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Physically Healthy 23-Year-Old Belgian Woman is Being Considered for Euthanasia

Kelly, a 23-year-old physically healthy woman who lives in Leuven, Belgium, is being considered for death by euthanasia for psychiatric reasons.

In an interview with Ian Birrell, for the *Daily Mail* (UK), Kelly speaks about seeking euthanasia for psychological pain, even though experts agree that young people will often get better with treatment. Birrell reports:

> Many psychiatrists and most Belgians oppose extension of euthanasia to mental health cases. Some experts argue diagnosis is subjective, unlike severe physical illness, and insist the lives of distressed younger patients can improve with time, therapy and medication.
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> Yet Kelly, whose birthday is this week, plans to die as soon as legally possible…
>
> "People look at me and see someone so young but I feel bad inside all the time. It is not the age that is important but the suffering of the person."

Birrell explains that Kelly had not yet told her family or her identical twin about her plan to die by euthanasia.

> Kelly lives with her family near Leuven–yet incredibly had not told her parents, identical twin sister or younger sibling of her plan. She was due to break the news to them four days after our discussion, something she admitted she was dreading.
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> "It is not going to be easy to tell them. I think my sisters will understand more than my parents. But it will obviously be very difficult, especially for my twin sister."
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> The reason for her failure to tell her family soon becomes clear. She is fond of her father, a salesman, but said her relationship with her mother, a former cleaning lady, was very difficult, leaving her feeling unloved and insecure at home.

Kelly has attempted suicide, been hospitalized, has eating disorders and self-harms. Many people live with similar psychological pain. Birrell reports:

> She decided to apply for euthanasia after learning it was lawful and possible from a psychologist in the hospital.
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> "I felt 'yes'," she said, pumping her fist as she recalled the moment. "I immediately went and looked up all the information I could find."
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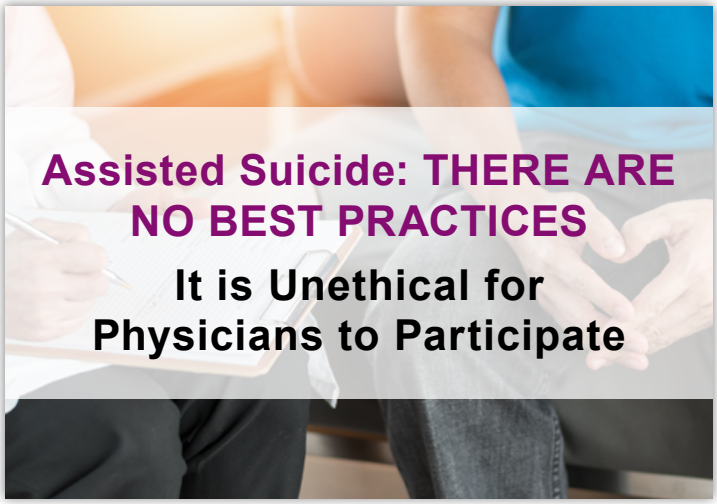
> To win the right to die, Kelly—who has been unable to work since leaving school beyond a bit of babysitting—needs backing from two psychiatrists and one other doctor. They must agree her mental pain is unbearable and untreatable.
>
> She applied seven months ago and is being assessed by Joris Vandenberghe, a local professor who has helped draft stricter rules for psychiatrists amid concerns that some patients died despite treatment options being available.

Birrell then tells us about Dr. Joris Vandenberghe:

> …he recently wrote an academic article admitting that Belgium's policy was "highly controversial and raises difficult ethical and clinical issues."
>
> He argued its laws had failed to ensure "sufficient checks and balances to promote reluctance to act on a patient's death-wish," concluding that more investment in mental healthcare could prevent some, but not all, of the demand for euthanasia from distressed patients.
>
> Last year it emerged that three Flemish doctors, including a high-profile psychiatrist accused of being behind almost half the cases of euthanasia for mental health disorders, were being investigated on suspicion of "poisoning" a woman who had autism.

Kelly needs support in living, not euthanasia. Sadly, many people experience psychological suffering but it's not a reason to kill. Euthanasia is an abandonment of people at a low time of their life, but euthanasia for psychological reasons is an abandonment of hope.

The Euthanasia Prevention Coalition exists to protect people by building a well-informed, broadly-based network of groups and individuals for an effective social resistance to euthanasia and assisted suicide.



