KNMG: ‘Completed life’ – wish understandable, but legislation undesirable

Following extensive consultation with its members and intensive discussions with its federation partners, the Royal Dutch Medical Association (KNMG) has announced that, although the desire for clarity and reassurance in the medical sector regarding end-of-life practices (now or in the future) is understandable, separate ‘completed life’ legislation in addition to the current Euthanasia Act is undesirable.

The subject of ‘completed life’ – separate physician assisted-suicide legislation for the elderly who believe their life has reached its natural conclusion – was a key issue during the elections, and is expected to remain so during the formation of government. In order to promote a thorough and substantiated treatment of this complex issue, KNMG would like to share the concerns and questions of doctors with those involved in the new government negotiations, and with the spokespeople from the House of Representatives.

Society
A respectful and sensitive approach to the issue of elderly people who suffer from a sense of meaninglessness in their lives is one that concerns all of society. And although it is not a medical issue, doctors will be involved nonetheless. The government is proposing legislation that would make assisted suicide a valid legal option for ‘healthy’ senior citizens with a current and well-considered desire to end their lives. Any such legislation would be in addition to the current Euthanasia Act, which is aimed at people whose suffering is unbearable and incurable, and based (fully or partially) on a medical condition. Following extensive consultation with its members and intensive discussions with its constituent federation partners, the Royal Dutch Medical Association (KNMG) has concluded that such a drastic proposal is undesirable on both principled and practical grounds.

Healthy or sick?
One of the objections on the part of doctors is the distinction drawn by the government between ‘healthy’ and ‘sick’ people wishing to end their lives, which is not an accurate reflection of the reality perceived by doctors and citizens. A separate legal act in addition to the Euthanasia Act would therefore serve to undermine the care taken in current euthanasia practice. The existing Euthanasia Act is detailed, transparent, verifiable, safe for patients and doctors, and has widespread support. It also offers some scope for interpretation, and old-age vulnerability as the result of compounded medical and non-medical problems can also be seen as unbearable and incurable suffering as defined under the Euthanasia Act.

Stigmatisation of old age
Another concern among our members includes potential undesirable effects on society as the result of the proposed legislation, such as the elderly feeling at risk, or the stigmatisation of old age. Instead of opening up a new path to assisted suicide, KNMG therefore wishes to argue for investments in solutions that directly address the feelings of meaninglessness experienced by the elderly.

Medical involvement inevitable
The government has stated that doctors need not be involved in assessing a desire to die based on the ‘completed life’ principle. However, KNMG feels that doctors will inevitably become involved in the procedure nonetheless, e.g., to exclude possibilities such as reduced decisional competence, the onset of dementia, treatable psychiatric conditions, or other medical problems.

Other options
The concept of a ‘completed life’ has a positive connotation in the social debate. In practice, however, most of the people involved will be those experiencing feelings of loneliness and a lack of meaning in their lives. The issue is a complex and tragic one, for which no simple solutions exist. KNMG therefore strongly argues for further investigation in support of alternative options to the one currently being explored by the government.

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