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Euthanasia: A Cross-Cultural Analysis of Right-to-Die Organzations and Euthanasia Legislature in the Netherlands and United States

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BIOGRAPHY

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I would like to thank my parents for supporting me in all my ventures, including this study abroad trip, my professor, Dr. Stuart Youngner, and the many truly invested people that took the time to educate us on death, a controversial, but universal topic.

American perceptions of euthanasia and culture regarding death, reveal the deeply influential ties health policy holds with history and culture. The Netherlands, and Amsterdam specifically, has had a comparatively colorful history and functional outlook that uniquely qualified it to be the first country in the world to legalize euthanasia. This paper will attempt to cross-analyze American and Dutch pro-euthanasia organizations, giving additional importance to their individual history and cultural values, as well as the health care system they work with and significant media incidents that helped shape public opinion on this controversial topic.

Although the Netherlands has legalized and implemented an organized system of physician-assisted suicide and euthanasia, the idea actually originated from the United States and England in the 1870s stimulated by the medical improvements that nearly doubled expected lifespan in a relatively short amount of time. While a few attempts were made to legalize it in the U.S. , all proposals were defeated and it stalled for several decades until its resurgence in the 1930s. Both the United States and England saw the formation of pro-euthanasia societies that generally emphasized the voluntary nature of euthanasia, but also debated eugenics thoroughly (Foley & Hendin, 2002, p. 6). As euthanasia is not limited to the elderly, normalizing the choice to die also opens up the option to people with terminal genetic illnesses and mental illnesses. This 'cleansing of bad genes' is something eugenics is built upon. In a time where the battlefield slaughters of World War I resulted in reassessment of the ethics of life and death, and Charles Darwin's studies on genetics and natural selection had just stirred up a lot of thought, scientists proposed 'negative eugenics' programs to 'perfect' the human race by sterilizing the physically or mentally unfit (Youngner & Kimsma, 2011, p. 31). Extensive financing from sponsors like Rockefeller and Carnegie turned mere parlor talk into devastating action and eventually nearly sixty thousand sterilizations were carried out in thirty states (Black, 2003). These were focused on the "unfit or degenerate, variously defined as criminals, prostitutes, alcoholics, epileptics and the mentally ill" (Foley & Hendin, 2002, p. 7). These laws also disproportionately affected racial minorities like African Americans, and other groups like women, even beyond the original parameters of imperfect humans (Black, 2003). These ideas of race science and cleansing spread from America and strengthened the eugenics movement in Germany, eventually resulting in the book The Permission to Destroy Life Unworthy of Life by Haeckel, Hoche and Binding that proposed that imperfect humans be eliminated for "racially hygienic purposes or because they were a burden to society, or both" (Foley & Hendin, 2002, p. 7). These ideas were much admired by Adolf Hitler, and later were utilized to justify the deaths of millions of people in the Holocaust. In the aftermath of World War II and the revelation of the horrors of the Holocaust, there was a violent abhorrence of eugenics that almost eliminated the entire euthanasia movement. So when it revived in the 1970s, its focus had shifted from eugenics for population cleansing, to euthanasia performed out of compassion for deeply suffering patients. Its reasoning circled back to the original purpose of euthanasia; further improvements in medical care had resulted in "pointless semblance(s) of life" creating a "fear of painful and undignified death" (Foley & Hendin, 2002 p. 8).

During this time period in England, Derek Humphry, a reporter for The Sunday Times of London, helped his wife end her life. Jean Humphry had anticipated a painful, slow death due to breast cancer, but instead was able to die quietly at home with her husband beside her. This event had a significant effect on Derek years after her death, even after he remarried. His second wife, Ann Wickett, after hearing the moving story, encouraged him to share his experience and Jean's Way was published in the U.K. in 1978. While aiding suicide was a crime at the time, the result-

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ing investigation during the controversy after the book's publication turned up nothing, and Derek moved to Los Angeles. The interest and enthusiasm about the topic of euthanasia in the U.S. surprised him and inspired him to give up journalism in 1980 to start the Hemlock Society with Ann (Gabriel, 1991). The Hemlock Society was the first right-to-die organization established in the U.S. Within twelve years, the organization grew to 80 chapters all over the nation. The organization was involved in several large cases, including that of Dr. Timothy Quill, who had directed a terminally ill patient to the Hemlock Society and then, upon request, gave her a prescription for a lethal dose of barbiturates in 1991. The grand jury ultimately declined indictment of the physician, instigating nationwide discussion on the topic of physician-assisted suicide (Quill 2001). In 1991, the organization also worked with the terminally ill state senator Frank Roberts to pass an "aid in dying" bill that failed but went on to inspire other laws (Childress 2012). Within the same year, Derek Humphry published another book vastly different in content from his previous best-seller. His book, Final Exit, offers thoroughly detailed explanations and instructions on methods of how to commit suicide, including cyanide intake, declining food and drink, and asphyxiation (Humphry, 1991).