Assisted Suicide: THERE ARE NO BEST PRACTICES

It is Unethical for Physicians to Participate

On October 1, 2019, the *Psychiatric Times* published an interview with Dr. Madelyn Hicks, a psychiatrist affiliated with the University of Massachusetts. Dr. Hicks was asked about "best practices" in states where assisted suicide is legal. Here is how she responded:

> […] I understand and appreciate your wish to institute best medical practices in the context of the very serious and complex ethical and legal issue of physician-assisted suicide (PAS).
>
> At one point in my 14 years of examining and writing about PAS and euthanasia, I thought that, even though I found PAS to be unethical, in situations where it became legal, perhaps the best that psychiatrists and other physicians could do would be to provide thorough assessments and treatment options for individuals requesting PAS.
>
> However, as I continued to weigh and evaluate the ethics of PAS, analyzing the logic, sociocultural context, and history of medical ethics has led me to this opinion: To facilitate an unethical practice—even with the best of intentions, even if legal, and even if one does a little good in the process—is to be unethical. Here are the logical arguments that point me to this conclusion:
>
> **Does making something legal make it ethical?**
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> Medical ethics is not based on legality. The death penalty is legal in some states, yet it is recognized as unethical for doctors to participate in executing prisoners, even if the prisoner requests a doctor to assist by administering a drug.
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> Some forms of torture are legal, or have been legalized, yet it is recognized that it is unethical for physicians to participate in the process of torture, even indirectly. If doctors are required by law to do something unethical, that does not make it ethical.
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> **Doing some good**
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> With the death penalty, doctors could make prisoners more comfortable and administer a more peaceful death, but they would still be participating in execution, and so this is recognized as unethical. Doctors have been used in torture in attempts to extract information for "the greater good," and to treat and assess victims so as to prevent the individuals from dying during the torture process. In these circumstances, it is still considered unethical for physicians to take part in the torture process.
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> In PAS, the data from multiple nations and states show that doctors being part of a PAS / euthanasia process (including safeguards), does not prevent the act from being administered to individuals who lack capacity, who are treatable, or who otherwise do not meet criteria for PAS.
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> **Autonomy**
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> This is a relatively recent sociocultural imperative in public discourse. Proponents of PAS apply it with bias, selectively ignoring that:
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> - A value or preference is not a right.
> - Autonomy is control over one's own body, choices, and life (eg, suicide or living; accepting or declining treatment).
> - Autonomy is not making or coercing others to do what one wants (ie, taking away another person's autonomy by requiring them to provide you with lethal substances to die or requiring them to kill you if you choose).
> - Physicians also have a right to autonomy as individuals and to practice according to the basic, long-standing ethics of their profession.
>
> Let's turn autonomy on its head to make this social variable clearer: What if "Solidarity" or "Utility" became the sociocultural imperative, as has also happened in societies? Would it then become ethical for physicians to provide or to administer lethal means with the goal of death to individuals who disrupt the social fabric or who are a burden to their families or to society? The fact that PAS/euthanasia is currently being considered an "exception" to the ethical principle that doctors should not kill patients should be a warning sign of its incompatibility with ethical practice.
>
> […] **Best practice must be ethical practice**
>
> …Perhaps we simply disagree on whether or not it is ethical for physicians to participate in PAS. However, if you believe that PAS is unethical or against the interests of patients' health, then I hope your example to early-career or uncertain physicians will be to behave ideally as a physician faced with

...see **Assisted Suicide** on page 4

The National Council on Disability (NCD) has issued the second in a series of reports on Bioethics and Disability. NCD's release on the report today focuses on "a federal examination of the country's assisted suicide laws and their effect on people with disabilities, finding the laws' safeguards are ineffective and oversight of abuses and mistakes is absent."

The Disability Rights Education & Defense Fund (DREDF), which worked in partnership with NCD on the series of reports, summarizes this groundbreaking work:

> Despite the growing consensus that disability is a normal part of the human experience, the lives of people with disabilities are routinely devalued in medical decision-making. Negative biases and inaccurate assumptions about disabled people persist. In medical situations, these biases can have serious and even deadly consequences.
>
> Beginning on September 25, the National Council on Disability (NCD) is releasing a series of reports on bioethics and disability. The five reports were developed through a cooperative agreement with the Disability Rights Education & Defense Fund (DREDF), which appreciates and acknowledges the valued work of our partners, the Autistic Self Advocacy Network, the Bazelon Center for Mental Health Law and Not Dead Yet, in creating the series.
>
> Each report examines the status and future of how a variety of key issue areas—including organ donation, assisted suicide laws, genetic testing, systems such as Quality Adjusted Life Years, and assumptions about medical futility—are developing due to technological and scientific advances as well as legal changes and healthcare delivery. A combination of original research, stakeholder and scholar interviews, literature reviews, reviews of media reports, and legal analysis is used to examine each topic. Each report includes findings and makes recommendations to lawmakers and policymakers that we hope will ensure that the lives of people with disabilities are valued on an equal and nondiscriminatory basis with all others.

Not Dead Yet specifically consulted on the topics of organ donation, assisted suicide and medical futility.

