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# Physician-Assisted Death in Perspective

## *Assessing the Dutch Experience*

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I

# The Lateness of the Dutch Euthanasia Debate and Its Consequences

James C. Kennedy

In 1932, the Dutch physician Gerrit Arie Lindeboom (1905–1986) observed in an obscure journal that the "moderne mensch" now found it within his reach to bring the old dream of human autonomy into actual practice. That is why Lindeboom wrote:

> Life now must be well-regulated; every disturbance, every roughness must be eliminated, and the course of human life must be characterized by *eugenese* [a good beginning], *eubiose* [a good life] and *euthanasie* [a good death].
>
> And euthanasia seeks death in order to bring a worthy end to a worthy human life, and wishes at every cost to spare it from the frightful aspects of struggle and suffering.[1]

Lindeboom, himself a Calvinist, urged his coreligionists to resist this trend toward embracing euthanasia. He urged Christian doctors to help their patients to fully face the death that awaited them through a palliative approach, directed at both body and soul, instead.

Lindeboom's article is interesting in several respects. It reveals the ethical interests of a physician who in the 1950s would write the ethical guidelines for the Dutch medical profession. More specifically, it shows a man interested early on in a subject that would command his attention only in his later years: In the 1970s, this Free University professor emerged as a leading opponent of the rapidly ascendant support for euthanasia. Quite in contrast with the situation in the seventies, however, four decades earlier Lindeboom had found no serious public opponents in the Netherlands to contest his Christian vision of a good death. As Aldous Huxley did in his own way in *Brave New World* (1931), Lindeboom noticed the cultural shifts in Western society: a new relationship to technology and the emergence of a new morality that was changing the way people thought about life itself. But the shift signaled by Lindeboom made almost no impression on Dutch public or medical discourse until the 1960s, when the thrust of the discussion quickly moved in a direction that appalled Lindeboom and the dwindling number of like-minded souls.

It is striking, then, that a country whose public debate and policies on euthanasia exhibited – for good or for ill – such a degree of openness since roughly 1970 should have been so silent about the subject prior to the changes brought about by the 1960s. That says little, of course, about actual practice, only the debate.[2] This silence can be partly attributed to an international pattern: In many countries, the 1960s served as the starting point for sustained public discussion about such matters. Only then and in subsequent years did the convergence of the "rights revolution" and critique of the medical establishment and its power provide important stimuli for public debate – though of course this debate has been livelier in some countries than in others.

Nevertheless, in several countries there was public debate about the permissibility of euthanasia (both voluntary and involuntary). Germany is perhaps the most infamous example, but in fact it was primarily in Great Britain and the United States (where it was known as "mercy killing") that such discussions took place throughout much of the twentieth century. Although they did not succeed, the first legislative attempts to sanction active, voluntary euthanasia took place in the American Midwest in states such as Iowa, Nebraska, and Ohio shortly after the turn of the century.

During the 1930s, pro-euthanasia societies came into being in both the UK and the United States. These early societies emphasized the voluntary nature of euthanasia, for example, as the Euthanasia Society of America did in its 1938 publication *Merciful Release.*[a,3] Polls in 1939 suggested high rates of support among the American population; according to one source, 90% of New York doctors who were surveyed supported legalization of voluntary euthanasia.[4] Ten years later, in 1949, Hermann Sander, a doctor in New Hampshire was acquitted of murder after he injected air into a vein of an unconscious and dying woman – but not before impassioned defenders and detractors wielded many pens against each other.[5]

Britain led Europe in efforts to legalize euthanasia.[6] In the mid-1930s, Lord Ponsonby introduced legislation in Parliament supporting voluntary euthanasia, gaining the support of a third of the House of Lords.[7,8] After the Second World War, too, the British Parliament strenuously debated euthanasia in 1952 and again in 1969 before ultimately rejecting legalization.[6,8,9]

By the early twentieth century, various countries elsewhere in Europe – for example, Norway – had made allowance in their penal codes for doctors performing euthanasia, reducing the penalty for conviction. In Germany, there was substantial discussion about euthanasia as early as the late nineteenth century, which reached its greatest intensity in the 1920s. Although much of this debate advocated the involuntary euthanasia of "useless mouths" on the grounds of social utility, some of it also was concerned with honoring the requests of those who wished to die. National socialism played little, if any, direct role in these debates.[10]

[a] For a Dutch-language summary, see 3. Jongsma 1968.



