

Euthanasia in the Netherlands

https://en.wikipedia.org/wiki/Euthanasia_in_the_Netherlands

Euthanasia in the Netherlands is regulated by the "Termination of Life on Request and Assisted Suicide (Review Procedures) Act" which was passed in 2001^[1] and took effect in 2002. It states that [euthanasia](#) and [physician-assisted suicide](#) are not punishable if the [attending physician](#) acts in accordance with criteria of [due care](#).^[2] These criteria concern the patient's request, the patient's [suffering](#) (unbearable and hopeless), the information provided to the patient, the absence of reasonable alternatives, consultation of another physician and the applied method of ending life.^[2] To demonstrate their compliance, the Act requires physicians to report euthanasia to a review committee.^[2]

Legal framework

The legal debate concerning euthanasia in the Netherlands began with the "Postma case" in 1973, concerning a physician who had facilitated the death of her mother following repeated explicit requests for euthanasia.^[3] While the physician was convicted, the court's judgment set out criteria when a doctor would not be required to keep a patient alive contrary to their will. This set of criteria was formalised in the course of a number of court cases during the 1980s.

Termination of Life on Request and Assisted Suicide (Review Procedures) Act was passed in April 2001^[1] and took effect on 1 April 2002. It legalises euthanasia and physician-assisted suicide in very specific cases, under very specific circumstances.^[4] The law was proposed by [Els Borst](#), the [D66 minister of Health](#). The procedures codified in the law had been a convention of the Dutch medical community for over twenty years.

The law allows medical review board to suspend prosecution of doctors who performed euthanasia when each of the following conditions are fulfilled:

- the patient's suffering is unbearable with no prospect of improvement
- the patient's request for euthanasia must be voluntary and persist over time (the request cannot be granted when under the influence of others, psychological illness or drugs)
- the patient must be fully aware of his/her condition, prospects, and options
- there must be consultation with at least one other independent doctor who needs to confirm the conditions mentioned above
- the death must be carried out in a medically appropriate fashion by the doctor or patient, and the doctor must be present
- the patient is at least 12 years old (patients between 12 and 16 years of age require the consent of their parents)

The doctor must also report the cause of death to the municipal [coroner](#) in accordance with the relevant provisions of the Burial and Cremation Act. A regional review committee assesses whether a case of termination of life on request or assisted suicide complies with the due care criteria. Depending on its findings, the case will either be closed or, if the conditions are not met, brought to the attention of the Public Prosecutor. Finally, the legislation offers an explicit recognition of the validity of [a written declaration of will](#) of the patient regarding euthanasia (a "euthanasia directive"). Such declarations can be used when a patient is in a [coma](#) or otherwise unable to state if they wish to be euthanised.

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Euthanasia remains a criminal offense in cases not meeting the law's specific conditions, with the exception of several situations that are not subject to the restrictions of the law at all, because they are not considered euthanasia but normal medical practice:

- stopping or not starting a medically useless (futile) treatment
- stopping or not starting a treatment at the patient's request
- speeding up death as a [side-effect](#) of treatment necessary for alleviating serious suffering

[Euthanasia of children](#) under the age of 12 remains technically illegal; however, Dr. [Eduard Verhagen](#) has documented several cases and, together with colleagues and prosecutors, has developed a protocol to be followed in those cases. Prosecutors will refrain from pressing charges if this [Groningen Protocol](#) is followed.

Practice

In 2016 the number of official cases of euthanasia in the Netherlands was 6,091 which was 4 % of total deaths in the Netherlands.^[5]

In 2010, the number had been 4,050, and according to research done by the [Vrije Universiteit, University Medical Center Utrecht](#) and [Statistics Netherlands](#), and published in [The Lancet](#), that was not more than before the "Termination of Life on Request and Assisted Suicide (Review Procedures) Act" took effect in 2002,^[6] and the study concluded that In effect, the legislation did not lead to more cases of euthanasia and assisted suicide on request.^[7]

In 2003, in the Netherlands, 1,626 cases were officially reported of euthanasia in the sense of a physician assisting the death (1.2 % of all deaths). Usually the [sedative sodium thiopental](#) is [intravenously](#) administered to induce a [coma](#). Once it is certain that the patient is in a deep coma, typically after less than a minute, [pancuronium](#) is administered to stop [breathing](#) and cause death.

Officially reported were also 148 cases of physician-assisted dying (0.14 % of all deaths), usually by drinking a strong (10 g) [barbiturate potion](#). The doctor is required to be present for two reasons:

- to make sure the potion is not taken by a different person, by accident (or, theoretically, for "unauthorised" suicide or perhaps even murder)
- to monitor the process and be available to apply the combined procedure mentioned below, if necessary

In two cases the doctor was reprimanded for not being present while the patient drank the potion. They said they had not realised that this was required.^[8]

Forty-one cases were reported to combine the two procedures: usually in these cases the patient drinks the potion, but this does not cause death. After a few hours, or earlier in the case of [vomiting](#), the muscle relaxant is administered to cause death.

