Assisted suicide in the Netherlands: Nazi policy is no model for the U.S.A.

by Linda Everett

On Oct. 1, the U.S. Supreme Court granted *certiorari* to hear appeals of two recent federal court rulings that would have the United States government and the nation's physicians and medical institutions—under the protection of the U.S. Constitution and federal and state law—institute and enforce euthanasia practices and medical policies that are indistinguishable from those carried out by physicians under the Third Reich, acts which were condemned at the postwar Nuremberg trials as "crimes against humanity." Here we present an overview of the ways in which the practice of such euthanasia policies in the Netherlands today, amidst all the pronouncements of "patient autonomy" and "death with dignity," approaches the barbarism of the Nazis. In future articles, we shall expose the infrastructure of law, medical treatment policies, and judicial precedents that firmly established in our own medical institutions precedents which, at Nuremberg, brought Nazi doctors to the bar to be tried, convicted, and hanged. No less culpable than those Nazi doctors are the organizations, judges, medical ethicists, doctors, and policymakers who have for decades drummed into the American people the Nazi concept that some lives are "not worthy of life"—and therefore, may be denied life-saving treatments, basic medical intervention, and society's protections. They, too, are to be judged by Article 6 of the Nuremberg Charter, for commission of "crimes against humanity" "against the civilian population . . . whether or not in violation of the domestic law."

In early January, the U.S. Supreme Court will review a March 6 ruling by the U.S. Court of Appeals for the Ninth Circuit in San Francisco (*Compassion in Dying v. the State of Washington*) and an April 2 decision by the U.S. Court of Appeals for the Second Circuit in New York (*Quill et al. v. Vacco*). These rulings struck down as "unconstitutional," criminal statutes in, respectively, Washington State and New York, that prohibited causing, aiding, or promoting another's suicide. The federal appeals courts, in their first-ever "right to die" cases, thereby rescinded fundamental state protection of certain vulnerable populations—in order to provide those vulnerable ones with a newly discovered "constitutional right" to be killed with a physician's help.

Hitler, too, revoked state protections for hundreds of thousands of German civilians of all ages, with the stroke of a pen in October 1939, when he wrote in his own hand that "patients considered incurable according to the best available human judgment may be granted a mercy death." Thus began the systematic execution of *Ausschusskinder* or "garbage children," followed by the liquidation ("special treatment procedure" or just "special procedure") for aged, insane, feeble, and disabled adults in Germany's hospitals, asylums, and nursing homes.

The Dutch model

When, during the Second World War, the Netherlands was forced to live under the Nazi boot for five years, the nation's physicians refused to carry out the Nazi-ordered euthanasia against Dutch patients. For their courage, Dutch physicians died in concentration camps, while the Anglo-Dutch oligarchy—including the consort of Queen Juliana—which had helped put Hitler into power, worked to ensure ultimate implementation of his economic policies. Today, that oligarchy still exists, and through a new generation of Dutch physicians, has imposed upon the Dutch people a concentration camp without walls, wherein are reestablished, under the name of "voluntary" euthanasia, those same Nazi murder policies, born of the notion that some lives are "unworthy of life."

The Netherlands is the model repeatedly used by U.S. euthanasia advocates as a premier example of how euthanasia and physician-assisted suicide, once made legal, can be "successfully regulated," with, supposedly, sufficient patient protections. But that is a lie; the opposite is happening in the Netherlands.

The lie begins with the euphemism "physician-assisted suicide"—a legal fiction concocted to make you forget that "aiding" a suicide constitutes homicide—the act of taking a human being's life. The euphemism is meant to convey the idea that, since an individual is willing to die or allegedly asks to die, it is a lesser crime than murder—perhaps not a crime at all—to allow the individual to take his or her life, or to allow a doctor to assist him directly or indirectly in taking

that life. From the standpoint of social policy, though, it's not just murder, but mass murder: genocide directed against a whole class of people.

The Dutch Penal Code prohibits euthanasia, the intentional or purposeful act of terminating the life of another; and assisted suicide, in which physicians write prescriptions or provide lethal drugs which patients use to commit suicide. Yet today, a Dutch physician can kill just about anyone, of any age, for just about any reason—whether the patient requests death or not, whether the individual is conscious or not, mentally competent or not. The doctor can do this and not risk criminal prosecution, as long as he or she "follows" a few "strict" guidelines which are, in fact, highly subjective, and whose legal power depends entirely on whether the physician decides to recognize the guidelines, or lie about them.