Debate continued on both sides of the Atlantic into the 1950s and 1960s in both the popular press and more academic forums. But it picked up in the last half of the 1960s, and the 1970s was dubbed "the age of thanatology" – ostensibly following the sexual revolution. Humane treatment of the dying became a concern where people were living longer – sometimes longer than they wanted – and expecting better treatment for themselves and their loved ones. By 1972, the U.S. Senate was holding hearings on "death with dignity."[11]

None of this led, however, to legislation legalizing euthanasia. The failure of the Anglo-American world to develop a euthanasia regime has to do with several different factors, including, at the very least, different understandings of law, the substantially different position of general practitioners in contrast with the Dutch *huisarts*, different systems of political regulation of medical practice, and, perhaps most fundamentally, the ways in which these different societies think about power, specifically in regard to the patient–physician relationship and the extent to which the physician can be trusted to act in the interests of patients. But as I shall argue in the remainder of this chapter, it also has something to do with the distinct relationship of the Netherlands to the broader history of the twentieth century and the unique lessons the Dutch drew from it.

## WHY THE DUTCH NEVER TALKED ABOUT EUTHANASIA BEFORE THE 1960S

Dutch physicians shortened the lives of suffering patients in the decades prior to the 1960s,[12] but public debate in the Netherlands over this topic barely existed. In contrast, "euthanasia" became a topic of public discussion in the early twentieth century in some Western countries, most notably Germany, Britain, and the United States. This was particularly noticeable after the First World War.

In the first place, the carnage of the First World War encouraged the "reappraising [of] ethical precepts concerning the sanctity of life and the extent to which it was deemed acceptable to interfere with divine providence," inasmuch as traditional understandings of Christian death and burial, for instance, were weakened by the wartime experience.[6,13] Moral outlook was often consciously shaped by Darwinian thought, and more particularly an interest in eugenics, including, in the years after the war, an interest in "negative eugenics" programs that through sterilization – or mercy killing – might reduce the social and economic burdens of society.[6,11]

These influences were weaker in the Netherlands. Of course this country, too, had witnessed a sharp process of "dechristianization" in the early twentieth century, as large numbers of socialists and freethinkers formally broke with the church. But if the First World War left its mark on Dutch intellectual life, the moral world of the Dutch had not been as radically shaken by a war in which the Netherlands managed to remain neutral. More important, in contrast to Germany and Britain, the decline of a once-dominant Christian moral

world had been checked for the time being by powerful religious movements, Catholic and Protestant, that opposed the new ethical outlook (as Lindeboom illustrates).

The social scientist Dick Meerman has shown how euthanasia (variously defined) generated much English and German literature after 1870, but very little within the Netherlands itself. In 1923 the freethinker and writer Max Greeve made a case for euthanasia in a pamphlet, but no one followed him in championing this cause.[10,14] Meerman suggests that discussions about euthanasia were subsumed under discussions about abortion,[10] but a more obvious explanation is that the power of orthodox Christianity in the Netherlands discouraged open discussion. Dutch eugenicists, in contrast to their German, American, and English counterparts, never made much headway in prewar Holland because of the strength of the country's religious subcultures, which may explain why euthanasia – often associated in the early days with other eugenicist concerns – seldom was discussed.[15] Moreover, regardless of religious belief, the Dutch medical profession remained hostile to euthanasia.

In the second place, research-driven, state-directed medicine was weaker in the Netherlands than in Germany or the United States. The rise of the research universities, which were far more extensively developed in those countries than anywhere else, sometimes went hand in hand with initiatives at social engineering. Although the United States never did legalize euthanasia, and although Hitler waited until the Second World War to implement mass murder under the guise of mercy killing, some of the proponents of mercy killing envisaged an important role for the medical profession and the state in achieving their aims.[12] In the Netherlands, however, political commitment to a strong, assertive nation-state was weaker, and government was seen as facilitating private (and often religious) initiative. Indeed, many of the asylums were created and run by various religious organizations, which showed little interest in eugenics generally or euthanasia more particularly.

Finally, it should be noted that in the United States and Great Britain, the calls for euthanasia (again, in both its voluntary and nonvoluntary forms) were often made by what might be called the radical dissenting tradition: liberal Protestants, including Unitarians, and those associated with humanist organizations.[12] (The Episcopalian priest-cum-atheist Joseph Fletcher, the famous father of "situation ethics," is a striking American example of this pattern.) In the United States, some of these religious progressives were closely tied to the Progressive political movement of the early twentieth century. These groups, more than others, determined both the membership and orientation of the voluntary euthanasia associations that sprang up in both countries in the 1930s. Although limited in number, their members were generally well educated and articulate, enjoying access to the cultural and political establishments of their respective countries.

