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Master Thesis

Factors which contributed to the legalisation of euthanasia in the Netherlands

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1. Introduction

Debate on the rights of terminally ill patients and euthanasia has been growing the last 30 years in western society (Cohen et al., 2006). The first debates on euthanasia in the European Parliament started in 1991, which prompted a discussion all over Europe (Materstvedt et al., 2003). The euthanasia debate is situated within a broader discussion of human rights and human rights in health care, in particular. Some member states acknowledged that among other rights one can also have a right to a die with dignity. This issue, which is still considered controversial and opposed by many, nonetheless, found its supporters in a number of European Parliaments. For instance, some countries have legalized it with strict rules, such as: the Netherlands and Belgium since 2002 and Luxemburg since 2009 (Verbakel & Jaspers, 2010). In addition, physician-assisted suicide (PAS) was legalized in two states in the US - Oregon and Washington; and later on Switzerland allows it to be conducted by non-doctors on foreigners, which has led to the tourism to Switzerland with the attempt to end one's life (Verbakel & Jaspers, 2010).

Despite the fact that euthanasia has been introduced in the Netherlands since 2002, there is still an on-going debate about the practice of euthanasia and PAS as well as in the Dutch society and in Europe. Several scholars have raised their concerns about the possible harm of the legislation, addressing the slippery slope argument. Yet, according to Lo, there was no widespread abuse found in the recent findings on euthanasia and there were no apparent disproportional use of the practice among vulnerable populations (Lo, 2012). Furthermore, Onwuteaka-Philipsen claims that eight years after the legislation of euthanasia the incidence of PAS and euthanasia is comparable with that which was before the legislation came into place (Onwuteaka-Philipsen et al., 2012). In addition, the frequency of ending life without explicit request has continued to fall and PAS and euthanasia did not shift to different groups of patients (Onwuteaka-Philipsen et al., 2012). But these studies are also challenged by contrasting findings. For example, Boer indicates that euthanasia numbers have gone up by 14% in the period between 2007 and 2010; emphasizing that in his region the numbers have doubled since 2005 and that there is no explanation of such an increase (Boer, 2011). According to Boer, there is also another cause for concern - the increasing public pressure in favour of euthanasia and PAS for patients whose suffering is primarily connected to social, psychological, biographical or existential factors which are also referred to "suffering from life" (Boer, 2011).

While euthanasia is often a news topic in the Netherlands, just recently the debate has been surrounded by extensive criticism (Wiegman, 2015). In contrast to previous debates, the criticism is now coming not only from the opponents of the legislation. Concerns are being raised that the current practice of euthanasia is much wider, than the original legislation intended to be

(Wiegman, 2015). A recent contribution to the new discussion on euthanasia is the book of G. van Loenen "Lof der onvolmaaktheid", where the author examines why the right for self-determination is not enough to live and die well, claiming that a wider debate on euthanasia is needed than the one which has happened so far (Wiegman, 2015). As Wiegman has argued, however, the debate which is now usually dominant in the media is one-sided and only focused on euthanasia as a compassionate rescue (Wiegman, 2015).

Further criticism of Dutch euthanasia legislation has come from the medical field. In the opinion of one general practitioner, Schuurmans, nowadays, in the public debate the desire to take a dignified exit from life sounds like a requirement (Schuurmans & Ummelen, 2014). From his perspective, the justification of euthanasia and physician assisted suicide has shifted from the principle of mercy, which was crucial for the realization of euthanasia, to the right of self-determination, which has supplemented the original principle of mercy in practice. It does not matter anymore whether there is a reasonable alternative, if a person already "prescribed" himself as dealing with unbearable suffering and hopelessness (Schuurmans & Ummelen, 2014).

This critique from the medical profession is important given the role of the doctor in administering death. There are a few studies about the physicians role in performing euthanasia, for instance, the cooperation between doctors and nurses (Muller, Pijnenborg, Onwuteaka-Philipsen, van der Wal, & van Eijk, 1997) or the emotional impact on the physicians who perform euthanasia (van Marwijk, Haverkate, van Royen, & The, 2007). However, public opinion is shifting from seeing euthanasia as a privilege or exception to a *right*, which puts pressure on physicians, asking them to act (Boer, 2014). Dutch physicians who refuse to perform euthanasia are obliged by law to refer a patient to a colleague who would be willing to perform it, which puts even more pressure on the doctors (Boer, 2014). However, there are organisations like "De Einder", a Dutch organisation which although does not assists individuals in self-euthanasia, but provides counselling and information for people who are considering self-euthanasia (in which case the presence of the doctor is not needed). The role of such organisations has not yet been researched and there are no studies about public opinion on the self-euthanasia. Given that, even after a more than a decade since the legalisation on euthanasia was passed in the Netherlands, it is an on-going debate as well as in the Dutch society and in the world. To conclude, after more than a decade of empirical research on legislation of euthanasia in the Netherlands there are still several issues which remain unclear. In short, despite more than a decade of empirical research on the legislation of euthanasia in the Netherlands there are still several issues which remain unclear.