Forget any nonsense you may have been told about Dutch "voluntary" euthanasia being provided only for the so-called terminally ill, to relieve their excruciating pain. In 1973, one of the earliest euthanasia precedents, a Dutch court suspended the sentence of a doctor who had been convicted of killing her mother, after medical "experts" testified at the doctor's trial that killing an "incurable" patient (the mother was recovering from pneumonia!), who subjectively felt that her physical or spiritual suffering was unbearable, was an established and acceptable medical practice. The court agreed, and added the notion that patients need *not* have entered the "dying process" to receive euthanasia.

Eventually, in all of these cases, we shall see evidence of that "discreet agreement" with the police, judges, and elected officials of which the Baroness Adrienne von Till-d'Aulnis de Bourneuill boasted years ago. It was she who wrote the "ethical" euthanasia rules later approved by the Rotterdam Criminal Court in 1981, and she who founded the Dutch Association of Voluntary Euthanasia in 1973.

In the landmark 1984 Alkmaar case, the Dutch Supreme Court demonstrated its willingness to use any bizarre rationale to extend medical killing. In this case, a physician, with the help of the Netherlands Society for Voluntary Euthanasia, appealed to the Supreme Court his conviction for intentionally terminating the life of his elderly patient. The Supreme Court upbraided the lower court in which he had been convicted, because the lower court had not considered "other questions," such as whether the doctor had faced a "conflict of duties" between his duty to abide by the criminal prohibition against euthanasia, and his duty to relieve his patient's suffering. The "prevailing standards of medical practice" may have caused the doctor to act out of "necessity" in killing the patient, the Dutch Supreme Court announced. That is, to alleviate his patient's "psychic suffering" (she was not terminally ill, nor in physical pain), the doctor had to break the law against euthanasia and murder her! Normally, the so-called necessity defense applies to breaking the law when such action is necessary to *save* a life—not to take it. But the necessity defense became standard in future pro-euthanasia rulings.

'Ethical standard': killing infants, anorexics

The Dutch Supreme Court's focus on "prevailing standards of medical ethics" led to a proliferation of horrible policies devised and dictated by a small clique of medical specialists and pro-euthanasia malthusians who elected themselves spokesmen for the nation's doctors. The Royal Dutch Society of Medicine (KNMG) in 1984 developed euthanasia guidelines that basically said that doctors may commit criminal acts of euthanasia but, under the right circumstances, their convictions would be waived. By 1986, the KNMG was telling Dutch doctors, if you commit euthanasia, you're not likely to be charged. With that, the chief international standard-bearer for the Dutch euthanasia movement, Dr. Pieter V. Admiraal, who boasts that he himself has terminated the lives of over 50 patients, published a journal (which was sent to every medical group and hospital in the country) on the most efficient methods and pharmaceuticals to use to administer euthanasia. By 1988, some 99.9% of the country's involuntary euthanasia cases were being dropped by the public prosecutors, because the deaths were deemed in the public interest.

The KNMG apparently acquired its "prevailing ethical standards" directly from Hitler, by advocating in 1986 the killing of minors. KNMG representatives told *EIR* that "legally, children are *not* permitted to decide for themselves in such situations. . . . But, in our view, the doctor has to listen to the child, and determine whether the opinion of the parents is actually in the interests of the child, or whether this opinion is only their own emotions that are dictating what they decide. What if the child, of 10 years, suffers very, very hard, and he wants to die, but the parents have a guilty conscience, and say no? Our view is that the doctor has to do what his conscience prescribes for the child." Indeed, oncologist Prof. P.A. Voute of Children's Hospital in Amsterdam readily admitted to reporters that he had already provided suicide pills to 14 adolescents, and would have given them to a child of eight years, if the child had asked. His colleagues, he claimed, do the same.

By 1989, the Dutch Supreme Court had endorsed the decision by two pediatric surgeons not to perform a life-saving operation on an infant with Down's syndrome, because the doctors and parents believed such children ought not live. The court accepted the idea that arguments of this kind are valid reasons for depriving a child of life. So, what was the government's response when physicians shortly thereafter, openly used lethal injections on handicapped newborns, or when a tiny but vociferous group of euthanasia fanatics within the Dutch Pediatric Association publicized its 1992 study claiming that doctors were routinely committing infanticide with lethal injections in Dutch hospitals?

