



# Physicians for Compassionate Care Education Foundation (PCCEF)

info@pccef.org

www.pccef.org

P.O. Box 7122, Bonney Lake, WA 98391

253-501-7011

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**Netherlands Devalues Those with Mental Health Problems—The Downward Ethical Slide Continues**

**By Sharon Quick, MD, MA (Bioethics)**

**President, PCCEF**

Zoraya ter Beek is a 28-year-old woman who has been approved for euthanasia in the Netherlands. She has depression, autism and borderline personality disorder which has made her “tired of living.”<sup>1</sup> She does not have a terminal illness, but that is not an eligibility requirement for euthanasia in the Netherlands. The law there requires that patients make voluntary, fully informed requests and have “unbearable suffering without prospect of improvement,” “no reasonable alternative,” and two physicians agreeing on this assessment.<sup>2</sup>

Mental illness is not excluded from euthanasia. In 2018, Aurelia Brouwers, a 29-year-old woman with psychiatric illnesses that included anxiety, depression, eating disorders, psychosis, and a history of self-harm and suicide attempts with a three-year psychiatric hospitalization, was euthanized in Deventer, Netherlands.<sup>3</sup>

However, allowing euthanasia for mental health problems does not meet the requirement that a disorder have “no prospect of improvement.” Treatment outcomes and recovery from mental health problems are difficult to predict.<sup>4</sup> People do “recover from mental illness and go on to experience a life with high levels of well-being and functioning.”<sup>5</sup> No psychiatrist has a crystal ball to be certain that patients with a mental health disorder will never recover to a point that their lives are tolerable and even enjoyable.

The “suffering” component of this requirement is subjective and difficult to assess, especially for mental health conditions where minimal physical deficits may be apparent. People with similar diagnoses can have vastly different levels of associated “suffering,” and how those levels change over time (and they do) is unpredictable.

Stef Groenewoud, a healthcare ethicist in the Netherlands, stated that he is seeing more young people with psychiatric disorders considering euthanasia as an “acceptable option brought to the table by physicians, by psychiatrists, when previously it was the ultimate last resort.” He also notes that doctors seem to give up on patients more easily than in the past.<sup>1</sup> Dr. Theo Boer, an ethicist who served for nearly a decade on the Netherlands Governmental Review Committee on Euthanasia from which he eventually resigned, has become a vocal critic of the Dutch euthanasia law.<sup>6</sup> He states that euthanasia used to be a last resort but is now being used as a default option.<sup>1</sup>

The right or freedom to choose is dependent upon the capacity to choose and on the intrinsic and equal value of persons, and it has limits. Many psychiatrists would say that people with significant mental health problems have deficits in their capacity to choose and should be protected from suicide, assisted suicide, and euthanasia.

The fundamental flaw in euthanasia laws is that they do not treat all humans as intrinsically and equally valuable. Physicians are given special rights and powers to use subjective and error-prone criteria to devalue those with physical and/or mental health disabilities who want to hasten their deaths. Choices that undermine respect for persons and the inherent value of each life cannot be permitted or the entire

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foundation of autonomy crumbles. Those who are given power (physicians, health care entities, and government) can increasingly use expanding subjective criteria to devalue and end the lives of more vulnerable people—the very ones they have a responsibility to protect. This is especially concerning when the president of the Belgian biggest health care fund has proposed euthanasia as a solution for the financial and workforce deficits in caring for an aging population.<sup>7</sup> The choice to die becomes the duty to die.

The continued expansion of assisted suicide and euthanasia deaths occurs in every jurisdiction where it has been legalized. The number of deaths per year from euthanasia in the Netherlands as a percentage of all deaths has increased from 1.9% in 1990 to 4.4% in 2017<sup>8</sup> to 5.4% in 2023.<sup>9</sup> Since 2020, the number of euthanasia deaths have increased 30%. See the Table below. Euthanasia deaths for psychological reasons have increased by 20% (115 in 2022 and 138 in 2023). In the past year, requests for young persons aged 18-30 increased 50%, and 12% of the requests were approved. These numbers may represent minimums, as it is estimated that around 20% of euthanasia deaths are not recorded.<sup>9</sup>

**Table: Euthanasia Deaths in the Netherlands 2020-2023<sup>10</sup>**

	Number of deaths	Percent increase from prior year	Percent of total deaths
2023	9068 <sup>9</sup>	4%	5.4% <sup>9</sup>
2022	8720	14%	
2021	7666	10%	
2020	6938	9%	

### References

1. Subramanya R. 'I'm 28. And I'm Scheduled to Die in May.'. The Free Press. 2024 April 1. <https://www.thefp.com/p/im-28-and-im-scheduled-to-die>
2. Due care criteria set by the Regional euthanasia Review Committees in the Netherlands: <https://english.euthanasiecommissie.nl/due-care-criteria>
3. Sherwood H. A woman's final Facebook message before euthanasia: 'I'm ready for my trip now...'. The Guardian. 2018 March 17. <https://www.theguardian.com/society/2018/mar/17/assisted-dying-euthanasia-netherlands>
4. Franken K, Ten Klooster P, Bohlmeijer E, Westerhof G, Kraiss J. Predicting non-improvement of symptoms in daily mental healthcare practice using routinely collected patient-level data: a machine learning approach. *Front Psychiatry* 2023; **14**: 1236551.
5. Nunes L, Blue C. Thriving After Therapy: More Common Than Reported, More in Need of Research. The Observer. 2022 June 30.
6. <https://www.cbhd.org/people/theo-a-boer>
7. Cook M. Belgian health care boss says euthanasia is the solution to an ageing population. BioEdge. 2024 April 11. <https://bioedge.org/end-of-life-issues/euthanasia/belgian-health-care-boss-says-euthanasia-is-the-solution-to-an-ageing-population/>
8. Groenewoud AS, Atsma F, Arvin M, Westert GP, Boer TA. Euthanasia in the Netherlands: a claims data cross-sectional study of geographical variation. *BMJ Support Palliat Care* 2021.
9. FSSPX News. 2024 April 10. <https://fsspx.news/en/news/netherlands-euthanasia-accounts-more-5-deaths-2023-44041#:~:text=According%20to%20the%20Netherlands%20Times,of%20euthanasia%20for%20psychological%20reasons.>
10. In addition to the footnoted numbers, the data in this table was obtained from Statista and percentage increases were calculated from the raw numbers. <https://www.statista.com/statistics/1363041/netherlands-euthanasia/>