The aim of this research is to explain how euthanasia legislation developed in the Netherlands. The focus will be on which factors (political factors, the opinion of medical professionals, pro-euthanasia and pro-life movement) influenced euthanasia law in the Netherlands. The euthanasia debate has been widely discussed in the literature; however, mostly it concerns the opinion of the supporters and opponents of euthanasia, in particular, either from the perspective of a "slippery slope" argument or as a matter of a right to die with dignity. The scientific debate is driven by the concern whether other countries should follow countries which have legalized euthanasia and if not, why not.

Despite a lot of discussion on euthanasia law (e.g. van Delden, Pijnenborg, 1993; Janssens, ten Have, & Zylicz, 1999; Norwood, Kimsma, & Battin, 2009) there is, however, little attention paid to the factors which contributed to the legislation. An exception to this is the essay "Why the Netherlands?", where Cohen-Almagor discusses that several reasons might have an impact on the euthanasia policy in the Netherlands, including: historical, social, cultural, religious and local health-care system (Cohen-Almagor, 2002). However, little attention has been paid to an explanation of how these factors do or do not explain why Dutch euthanasia legislation was passed. In addition, McInerney argues that there were several researchers who mentioned the link between the die-with-dignity advocates and social movements, but none of them researched the matter in-depth (McInerney, 2000).

This research addresses both of these gaps, by investigating the passage of euthanasia in relation to political factors, opinion of medical professionals and social movements. Research on this issue will also provide an insight on the role of euthanasia movement in the Netherlands. As in any other debate, which is driven by moral and ethical issues, there were opponents and supporters of the law, and the opinion of both is required in order to explain how and to what extent those factors (or other factors) impacted the passing of the law.

The following research takes an interdisciplinary approach, seeing legalization of euthanasia not only as a law, but also as a phenomenon which is connected to political, medical and social factors. Thus, these factors can be discussed from the perspective of medical, political and social sciences.

2. Theoretical framework

In this chapter the contextual background of euthanasia legalisation in the Netherlands will be discussed, followed by a discussion of possible theoretical explanations for understanding why the legislation was passed. Three theoretical perspectives are considered: political, the role of

medical professionals, and the influence of the euthanasia movement from a social movement perspective.

2.1. Contextual background

To understand euthanasia legislation in the Netherlands, it is important to consider the background of how it became law. The first bill which was passed on euthanasia in the Netherlands was in February 1993, which later received very critical remarks in the international press (ten Have & Wellie, 1996). In 1994, the Netherlands became the first country in the world to make explicit legislation on the issue of euthanasia (ten Have & Wellie, 1996). The law, however, did not officially legalize euthanasia, but instead stated that euthanasia is an active medical intervention to intentionally end a life of the patient at this explicit request. In addition, the law allowed for the withdrawal or withholding of treatment which is medically useless or refused by the patient (ten Have & Wellie, 1996). The law also stated that euthanasia remains legally sanctioned and that it must stay open to the legal audit (ten Have & Wellie, 1996).

Despite the fact that explicit legislation on euthanasia was made in 1993, a debate continued for many years before euthanasia was finally legalised. The debate started long before the first explicit legislation on euthanasia and lasted for several decades, involving discussions between medical professionals, ethical and legal specialists, general public, and also was debated in the national parliament (Onwuteaka-Philipsen et al., 2003). Since 1991 Dutch physicians were obliged to report all cases in which they administered or supplied medication with the intent of hastening patient's life in order to enable legal assessment. Followed by years of research, in 1995 the notification reports were assessed and revised, after the revision notification procedure came into force in 1998 (Onwuteaka-Philipsen et al., 2003).

A few years later, in April 2002, the Netherlands officially decriminalized -physician assisted suicide and euthanasia (Gordijn & Janssens, 2004). The passage of the law made the Netherlands, at that time, the first country in the world to legalize euthanasia (Cohen-Almagor, 2002). The Termination of Life on Request and Assistance with Suicide Act legalized the termination of life if it meets the following criteria: there is no prospect of improvement of the patients medical condition and he or she is suffering an unbearable pain; there are no other medical options left; the patient must make a voluntary and informed request for an assistance to die; an opinion of a second doctor must be obtained in order to confirm the diagnosis; the end of life must be carried out with regard to medically appropriate procedures, and the physician must report a death, mentioning whether the case of death was euthanasia or assisted suicide (Cohen-Almagor, 2002).