In one case, no charges were ever filed. In another, the

Just how 'voluntary' is the killing program?

Can a "choice" to commit suicide made by vulnerable clinically depressed or mentally ill patients ever be considered voluntary? Do sick and elderly patients voluntarily choose euthanasia, when government policy is to deny them life-saving medical intervention, and provide them only "appropriate" end-of-life care? Are such basic issues beyond the Dutch—and American—viewers of the December 1994 television documentary that showed the actual murder of a Dutch patient by his doctor. That program, "Death Upon Request," prepared by the Dutch IKON broadcasting association, chronicled the last several weeks of the life of Cees van Wendel de Joode, 63, who "requested" a lethal injection because his degenerative nerve disease (ALS) had caused him to become a burden to his wife. The patient, obviously in anguish about dying and leaving his wife, sobs whenever he discusses euthanasia with his doctor. The film shows him with his wife, in the last few minutes of his life, and ends with his doctor injecting him with the lethal drugs.

The famed Dutch health system, one would have thought, would have provided this man, who obviously wanted to live, and his ailing wife, who obviously loved him, some home assistance to enable the couple to spend a few more years together. Wrong. Instead, the Dutch government paid a physician to carry out his execution. Did the people seeing this horror believe this was a "voluntary" choice? Did they care?

Investigators of the Dutch system cite, as evidence of just how involuntary the euthanasia is, a case of blunt coercion, in which a wife, tired of caring for her ill husband, tells him to "choose" euthanasia or she will place him in a nursing home. The man subsequently "asks for" a lethal injection.

While the question of voluntary requests does not extend to comatose or Alzheimer's patients (by law, only the deaths of those who request euthanasia are considered acts of euthanasia), such patients are nonetheless intentionally killed at the request of their families, or over their families' objections.

A leading Dutch practitioner of euthanasia, Dr. Herbert Cohen, lectures internationally on the Dutch system and advises the Dutch police on proper procedures in cases of euthanasia. Yet Dr. Cohen, interprets the "strict guideline requirements" of "entirely free and voluntary requests" for euthanasia and the requirement of "unbearable suffering" before it is provided in the following manner:

If a patient tells him he wants euthanasia because he feels he is a nuisance to his relatives, who want him dead so they can enjoy his estate, Dr. Cohen says he would provide euthanasia, "because that kind of influence—these children wanting the money now—is the same kind of power from the past that . . . shaped us all. The same thing goes for religion . . . education . . . the kind of family he was raised in, all kinds of influences from the past that we can't put aside."

only reason that Dutch Minister of Justice Winnie Sorgdrager intervened was—not to stop the practice of infanticide—but to develop "guidelines" under which it would be allowed within the law. In that case, an obstetrician, Dr. H. Prins, who administered two lethal injections to a newborn with spina bifida in March 1993, was later judged to have acted with "due care." Prins, who was not prosecuted, said that he wanted to act "as a catalyst" to clarify the law.

A documentary that aired in the United States and Canada in March 1993, reported that some Dutch pediatric surgeons refuse to provide life-saving surgery for babies born with Down's syndrome—if the parents feel, in the end, that the child would not have a "happy life" because he or she would be dependent on others. Hitler said the same, when he ordered doctors to carry out the first Führer-authorized "mercy" murder of a disabled infant—for its parents' sake.

The documentary, *Choosing Death,* also demonstrated how readily doctors used the lethal injection to kill a clearly depressed 25-year-old anorexic patient who weighed just 40 pounds and had been institutionalized most of her life; and to kill comatose patients who had never asked to be killed. It demonstrated the ease with which doctors could bully cancer and AIDS patients into "asking" for euthanasia, after they were told in detail how they were going to gag, suffocate, or bleed to death. The program was paid for by the Robert Wood-Johnson Foundation, a group that has thrown its considerable influence and hundreds of millions of dollars into projects to dismantle advanced U.S. health-care capabilities for a managed-care focus on "end of life" care in the United States.

Behind the license to kill: cost-cutting

In November 1993, the Dutch government passed the most extreme pro-euthanasia law in the world, surpassing what even the Third Reich was willing to do in the public spotlight. The law stipulates that any doctor who administers voluntary or involuntary euthanasia will be granted virtual immunity from prosecution if he follows the government's

new rules. Note that, from their inception, Dutch laws, guidelines, and court precedents governing euthanasia policies have been broken, overruled, or blatantly ignored. Now, the government wants the doctors who kill to report their actions to a coroner who, under the first version of the law, was allowed to carry out only a superficial examination of the body (no autopsy was allowed). Under the new version law, the public prosecutor is not allowed to investigate the death beyond the doctor's own report. So, even if irregularities are suspected, who would protest? The only other party in the crime is the patient—the dead patient.

