

“You’re not going to dehydrate mom, are you?”: Euthanasia, *versterving*, and good death in the Netherlands

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Abstract

In 1996, a debate erupted in the Netherlands about *versterven*: dying as a result of abstaining from eating and drinking. This discussion initially appeared to be one of the many side-shows to the wider Dutch euthanasia debate, but it continued to dominate the debate for the next few years, with newspaper headlines reporting “involuntary dehydration” in nursing homes. Part of the reason for this was the term itself. Introduced to refer to terminal dehydration, the word *versterven* had peculiar connotations and this, together with the way in which it was used, caused much confusion and controversy. Was *versterven* related to euthanasia? Did it denote dying naturally and peacefully or a horrible death imposed on helpless psychogeriatric patients? Was it (could it be) voluntary? Was the patient in control? Was it good death? This paper examines the discussion about, and the media representations of, *versterven*, focusing on its ambiguity and its relationship to good death.

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Introduction

Although the first case was tried in 1952, the broad public “debate” on euthanasia in the Netherlands is generally said to have started with the trial, in 1973, of a doctor who killed her terminally ill mother with an injection of morphine. The doctor was convicted of contravening Article 293 of the Penal Code¹ and given a 1 week suspended sentence. By imposing a largely symbolic sentence, the court accepted that if a doctor’s actions conformed to certain criteria then in practice he or she was justified in responding to a patient’s explicit request for euthanasia.

I have put “debate” in quotations because it has involved, and still involves, far more than just debate: talk, discussion. The Dutch euthanasia debate, rather, is an ongoing and complex socio-cultural, medical, legal,

and ethical process which has been characterised by increasing tolerance of physician assisted death, creeping jurisprudence culminating in the legalisation of euthanasia in November 2000, and a gradually shifting limit to what is considered ethically acceptable.²

But there is also a lot of real debate as well. Lawyers wrangle over legal issues in the courts as jurisprudence gradually develops, parliament considers and decides on new legislation, professors discuss ethical limits to interventions in the dying process, and doctors argue about the nature of suffering and what constitutes humane death. In this debate, the media play a central role. In fact, the public debate on euthanasia has been conducted largely through the media, particularly the newspapers. Because the Netherlands is a small country, there are relatively few newspapers, and they tend to be serious—there are no UK style tabloids—and this has kept the discussion serious, even scholarly. The newspapers have been able to respond directly to developments on the ground, with the professional journals

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¹He who takes the life of another at the latter’s explicit and serious request, will be punished with a prison term not exceeding 12 years or a fine in the fifth category.’

²The law was approved by parliament in November 2000 but took effect on 1 April 2001.

often trailing behind due to the time lag imposed by refereeing procedures. Journal articles often simply repeated or summarised the journalistic debate; sometimes they reflected more deeply on specific legal, medical, or ethical issues. Part of the reason for the quality of newspaper coverage and discussion is that leading professionals from health care, legal, ethical, and social science disciplines have often used newspapers rather than (or in addition to) professional journals in order to respond to developments as they occur and discuss issues at the point of maximum public interest.

Since 1973, the debate has moved along in bursts (clearly visible in the newspaper archives), and each burst has been characterised by the exploration of some new facet—legal, ethical, practical—of the problem of how we should die, and often accompanied by an expansion of what was considered acceptable (opponents of euthanasia would say a step further down the slippery slope). And as each new hurdle is crossed (patients do not need to be in the terminal stage of an illness, or the suffering need not be physical to justify euthanasia), new challenges and issues arise.

One of these new issues concerned what is referred to in Dutch as *versterven*, and it dominated media attention for 2 years from the latter half of 1996. Basically, *versterven* refers to abstaining from giving food and liquid to patients who refuse or who do not experience sensations of hunger and thirst due to old age or illness, but it does not translate unproblematically as “terminal dehydration”.

In what follows, I discuss *versterven* in the Netherlands and how it relates to conceptions of good death. After examining the discussion about *versterven*, I summarise the literature on good death in different cultural settings. I identify the central characteristics of good death and then focus on control over death as one of the central defining characteristics of good death.

This paper is more about *representations* (and media representations in particular) of *versterven*, about the introduction, use, and reception of the term *versterven*—and about a particular *discourse* within the Dutch “euthanasia debate”—than about the actual practice of terminal dehydration, in the Netherlands or anywhere else. The paper concludes with a discussion of the relationship between *versterven* and good death, and the circumstances under which dying as a result of dehydration could be considered a good death.

Versterven

In 1996, the psychiatrist B. Chabot introduced the term *versterven*³ into the Dutch euthanasia debate. He

³ *Versterven* is a verb; the noun is *versterving*. Because there is no exact English equivalent, and because the meaning of the term is one of the issues to be discussed, I will use the Dutch terms throughout this paper.

defined it as dying as a result of refusing food or drink—fasting. He described it as an ancient way of good death (going back at least to ancient Greece), recently rediscovered. Chabot had terminally ill and psychogeriatric patients in mind who may abstain from food and drink spontaneously or reuse to eat and drink as the result of a deliberate decision. Patients die from a combination of malnutrition and, particularly, dehydration. According to Chabot, the (medical) literature shows that with intensive palliative care, 80% of terminal patients could use this method of hastening death without suffering discomfort. He claimed that *versterven* might bridge the divide between pro-euthanasia groups and their pro-life opponents because it would satisfy the former’s “right-to-die” demands while still being considered a natural death by the latter. He thought it might also be more acceptable to doctors who feel uneasy about assisting in euthanasia (Chabot, 1996).

There was a whole range of responses to Chabot. Some were horrified, quoting the remarks of a professor of anaesthesiology who, some years previously, had referred to a court decision enabling the termination of tube feeding to a woman in an irreversible coma as a cowardly and hypocritical act. “This death is horrible to witness”, he reported in a newspaper article:

The skin and mucous membranes dehydrate, the blood thickens, the kidneys no longer produce urine and gradually wither. The eyes are often damaged because tears are no longer produced. Inflammations and fungal infections develop in the mouth because the natural cleansing effect of the saliva is lost. The body is gradually poisoned by waste products which can no longer be expelled. In the respiratory system scabs of dehydrated mucus form which impede breathing. This is how the patient wastes away under the eyes of doctors, nurses and loved ones... You wouldn’t want to do that to a dog (Smalhout, 1990).

At the opposite end of the spectrum, others argued that *versterven* was in fact euthanasia—good death—*par excellence*. Yet others, probably with the official Dutch definition in mind rather than the literal meaning of the term euthanasia, argued that *versterven*, although a mild way of dying, most definitely was not euthanasia.

Doctors working in nursing homes claimed that the medically supervised process of gradual starvation and dehydration was part of normal practice in nursing homes, and that cachexia and dehydration were frequently reported as the cause of death on death certificates issued by nursing home doctors (Cools, 1992). One doctor reported that a third of the deaths in nursing homes were a result of *versterving*. “After weeks or months of gradually eating and drinking less, these old, sick, sometimes demented people slowly sink

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