NCD's release on today's assisted suicide report includes the following details, and an example of a seriously mistaken cancer prognosis personally experienced by the NCD Chairman, Neil Romano:

> Despite the belief that pain relief is the primary motivation for seeking assisted suicide, in *Assisted Suicide Laws and their Danger to People with Disabilities*, NCD found that the most prevalent reasons offered by someone requesting assisted suicide are directly related to unmet service and support needs, which NCD urges policy makers respond to through legislative changes and funding.
>
> "Assisted suicide laws are premised on the notion of additional choice for people at the end of their lives, however in practice, they often remove choices when the low-cost option is ending one's life versus providing treatments to lengthen it or services and supports to improve it," said NCD Chairman Neil Romano.
>
> Closely examining the experience in Oregon, where the practice has been legal for 20 years, NCD found that the list of conditions eligible for assisted suicide has expanded considerably over time, including many disabilities that, when properly treated, do not result in death, including arthritis, diabetes, and kidney failure.
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> *Assisted Suicide Laws and their Danger to People with Disabilities* also notes suicide contagion in states where assisted suicide is legal, as well as a loosening of existing safeguards both in states with legalized assisted suicide and states considering bills to legalize.
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> In the report, NCD details limitations of purported safeguards of assisted suicide laws, finding:
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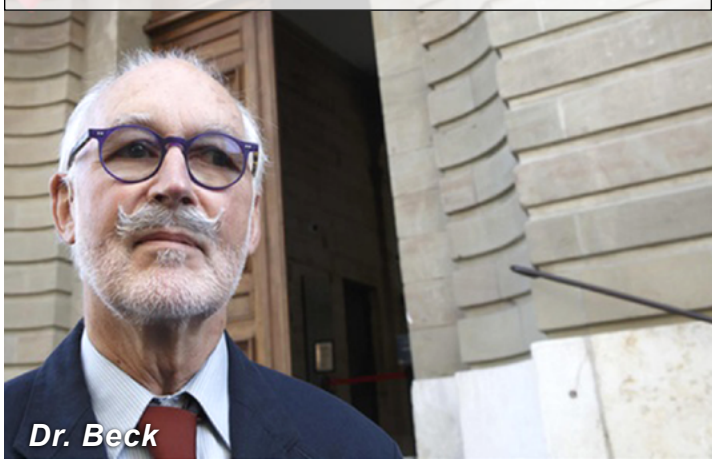
> - Insurers have denied expensive, life-sustaining medical treatment, but offered to subsidize lethal drugs, potentially leading patients to hasten their own deaths;
> - Misdiagnoses of terminal disease can cause

...see **Federal Study** on page 4

Swiss Doctor Found Guilty in the Assisted Suicide Death of a Woman Who Was Not Sick


Dr. Beck

According to *Swissinfo* news:

> **A court in Geneva has given a suspended sentence to the regional vice-president of EXIT, Pierre Beck, for helping an 86-year-old woman to die when she was not sick.**
>
> He was found guilty of breaking federal law on therapeutic substances and given a suspended 120-day jail sentence. The court thus confirmed a criminal order issued by the Office of the Attorney General of Switzerland.
>
> …Beck, a medical doctor who is vice-president of Exit in francophone Switzerland, provided a lethal dose of pentobarbital in April 2017 for the elderly woman. She wanted to die with her husband, who was very ill.

According to *Swissinfo*, Beck admitted to acting beyond the criteria, but he said that he didn't regret his action and faced with a similar situation he would likely do it again.

It is good that the judge decided that Swiss law does not permit assisted suicide for existential reasons but the court dealt with Beck leniently by giving him a suspended sentence. The lenient sentence may be interpreted as a green light to kill because the court did not provide a deterrent.

Recently a physically healthy depressed man, Alan Nichols (62), died by euthanasia, even though he did not qualify for euthanasia since he was not sick. His family tried to stop the doctor from killing him, but to no avail.

*...**Assisted Suicide** from page 2*

a professional, ethical conflict, even in the face of a complex legal situation.

Conclusion

I am sure that you have also wrestled with these very difficult issues. For my part, I must decline your invitation because I think that if I provided CME education on how to comply with the End-of-Life Options Act, I would become complicit in the PAS process and in normalizing something that is unethical for us all.

It is unethical for a physician to participate in assisted suicide or euthanasia (assisted death) and it is also unethical for a physician to provide assessments that are part of the assisted death approval process. An intentional act of killing is directly connected to the act of approving the killing.

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*...**Federal Study** from page 3*

frightened patients to hasten their deaths;

- Though fear and depression often drive requests for assisted suicide, referral for psychological evaluation is extremely rare prior to doctors writing lethal prescriptions;
- Financial and emotional pressures can distort patient choice;
- Patients may "doctor shop" limitlessly to find a physician who will obtain a colleague's concurrence and prescribe a lethal dose

"As someone who has battled cancer and been given weeks to live and am still thriving years later, I know firsthand that well-intending doctors are often wrong," said Mr. Romano. "If assisted suicide is legal, lives will be lost due to mistakes, abuse, lack of information, or a lack of better options; no current or proposed safeguards can change that."

NCD concludes its research with recommendations, including highlighting the need for:

- Federal research on disability-related risk factors in suicide prevention, as well as on people with disabilities who request assisted suicide and euthanasia;
- Federal regulation requiring non-discrimination in suicide prevention services; and
- Greater federal investment in long-term services and supports.

The NCD report is online at: https://ncd.gov/sites/default/files/NCD_Assisted_Suicide_Report_508.pdf