosecutor.

The table below shows the number of deaths from euthanasia in the Netherlands in 2011-12 and the underlying reason for the request. The 4,800 deaths by euthanasia in 2012 represent 3.4% of all deaths in the Netherlands (total population 17m). Nearly 90% were carried out by the family doctor, who in the Dutch medical system generally has a long term and close relationship with the patient.

Netherlands	2012	
Reason for Euthanasia	n	%
Cancer	3,588	74.3
Cardio vascular	223	4.6
Nervous system	294	6.0
Pulmonary disease	174	3.6
Dementia	97	2.0
Psychiatry	42	0.8
Other	160	3.3
Combination of Diagnoses	251	5.1
Total reported 2012	4,829	100

The Royal Dutch Medical Association

has worked with the courts since 1973 to develop the due care criteria under which euthanasia operates. The RDMS also hosts the *Euthanasia in the Netherlands Support and Assessment Program* (SCEN) which trains GPs and physicians to make independent assessments following a request of euthanasia. SCEN physicians can also provide support and advice.

The *End-of-Life Clinic* (SLK) was launched in 2012 to review requests for euthanasia when a patient's physician did not agree to give euthanasia even though the criteria had been met. In 2013 the Review Committees agreed to consider all SLK notifications as 'non-straightforward cases', because the circumstances did not allow a long term relationship between the doctor and patient. In 2013 all cases notified by SLK physicians were found to have complied with the statutory due care criteria.

SAVES

South Australian Voluntary Euthanasia Society

saves.asn.au

Compassion for suffering
The freedom to choose
Add your voice to the call



SAVES was established in 1983 to campaign for legal, medically assisted choice in end-of-life arrangements. The aim is to relieve suffering by providing choice for people at the end of their life. SAVES works in the community and with Members of Parliament to achieve law reform.

SAVE-YA Syndicated Australian Voluntary Euthanasia Youth Advocates

Facebook: Support SAVE-YA Law Reform



A national youth lobby group which aims to provide a youth voice in support of legalising voluntary euthanasia in all States and Territories. Members between ages 18 and 35 are encouraged to join, make contact with their local MP and inform them of their support for voluntary euthanasia law reform.

Christians Supporting Choice For Voluntary Euthanasia

christiansforve.org.au

We are Christians who believe that, as a demonstration of love and compassion, those with a terminal or hopeless illness should have the option of a pain-free, peaceful and dignified death with legal voluntary euthanasia. The overwhelming majority of Australian Christians support choice for voluntary euthanasia.



South Australian Nurses Supporting Choices in Dying

Facebook: SA Nurses Supporting Choices in Dying

We are a group of passionate nurses who believe in our patient's right to choose the end of life care they wish. The group provides a forum for the nursing voice and perspective on legalising voluntary euthanasia and other patient choices in end of life care.



MY BODY MY Choice-VE

facebook.com/pages/MY-BODY-MY-Choice-VE

MBMC provides a voice for people with disability in the VE reform debate. MBMC represents the interests of people with disabilities who wish to exercise choice in all aspects of their life, including choice at the end of life, with the view that choice and control are a fundamental human right for everyone.

MBMC argues that people with disabilities know how it feels to lose personal autonomy through their ongoing fight for self-determination, independent living and disability rights.

MBMC believes that people with disabilities, who have struggled to control their own lives and bodies, must be allowed to maintain control and autonomy throughout their life, especially at its end.



Doctors for Voluntary Euthanasia Choice

drs4vechoice.org



We are a national organisation of Australian medical practitioners, both current and retired, who are committed to having a legal choice of providing information and assistance to rational adults, who, for reasons of no realistic chance of cure or relief from intolerable symptoms, would like to gently end their lives. Assistance may be by doctor provision of medication for the patient to consume, or by doctor-administration.

Lawyers for Death with Dignity

saves.asn.au/lawyers

Lawyers for Death with Dignity acknowledges the need for people with profound suffering to have the legal choice for a medically assisted and dignified death. The current law says suicide is not illegal, but assisting suicide is. People in a terminal state may have profound, unbearable suffering and be in the undignified position of being unable to end their life without assistance. Advances in medicine have improved life expectancy, but South Australian law has not changed to reflect the often forgotten deterioration of quality of life that a longer life expectancy may bring.



BREAKING NEWS BREAKING NEWS BREAKING NEWS

The Last Cab to Darwin — starring Michael Caton and Jacki Weaver — will hit national cinemas on August 6.

Director Jeremy Sims' adaptation of Reg Cribb's play has received rave reviews since it made its world premiere at the 61st Sydney Film Festival on June 6.



Two-time Oscar nominee Jacki Weaver stars alongside Michael Caton. Source: SFF

The road movie follows the story of a dying man, Rex — played by Michael Caton — from Broken Hill in NSW through the Northern Territory as he makes his way to Darwin to take advantage of proposed euthanasia laws.

Along the Stuart Highway, Rex meets a young Aboriginal man named Tilly, played by Mark Coles Smith, who is trying to get to Darwin to resurrect his football career.

The film showcases several Territory landmarks, sunsets and tourist hot spots including Berry Springs, Katherine and Darwin. "After 3000 kms, 18 flat tyres, three bogged vans on the Oodnadatta Track and 4 billion flies; with the help of entire communities at Oodnadatta and Daly Waters, an indomitable crew, brave and supportive investors and our brilliant cast, we have made what I hope is a truly 'Australian' film, with a big heart and a bigger story to tell." Mr Sims said. (NT News, June 12, 2015)