2.2. Factors which may have contributed to the legalization of euthanasia

The majority of the research on legalization of euthanasia in the Netherlands is dedicated to the "slippery slope" argument and to the implementation of euthanasia practice. Only a few authors have tried to research the factors, or elements of Dutch society which could have contributed to the legalization of euthanasia in the Netherlands. Alongside these sources, further theoretical support can be gained by looking at research on other *controversial legislations* in the Netherlands. Such controversial issues include the legalisation of prostitution, soft-drugs, and abortion. In these studies, emphasis is placed primarily on a *political explanation* (provided with collaboration of interest groups). In addition, in the case of euthanasia, it could be important to consider the role of medical professionals and social movement theory.

Political explanation

Political factors have played an important role in the passage of legislation on various 'controversial' topics. The so-called "Morality laws" which were criminalising abortion, contraceptives and homosexuality were unchallenged in the Netherlands until 1960s (Outshoorn, 2012). In 1967, however, religious parties lost their political majority because of processes of secularization and modernization, and the opponents of Morality laws started a long debate, framing their arguments in terms of unwanted state intervention into private lives of the citizens. After a long debate, contraception and abortion became legal, and homosexuality was decriminalized (Outshoorn, 2012). Prostitution remained illegal and some authorities tried to regulate this issue, however, their attempts were not successful because the courts refused to regulate something which was forbidden by the law (Outshoorn, 2012). It was after local authorities united in the Association of Dutch Municipalities (VNG) and demanded the regulation on prostitution which was supported by strong feminist movement, emerged in end of 1960s, the regulation had finally taken place. At the same time, in the late 1960s, the first public debate on drug policy happened in the Netherlands. The growing use of narcotic substances, especially by youth, had to have a public response. The response came after an official Commission "Baan Working Party" published its report based on several years of research on increased drug use (van Vliet, 1990). The results were impressive and became a foundation of the Dutch Opium Act reform of 1976. The Commission introduced a risk-criterion: the relative risks of different drugs (which are all not equally dangerous) should be taken into account in policy-making (van Vliet, 1990).

The common thing in all of the above mentioned controversial issues is that they were all passed because of historical circumstances and united political action followed by years of research and public debate. In addition, the framing of the issues was in terms of reduced harm: either the government can regulate and control such issues as drug use, abortion, prostitution; or they will remain illegal, but will continue to happen in the "underground" world. In most of these cases, the political choice has been to regulate the controversial issue rather than leave it illegal.

Whether a similar political perspective explains passage of the euthanasia legislation remains an empirical question. But one study suggests political factors may have played a role. Green-Pedersen explains the emergence of euthanasia from the political perspective, claiming that euthanasia in the Netherlands became a political issue because it could be attached to the existing conflict between non-secular and secular political parties (Green-Pedersen, 2007). The conflict gave an incentive to non-Christian democratic parties to politicize euthanasia and an incentive to Christian democratic parties to strongly be against politicisation of it (Green-Pedersen, 2007). This argument can be supported by the fact that up until 1994 the governmental coalition in the Netherlands had always included Christian Democrats, a religious political party, which had its impact on the government's policy in general (Outshoorn, 2012).

Table 1

Governmental coalition

Political party	CDA	PvdA	VVD	D66	*CU*	*LPF*
1982–1989	☐		☐			
1989–1994	☐	☐				
1994–2002		☐	☐	☐		
2002	☐		☐			☐
2003–2006	☐		☐	☐		
2006–2007	☐		☐		☐	
2007–2010	☐	☐				
2010–2012	☐		☐			
2012–		☐	☐			

Note. Retrieved from ProDemos, House of Democracy and the Rule of Law. Copyright 2013 by ProDemos. Reproduced with permission.

The table illustrates that in the period between 1994 and 2002 Christian Democrats were not in the governmental coalition, while Liberals, Social Democrats and Social Liberals were. When Christian Democrats were in the government coalition, they gave a veto on any bill which was touching socio-religious issues, such as abortion or prostitution (Outshoorn, 2012). For instance, while CDA was in the government coalition it opposed the abolishment of the brothel ban and the consensus with secular political parties was not reached; however, after CDA was no longer in governmental coalition, PvdA, Social Democrat Party, and D66, Social Liberals, lifted the ban on brothels (Outshoorn, 2012).

To conclude, political factors might have played a similar role in the passage of euthanasia legislation as in other 'controversial' issues, however, more extensive research on this issue is required.

Medical professionals' explanation

The opinion of medical doctors on various ethical dilemmas plays a big role in the community. Even though empirical research on the role of medical professionals in medical ethical debates is limited, several attempts have been made to address this issue.

Before the debate on euthanasia started, abortion was another topic which was widely discussed in the Netherlands. The research on abortion legislation unravelled that Dutch medical professional community played an influential role as an obstacle for access to abortion in the beginning of 1900s (Kahana, 2011). Abortion as an extremely medicalized procedure could only be done by a physician and not by a nurse or anybody, was giving medical doctors a lot of power and influence (Kahana, 2011). Despite the fact that this argument does not explain whether medical community was willingly being an obstacle to abortion or it was rather because the procedure at that time could not be done by anybody else who did not have professional medical skills; it illustrates that medical professionals had a great influence because they were the only ones who could perform abortion. Thus, if compared with discussion on euthanasia in the Netherlands, it can be concluded that opinion of the doctors on the legislation would be valuable and influential, since doctors were the only group who could be allowed to perform it.

