

Mrs Melissa Vaca

Attention: Dr Jeannine Purdy
The Joint Select Committee on
End of Life Choices
Level 1, 11 Harvest Terrace
West Perth WA 6005

Dear Committee Members,

SUBMISSION: to the Inquiry into the need for WA laws to allow citizens to make informed choices for end of life.

I am concerned about pressures for this Committee to recommend any changes of law in favour of assisted suicide and/or euthanasia. A proper investigation into the experience in foreign jurisdictions reveals that it is a grave mistake to allow euthanasia and assisted suicide into society.

With regard to the second tem of reference, in particular, relevant reports and materials in overseas jurisdictions, the Committee ought to be guided by the cautionary advice of Dutch ethicist, Professor Theo Boer, nine year member of a Dutch Euthanasia Regional Review Committee. In July 2014, Professor Boer wrote an article (copy enclosed) ['Assisted Suicide: Don't Go There'](#), wherein he recalled stating in 2007 that “a good euthanasia law, in combination with the euthanasia review procedure, provides the warrants for a stable and relatively low number of euthanasia”. In light of the sharp rise in euthanasia deaths since then, combined with other serious concerns, he now admits that his former statement was wrong and that in the Netherlands, “Euthanasia is on the way to becoming a ‘default’ mode of dying for cancer patients”.

His other concerns include the development of a network of travelling euthanizing doctors who do not have the doctor patient relationship the law presupposes. Additionally, there has been shift in the type of patients who receive the treatments to conclude patients with psychiatric illness or dementia, together with patients who are aged, lonely or bereaved. Disturbingly, public opinion is shifting from the intention of the legal framework for euthanasia and assisted suicide to be the exception, towards considering them to be rights. Laws are being sought to compel doctors to provide referrals against their consciences and pressure is mounting on doctors to heed the requests of sometimes relatives. Finally, Professor Boer asks whether “the mere existence of such a law is an invitation to see assisted suicide and euthanasia as a normality instead of a last resort.”

I ask the Committee to please consider Professor Boer’s warning, tempered by years of first hand experience in this issue, lest we find ourselves in the same dangerous waters.

Yours faithfully

Melissa Vaca

Euthanasia Prevention Coalition

Blog maintained by Alex Schadenberg, EPC International Chair

Wednesday, July 16, 2014

Dutch ethicist - "Assisted Suicide: Don't Go There"

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This is the original article that was written for the Daily Mail by Professor Theo Boer. The [Daily Mail](#) published this article instead. Boer gave EPC permission to publish his original article.

Professor Theo Boer
Authorized version, July 16, 2014.

In 2001 The Netherlands was the first country in the world to legalize euthanasia and, along with it, assisted suicide. Various safeguards were put in place to show who should qualify and doctors acting in accordance with these safeguards would not be prosecuted. Because each case is unique, five regional review committees were installed to assess every case and to decide whether it complied with the law. For five years after the law became effective, such physician-induced deaths remained level - and even fell in some years. In 2007 I wrote that 'there doesn't need to be a slippery slope when it comes to euthanasia. A good euthanasia law, in combination with the euthanasia review procedure, provides the warrants for a stable and relatively low number of euthanasia.' Most of my colleagues drew the same conclusion.

But we were wrong - terribly wrong, in fact.

In hindsight, the stabilization in the numbers was just a temporary pause. Beginning in 2008, the numbers of these deaths show an increase of 15% annually, year after year. The annual report of the committees for 2012 recorded 4,188 cases in 2012 (compared with 1,882 in 2002). 2013 saw a continuation of this trend and I expect the 6,000 line to be crossed this year or the next. Euthanasia is on the way to become a 'default' mode of dying for cancer patients.

Alongside this escalation other developments have taken place. Under the name 'End of Life Clinic,' the Dutch Right to Die Society NVVE founded a network of travelling euthanizing doctors. Whereas the law presupposes (but does not require) an established doctor-patient relationship, in which death might be the end of a period of treatment and interaction, doctors of the End of Life Clinic have only two options: administer life-ending drugs or sending the patient away. On average, these physicians see a patient three times before administering drugs to end their life. Hundreds of cases were conducted by the End of Life Clinic. The NVVE shows no signs of being satisfied even with these developments. They will not rest until a lethal pill is made available to anyone over 70 years who wishes to die. Some slopes truly are slippery.

Other developments include a shift in the type of patients who receive these treatments. Whereas in the first years after 2002 hardly any patients with psychiatric illnesses or dementia appear in reports, these numbers are now sharply on the rise. Cases have been reported in which a large part of the suffering of those given euthanasia or assisted suicide consisted in being aged, lonely or bereaved. Some of these patients could have lived for years or decades.

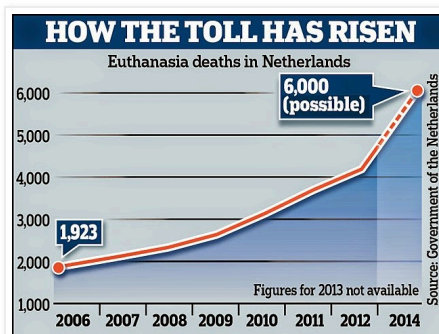
Whereas the law sees assisted suicide and euthanasia as an exception, public opinion is shifting towards considering them rights, with corresponding duties on doctors to act. A law that is now in the making obliges doctors who refuse to administer euthanasia to refer their patients to a 'willing' colleague. Pressure on doctors to conform to patients' (or in some cases relatives') wishes can be intense. Pressure from relatives, in combination with a patient's concern for the wellbeing of his beloved, is in some cases an important factor behind a euthanasia request. Not even the Review Committees, despite hard and conscientious work, have been able to halt these developments.

I used to be a supporter of legislation. But now, with twelve years of experience, I take a different view.

At the very least, wait for an honest and intellectually satisfying analysis of the reasons behind the explosive increase in the numbers. Is it because the law should have had better safeguards? Or is it because the mere existence of such a law is an invitation to see assisted suicide and euthanasia as a normality instead of a last resort? Before those questions are answered, don't go there. Once the genie is



Professor Theo Boer



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out of the bottle, it is not likely to ever go back in again.

Theo Boer is a professor of ethics at the Protestant Theological University at Groningen. For nine years he has been a Member of a euthanasia Regional Review Committee. The Dutch Government has five such committees that assess whether a euthanasia case was conducted in accordance with the law. The views expressed here represent his views as a professional ethicist, and not of any institution.

Links to important articles:

- [Netherlands 2012 euthanasia statistics.](#)
- [Euthanasia: Incremental extensions are inevitable.](#)
- [Dutch health minister: 45 psychiatric euthanasia deaths in 2013.](#)
- [The Netherlands euthanasia law has derailed.](#)
- [Blind woman dies by euthanasia in the Netherlands.](#)
- [Some Dutch pharmacists refuse to fill prescriptions for euthanasia.](#)
- [Mobile euthanasia deaths begins in the Netherlands.](#)



Posted by Alex Schadenberg at 2:43 PM



Labels: [Assisted Suicide](#), [Depression](#), [euthanasia](#), [Loneliness](#), [Netherlands euthanasia](#), [Psychological suffering](#), [Theo Boer](#)



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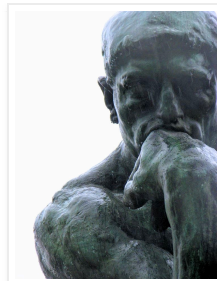
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