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Expanded Dutch euthanasia law: It's time to break up the debate

by Linda Everett

Since the Netherlands formally established the practice of so-called voluntary euthanasia two decades ago, that nation, reaping plaudits from euthanasia organizations internationally, repeatedly showed its willingness to kill its patients as a provision of "compassionate" medical care. Originally, only a very restricted group of so-called terminally ill patients who were suffering unbearable pain and who made repeated requests for euthanasia allegedly received it.

Over the years, the Dutch government and that nation's courts demonstrated a most expansive capacity for "compassion" as they were moved to approve or allow the "compassionate" lethal injections for patients with "psychic" pain and for non-terminal patients with incurable conditions. Soon, their "compassion" extended even to those who were neither in pain nor terminally ill, as in the case of comatose patients, or even the mentally ill and senile elderly. Of course there was nothing "voluntary" about such premature deaths. But, if you truly understood "compassion" from the Dutch perspective, you would know it is not necessary for a patient to ask to be killed, for a Dutch doctor to fulfill his or her duty to deliver "compassionate" medical care and take him out of his misery. Such a duty extends even unto the future of handicapped newborn infants, and, after considering their quality of life, perhaps in releasing them and their family of such burdens. The Dutch Physicians Association said children over eight years old should also have the benefits of euthanasia. Anesthesiologist Pieter V. Admiraal so cared for the fate of his patients, that he produced for every Dutch medical group and hospital an educational journal that described the most effective killing methods and pharmaceuticals he had discovered.

Now, far too many people—Dutch and American alike—think maybe some form of the Dutch model, if regulated with protections for vulnerable patients, might be acceptable. Don't be suckered! There are others who correctly warn of the slippery slope. That is, be prepared for Nazi genocidal policies once a nation starts to compromise the sanctity of human life. But even this very valid analogy is not sufficient to break the brainwashing grip of euthanasia in Holland today. Rather than a slippery slope, may we suggest a trap door large enough to swallow Gargantua?

It's time to unceremoniously bust up the controlled debate on the Dutch killing program, which focused on non-existent patient "autonomy" about assisted suicide, but never allowed so much as a whisper about the economic impetus behind the ever-expanding neo-malthusian "compassion" that so neatly killed off exactly the people whose high medical costs might strain the health budget.

On Feb. 9, 1993, the Second Chamber of the Dutch Parliament passed legislation on the reporting procedure for euthanasia. The bill guarantees doctors' virtual immunity from prosecution if they follow the government's 28 "measures of carefulness." Every doctor who has given euthanasia, whether the patient requested to be killed or not, is now required to inform the coroner, and indicate in a written report that he has paid strict attention to a checklist of requirements. The coroner, who is *not allowed to do an autopsy* to confirm the cause of death, may examine the body superficially. The report is then reviewed by the public prosecutor, who dismisses the case if he sees no irregularities. Since the prosecutor must judge the case only on the basis of the doctor's report, and since the main witness, the patient, is dead, the prosecutor will find few "irregularities."

Justice Minister Ernst Hirsch-Ballin says the new law will bring mercy killing into the open to be "regulated." Hirsch-Ballin and State Secretary for Welfare, Health, and Cultural Affairs Hans J. Simons set up a government study on the practice of euthanasia in 1990, called the Remmelink Commission, after the attorney general who chaired it. It was this, the government's own study, that exposed how entrenched the active killing of patients is in the Dutch health care system. The study found that one in every six deaths is caused by the intentional killing of patients—most of whom never asked to be killed. Of the 20,000 deaths reviewed: 1,000 patients killed by fatal injection never asked for it; 8,000 patients, who never asked to be murdered, were killed by doctors who ended their treatment, food, or water; 8,000 more who never asked to die, were killed by overdoses. These intentional killings are not reported as euthanasia, since patients were killed involuntarily. These rampant killings are called "normal medical practice."

The ministers' main concern is that involuntary intention-

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al killing by lethal injection should be regulated—hence the new legislation. Ministers Hirsch-Ballin and Simons (who says, "We should not long for a long life, but one of good quality"), actually called for expanding the active involuntary killing of comatose and mentally ill patients, and desired the courts to give a "fuller ruling" on the matter. The courts have already complied.

