

Misleading picture is deadly

On 20 July 2017 [The Wall Street Journal](#) published an opinion piece by Mr Van der Staaij, Member of Parliament for the Reformed Political Party (SGP), about the practice of euthanasia in the Netherlands. The crusade Mr Van der Staaij is fighting in the foreign press is a political debate, in which he obviously does not shy away from stirring up social unrest over the heads of citizens, patients and doctors.

Like Van der Staaij, the Royal Dutch Medical Association too is opposed to the government's plans to introduce a ['Completed Life' Act](#) to complement the Euthanasia Act. However, it demonstrates a lack of respect to then pretend that we in the Netherlands are on the point of encouraging the physically and mentally disabled, the ill and the elderly to give up on living.

The picture that Van der Staaij is creating, based on two exceptional cases, is incorrect. The assertion that due care criteria do exist, but in practice are difficult to implement and to comply with, is without foundation. Furthermore, it does not remotely reflect the fact that doctors do conduct a proper check into whether a euthanasia request – whether in writing or not – is voluntary and well-considered. As a general rule, a doctor has multiple conversations with the patient and often also with their relatives. Exploring and becoming convinced of why this patient's suffering is unbearable and hopeless also forms part of these probing conversations, as does the reasonableness of the alternatives. A further topic is the situation the patient finds him or herself in and what the patient's prospects are. After that, an independent doctor, often the SCEN doctor, reviews the case and gives advice.

If the euthanasia is performed, after consultation with the Public Prosecutor a report is made via the municipal pathologist to a Regional Euthanasia Review Committee (RTE). The RTE evaluates whether the due care criteria have been met. If not, it makes a report to the Public Prosecution Service and the Healthcare Inspectorate.

Even if the criteria were met, sometimes assessments by the RTE can raise questions. In one of the exceptional cases cited by Mr Van der Staaij, the RTE assessed the report as showing insufficient evidence of due care, and the Public Prosecution Service and Healthcare Inspectorate conducted an investigation. However, that in no way justifies the suggestion that 'we' in the Netherlands have failed. By presenting two exceptional cases as if they were standard practice, Van der Staaij is making a claim which is not backed up by any evidence, not even the third review of the Euthanasia Act, which was published recently.

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