Kennedy suggests that it were medical professionals who presented the authorities an increasingly popular euthanasia practice and got a support from politicians and general public (Kennedy, 1995). The debate on euthanasia started in 1971 when a doctor gave a fatal dose of morphine to her mother, who expressed a wish to die and was suffering from a chronic illness.

After the doctor was prosecuted she found supporters, 27 other doctors admitted that they had euthanized patients (Kennedy, 1995). The supporters soon founded the Society for Voluntary Euthanasia (NVVE). This case was the beginning of a long debate which is not over even today. According to Kennedy, what happened in practice is that politicians and judges left the administration of euthanasia to Dutch doctors, who wanted to control and restrict an already widespread existing practice (Kennedy, 1995). Therefore, the professional regulation of euthanasia was a better option than an uncontrolled practice and was finally legalised by Dutch authorities. Despite the lack of empirical basis, when compared to the passage of other controversial issues, it can be acknowledged that the position of medical professionals in the passage of euthanasia could play a similar role, since the opinion of the doctors' matters in the discussion of medical ethical issues.

Social movement theory

Discussion about the end of life issues for a long time has been going on from different perspectives on the issue, such as: law, religion, philosophy and bioethics; however, "how a society organises around the dyings and deaths of its members is an intensely social concern" (McInerney, 2000:138). In addition, euthanasia is a topic that has supporters and opponents, as described earlier. Given this diametrical situation, a social movement approach to understanding the development of euthanasia legislation can be useful. Not only social movement approach allows getting an insight on how euthanasia movement emerged as a movement, mobilizing activists and creating events, but it also allows getting an understating about the progress of two opposing sides: anti-euthanasia movement and pro-euthanasia movement and their separate role in legalisation of euthanasia.

Although the factors presented above can give an insightful explanation of emergence of euthanasia in the Netherlands, social movement theory can also prove to be useful since it allows get an understanding on the contribution of the movement to the passage of the legislation. In fact, it can also be considered that euthanasia movement offers a combined explanation together with political factors or the role of medical professionals. For example, twenty seven professionals who supported the first Dutch doctor, who was prosecuted for administering euthanasia, as discussed above, gave an impulse to creation of the NVVE, which became a strong and big pro-euthanasia movement.

According to Snow, Soule and Kriesi, social movements have been known for long as one of the key movements in the democratic societies as a crucial tool to stand for and articulate collective interests (Snow, Soule & Kriesi, 2004). The term "social movement" embedded

different definitions, such as: change-oriented claims and goals; some non-institutional or additional collective action; some degree of temporal continuity; and some degree of organization (Snow, Soule & Kriesi, 2004). According to the authors, social movement as a collective action can be described as a joint action by two and more people in order to pursue a shared goal (Snow, Soule & Kriesi, 2004).

Benford and Snow, emphasize that social movements should not be viewed as carriers of meanings and ideas that appear automatically out of structural arrangements, existing ideologies or unanticipated events (Benford & Snow, 2000). Instead, the actors of the movement should be viewed as agents who are engaged in the creation and maintenance of meaning for others. The meaning construction is regarded as framing (Benford & Snow, 2000). According to the authors, social movement theory embedded framing as collective action frames, which are "action-oriented sets of beliefs and meanings that inspire and legitimate the activities and campaigns of a social movement organisation" (Benford & Snow, 2000:614). However, authors have been criticised for abandoning the word "ideology" and substituting it with "frame" without explaining the relation between ideology and frames (Oliver & Johnston, 2005). Therefore, framing helps to get an insight on how activists of social movement get their support from the others, but ideology and framing are both important concepts in understanding of social movements. However, to study ideology one has "to focus on system of ideas which couple understandings of how world works with ethical, moral, and normative principles that guide personal and collective action" (Oliver & Johnston, 2005:192).

For many years social movement theorists were trying to explain how people overcome their comfort during certain historical moments in order to change existing practises or social conditions, putting the stress of such events on access to resources or political opportunities (Levitsky, 2008). This approach changed in the 1980s when theorists researched that political conditions and resources only became "opportunities" when they are perceived like that by the participants of the movement (Levitsky, 2008). Thus, social movement theorists started paying more attention to the collective action framing: things which became unjust or immoral for the participants, although earlier those things were seen as unfortunate, but still were tolerated (Levitsky, 2008). Levitsky gives an alternative definition of collective framing to the one presented by Snow and Benford: "collective action frames refer to sets of beliefs and meanings that shape our understandings of our circumstances, including what kinds of action are imaginable, which targets are appropriate for blame, and what political concepts (such as rights) may be employed in a given context" (Levitsky, 2008:556).