By the 1970s and 1980s, Dutch humanists and liberal Protestants would take an important public role in championing euthanasia (the Protestant ethicist-theologian Harry Kuitert's life and role in the euthanasia debate in



some ways parallel Fletcher's trajectory). As early as the 1950s, the Humanist Society would try to put euthanasia on the agenda as an ethical issue,[16] but prior to the Second World War the Netherlands did not really have the equivalent of the well-organized, liberal "ethical culture" in place in America and Britain. Perhaps the closest expression published in Dutch came from M. C. van Mourik Broekman, a liberal Protestant theologian, who might have been influenced in his thought by his co-religionists in Britain. Writing during the war and posthumously published in 1946, he suggested that a doctor performing euthanasia might not always deserve moral condemnation:

> No one should cast a stone ... on him who on exception and in empathy with the sufferer, directly or indirectly, offers a release from the suffering. It is good that public opinion keep euthanasia at bay, where a natural sense and a metaphysically directed consciousness induce great reticence in desiring euthanasia for oneself or others.... Whenever a humanitarian sense influences Christian morality, which is mild in its judgment, there is a danger that morality will be weakened, but it is also more just and realistic in judgments concerning human need.[17]

But such carefully expressed sentiments never translated into an organization or movement for the practice of euthanasia in the Netherlands; that would have to wait until the early 1970s.

## THE DUTCH DEBATE AS A "NEW" DEBATE

The absence of a debate over euthanasia in the Netherlands prior to the 1960s was important for the quality of the debate that began with the cultural changes of that decade. In the remainder of this chapter, I want to outline three historical dimensions of the euthanasia debate in the Netherlands that help explain why the Dutch came to see euthanasia as morally acceptable. These considerations cannot, of course, offer a complete explanation for why the Dutch developed the practice as they did, which has much to do with how the political and social system tries to channel potentially disruptive practices rather than to forbid them. The Dutch legal system played an important part in the changes.[18] But these historical dimensions do help shed light on how the Dutch were able to conceive of euthanasia in terms that rendered them open to the practice.

In the first place, the Dutch debate was relatively free of arguments that underscored the social, in addition to the individual, benefits of legalized euthanasia – arguments that would have made it vulnerable to the charge that proponents were insufficiently interested in the voluntary nature of euthanasia. Social arguments were certainly present in the Netherlands, but they appeared briefly around 1970, only to disappear shortly thereafter. In this respect, and unlike their American and British counterparts, the late arrival of the Dutch euthanasia movement spared the movement from having to face a past of less-than-cautious discussion of the terms under which the recipients of compassion might be released from this life.

In the second place, the absence of a powerful eugenicist movement, a coercive medical establishment, and totalitarian dictatorship allowed the Dutch, after some discussion, to perceive euthanasia as they sought to regulate it as completely disanalogous to the Nazi situation.

Finally, and most importantly, the Dutch saw the allowance of euthanasia not at all as a return to a dark past but as a break with the narrowness of their past: The proponents of liberalization had the sense that they were dealing with an issue that, before their own pioneering role, had not yet been openly discussed. That sense of breaking with a history of silence gave additional energy to the Dutch euthanasia movement. In a word, the Dutch felt that the excesses and missteps of the past were not *theirs* and not particularly relevant for the present. Rather, by opening debate, the Dutch understood themselves to be drawing quite a different lesson from their own past, criticizing the shortcomings of a religious and moral system that seemed now, to many of them, hypocritical and untruthful.

## The Social Utility of Euthanasia

It is, of course, important to ask: Was there really no nexus between the debates held by the British and Americans prior to the 1960s and the Dutch debate thereafter? The arguments made for voluntary euthanasia were much the same. But one notable feature of the Dutch debate has been its emphasis on the right to die as a *voluntary* act, and the focus of their discussion in the 1970s and 1980s on the rights of mentally capable patients to choose their own death. In contrast to the United States, where much of the debate centered on the fate of comatose patients like Karen Ann Quinlan and Nancy Cruzan, the Dutch focused on patients who possessed decision-making capacities. More broadly, the Dutch debate has conceived of euthanasia as an *individual* decision that, in theory, has nothing to do with the interests of *society,* unlike the position of the early Anglo-American euthanasia societies.