A simple Google search shows that Final Exit has been published in 12 different languages, three English editions, and is only banned in France. The Hemlock Society continued to be active in several different spheres to promote euthanasia and physician-assisted suicide. A ballot measure in California in 1992 to legalize physician-assisted suicide, supported by the organization, failed with a large margin. This could be due to the negative response to the sensationalized suicides attended to by Dr. Jack Kevorkian since 1990. With a nickname like 'Dr. Death' and an idea like the 'suicide machine,' a Volkswagen van equipped with a setup that would allow a patient to start their own suicide with a push of a button, the media loved him. The exposure via interviews and cover stories would have stirred up enough controversy, never mind that he assisted 130 people in taking their own lives (Childress,

"This was only the first of many cases that would show the power of the media and public opinion on a topic that many believe to be a private affair. "

2012). In 1999, Kevorkian helped Thomas Youk, a terminally ill gentleman suffering from amyotrophic lateral sclerosis in Detroit, commit suicide. He made a video of himself injecting Mr. Youk with the lethal concoction and then gave the tape to the CBS show '60 Minutes' to broadcast with an additional interview that dared someone to file charges. The resulting court case led to a conviction of 10 to 25 years in prison with the judge saying that the "trial was not about the political or moral correctness of euthanasia", but about "you [Kevorkian], sir. It was about lawlessness" (Johnson, 1999). This was the fifth and last time that prosecutors filed charges against Dr. Kevorkian, and the very public nature of the trials brought a lot of attention to euthanasia. The callousness and up front nature of Kevorkian's call for euthanasia as well as his attitude towards people who disagreed with him led to a lot of negative attention. This was only the first of many cases that would show the pow-

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er of the media and public opinion on a topic that many believe to be a private affair.

Meanwhile in 1993, a secondary organization called Compassion in Dying sprang up in Washington, partially in response to the AIDS epidemic that was sweeping the nation at the time. This organization provided resources, support, and advice to terminally ill people. Some of this advice included options for a peaceful death, like abstaining from eating and drinking, ceasing medication, declining medical help, or taking drugs to end their lives. The AIDS epidemic was as well known and worrisome as the Zika virus is now with articles coming out every other week on new victims, cures, and infected celebrities (The AIDS Epidemic, 2001). Barbara Coombs Lee, the president of Compassion in Dying, was quoted saying:

...these were people who were on the front lines at the height of the AIDS epidemic. People whom they loved and people whom they served were jumping from balconies and using guns and doing all manner of horrific things to avoid the terrible death that they had witnessed their partners or their loved ones endure. (Childress, 2012)

Compassion in Dying wanted to help provide AIDS victims with more options so that they could end their lives peacefully with less trauma inflicted to those surrounding them.
In 1994, both the Hemlock Society and Compassion in Dying threw their support behind proposed legislation in Oregon, the Death with Dignity Act. After some legal trouble, the law was fully enacted in 1997. This act would allow terminally ill adults who would otherwise die within 6 months to ask their physicians for a lethal dose of medication (Stone & Winslade, 1995). Patients were required to be legal adults capable of making their own medical decisions and of swallowing the medication. The process was well-documented by physicians, had built-in waiting periods, and once the patient acquired the medicine, with the necessary interviews and applications, they were not required to use it immediately. Some patients even died without the aid of the medication. The methods and management were created to suit both the administrative mechanics of the private health care system and the cultural norms of America. The physician-patient relationship is typically not as sustained and intimate as the ones found in the Netherlands, and the emphasis placed on wellness and health is sometimes shifted to financial matters instead. In the United States, some consideration must be given to whether or not a treatment will drive a patient's family into bankruptcy. Additionally, American culture emphasizes individuality, privacy, and freedom of choice, which supports the argument for an individual's right to choose how they die. In 2008, physician-assisted suicide was legalized in Washington with a bill modeled after Oregon's legislation (Childress 2012).

In 2005, End-of-Life Choices (formerly known as the Hemlock Society) and Compassion in Dying, both well-established, accomplished end-of-life organizations, decided to merge to form Compassion & Choices. Today, it is one of the leading right-to-die organizations

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in the U.S. Their mission is to "empower people with information and tools," "advance (end-of-life and health care) policies," and to "authorize and implement medical aid in dying" (CompassionAndChoices. org, n. d.). Their work extends into advance directives, palliative sedations, research studies, physician training, and aiding the construction of end-of-life legislation. Their history, methods, and volunteers truly reflect an American passion for the right to end-of-life choices.

To understand why the Netherlands would allow such daring legislation on not only euthanasia, but also soft drugs and prostitution, it is important to understand Dutch culture. A combined sense of communalism and individualism, reinforced due to the necessity for effective water management for their coast, characterizes modern Dutch culture (Shorto, 2013). This produced the Dutch character of tolerance, with a generalized concept of "looking the other way" in the face of illegal or improper activity, which, many many decades later, evolved into the modern Dutch concept of gedogen or tolerating definitively illegal activity in other countries such as prostitution or marijuana consumption (Shorto, 2013, p. 262).

