NATIONAL REVIEW

Grim Reaper, M.D.

The Low Countries slide down the euthanasia slippery slope.

By Douglas Murray — April 25, 2016, Issue

Every age preceding ours sanctioned acts that we find morally stupefying. So it is reasonable to assume that there are at least some things we are presently doing — possibly while flush with moral virtue — that our descendants will regard with exhalations of "What were they thinking?" Anyone interested in our age should wonder what these modern blind spots might be — those things akin to slavery or the Victorians' shoving children up chimneys. As an entry into this category, you could do worse than consider the case of Nathan (born Nancy) Verhelst.

This was a Belgian who as a little girl felt that her brothers were favored over her. In adulthood she chose to "transition" into a man. She underwent hormone therapies as well as surgical operations. These were insufficiently successful for Nancy's liking and left considerable scarring. Nathan — as he then was — became depressed. In September 2013, when Nathan was 44 years old, the Belgian state killed him by lethal injection because of his "unbearable psychological suffering."

Perhaps we can leave the ethics of trying to turn women into men for another day. But it seems likely that any future civilization will look back on the practice of euthanasia in the Western liberal democracies in the early 21st century and sense an awesome moral chasm: "Let me get this right, the Belgian health service tried to turn her into a man and then killed her?" Strangest of all might seem the fact that this killing was done in a spirit not of malice or cruelty, but of kindness.

Several advanced Western countries now practice some form of euthanasia. The State of Oregon allows a version that was much cited in the United Kingdom last year, when there was an unsuccessful attempt to introduce a euthanasia bill in the parliament. But nothing yet equals the practice of euthanasia in the two most liberal democracies of Western Europe: Belgium and Holland. In both countries, deciding (or, in cases of dementia, having decided for you) the date of your death has become, in the eyes of euthanasia advocates, a positive — indeed a liberal — act. The generation of Baby Boomers in the Low Countries that led the way in advancing the rights of sexual and other minorities are the same generation that then advanced the "right" to die. For them,

it is the last right. As with some other rights arguments, the case puts the rights of the individual over those of the community irrespective of the impact this may have on wider society.

Even so, no other "right" can be said to have anywhere near the implications of this last one. The "right to death" makes every other right look like a plaything by comparison, because enjoying the right to death changes almost everything about the way a society views not only death but also life and the very purpose (or otherwise) of existence.

In Holland, the debate over euthanasia started properly in the 1980s. It was propelled in part by doctors appealing for better guidance on what to do with people who were in great pain at the end of their life. Any doctor anywhere in the world would be familiar with such dilemmas. A patient is dying from terminal cancer and is in his last months, weeks, or days of life. If he is in exceptional pain, there is no doctor who would not help alleviate that pain. Many, if not most, would at some point administer a quantity of painkiller that they knew would probably bring that life to an end. Most countries would deal with such scenarios through a subtle combination of custom and law — custom that prevents extreme suffering, laws that prevent abuse.

But something strange always lingered in the Dutch debate: not only a desire to get clarity on a medical conundrum but also an unusual (if characteristically Dutch) desire to advance the frontiers of the issue. Throughout the 1980s and 1990s, Dutch doctors who were advocates of euthanasia were bolstered by court judgments allowing them to act in specific, narrowly defined cases. But behind them there were also the NVVE (Nederlandse Vereniging voor een Vrijwillig Levenseinde, or the Dutch Association for the Voluntary End of Life) and other "right to die" groups that had long been arguing for euthanasia in murkier cases. Such advocates of euthanasia do not like being reminded of their early arguments. Just as the sexual-liberation movements of the 1960s and 1970s did not always steer clear of morally questionable groups, so the early supporters of euthanasia allied with organizations that argued, among other things, for the "mercy killing" of the disabled.

In the 1980s and 1990s, the main driver for legalizing euthanasia in Holland was the permissive legal culture that began to arise. Doctors who helped kill their patients faced trial on a number of occasions, but even when found guilty, they either were not punished or were given suspended sentences. Several emotionally fraught cases involved patients who were suffering from advanced cancer or dementia. Eventually judges asked the public prosecutor to provide guidance on two questions: When does alleviating the suffering of a terminally ill patient tip over into "mercy killing," and in what situations might "mercy killing" be legitimate? In the 1990s, the Dutch parliament considered a bill to clear the matter up. By 2001, the parliament had signed its first euthanasia bill into law. When it passed, Els Borst, the former health minister who had steered the bill to passage, quoted the last words of Jesus, "Het is volbracht" (It is finished).