The early years of the Dutch euthanasia debate – from the late 1960s to the mid-1970s – do, however, show some signs of the older concern for the social value of euthanasia – not in eugenicist terms, but in respect to the challenge of allocating scarce resources that would only grow worse in the future. There was perhaps no Western country more consumed with the overpopulation "problem" than the Netherlands in the 1960s and early 1970s. Warnings about high birth rates were both frequent and dire.[b,19] It is not surprising, therefore, that a concern about overpopulation would play some role not only in the abortion debate[c,20,21] but in the euthanasia debate as well.[11]

[b] For a rather militant example of this, see, for instance, 19. Drogendijk 1974.

[c] Scholars investigating the history of the modern abortion debate are divided on how great a role these neo-Malthusian concerns played, with Joyce Outshoorn realizing the significance that Jan de Bruijn attaches to it (see 20. Outshoorn 1984, and 21. de Bruijn 1979).



The issues of euthanasia and overpopulation met each other most clearly in what was sometimes called the *bejaardenvraagstuk,* the problem of the elderly. By the 1960s, the growing number of older people, and the challenge of providing and funding care for them, had come to be seen as a social problem.[22] By the early 1970s, the growing problem of too many old people in the future was a topic of considerable debate, and that debate also included "euthanasia" (variously defined).[23] The Dutch weekly *Haagse Post* had noted: "In 1970 increasing numbers of people in overpopulated Holland are seeing that ending purposeless human life can be done out of compassion."[24] In 1975 the recently established Voluntary Euthanasia Foundation noted with concern that Dutch society was showing an active interest in "euthanizing" people who experienced, in the eyes of many, "a life without purpose," whose "large number constitute a heavy burden on society."[25]

The costs of health care in the Netherlands rose some 450% from 1963 to 1972.[26] In general, this seemed to put into question by the early 1970s whether the Dutch could afford to keep alive everyone for whom that was technologically possible. The Protestant ethicist at the University of Groningen, P. J. Roscam Abbing, argued that keeping people alive at any cost would mean that the whole national budget would have to be spent on health.[27] In particular, expensive technology that would not be available for everyone meant, at the very least, that "passive euthanasia" was unavoidable. Medical decisions would have to be made – indeed, were already being made – that consigned some people to this kind of euthanasia, and this trend would only become more pronounced in the future.[d,28]

Two early and prominent proponents of euthanasia in the Netherlands had themselves been vocal and active in combating overpopulation. Hendrik Jan van den Berg's objections to the "power" of medicine (*medische macht*) stemmed in part from the fact that this power enabled too many people to live too long and too badly. His hugely popular *Medische macht en medische ethiek* (Medical power and medical ethics), published in 1969 and continually reprinted in the 1970s, articulated at the same time the right of the patient to end his or her own life and the duty of doctors to end the lives of those who were suffering unjustifiably. In 1969, van den Berg added that medical power had doomed "countless people" to further existence who otherwise would have died much earlier, with "calamitous" results, including a rising suicide rate among older people and "the quickly increasing overpopulation of our country." Under these conditions, he maintained, a change in medical ethics was unavoidable.

The other key figure was Pieter Muntendam, who became the chairman of the Dutch Association for Voluntary Euthanasia (NVVE) in early 1976 at the age of 74, and who would play an essential role in giving the new organization a

[d] The views of state secretary A. J. H. Bartels in 1968, quoted in 28. van Berkestijn and Treffers 1971, are particularly interesting.

respectable and moderate face. A medical doctor and longtime public servant, Muntendam had been a driving force in the 1960s to reduce world population and in the early 1970s would chair a government commission charged with examining the issue.[e,29] It was perhaps natural for Muntendam, as an expert in what at the time was called "social medicine," to be interested in the "social" aspects of euthanasia, including its economic aspects. For Muntendam in particular and the NVVE in general, it was clear "that voluntary euthanasia ... must constitute a natural part of the question [of how to treat the] elderly."[30] For Muntendam, this meant that debate about euthanasia must necessarily take on the economic challenge of an aging population. For him, the primacy of the individual's right to choose when to die did not preclude discussion of wider economic and social issues.[31,32]

We can draw two conclusions from this evidence. First, the early years of the Dutch euthanasia movement showed some of the same interest in the macro-level, societal dimensions of euthanasia that had long characterized the Anglo-American euthanasia movements. The individual's right to die and society's welfare were conceived as moving in the same direction, though how the interests of the two were related was seldom articulated.