Social movement theory offers in insight on how pro-euthanasia and pro-life movements were successful in framing their arguments and setting their goals. Pro-euthanasia movement in the Netherlands started as a protest against medicine's which were aimed to preserve life at all stakes, and to avert people from their own dying (ten Have & Welie, 1996). Part of the response to the advance of medical technology was public debate on the ethical issues (Weyers, 2006). Doctors were able to preserve a life and delay death even in cases where recovery was impossible which caused a debate on whether the life should be preserved and in what cases, and putting the emphasis on the option of relief of the pain which could rush death (Weyers, 2006).

The main argument of euthanasia movement was, therefore, a person's right to decide for oneself in matters which concern preserving and hastening death (ten Have & Welie, 1996). Respectively, if a person makes a request to the doctor to perform euthanasia then the doctor is expected to respect the choice of the individual. In other words, the key ideology behind the movement was the right of a person to autonomously make decisions regarding to his or her own death (ten Have & Welie, 1996).

Unlike, pro-euthanasia movement, the pro-life or 'anti-euthanasia' movement is not referred to as a movement in the English literature. However, the opponents of euthanasia and PAS are being known for using the "slippery slope" argument, claiming that legalization can lead to unforeseen events, resulting in taking advantage of people, especially, vulnerable individuals of society (Green, 2003). The empirical version of this argument refers to the erosion of norms, which will lead to the fact that current issues which are not tolerated will become tolerated and, therefore, will be accepted as normal (Griffiths, Bood, & Weyers, 1998). The Health Council of the Netherlands in 1985, has also expressed this concern by stating that: "A danger lurks in the possibility that the freedom to engage in euthanasia will lead to a certain routine and habituation, which raises the danger that required standards of care will not always be adhered to in making judgments whether or not euthanasia or assistance with suicide is in fact indicated" (Griffiths et al., 1998:178).

According to McInerney, there were several authors who mentioned the link between the die-with-dignity advocates and social movements, but the author claims that none of them researched the matter in-depth (McInerney, 2000). Some authors stated that those advocates are leaders of social movements; others looked at the euthanasia and physician-assisted suicide within the New Public Health Movement (McInerney, 2000). "Taking a diametrically opposite perspective to the above authors, Glick (1992) asserts that the right- to- die was not produced by a

mass social movement''; however, his conclusions were considered to be based on limited attention paid to the complex structure of social movements (McInerney, 2000:139).

2.3. Research question

The research is based on the assumption that particular factors of Dutch society have contributed to the legalisation of euthanasia in the Netherlands. Such factors can be: political, the position of medical professionals, and the impact of euthanasia movement. However, other factors should also be considered. In the existing research on euthanasia in the Netherlands little attention is paid to euthanasia movement in the Netherlands as one of the possible factors which could have an impact on the legalisation of euthanasia. Therefore, the research question is the following: *Which factors explain the successful passage of euthanasia legislation in the Netherlands?* To answer this question, a number of sub-questions will be addressed: 1) How and to what extent do political factors explain the passage of the legislation? 2) How and to what extent does the role of medical professionals explain the passage of the legislation? The sub-questions then turn to the possible role of social movements, looking at both their framing of the issue and their possible influence on passage of the legislation: 3) How did-pro euthanasia and pro-life movements frame their arguments for and against euthanasia prior to passage of the legislation? 4) How and to what extent does the framing of euthanasia by these social movements explain why advocates of legalisation were more successful than the opponents? How these questions will be answered is addressed in the next chapter.

3. Methods

3.1. Research strategy

In order to answer the following research question a method of case study was chosen. A case study is "an intensive study of a single unit for the purpose of understanding a larger class of a similar unit" (Gerring, 2004). In other words, it is a research of a particular social phenomenon in order to get larger scale insights about this phenomenon. A single unit can be country, a revolution, an election, a political party or a person which is observed in a single point of time or over some limited periods of time (Gerring, 2004). In this research euthanasia movement will be seen as a single unit with regard to the main difference within the movement: organizations who oppose euthanasia and organizations who are proponents of euthanasia.

The data for the case study can be gathered from interviews, documentation, direct observation, participatory observation or physical artefacts (Zucker, 2009). Several steps are needed in order to complete a case study: posing research questions, obtaining data, data analysis and interpretation of the obtained results (Zucker, 2009). In contrast to multiple case designs, in a

single case design central is single unit of analysis in order to identify unique or extreme case (Zucker, 2009).