Excuse for cost-cutting

Now, Secretary of Health Simons has set up a Committee on Choices in Health Care which made sweeping cost-cutting proposals to the country's basic health care package. "Dutch model" advocates argue that because the country's health care system covers 60% of the population through a compulsory medical insurance program, there are no financial inducements for patients or families to accept euthanasia in lieu of costly care. But this is absolute nonsense. The inducements come from the government itself! The Netherlands faces the same calamitous economic crisis as most other countries in the advanced sector. Such concerns have triggered an upheaval in the state and private health insurance systems, and in many cases, caused increases in personal insurance premiums for workers. Since 1985, the Netherlands has been trying to change its health care policy. Its revamped hospital budgeting policy resulted in a 13% drop in hospital occupancy rates, and a 22% decrease in hospital days in a very short period, along with fewer hospital admissions. As a result, the number of hospital beds fell from 4.5 to below 4.2 beds per 1,000 inhabitants.

Right in the middle of the country's medical cost-cutting campaign, Dutch pro-death groups shifted their focus from patients' self-determination rights to the hard "choices" society had to make because it can't afford to treat "everyone in the next 30 or 40 years," as attorney and death specialist Eugene Sutorius said. The aforementioned Dr. Admiraal said that for "purely economic reasons," we may need to kill those with Alzheimer's disease after "three years of dementia."

More recently, a Netherlands government report, "Choices and Priorities in Health Care," spells out the impact the cuts have already had. The report states, "One common method of rationing is through waiting lists." Reviewing the national average waiting time for urgent hospital treatment, the report says, "As many as two-thirds [of patients needing urgent treatment] are kept waiting too long. The average waiting time for urgent patients varies from 8 days (pediatrics or rheumatology) to 57 days (cardiology). For non-urgent patients, the average waiting time for all specialties is 24 weeks."

Doctor André Wynen, Secretary General of the World Medical Association, scored such waiting lists for hospital care and rationing as leading to euthanasia. Speaking before the Aug. 10 World Health Summit, Dr. Wynen said, "Euthanasia for economic reasons is perhaps the most important challenge the medical profession will have to face before the end of the century. For the past 15 to 20 years increasing costs of treatment have been leading slowly to rationing. And rationing is leading slowly to euthanasia for economic reasons. . . . Not in the near future, but now." Doctor Wynen points out that it is the collectivized or socialized medical care delivery systems, controlled by the state and politicians, that lead to such rationing of services.

Dutch physicians are expected to set up explicit criteria for admissions to such waiting lists to further cost-efficiency. With the shift toward cheaper preventive care, they will be expected to define what is "appropriate" or "necessary" care for a critically ill patient. Thus, we see the explicit malthusian philosophy of the Nazi state come into play: The best way to heal a patient is to kill him. The Remmelink Commission urged specialists to spend more time in training on addressing patients' end-of-life needs. A small group within the Dutch Pediatric Society approves the active killing of severely ill newborns, and, under the aegis of the Dutch Medical Society, recommended that such infants be killed. The same committee recommends that coma patients be given lethal injections after three months of coma, because, even if they recover, they will be a burden to society and to themselves. The Dutch Medical Society will soon release a third report recommending the outright killing of psychiatric patients as well.

In late March, a national U.S. television special, funded by the Robert Wood Johnson Foundation, the group which funded for the Clinton Health Care Task Force's national tours, promoted Dutch euthanasia propaganda as far more reasonable than American medicine. In the special, "Choosing Death," physicians gave lethal injections to children with Down's syndrome when parents didn't think they wanted to be bothered raising the child, because, in the end, the child wouldn't have a happy life. In another horrifying case, a young, clearly depressed 25-year-old woman weighing just 42 pounds, who had been institutionalized off and on for years for anorexia, was killed, and her doctor-killer excused by the courts. Cancer and AIDS patients were scared into demanding euthanasia after their doctors described in detail how they would die (gag, suffocate, or bleed to death). Such is the recommended "training" of doctors in end-of-life care!

The world cannot tolerate any further repudiation of the Hippocratic Oath. Dutch physicians who oppose the new measure, which will give doctors a barbaric carte blanche to kill, report that the First Chamber or Upper House of the Dutch Parliament initially revolted against the new law, but will take up the debate again by mid-September. They tell us a defeat will land a significant psychological blow to the government's program. In the interest of assuring that debate and the law's defeat, we publish here an interview conducted earlier this year on the Dutch crisis, and a statement by Helga Zepp-LaRouche, president of the German Civil Rights Movement Solidarity.