Second, it is striking how quickly this discourse declined, even though it did not entirely disappear. One reason (there are several) is that various leaders of the euthanasia movement acted decisively to interpret euthanasia purely as an individual choice. Later proponents of euthanasia would drop discussion of the socioeconomic aspects of euthanasia altogether. In 1976, pro-euthanasia advocates Andries and Truus Postma-Van Boven said that economic motives should never be used as an argument for letting people die, and by the end of the decade this had become the movement's standard response to the issue.[33] Henk Leenen, a highly influential professor of health law, stressed *voluntary* euthanasia when he took a leading role in the campaign for legalization in the late 1970s, a very conscious effort to excise the pro-euthanasia camp of socio-economic motivations.[34] During the last half of the 1970s, social and economic arguments for euthanasia were fast disappearing, and before long euthanasia discourse was almost wholly defined in terms of an individual decision that had nothing to do with society per se. John R. Blad, a scholar in the field of legal change and member of the Dutch Association for Voluntary Euthanasia, wrote in 1996 that none of the "social" arguments for euthanasia had "survived the critical test of democratic discussion."[35]

## Dutch Euthanasia versus Nazi "Euthanasia"

The Dutch debate over euthanasia showed little interest in the British and American experience, but it was forced to confront the most negative legacy of

[e] The commission's report says nothing about euthanasia, and the most direct connection he made was that quality of life should now receive more emphasis than the quantity of life (see 29. Muntendam et al. 1977).



the past: Nazi mass murder as a form of "euthanasia." The charge that Dutch-style euthanasia, at least in some of its aspects, revisited Nazi practice and that Dutch proponents of euthanasia were driven chiefly by a desire to rid society of useless people continues to haunt Dutch euthanasia debate into the twenty-first century. Discussions in the Netherlands from the late 1960s to the early 1970s often brought up the Nazi example.[36,37] The sociologists reported in the early 1980s that if they had heard it at all, older people often had negative associations with the word *euthanasia,* linked as it was with the Third Reich.[f,38] It would take decades before the word was sanitized of its primary association with Nazi Germany.

Moreover, opponents of euthanasia would increasingly use the example of Nazi practices to highlight what they saw as the dangers of Dutch euthanasia practice. Law professor C. I. Dessaur's 1986 *Mag de dokter doden?* (May doctors kill?), published after the pro-euthanasia consensus in the Netherlands was already achieved, is the best-known example of this kind of effort.[39] Perhaps the fact that Dessaur was Jewish made it harder to discount her charges, lest her critics appear insensitive to what Jews had experienced in the Holocaust. There were also the occasional anti-euthanasia histories, such as those published by the dermatologist I. van der Sluis and Lindeboom in the 1970s, which cast euthanasia within a wider and more sinister pattern of modern medical eugenics.[g,8,40]

Not surprisingly, Dutch proponents of euthanasia were indignant at being tarred with the Nazi brush, which they felt was a wholly unjust characterization. Later opponents of euthanasia would complain that any comparison between the Dutch and German experience (both before and during the Nazi period) was taboo in the Netherlands and that proponents of euthanasia were more than a little sensitive to the charge.[41,42] In 1984, lawyer H. A. H. van Till-d'Aulnis de Bourouill, an early proponent of liberalizing euthanasia and the secretary of the Voluntary Euthanasia Foundation, said that it was good to occasionally hold up the mirror of the Nazi regime so as to remind contemporary society not to put pressure on people to end their lives or end the lives of those unable to speak for themselves.[43] A year later, she decried the proposal of the government study commission on euthanasia (the State Commission on Euthanasia) to euthanize coma patients without their permission precisely on the grounds that this was the kind of thing done in the Third Reich.[44] Thus, the negative example of Nazism remained in the background of the discussion, always prompting proponents to stress the voluntary nature of their proposals and helping set boundaries for what was, and was not, permissible.

If the Nazi example was the most persistent memory of the past, however, it was at the same time the most easily discounted. Many prominent figures

[f] Nursing homes were resistant to the very notion of euthanasia (see 38. Verhoef and Hilhorst 1981).