Case study approach was chosen because it allows focusing on one or two issues which are crucial for understanding the examined phenomena (Tellis, 1997). Case study involves a research from different perspectives: where the opinion of not only the authors, but also other relevant groups and the interaction between them matter (Tellis, 1997). Case study model can be applied to: explain complex causal links in real-life situations; describe the intervention or a particular context in which the intervention has occurred; or to explore the situations in which the intervention has no clear results (Tellis, 1997). Given that, a case study is the best approach in order to get an understanding of the factors, which contributed to the development of various euthanasia social movements as well as their impact and the impact of other factors on euthanasia legislation in the Netherlands. Furthermore, it will prove to be useful in describing the interaction between two movements and their framing of euthanasia debate.

According to Tellis, in each stage of the methodology the discussion of procedures recommended in the literature will be made, which then will be followed by the discussion of how those procedures will be applied in the study: firstly, design the case study protocol, secondly, conduct the case study (preparation for the data collection, questionnaires distribution, conducting interviews); thirdly, analyse the evidence of the case study; and finally, develop conclusions, recommendations, and implications which will be based on the evidence (Tellis, 1997).

3.2. Research methods

The research is conducted using qualitative research interviews. "Qualitative research interview is an interview, whose purpose is to gather descriptions of the life-world of the interviewee with respect to interpretation of the meaning of the described phenomena" (Opdenakker, 2006). In-depth interviews were chosen because they allow getting a detailed insight about personal thoughts, behaviours and experience and they are also beneficial for getting a complete picture (Boyce & Associate, 2006). Since the topic of euthanasia is a sensitive issue concerning moral and ethical dilemmas, in-depth interviews will prove to be more fruitful than other methods, such as surveys, in order to get a detailed understanding on the development of euthanasia legislation.

The interview questions are focused on possible factors which have contributed to the legislation of euthanasia in the Netherlands and also on the impact and involvement of euthanasia and pro-life movements in the legislation. In particular, questions regarding the definition of euthanasia and PAS, and distinction between them; political, medical factors which might

contributed to the legalisation and their separate and united role in it; euthanasia debate in the Netherlands prior to legislation and current debate; emergence of the euthanasia movements, their role in legalisation; framing of the movements etc.

Around 30 face-to-face interviews are planned to be conducted with employees and advocates from pro-euthanasia organisations and also with the opponents of legalisation of euthanasia, such as: NVVE, De Einder, Schreeuw om Leven, Staatkundig Gereformeerde Partij (SGP) and others. Detailed characteristics of the respondents can be found in Appendix III. In addition, Parliamentary debates, legalisation documents and additional sources from organisations will be analysed in order to get an extra insight on the political, historical and social preconditions of the legislation.

Two participant observations will be conducted with the second opinion doctor to observe the process of consultancy for euthanasia. Under euthanasia law, a physician must consult a second independent doctor before complying with request for euthanasia. After consultation, a second opinion doctor (also known as "SCEN doctor") must provide a written opinion whether the request for euthanasia meets the criteria of due care (KNMG, 2015).

3.3. Conceptualisation and operationalization

There are three main categories which are considered as contributing factors for the successful passage of euthanasia legislation in the Netherlands. First one is the political factors. Political factors refer to political preconditions which made the legalisation possible. Such preconditions can be indicated by the presence or absence of secular and non-secular parties in the Parliament (Outshoorn, 2012).

The second factor is the role of medical professionals. The medical professional's factor refers to perceived position of the medical professionals (doctors, general practitioners, Royal Dutch Medical Association) on the euthanasia debate, for instance, official statements of Medical Association.

The third one is the euthanasia movement, which refers to euthanasia or pro-life movement (also known as 'anti-euthanasia) and their involvement in the euthanasia debate. This is measured by the perceived involvement of members of the movement in the discussion: absence or presence of mentioned collective action such as demonstrations, actions and protests for and against euthanasia; the framing of the arguments by the movements and mentioned perceived success of the movement by members of the movement (Snow & Kriesi, 2004).

3.4. Data analyses

In order to answer the research question, interviews were conducted and recorded on a voice recorder, transcribed and analysed with the use of NVivo software. The NVivo code tree can be found in Appendix II. NVivo helps to improve the accuracy of the analysis and results by validating or refuting researcher's own perception of the data (Welsh, 2002). Axial coding was applied to analyse the data. Axial coding is a process which links created categories with subcategories, and helps to identify how some categories relate both to each other, and to general phenomena (Hutchison, Johnston, & Breckon, 2010).

3.5. Ethics

All participants received an informed consent form before they were interviewed (Appendix IV). Informed consent form explains the goals of the research, the analyses procedure, and the rights of the respondents to stop their participation in the interview at any time. Respondents were also asked if they wish to request anonymity and were informed that if they wish to remain anonymous, no identifying information about them will be revealed anywhere in this research.

4. Results

This section is aimed at discussing results of the study and comparing them with theoretical findings presented in the Chapter II. Results demonstrate to what the extent political factors, the opinion of medical professionals and pro-euthanasia and pro-life movements had an impact on legislation of euthanasia in the Netherlands.