In 1973, the Netherlands decriminalized soft drugs. Soft drugs are 'less damaging' to health, and include marijuana and hash. Hard drugs have more obcious and severe side effects, such as cocaine, ecstasy, and heroin. However, criticism from neighboring countries led to legislation being put back into place. This is where infamous Dutch tolerance, or in this case, gedogen, comes into play. It should be noted that while soft drugs are legal, this is only because the Dutch government believes that they have no significant, immediate negative impacts on users. Hard drugs are illegal and not tolerated, even by coffee shop owners, and they are liable if customers bring illegal drugs into their stores.

The legalization of prostitution in the Netherlands followed a similar slant. The legislation regarding prostitution mainly involved zoning into specific neighborhoods and making sure it was kept off of the street and in buildings, reducing risk for both sex workers and citizens. In the 1980s sex workers formed their own advocacy group, the Red Thread, which would go on to empower and support a tolerated yet unsupported profession for many years (Shorto, 2013, p. 263). For example, in a discussion with Ms. Majoor, while public health care is characteristic of Dutch health care, 'sex worker' is not a profession listed on the jobs eligible for it, so most sex workers go without public health care"(Majoor, personal communication, May 10, 2016).

In the same wave of social liberalization that led to the legalization of marijuana and prostitution, euthanasia is also allowed in the Netherlands. However, euthanasia had been happening quietly all over the country many years before this. In 1971, Dr. Postma and her husband euthanized her mother, who had suffered a brain hemorrhage, was severely handicapped, and had repeatedly pleaded for her daughter to kill her (Sheldon, 2007). Dr. Postma proceeded to inform the nursing home director who alerted the health inspectorate. In 1973, the court found her guilty under an anti-voluntary euthanasia law, but they only gave her a symbolic punishment of a week of suspended prison sentence with a year's probation. This symbolic punishment, when the law actually demanded a 12-year prison term, stemmed from the public opinion she had been morally in the right, which is an example of Dutch tolerance. Also in 1973, the first Dutch right-to-die organization was established. The Nederlandse Vereniging voor een Vrijwillig Levenseinde (NVVE) was founded due to the public outcry surrounding the court case. The organization seeks to educate, lobby, facilitate research, and support other initiatives for euthanasia and assisted death to this day.

Two other cases after Dr. Postma's set a precedent for euthanasia in cases of "voluntary request[s] from a person suffering unbearably with no reasonable alternatives for relief" (Hendin, 2002, p. 225). Finally in 1984, another case of physician-assisted suicide reached the Supreme Court, after the physician's acquittal had been reversed by an appellate court. The court overturned the conviction and sent it back to the appellate court to consider the case for euthanasia as a medical necessity for a patient. The Royal Dutch Medical Association (KNMG) sent a request for a change in the euthanasia legislature before the court even decided to acquit the charges against the physician. Unlike the U.S., the laws allowing for euthanasia did not spring from patients demanding a right to die, but rather a physician's right to ease unbearable suffering. This is a significant distincion that determines many of the differences between the American and Dutch in the two different euthanasia systems. It is noted that these laws are more self-regulation of the medical profession with additional helpful public and governmental support rather than a government initiative that included assistance from the NVVE. The Dutch characteristics of tolerance and community, as well as their strong liberal nature during this period and relative lack of publicized negative incidents, allowed for the legalization of euthanasia.

Unlike the United States, the government provides health care to the majority of its citizens, with a mandatory General Practitioner assigned to each patient. This system cultivates long-lasting, intimate relationships between physicians and patients. This results in a more accurate judgment of suffering and a greater understanding of, and need to, ease a patient's pain. It should be noted that the lack of negative incidents includes the absence of both eugenics since the ideas did not catch on as strongly in the Netherlands as they did in the U.S. and media incidents like that of "Dr. Death" which occurred in the U.S. In short, a lot of the issues that the U.S. went through with euthanasia, the Dutch simply did not have. This could be due to the fact that the movement originated with physicians, or due to a Dutch perspective on tolerance and community. However, this is more likely a multi-layered combination of social and political reasons.

The U.S. and the Netherlands are both unique nations, with their own distinct histories, cultures, health care systems, euthanasia organization, and legislature. With a controversial idea like physician-assisted suicide and euthanasia, there are bound to be complications and "slippery slope arguments". No one organization or set of laws will be perfect and people will continue arguing about these topics so long as they're human, inherent contrariness, mortality and all. But, as I hope this paper suggests, as long as we maintain the ability to argue freely and control the laws that determine our lives, we will have euthanasia legislation that supports and protects the fragile and human act of dying.

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