[g] More substantial historical studies would follow a decade or more later (see 7. Eijk 1987, and 10. Meerman 1991).

who favored liberalizing euthanasia were in fact pretty confident that what they were proposing had nothing to do with what the Nazis had done. Critics of van den Berg's *Medische macht* might raise the specter of Nazism, as did one reviewer in *De Groene Amsterdammer* in 1969, who warned readers that van den Berg's proposal for doctors to save only life that was "purposeful" might be abused by, as she saw it, ethically impressionable people, as had been the case in Nazi Germany.[45] But van den Berg himself had already dismissed any such connection, saying that the spectre of Nazism ought *not* to be brought up as a reaction to his heartfelt plea for putting an end to lives without purpose.[46] Jan Menges, a Dutch physician whose *"Euthanasie" in het Derde Rijk* (1972) would be the only major Dutch-language study of German practice for over two decades, issued a foreword in which he laid out the differences between illegitimate Nazi "euthanasia" and the legitimate forms of contemporary euthanasia.[47]

Others concurred. The television producer Henk Mochel took on the challenging task of showing that euthanasia in the 1970s was quite different from the type practiced by the Nazis.[48] The time seemed ripe to point this out. The span of a quarter century since the Nazi atrocities, said the theologian-ethicist P. J. Roscam Abbing in 1972, enabled people to distinguish between practices that were an "abomination" and "responsible" euthanasia.[49] For some, it became essential, in fact, that the Dutch be able to distinguish between the two types of euthanasia. In the early 1980s, Harry Kuitert, the Protestant theologian and ethicist who would subsequently play a highly influential role in the discussions, stressed that euthanasia as such had *nothing* to do with Nazi practices and that if people were going to prevent technology from having the last word at the end of life, it was necessary to break through the taboos created by the legacy of the Third Reich.

Doubtless these taboos prevailed in the minds of many Dutch, even into the 1980s and 1990s; for some proponents of euthanasia, such connections could not easily be dismissed. But by and large, even the specter of the Nazis did not inhibit the Dutch debate. Dutch culture and medical practice looked too different for that to be very convincing, at least to most Dutch people.[h,50] Further, as anti-euthanasia journalist Chris Rutenfrans has argued, the Nazi past was not *Dutch* history. According to him, the fact that the Dutch had not had any kind of prewar euthanasia movement (or, I would add, many negative experiences with authoritarian medicine in the mid-twentieth century) made them "naive" for the "dangerous road" they had chosen to tread in the previous few decades.[51] One might counter, of course, that the Dutch were less encumbered by a past that did not speak, and could not speak, to their situation. Whatever the truth, the *relative* ease with which the Dutch managed to free themselves from the Nazi question seems part of a more general pattern in

[h] Many orthodox Protestants were too suspicious of their doctors' intentions to take at face value their commitment to *voluntary* euthanasia.



their euthanasia discussion, namely, the assumption that this was a *new* problem that would have to be solved in *new* ways.

## Breaking with the Dutch Past

The Dutch have often defended their euthanasia policy as one that above all has made death and thus the issue of ending life *bespreekbaar*, that is, "discussable." That word itself, which originated in the 1960s, says a great deal about the moral impulse that allowed the Dutch to choose in favor of euthanasia with greater moral certainty than other countries.

To say that the Dutch tried to make death *bespreekbaar* is not to deny that talking openly about death was a theme throughout the West in the 1960s and 1970s. That the "discussability" of death is not exclusively a Dutch phenomenon is evidenced by the fact that it was not Dutch but American scholars who first conceived of death as a taboo subject that had to be overcome, and a British scholar, John Hinton, who published the first book on dying (in 1967) that the Dutch were to use in their own debate.[52,53] Moreover, Dutch proponents of openness toward death and dying in the 1970s remained heavily indebted to international literature on the subject. The greatest apostle to preach a new openness to death was the Swiss-American Elizabeth Kübler-Ross, who was widely read not only throughout Western Europe and North America but also in the Netherlands, though Kübler-Ross herself opposed euthanasia.

The Dutch were seldom the first to raise any controversial issue or problem. The agenda for any given social and moral problem was usually launched elsewhere, including the taboo of death and, as we shall see in the next chapter, of euthanasia itself.

