

Assisted Dying: a Dutch Perspective

Opening Statement for the Joint Oireachtas Committee meeting on Assisted Dying on Tuesday, 26 September in Dublin

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Esteemed members of the Irish Parliament,

It is an honour to share some observations from the Netherlands, a country with half a century of debating and regulating assisted dying. As for myself, I switched from being moderately supportive of the Dutch euthanasia law to being increasingly critical. From 2005-2014 I was a member of a Dutch euthanasia review committee and on behalf of the Dutch Government reviewed 4,000 cases in total. The numbers I refer to in this contribution are uncontested. As for the terminology: in this introduction I use the term, 'assisted dying' as an umbrella term for two rather different things that reside under one law – the 'Euthanasia law': (1) *euthanasia*, which means that a physician uses an infusion or injection to end a patient's life at their request, and (2) *physician assisted suicide*, in which a physician hands a patient a deadly poison to end their own life. Interestingly, and very importantly, 97 out of 100 assisted deaths in my country are the consequence of euthanasia. Obviously, most patients shy away from performing the act themselves. This is substantiated by the fact that in countries that have legalized only assisted suicide (such as 11 US-states), the deaths are about seven times lower than in countries that have legalized euthanasia as well.

Before proceeding to some of the developments in my country, let me address three misunderstandings. One is that I am categorically opposed to assisted dying. I am not – I can still imagine that killing a patient or hastening their death at their request can be a reasonable exception to the prohibition to actively and intentionally kill an innocent human being. Second, I do not criticize any individual physician, patient, or family member. We are all part of an increasingly permissive, cynical, and sometimes desperate system of end of life decisions, for which individuals bear very little personal responsibility. A third misunderstanding is that my scepticism stems from my protestant background. It does not. My Church, the Dutch Reformed Church, was the first worldwide to support assisted dying in the 1970s. About 80% of all its supporters in the 1980s were Reformed ethics professors, politicians, and physicians. My critique arises from what I have seen happen in practice.

First, after years of relative stability and increasing transparency in the early 2000s, the numbers are now rising significantly year after year. In the past twenty years the numbers

have quadrupled and as you can see in chart #1, the increase seems to accelerate. In some neighbourhoods assisted deaths account for 15% to 20% of all deaths. The reason why the average is still at a relatively low 5.2% nationally, is that in some predominantly rural areas the percentage is well under 2%, but here, too, we see catching up. Secondly, we see an expansion of the pathologies underlying a request to die (chart #2): from patients who dread to spend their last days or weeks in pain and agony – the category of patients that once was the most important reason for assisted dying advocacy, and I think it still is in Ireland – we see a shift to patients who fear years or decades of loneliness, limitations, and care dependency. In the Netherlands, as in other countries that have legalized assisted dying, this expansion is motivated by a logic of justice: why euthanasia only for terminal patients? Why only for those suffering from a physical illness? Why only people suffering from an illness rather than anyone in unbearable and irremediable suffering? So that is why we have now a law in parliament that legalizes euthanasia for all people over 74, with or without an illness. And why only competent patients and not also incompetent patients who suffer unbearably? That, in turn, is why we now have a governmental regulation that allows parents to request euthanasia for their young children. I am convinced that it is only a matter of time before we take the next hurdle: allowing children of dementia patients to request euthanasia for their demented parents.

I have other concerns but my time is short. Let me therefore conclude with drawing a parallel: the legalisation of euthanasia has done much more than just providing some citizens the liberty to take a way out. It turned the whole landscape of dying, including our view of illness, suffering, ageing, and care-dependence upside down. Ageing and dying increasingly become a life project, a task to be managed. In the slipstream of legal euthanasia, the percentage of people dying through terminal sedation has skyrocketed to 25% of all deaths last year – where most other developed countries would come no higher than 2%. Your present considerations and upcoming decisions are among the most consequential a parliament can ever make. I sincerely hope that your parliament seriously weighs in all these experiences.

Thank you.

Chart 1

Reported cases 2000-2022

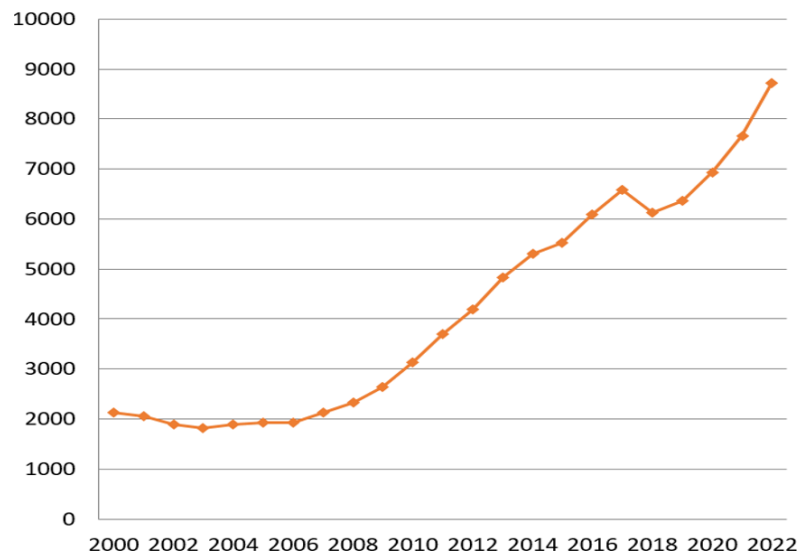
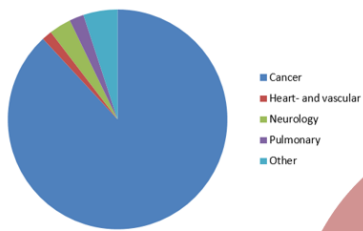


Chart 2

Medical context 2002 (1,883 cases)



Medical context 2022 (8,720 cases)