By far, most reported cases concerned [cancer](#) patients. Also, in most cases the procedure was applied at home.

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A study in 2000 found that Dutch physicians who intend to provide assistance with suicide sometimes end up administering a lethal medication themselves because of the patient's inability to take the medication or because of problems with the completion of physician-assisted suicide.^[9]

In 2010 there were 3,136 cases reported of a physician assisting the death of a patient. When categorised there were, 2,910 cases of "end of life on request", 182 cases of assisted suicide, and in 44 cases it was a combination. The evaluation commissions decided that in 9 cases the procedures were not according to protocol and referred the cases to the [Public Prosecution Service](#) and the [Health Care Inspectorate](#).^[10] The number of reported cases was rising by 8 % each year. In 2017, the number of reported euthanasias had increased to 6,585; 99.8 % of them being performed carefully.^[11] The reason for this rise is not clear.^[10]

Further developments

Under current Dutch law, euthanasia by doctors is only legal in cases of "*hopeless and unbearable*" suffering. In practice this means that it is limited to those suffering from serious medical conditions like severe pain, exhaustion or [asphyxia](#). Sometimes, psychiatric patients that have proven to be untreatable, can get euthanasia. There is much discussion about people with early dementia who have previously stated in a written will that if they ever got dementia, they would want to get euthanasia.^[12]

In February 2010 a citizens' initiative called *Out of Free Will* further demanded that all Dutch people over 70 who feel tired of life should have the right to professional help in ending it. The organisation started collecting signatures in support of this proposed change in Dutch legislation. A number of prominent Dutch citizens supported the initiative, including former ministers and artists, legal scholars and physicians.^{[13][14]} However, this initiative has never been legalised.

In 2016, the Dutch Health Minister of the [Second Rutte cabinet](#) announced plans to draft a law that would allow assisted suicide in cases without a terminal illness, if the person feels they have completed life.^[15]

In April 2023, euthanasia was expanded to include children of all ages who are in unbearable suffering.^[16]

In November 2023, the political party [D66](#) drafted a bill to give people aged 75 and over the option to have euthanasia if they felt they had completed life.^[17]

The 2019 suicide of 17-year-old [Noa Pothoven](#) led to false reports in English-language media that she had been granted an assisted death.^[22]

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Note 17 NL #TIMES Tuesday, 7 November 2023 - 10:20

D66 adjusts "completed life" bill for longer guidance before assisted suicide

Those in the Netherlands in life threatening danger should immediately dial 112 for emergencies, and anyone suffering from depression or contemplating suicide can call 113 Zelfmoordpreventie at any time by dialing either 113 or 0800-0113, or by visiting [113.nl](https://www.113.nl).

People aged 75 and older who feel that their life is complete and therefore want to end it with help at a time of their choosing should be given that option, but only after they complete a process with an “end-of-life counselor” for at least six months. That is what the D66 proposes, amending its previous initiative bill “completed life” on this point. Another new feature is that a doctor must be involved in the process and must inform the counselor about the medical situation of the person concerned.

D66 parliamentarian Anne-Marijke Podt will submit the bill to parliament on Tuesday. In 2020, her now-departed colleague Pia Dijkstra made the first proposal to [allow assisted suicide at the end of a completed life](#). That immediately sparked a lot of social debate, as well as [irritation in the coalition at the time](#). The Christian parties in the coalition, ChristenUnie and CDA, strongly oppose the active termination of life because they believe that it should be in God’s hands, not man’s.

Podt made the changes after the [Council of State criticized the proposal](#). The party is creating a new profession with the end-of-life counselor. This person will have a pivotal role in the process: the counselor will assess whether the wish and request to die “has a well-considered, voluntary, and sustainable character.” The counselor will have at least three conversations with the person involved within six months and can always expand the process if necessary. Initially, the D66 considered a process of at least two months and two conversations.

Nine due care requirements must be met throughout the process. The counselor is also involved in the assisted suicide in the new bill. The counselor collects the medicines from the pharmacy, after which the person concerned takes the medicines themselves. The difference with the euthanasia law is that the euthanasia law also allows for a doctor to administer a lethal drug to the patient, for example, if the patient is no longer able to do so themselves.

The D66 parliamentarian believes that “living with dignity also includes being able to die with dignity and on one’s own terms.” Because the subject is a sensitive and triggering one, she spoke with many people - doctors, experts, elderly people, and also outspoken supporters and opponents. Podt hopes that “we can continue to have the debate on this issue with respect and dignity.”

There is a good chance that Podt will be able to defend her initiative bill in both the current and the new Tweede Kamer, the lower house of the Dutch parliament. She is fourth on the D66 list of candidates in the coming elections, and the social liberals are hovering around

seven seats in the polls.



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