The main research question of this study was: *Which factors explain the successful passage of euthanasia legislation in the Netherlands?*

Factors which contributed to legalisation of euthanasia

As a result of interview analysis it can be concluded that two most prominent factors which contributed to the legislation of euthanasia in the Netherlands can be distinguished: political and the opinion of medical professionals. First, political factors stand for political situation in the Netherlands at the time when euthanasia debate took place, and also at the time when the euthanasia law was being passed in the Parliament. Among political factors two sub-factors were mentioned: absence of Christian political parties in the government when the legislation took place and the influence of Els Borst as Minister of Health and Deputy Prime-Minister of the Netherlands and her political party D66. Second, the role of medical professionals was seen to be the key to passage of the law. The opinion of medical professionals entails their position on the euthanasia law. It also embedded several sub-factors which together represent the position of doctors on medical issues-ethical issues: the position of medical professionals on the issue of

legalising euthanasia; position of The Royal Dutch Medical Association (KNMG; *English: RDMA*); and the role of the existing practice of euthanasia before the legislation. Political and medical issues were addressed in previous theoretical findings, but namely either as a conflict between secular and non-secular political parties as a political factor (Green-Pedersen, 2007) or as a practice which was advocated by euthanasia supporters and the doctors who wanted to regulate an already existing practice (Kennedy, 1995). However, the results of this study indicate that political and medical factors include different sub-factors and the explanation of the emergence of euthanasia law is more complex, than one particular issue.

These main factors will be discussed further in this chapter, along with other factors which were discovered during data collection. Among such factors are: the impact of euthanasia movement and their role in the discussion; secularisation in the Netherlands; and some cultural aspects (Dutch culture being open, tolerant and having a tendency to compromise).

Political factors

During interviews with various groups involved in the euthanasia debate among which are people from political parties, members of pro-euthanasia and pro-life movements and medical professionals the role of political factors were often discussed. The data show that the most mentioned sub-factor among political factors (presented above) was the absence of religious related political parties in the government during the time when the decision took place.

> I think the law was passed because the politicians finally made use of the loophole in the political situation. You know that we in the Netherlands have always have coalitions, we never have one party or two parties. Always at least three parties. And since the World War practically always the Christian Democrats have been in the power, have been in the Parliament….And in 1996 I think it was the first Cabinet without the Christian parties in it. [Rob Jonquière, NVVE]

The role of religious parties was seen by most respondents to be a reason for political change across a number of controversial issues such as abortion, soft drugs, and euthanasia. Most of the respondents discussed the importance of the absence of a Christian party in government, regardless of their occupation or personal involvement in the euthanasia discussion: members of pro-life and euthanasia movements, medical professionals and people from political parties all discussed this aspect.

> The legalisation took place under what we call the purple cabinet and this was a mix of Liberal Democrats and had a more capitalist agenda, and the Socialists' Labour party. These were the political forces. The more historically family values, ethical issues type of parties like the Christian Democratic allies, the CDA were not a part of the governmental coalition at this point. And so it was a more secular political front at that moment, one part of the political spectrum, I think in the Netherlands it was the moment in history which made the changes possible. [Henk Reisema, L'abri Christian organisation]

> It was a period in which no Christian parties were in the power, so that made it possible. [L., NVVE].

> Yes, really, I think euthanasia law did pass in the way it did in 2002 when there were no Christian parties in the government. I think it was really the moment because there were no Christian parties in government; there was a majority in this law, so that the law could pass in the Chambers. [Esmé Wiegman, Nederlandse Patiënten Vereniging;]

The absence of Christian political parties, or rather, the temporary absence of the politically strong Christian Democratic Party (CDA) in the government coalition, appears to have played a central role in the successful passage of the legislation. As theoretical findings illustrate in the period between 1994 and 2002 Christian Democratic Party was not in the governmental coalition, while more liberal parties such as D66, VVD and PvdA were in the coalition. CDA was against politicization of euthanasia, while secular parties were trying to politicize the issue (Green-Pedersen, 2007). D66, VVD and PvdA are considered as parties which recognise freedom for individual choices regarding issues such as euthanasia, abortion and homosexuality, whereas religious parties like CDA are putting a stress on a state's strong directive regarding morality issues and sees the stat's duty to preserve traditional Christian values (ProDemos, 2013).

