Netherlands Moving Towards Euthanasia for the Healthy

The Netherlands was the first country in the world to legalize euthanasia in 2002. Today, they are still the global pioneers. The Dutch keep pushing the boundaries wider and wider.

Euthanasia is becoming increasingly common. In 2017 (the last year for which figures are available), doctors reported administering lethal injections to 6,585 patients. In 2010, that number was only 3,316. Thus, euthanasia has doubled in less than a decade.

Euthanasia has been normalized to the extent that, last year, the chairman of the Royal Dutch Medical Association asked the Dutch government to communicate to the public that euthanasia is not a "right." Patients need to understand that their doctor is never obligated to administer it.

The 2002 bill that legalized euthanasia states that people become eligible when they have "unbearable suffering with no prospect of improvement." Thus, euthanasia was never strictly limited to patients with terminal illnesses.

Today, most instances of euthanasia are still for patients with diseases like cancer. However, other categories are growing fast. Euthanasia for psychiatric patients has skyrocketed. In 2009, there were zero reported instances. In 2017, there were 83. There have also been significant increases in euthanasia for dementia patients as well as for elderly patients with what the Dutch call an "accumulation of old-age complaints," rather than an actual terminal illness.

Are the Dutch getting ready to take things even further? Pia Dijkstra, an MP for Dutch left-wing political party D66, is campaigning to legalize euthanasia for anyone age 75 and over who decides their life is "complete." There would be no

medical criteria attached, not even “unbearable suffering.”

Dijkstra was asked on Dutch news why she chose the age of 75. She shrugged and said, “Of course it’s always difficult to set an age limit. We have age limits for many questions, like when can you vote.”

She first proposed her “Completed Life Bill” in 2016. But to date, it has been kept on the back burner in a political compromise. D66 is part of the current governing coalition in the Dutch Parliament with two Christian parties who oppose the bill. During the negotiations to form their coalition, they agreed to commission a study to look at the needs of seniors who would be eligible. The results of the study are not expected to be published until the end of this year.

Dijkstra is not waiting patiently, raising the matter at every opportunity. She has launched a bi-weekly podcast to keep her campaign in the public eye.

Even in the Netherlands, the Completed Life Bill has attracted considerable criticism. The Royal Dutch Medical Association released a statement calling the legislation “undesirable.” They write, “From a medical, psychological and moral viewpoint…there are no reasons why an elderly person’s desire to die necessitates a fundamentally different approach to that taken in the case of a younger person.”

In 2016, a committee led by Paul Schnabel, a senator from Dijkstra’s own D66 party, advised against enacting the Completed Life Bill. The committee concluded the bill was not necessary. Existing Dutch euthanasia law already has plenty of scope to accommodate elderly patients without a terminal illness who wish to end their lives.

This can be seen clearly in the new Code of Practice for euthanasia that was mailed to all GPs in the Netherlands last year. The Code of Practice states unambiguously that patients without a terminal illness can be eligible. “If a patient

wants to receive euthanasia, his suffering must be of a medical nature. But he is not required to have a life-threatening condition," says the Code of Practice. "An accumulation of old-age complains—such as sight problems, hearing problems, osteoporosis, arthritis, balance problems, cognitive decline— can cause unbearable suffering with no prospect of improvement,"

The Code of Practice readily admits that the doctor's decision to administer euthanasia in such cases can be subjective. "The unbearability of the suffering is sometimes difficult to determine because the experience of suffering is deeply personal. What one patient can still find bearable is unbearable for another patient," says the Code of Practice. "The primary consideration is the experience of the individual patient, in light of his personal and medical history, personality, values, and physical and emotional strength."

These parameters may seem very wide, but Dijkstra believes they are still not wide enough. In February, she told a Dutch newspaper, "I think that a dignified end-of-life is very important. I think that we need to do something to help the group of people that believes they have grown far too old. They still see their children and grandchildren. They are still mobile. But in spite of that they no longer wish to live. They have to invent excuses and pretend to have ailments to become eligible for euthanasia."

In other words, a senior could be in perfect health but still receive a lethal injection if they ask for it. It remains to be seen if the Completed Life Bill will be enacted. In any event, euthanasia is already available to patients without terminal illnesses. The threshold for eligibility keeps being lowered further. If the current trends continue unabated, euthanasia for the healthy will eventually become a reality.

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