"Dutch model" advocates argue that because the country's health care system covers 60% of the population through compulsory medical insurance program, there exist no financial inducements for patients or families to accept euthanasia in lieu of costly care. Absolute nonsense! The inducements come from the government itself. In fact, the Dutch health minister who instituted massive government cuts in the national health care system, is the *same* minister who recommended the expansion of medical murder against mentally incompetent and comatose patients, in order to cut costs.

With one-third of the country's workforce on unemployment benefits, as of 1993, the Netherlands faces the same calamitous economic crisis as most other countries in the advanced sector. At one point, the Dutch Central Bureau of Statistics reported that the country's active workforce was only 6.5 million, out of a population of 15 million, with large numbers of the population "disabled" by the government's liberal legalized-drugs policy. Of the 1.4 million Dutch civilians between 55 and 64 years of age, only 400,000 still have paying jobs. The shrinking tax base led to government "reforms" which slashed hospital budgets so deeply that they led to a 13% drop in hospital occupancy rates, a 22% decrease in hospital man-days, far fewer hospital admissions, and a significantdrop in the number of available hospital beds. The government started dismantling its social safety-net structure by taking apart its social welfare system, suspending subsidies for public housing, and curbing disability programs. Thus, it was no surprise that a government report,"Choices and Priorities in Health Care," commended the rationing of services by waiting lists, even for those who need the most urgent care. Dr. André Wynen, then secretary general of the World Medical Association, reported that the existence of such waiting lists leads directly to euthanasia for economic reasons.

Government study exposes rampant killing

There exists no better evidence than the Dutch government's own "Remmelink Report," which exposes how the

'Final Solutions' in today's Netherlands

We indicate here responses to sweeping budget cuts carried out in the early 1990s by Dutch Secretary of Health Hans J. Simons's, who savaged the Netherlands's basic health care package, and to his plan to hike patient premiums:

- Dutch pro-death groups shift their focus from patients' self-determination rights to selling the hard "choices" society must make because it can no longer afford to treat "everyone in the next 30 or 40 years," as Dutch attorney and death specialist Eugene Sutorius tells an American audience.
- Dr. P.V. Admiraal admits that for "purely economic reasons," "we may need to kill" those with Alzheimer's disease after "three years of dementia."
- A commission of physicians recommends the use of lethal injections to eliminate any patient in coma after three months because, even if they do recover, they'll be a burden to society and to themselves.
- The Dutch Medical Society calls for the outright killing of psychiatric patients.
- A Dutch Court creates a new precedent in June 1992 by granting total immunity to two physicians for "acting conscientiously" by providing suicide help to a mentally ill 50-year-old woman with severe personality disorders.
- The Dutch branch of the World Council of Churches and the Dutch Reformed Churches proffer Dutch euthanasia as the answer for patients suffering with AIDS.
- Former Dutch Supreme Court Judge Huib Drion calls for "death pills" to be distributed to old and sick people. Health Minister Simmons attempts to induce patients who are seen as a burden to their families or to the state, to surrender their "will to live." To do this he uses in his latest government-funded project—a vile television game show called "A Matter of Life and Death." The "game" involves allowing the studio audience to vote electronically—Colosseum-style—to choose which of two sick patients should be allowed to receive life-saving medical treatment, after the patients describe their fight against cancer or heart disease, etc.
- Euthanasia fanatic Jan Hilarius, a retired social worker, establishes a "suicide hot-line" whereby would-be suicides, desperate for help to avert their self-destructive impulses, are instead provided specific information and suggestions on the ways to kill themelves.

very regulated practice of euthanasia in the Netherlands has unleashed a monstrous nightmare in which doctors kill any patient whom they judge unfit to live. Since its publication, the report's authors have charged that opponents have misinterpreted or exaggerated its results. Apologists on both sides of the Atlantic came to the defense of the Nazi model, including the *Scientific American*'s John Horgan, who quoted ethicists in favor of Dutch euthanasia policies (and who claims it is unethical for doctors to prevent a would-be suicide from taking his life, if he has a poor "quality of life").