In what way, then, were the Dutch different from others in respect to discussing difficult or taboo subjects? It appears that the Dutch were as zealous in throwing off the unyielding norms of yesteryear as any culture in Europe, and of putting a new ethical premium on morality governing a range of issues concerning sex and death that were formerly taboo.[54] In any event, the Netherlands changed radically after 1960. The internationalization of Dutch politics, the sudden boom in the economy, and the creation of a postwar welfare state rapidly transformed Dutch society, which had been among the most religious and traditional in Western Europe up to that point. In this flux, many Dutch questioned why "old-fashioned" ideas about life and death, increasingly experienced as arbitrary and repressive, should be maintained in a "modern" world. Because the isobars of change were particularly dense in the Netherlands, the distance between tradition and modernity was perhaps felt more acutely than in many other parts of Europe. "Old" ways of thinking were attacked on all sides. Even many of those who held onto their religious convictions over the course of the 1960s frequently felt compelled to reorient their beliefs. Near the top of the agenda for many Dutch was to part with the silence and hypocrisy that ostensibly had characterized the world before 1960.

The Dutch, then, were not primarily trying to work out the problematic histories of others. They were, rather, trying to find a way to move beyond their own morally confined and old-fashioned past. As traditional values declined and fell under intense scrutiny, there was also a collective feeling that all morals, mores, and taboos were falling away, and that the standards of human conduct would all have to be renegotiated. It seemed that human beings would have to develop new sensibilities in a new age, such as daring to question taboos that protected an old-fashioned and no longer viable morality.[55]

This new orientation seemed to be most clearly expressed by religious and humanist groups seeking to restate the meaning of death, as conventional Christian morality came under pressure in a society where many believers were rapidly rejecting the moral discipline they had hitherto followed. There were also parallel developments within the medical world, both influencing and influenced by these developments. In medicine, too, there was a growing reaction against muzzling any discussion of death. The social scientist Cas Wouters, who has written about changing norms governing sex and death, argues that by the 1950s, as the medical hierarchy softened, as "personal involvement" replaced "calling" as an ideal, and as the distinction between sickness and wellness blurred, nurses were beginning to identify more strongly with their patients. This trend meant that nurses and patients were more able to speak openly with each other.[56] Although the emphasis on patient rights would have to wait until the late 1970s, this emergent "culture of discussion" challenged the medical regime in most hospitals, where nurses and doctors had avoided discussions about death because they were themselves incapable of broaching the subject, because they thought it would demoralize their patients, or simply because the efficiency model of the "health factory," as one critic called it, would not allow for it.[i,57]

The increasing insistence that death and dying be more openly discussed at the bedside than had previously been the case is perhaps best evidenced in the success of J. J. Buskes's *Truth and Lie at the Sickbed*, which went through eight printings in the decade following its release. Buskes, a prominent Protestant clergyman, argued that our inability to talk about illness and death had rendered those who were sick and dying *onmondig*, literally "without mouths." But doctors, nurses, pastors, and family members had the moral obligation to speak frankly and honestly to the patient about his condition and desires. They had the obligation to be open with the patient about difficult treatment options as well. This obligation did not always mean telling the unvarnished truth, but it did mean rejecting the systemic lies and evasions too typical of the hospital culture.[58] Toward the end of the 1960s, it became something of a commonplace to say that the taboo that the healthy had placed around death had made it difficult for patients to make their own feelings and desires *bespreekbaar*. "Our dying are being silenced to death," an editorial in *Nieuwe Revu* pronounced in 1969.[58] This made it all the more urgent to speak truth at the bedside.[59]

[i] The phrase comes from J. J. Buskes (see 57. Buskes 1975).



One might argue that putting away taboos and making everything open to discussion was particularly important in a society that had always put a primacy on talking and that now set out, with particular energy, to dismantle what had come to be perceived as an outdated moral consensus. The taboos around death, with all their practiced piety, had for too long served as a reason not to face – not to discuss – that which must be discussed. "Reverence" was one concept sometimes associated in the 1970s with an unhealthy silence and seen as a virtue that had been too dominant in the past. Kees Trimbos, a former Catholic turned progressive and a highly influential psychiatrist, decried the resistance to research on "assistance to the dying" on the grounds of "reverence" for dying patients and their families:

> I was raised with a surfeit of reverence; reverence for nature and for the supernatural, for dying, for the dead, for the newborn child and the unborn child, for life, for old age ... for my father and mother, for my body ... for my guardian angel, for priest, bishop and pope, for authority, for my superiors and who knows what else.
>
> I have now lost all that reverence and don't understand why I must have more reverence for a dying person than research about dying. Reverence is a worn-out and dilapidated concept that has been abused countless times and may no longer serve as a weapon in serious discussions on ethical problems.[j,60]

This rejection of reverence went hand in hand with the sense that human beings, in having left absolute morality and taboos behind them, had taken on new and heavy responsibilities. Society had now grown to adulthood, said the authors of one 1972 study on death, and the future would be characterized by a new level of "shared responsibility," not least in facing death and those who were dying.[61] The physicians' journal *Medisch Contact* was full of such themes in the first half of the 1970s, as was P. J. Roscam Abbing's authoritative book *Increased Responsibility*, an ethical handbook on difficult medical decisions, including euthanasia.[50] Taboos could no longer – should no longer – shape decisions; human beings, in the spring of their adulthood, should put childish things behind them and take on the mantle of maturity.