She was wrong. In many ways, Holland's debate over euthanasia had only just started. Providing advice for doctors who treat patients in an advanced stage of cancer or dementia — suggesting, for instance, that they get pre-authorization from patients likely to become incapable of consent as their condition deteriorated — was the easy part. Once the discreet custom became law, at least three huge moral floodgates opened, and the societies that have passed these euthanasia laws have no way of putting the sluice gates back up.

The first question is one of age limit. If it is agreed that old people suffering from terminal illnesses may be euthanized, why should the same not apply to a young adult or even a child who also has an inoperable and terminal condition? Belgium legalized euthanasia for adults the year after Holland did, in 2002. As in Holland, the courts ruled that doctors might kill a patient if that person was competent and conscious, had repeatedly asked for euthanasia, and was suffering unbearably as a result of an incurable disorder. Only twelve years later, in 2014, the Belgian parliament passed a bill that allows the euthanizing of children, no matter how young, so long as they are terminally ill. In Holland, the lower age limit for euthanasia is currently twelve, with parental consent, though euthanasia advocates are pushing to eliminate any age limit.

The second great ethical question concerns mental, rather than physical, illness. Awareness of mental illness and sympathy for those who suffer from it have grown in many Western societies in recent years. The relative destigmatizing of mental illness — inarguably a good thing — has been achieved in part by claiming that mental illness is as debilitating as physical illness and should be treated accordingly. But if mental illness and physical illness are similarly incapacitating, should we use the same standards in deciding how best to alleviate the suffering they cause?

We seem to think so when treatment consists simply of prescribing antidepressants. But if mental and physical illness are akin when they *can* be alleviated, what about those cases in which they *cannot* be? If we are to help a terminal-cancer patient die, why shouldn't we do the same for a person suffering from an acute mental illness? Indeed, the early days of the euthanasia movement in Holland signaled that mental illness would become part of the debate: While the Dutch parliament was considering its 2001 pro-euthanasia bill, a depressed woman from Haarlem, in a widely covered case, received the assistance of her psychiatrist to kill herself.

In Holland today, it is accepted that people who are suffering unbearably from mental illness may be killed. Figures are hard to compile, because there is no one place where people go to get euthanasia in Holland. Many simply seek the cooperation of their doctor. If their doctor cannot — or will not — help them, then they can go to groups such as the NVVE that act as freelancers to assist patients. The NVVE alone deals with around 4,000 cases a year in which the patient has either a physical or a

mental illness. In 2013, a single Dutch clinic helped kill nine psychiatric patients who were all able-bodied. Not the least curious of the problems this raises is that the patient must prove he is of sound mind while wanting to die. That is, he must show that he wants to die but is not suicidal. If the person is deemed suicidal, he might not be able to get euthanasia but could instead be put in an asylum.

The third great question is over people who are neither terminally ill nor mentally ill but who are simply "tired of life." This distinctly Dutch formulation describes something that is at once commonplace and, to the extent one sees it as a legitimate reason to stop living, hard to identify. I once asked a Dutch doctor who practices euthanasia what constituted being tired of life. The example he gave was of an old person who had seen society change and felt that he wasn't part of it anymore. But if a feeling that society has changed for the worse were the criteria for death, then most conservatives would qualify for euthanasia.

It's all but impossible to nail down a limiting principle for this "tired of life" condition; people of a younger and younger age are able to persuade their doctor that they suffer from it. As Chris Rutenfrans, a journalist and anti-euthanasia figure in the Netherlands, said of the pro-euthanasia campaigners, "they always have a next step." Today there are groups in Holland that want to make a "tired of life" pill available to people of any age. These ennui-plagued people would be trusted, after conversations with a doctor, to conclude that life is simply not worth living.

Of course, in the near future, teenagers who suffer from conditions such as anorexia might easily be deemed tired of life. Indeed, teenagers as a whole might be considered eligible for euthanasia. Everyone at some stage in his life will feel hopeless, helpless, and perhaps even suicidal. It is the duty of family, friends, and those in authority to say that these feelings are a normal part of life and will subside — not that they are a justification for self-murder. And that, in the end, is the problem that Holland and Belgium have created. However well-meaning, the society that begins legally euthanizing the dementia victim soon struggles over whether to euthanize children, the mentally ill, and those who do not love the direction in which their life, or the world around them, is heading.

Which brings me back to Nathan (Nancy) Verhelst — because the manner in which society responds to individual suffering tells us much of what we need to know about that society, its beliefs, and perhaps its potential longevity. For many centuries, the default stance of the Judeo-Christian West has been to accept suffering as well as we can, because there is always hope. Today the response of parts of the post-Judeo-Christian West is to accept annihilation because the nihilists would appear to have a point. What fascinating discussions future generations will have over whether such societies — should they survive or not — were ever remotely sane.

– *Mr. Murray is an associate editor of* The Spectator *and the author, most recently, of* Bloody Sunday.