In 1989, the Dutch government appointed the Remmelink Commission to report on the "extent and nature of medical euthanasia practice." The commission, chaired by Attorney General Remmelink, was ordered to report on the practice by physicians of "performing an act of omission . . . to terminate the life of a patient, with or without an explicit and serious request of the patient to this end." The commission also enlisted the help of a public health professor, P.J. van der Maas, who undertook a three-part survey of all "Medical Decisions Concerning the End of Life" (MDELs), so that euthanasia could be seen within the broader context of physicians undertaking all actions that hasten a patient's death. Essentially, the government wanted a profile of how and why doctors terminate a life by lethal injection, by withdrawing or denying medical treatment (like resuscitation or tube-feeding), or by administering lethal overdoses of pain medication.

Rationalizing mass euthansia

In 1990, the year reviewed by the "Remmelink Report," there were 130,000 deaths in the Netherlands, of which 19,000 involved "medical decisions concerning the end of life" (MDELs), including euthanasia, which the study narrowly defined as the active, intentional termination of a life at the patient's request. In the most accurate "prospective" survey, doctors were asked, for the six months following the request, to provide information on each patient who died.

The authors concluded that euthanasia occurred in 1.8% of all deaths (or 2,300 cases); assisted-suicide occurred in 0.3% of all deaths (400 cases). But, in another 1,000 cases (0.8% of deaths), doctors used a lethal drug "with the explicit purpose" of killing the patient *without* that patient's explicit request. Of the 22,500 patients who died of morphine overdoses, 8,100 cases (or 36%) of the overdoses were administered with the explicit intention or partial intention of killing the patient. Of the 25,000 cases in which life-sustaining treatment, or food and water, was withdrawn or withheld without the request of the patient, in 8,700 cases (or 35%), it was done with the explicit or partial intention of eliminating the patient. Dutch physicians, like those in the United States, call this denial of so-called "futile" food/hydration, ventilator, or other life-support—"good medical practice."

On the basis of the survey, the Remmelink Commission made the outrageous statement that the figure of 2,700 cases of "euthanasia" and assisted suicide in 1990 "does not warrant the assumption that euthanasia in the Netherlands occurs on an excessive scale." By breaking down the deaths according to physician "intentions" and "states of mind"—explicit or partial purpose of hastening death; recognition that action will probably hasten the end of life—the authors succeeded in obfuscating the levels of mass murder being carried out in the Netherlands.

A truer reading of the survey finds that doctors:

- Used lethal drugs to intentionally kill 1,000 patients without patients' requests;
- Administered lethal drug overdoses to 5,508 patients without patients' requests;
- Withheld or withdrew treatment from, and thereby killed, 8,750 patients without patients' requests; and finally,
- In 58% of all the cases in which doctors explicitly or "partly" intended to hasten a patient's death, that killing was carried out *without* patients' requests.

So, where are the patient protections and patient "self-determination" guaranteed by nearly 30 years of government "regulations" and guidelines?

Targetting the comatose, mentally ill

By September 1991, the Dutch government had released its report defending the 1,000 involuntary euthanasia killings each year as "care for the dying." Justice Minister Ernst Hirsh-Ballin and Health Minister Simmons, who ordered the study, now recommended that the courts give a "fuller reading" on providing lethal injections—more involuntary murder—for comatose and mentally ill patients who had never asked to die.

The highest court in the Netherlands complied in 1992, by upholding the acquittal of a Dutch psychiatrist for helping in the "suicide" of a patient, Hillie Hasscher, who had failed at an earlier attempt at suicide. The woman was not terminally, or even physically ill at all—she was severely depressed over the death of one son from cancer, and the loss of another to suicide, with a bitter divorce in between the deaths. Her psychiatrist provided suicide help—but not treatment for her depression.

In February 1995, the current minster of justice, Winnie Sorgdrager, in a letter to the Dutch Parliament, instructed that "a doctor can have recourse to . . . euthanasia if the patient is in incurable and intolerable physical or mental suffering, even if that patient has not entered the terminal phase." Her instructions officially eliminated the so-called "strict requirements" previously enshrined, supposedly, in Dutch law, to the effect that a patient be must "terminally ill" before a lethal injection is administered. Now he need not even be physically ill. Under the new rules, if a depressed patient undergoes a relapse and seeks hospitalization, he is fair game to be killed, with, as the saying goes, nary a dog barking.