For many, breaking with the taboo of openness concerning death had everything to do with the acceptance of euthanasia. In 1975, C. Leerling, director of the Catholic nursing home Regina Pacis in Arnhem and an early proponent of euthanasia, emphasized the advantages of "talking about death." He explained: "If we are more accepting of death we shall stand freer in relationship to it and can give people of advanced age the opportunity to die a good death."[62] Physician and popular writer Ivan Wolffers, speaking more generally,

[j] It is interesting to note that Trimbos was criticizing the reservations of Muntendam and J. F. Rang to research of the dying – scholars hardly opposed to euthanasia (see 60. Trimbos 1776).

made a similar point: that until we face death we are not ready for an "open discussion" about euthanasia.[63] Whatever the connection between the acceptance of death and the acceptance of euthanasia, many proponents believed that the two were inseparably linked. Pieter Admiraal, an anesthetist, outspoken humanist, and author of the 1980 "how to" pamphlet informing doctors about performing euthanasia, expressed his opinion in 1983 that the taboo to overcome was not that surrounding euthanasia but around death itself.[64]

An additional reason why many Dutch of the 1970s thought that the taboos surrounding death and euthanasia should be broken was that doctors were *already* euthanizing patients behind the scenes. The issue of "crypto-euthanasia" was dramatically brought to life in the 1973 trial of the physician Truus Postma-Van Boven, who had euthanized her own mother (at the mother's request) in 1971. There was a widespread sense that physicians should not have to lie about what they actually did and should be able to admit their deeds openly. "It shouldn't happen sneakily," Dr. Postma-Van Boven told an interviewer after her trial.[k,65]

The Dutch insistence that a taboo covered secret forms of euthanasia – simply intolerable in this age of openness – seems to reflect a peculiarly Dutch preoccupation with a certain kind of truth telling in regards to euthanasia. Breaking the taboo was not only good medical policy but also a moral step forward, the argument ran. Mochel saw talking about euthanasia as a way to protest and combat the "dogmatism and legalism that protect the medical class from uncertainty."[48] The Dutch weekly *Elsevier* argued that the change toward euthanasia had less to do with changed opinion than with a simple willingness to talk about it, and then added, "the sought-after death is emerging from the domain of the taboo, the domain of stigmatization and secrecy, of damnation and medieval certainties."[66]

Dutch anti-taboo culture of the 1970s and 1980s, then, placed hypocrisy at the top of the list of sins, and to break the taboo of euthanasia was to wage war against hypocrisy. Klazien Sybrandy, the maverick pro-euthanasia activist who helped found the NVVE, wrote with her compatriot and euthanasia activist Rob Bakker that the guilt surrounding euthanasia was not about motives or deeds but about *lying*.[67] Strikingly, many doctors would voice their own moral anguish with having to lie on the death certificate and elsewhere in order to avoid prosecution; they would argue that one of the advantages of legalization could be to unbind the consciences of conflicted doctors. At the same time, there was hostility toward the "hypocrisy" of doctors in euthanizing patients and not reporting it as such.[68]

In summary, the pro-euthanasia movement drew moral strength from the particularly strong anti-taboo culture of the 1970s and 1980s, with its emphasis

[k] Wim Ramaker thought this quotation so poignant, or so central to the whole interview, that his published interview bears it as its title (see 65. Ramaker 1973).



on breaking with the morality of the Dutch past, rejecting "hypocritical" and unquestioned practices in favor of truth telling and *bespreekbaarheid,* to make matters "discussable." The moral ambiguities in euthanasia (and assisted suicide) were given greater clarity through the conviction that taboo breaking toward sex and death in particular was good, and that taboo breaking in respect to euthanasia, with its promise of less hypocrisy and more openness, must also be good. This powerful cultural impulse helps explain why, in contrast to other countries, the Netherlands, relatively early on and with a high sense of moral confidence, dared to openly adopt the practice of euthanasia.

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