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Seduced By Death: Doctors, Patients, And The Dutch Cure

Seduced by Death

Doctors, Patients,
and the Dutch Cure

Herbert Hendin, M.D.



Synopsis

Examines the use of euthanasia and assisted suicide that have been in common practice in the Netherlands for more than twenty years and explores its implications for patients, their families, and medical practitioners.

Book Information

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Customer Reviews

The "Dutch Cure" referred to in the title of this powerful, unsettling study is, of course, euthanasia. A psychiatrist and an authority on suicide, Hebert Hendlin uses the example of the Netherlands, where physician-assisted suicide has been legal for years, to examine the current debate over euthanasia in the United States. For Hendlin, the Dutch solution creates a slippery slope toward outright killing, a term from which he does not shrink. This conclusion is supported by statistics showing that some 2,300 deaths annually in the Netherlands are "outright euthanasia." Hendlin goes on to examine prominent American legal cases, including the notorious Dr. Jack Kevorkian, and make a convincing case that the dynamics of patient-physician interaction at the close of life make reasoned, humane decisions about assisted suicide all but impossible. Hendlin's book will not convince everyone, but it lays down a powerful argument for opponents to grapple with.

Advocates of legalizing assisted suicide and euthanasia for terminally ill or chronically suffering patients often point to the Netherlands as a model, the only Western industrialized country that has embraced these practices. Hendlin, a New York City psychiatrist and executive director of the American Suicide Foundation, whose goal is suicide prevention, traveled to Holland to research this

important and alarming report. He found that Dutch doctors aggressively market physician-assisted suicide and euthanasia; that mercy killing has become almost a routine way of dealing with serious or terminal illness, even with grief; that the Dutch accept assisted suicide for depressed, suicidal psychotherapy patients who do not respond quickly to treatment; and that many wrongful deaths occur as doctors increasingly exercise paternalistic control over patients. Despite official guidelines and safeguards, there are more than 1000 cases a year of Dutch doctors actively causing or hastening death at their discretion?without the patient's request?according to a Dutch government-commissioned study. In the U.S., Hendin believes, legalizing assisted suicide and euthanasia would make large numbers of the poor, minority groups and older people especially vulnerable to pressure by family, physicians, hospitals and nursing homes. As an alternative, he recommends palliative care in a hospice or at home, plus advance directives?a living will and a health-care proxy stipulating what you would want done should you become incapable of making decisions. Copyright 1996 Reed Business Information, Inc.

Hendin, a psychiatrist, investigates the practice of euthanasia and physician assisted suicide (PAS) in the Netherlands. He does an excellent job of researching and understanding the Dutch medical system, in spite of the obvious obstacles of language and time limits. Euthanasia is defined by Dutch law as the termination of the life of a patient at his own request by a physician. It is not legal, but under certain conditions the physician is granted immunity from prosecution, namely when the patient, who must be competent and have no mental illness, is suffering unbearably from a somatic, terminal disease. In addition, certain bureaucratic procedures must be satisfied, such as obtaining a second opinion by another physician, and the filing of a report to the proper authority after the fact. PAS is when under the same conditions, the doctor provides the patient with a deadly drug that the patient takes himself. Hendin is vehemently opposed to this practice, although he is not motivated by a religious view of the sanctity of life. He does not oppose withholding from "brain dead" patients treatment the physician (but not the patient's family) considers futile, and even suggests that physicians are justified in denying it when the family demands it. He also does not oppose treatments for pain management, even when it is obvious that they will speed up death. He even seems accepting of withholding nourishment and hydration from dying patients. Rather, he feels that actively terminating patients' lives or assisting them in terminating their own lives leads to pressuring patients to ask for death. Once the practice is legally sanctioned, it becomes a solution to lack of palliative care, the family's discomfort at watching suffering or their burnout in caring for the sick person, the doctor's feelings of powerlessness to cure his patient, the financial burden of caring for

the sick and elderly, etc. Or as Hendin puts it, euthanasia becomes a convenient cure for disease. Citing the case of a doctor acquitted for PAS regarding a woman who was not physically ill but in mourning, Hendin proposes that the practice is already a long way down a slippery slope. In 1997 when his book was published he could not have known that subsequent court decisions would not uphold the acceptability of euthanasia or PAS for people not terminally ill. Though this perhaps counters the slippery slope theory, it does illustrate the fickleness of the Dutch courts. Hendin, however, is completely correct in pointing out that the Dutch are mistaken in believing that their euthanasia laws provide them with the freedom to control their own deaths. In fact tolerance of euthanasia provides only more power and protection to physicians. Euthanasia is practiced widely one way or another quite without any of the supposed safeguards provided by the law being observed. Doctors openly admit that they don't want to bother with the bureaucracy and the examination of their decisions. Hendin only incidentally hints at what in the Netherlands is perceived as a major problem, namely that people who want euthanasia are refused it by their doctor. He is critical of a directive ordering such doctors to refer the patient to a different physician who may be willing to perform the service. This, he feels, forces the doctor to act against his conscience. Hendin is a bit of a hypocrite here, as he doesn't mind the doctor acting against his conscience when the doctor's conscience is different from his own. He fails to mention that in this country we do not have the freedom to seek medical services from any doctor we choose, but can only obtain those medical services of which the registered family physician approves. Other than that, Hendin correctly identifies the nature of the Dutch health system, which grants far-reaching powers to physicians. He keenly understands that the institutions created ostensibly to protect patients' interests, such as the medical ethics boards (which he calls medical tribunals) in fact protect the interests of physicians and their profession. Yet he does not seem interested in dismantling the massive power doctors have, only in prohibiting euthanasia, even though he acknowledges that as long as physicians have so much power, it is impossible to control their actions. I completely endorse Hendin's negative appraisal of euthanasia and PAS. We part ways when it comes to considering the alternatives. Of course adequate palliative care and support for families coping with debilitating illness or disability would reduce the demand for euthanasia and PAS, but from where are care and support to come? The other alternatives Hendin repeatedly mentions are antidepressant drugs and electroshock, claiming that usually people who want euthanasia have treatable psychiatric illness, whether or not they also have somatic illness. I do not believe in the existence of "psychiatric illness" let alone that it can be cured by antidepressants. Electroshock is at least as cruel as euthanasia. The alternative that Hendin never mentions is lifting the prohibition on free trade in drugs, so that people can access

them without a doctor's assistance. He is interested in the prohibition of euthanasia only, and not the empowerment of patients. Copyright © MeTZelf

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