



Euthanasia

SIR.—The Committee to Investigate the Medical Practice of Euthanasia (Rommelink Committee) was set up on Feb 13, 1990, by the Dutch Minister of Justice and the Secretary of State for Health. Its report was published on Sept 10, and Professor van der Maas and his colleagues' study (Sept 14, p 669) was part of the evidence submitted to that inquiry.

In the report stress is laid on the fact that so much less euthanasia is practised than earlier estimates had suggested. Those estimates varied between 5000 and 20 000 a year, whereas the committee, drawing on van der Maas' data, reports round about 2300, or 1.8% of all deaths. Is this a reassuring finding? Let us agree that every time a patient is intentionally killed this is an indictment against medicine. And let us agree that the committee has done a remarkable job producing this thorough report. Even so the conclusion that intentional killing has been practised in only 2300 cases is a fallacy.

The committee defines euthanasia as an "intentional life-ending act by someone other than the patient and at his request"—but not dealing with withholding treatment or "intensifying pain and symptom suppression which results in shortening life". However, the investigation covered other cases of intentional killing, brought together as "medical decisions around the end of life" (MDEL). The following categories are distinguished, numbers referring to 1990 (total 129 000):

Category	No
<i>Prescribing, providing, or administering drugs with explicit intention of precipitating end of life:</i>	
euthanasia (on request)	2300
assisting suicide	400
life-ending treatment without explicit request	1000
<i>Intensifying pain and symptom suppression with explicit purpose of accelerating end of life</i>	22 500 (17.5%)
partly with purpose of accelerating end of life	1350
at least considering probability that this will accelerate end of life	6750
<i>Withholding treatment (including tube-feeding) without request</i>	14 400
<i>without request</i>	22 500 (17.5%)
with explicit purpose of accelerating end of life	3600
partly with purpose of accelerating end of life	4275
at least considering probability that this will accelerate end of life	14 625

There is yet another category, not falling under life-ending treatment by the doctor—namely, withholding treatment at patient's request (5800).

If we sum up the number of times a doctor performed an act with the explicit intention of shortening life, the total becomes 8650 (6.7% of total deaths), as follows: 2300 + 400 + 1000 plus 1350 plus 3600. If next we add cases where life-shortening was partly intended we get to 19 675 deaths which is close to the upper limit of earlier estimates. However, the committee's report considers the intensifying of therapy for pain and symptom suppression and withholding further treatment to be normal medical practice. Of course, it is often difficult, if not impossible, to state in a particular case where the dose of pain/symptom suppressing drugs was increased whether the death was the result of pain suppression or of the illness itself. Nevertheless, we are dealing here with intentions, so it is right to speak of intentional killing of the patient. Calling this "normal medical practice" is terrifying. This argument applies also to the withholding of treatment, if we deal with intentions. The result of this careful investigation is not reassuring but is highly alarming. It is high time that we in the Netherlands made serious efforts to provide effective palliative care.

The board of the Dutch Physicians' League (affiliated to the World Federation of Doctors who Respect Human Life) is pleased that the report stresses the need for adequate and effective treatment for incurable terminal disease—treatment aimed not at cure but at suppression of distressing symptoms such as pain, fatigue, shortness of breath, and intestinal complaints. Palliative medicine is more than combating just pain. Thanks to the pioneering work of the British hospice movement, pain and the other terminal symptoms can be tackled effectively. The board therefore hopes that the Dutch government will offer financial support to make palliative care available to everyone as soon as possible. The board considers a request for euthanasia as a request for the right palliative treatment. Specific palliative care is always possible and will sharply reduce the demand for euthanasia. Permitting euthanasia by imposing rules to be complied with is the wrong way.

Respect for human life is the basis of our legal system. Speaking of life having lost its dignity endangers the life of every handicapped or incurably ill person. Since doctors need the confidence of their patients, the physician should never be given the right to kill a patient intentionally.

We have a choice between two types of ethic, humanitarian or utilitarian. After the 1939–45 war we have had the UN Universal Declaration on Human Rights and the World Medical Association's Declaration of Geneva, which rephrases the Hippocratic oath containing the words: "I will give no deadly drug to any, though it be asked of me, nor will I counsel such". These declarations express a humanitarian ethic, where the rights and needs of the individual are central, regardless of his or her condition or usefulness. This humanitarian ethic has been gradually and almost imperceptibly replaced by a utilitarian one which puts everyone's quality of life and his usefulness to society in the foreground. What this will eventually mean is clearly set out in an editorial in the journal of the Californian Medical Association (September, 1970) on A New Ethics for Medicine and Society. The editorial says that in the future those people will be eliminated whose quality of life does not meet certain medical criteria, and that next to birth control there will be death control. Society will accept euthanasia, voluntary or compulsory, because "the new ethics of relative rather than absolute and equal values will ultimately prevail".

Nederlands Artsenverbond,
Groene Wetering 32,
3062 Rotterdam PC, Netherlands

K. F. GUNNING,
Secretary, Dutch Physicians' League