Another important political issues which was mentioned regarding the political situation at the time of the legislation was the role of Els Borst, Minister of Health from 1994-2002, and her political party D66 in euthanasia discussion. Some of the respondents stressed that the role and position of Els Borst and D66 was of a great importance in the euthanasia discussion. As one respondent explained:

> The moment the Democrat party D66 embraced the subject of euthanasia that was the turning point. From that moment it was lifted up and picked up. Well they did a lot of work, D66, to make this possible, to make this law. So I think Els Borst is one of the people who played a big role in legalising euthanasia. [Dick van Brink, De Einder]

> I think minister Els Borst, it was very important, her influence was very big and she was a doctor by herself, so she was not only a very good politician, but she had also the statue of someone who know how it works in hospitals, so her influence was very big, yes. [Esmé Wiegman, Nederlandse Patiënten Vereniging]

These results present an addition to the existing theoretical research in which often there is either little or none attention paid to the political factors. The role of Minister Borst was seen not only in relation to her political role, as Minister and member of the party D66, but also her own professional background as a medical doctor. Taking into consideration that doctors according to the Dutch law, are the only professionals who are allowed to perform euthanasia it is understandable that the position of the following is crucial for the debate. Minister Borst had a reputation of an outstanding politician and a good doctor, also among her colleagues in the Parliament, who described her as "a wise professional, with clear and considered standpoints,

who stood her ground" (Sterling, 2014) which explains why her opinion and professional experience as medical doctor was greatly valued.

The opinion of medical professionals

While political factors explain why the law made it through the Parliament, meaning that they explain that the law was introduced because of the majority of the votes which was only possible because of the temporary absence of the religious parties in the governmental coalition, however, results indicate that this is only part of the picture.

Theoretically, it was expected that The Royal Dutch Medical Association (KNMG) was a strong interest group in the euthanasia debate (Green-Pedersen, 2007). However, the results from the interviews suggest that while the collective role of the KNMG is important for understanding passage of the euthanasia legislation, the opinion of medical doctors in general played an important role in the debate. The Royal Dutch Medical Association is a professional organization for physicians of the Netherlands and was established in 1849. Since 1999 it became a federation of medical practitioners' professional associations (KNMG, 2015). As euthanasia is debated in the area of medical ethical decisions it is vital that the Association which represents the position of doctors in general became a supporter of the euthanasia legislation since the start of the debate.

> And I think in general the medical profession was an important advocate developing rules and developing requirements, and guidelines for the practice of euthanasia. I think the major difference between the Netherlands and other countries was that the medical profession was so much in support. In most other countries, even today the medical profession is against regulating euthanasia and so I think that it the crucial difference between the Netherlands and other countries that resulted in the Netherlands having euthanasia law. [A., Erasmus MC]

Another respondent emphasised the importance of the fact that doctors were willing to perform euthanasia which in other case, would made it impossible for the practice to exist:

> I mean if you think that doctors would be unwilling to do it, we would not have a law. It's because there were a lot of doctors arguing that it is the merciful thing to do, and then they were only willing to do it, or more willing to do it, or more willing to report it. I think a very influential factor is the fact that doctors lobbied for this law because they felt that they should be decriminalised if they did this. [Suzanne van de Vathorst, Erasmus MC]

One of the opponents of legislation stated that for the debate the position of the doctors on euthanasia was a crucial one because only a medical doctor can decide on euthanasia, since medical professionals are the only group involved euthanasia discussion which actually had to perform it and, therefore, their opinion were of a great importance:

> Well, first of all, if you speak about euthanasia and assistance at suicide you can look at this question from a legal point of view, but you can also look at these questions from a medical point of view. And

> the doctors, of course…they wanted to see this question from medical point of view, and in a way they are right because who can take a doctors place when medical decisions are involved? A lawyer? What is a lawyer, if he does not know medical decisions, he can only know something about - is it murder or is it not murder?... And they *(doctors)* were able to bring this position of a doctor into the attention of the government and the political parties. [Jacob Pot, Christian Union]

In theoretical research on end-of-life decisions in the Netherlands no attention is paid to the medical professionals and their role in developing requirements and guidelines for euthanasia practice. Although some research mentions that fact that The Royal Dutch Medical Association has pushed for legalisation of euthanasia (Green-Pedersen, 2007), it is important to emphasize that one of the differences between the Netherlands and the other countries who had a euthanasia debate, but did not legalise the law, was the fact that those Medical Association did not support the law, which also could be a reason for the political activists and the general public to vote against the law. One of the examples of a country where medical association opposed legalisation of euthanasia is New Zealand. Despite the fact that there has been several attempts to decriminalise the practice, New Zealand Medical Association issued a position statement stressing that it is and will remain opposed to both concept and practice of euthanasia and doctor assisted-suicide (New Zealand Medical Association, 2011). Organised medical groups and their professional reputation has a lot of influence in discussions on issues such as euthanasia and assisted suicide, and since New Zealand Medical Association argues that pain relief should be offered to alleviate suffering their position is highly valued. If not for their opposition, it would be probable that the reform on euthanasia in New Zealand could be possible (Young, 2013). As one of the respondents mentioned:

> And there has been a great advantage in the Netherlands that the Royal Dutch Medical Association as association has been supportive in changing the law right from the beginning. They helped formulate the criteria of due care. And those criteria in that first law, first court case, are still, you can still them in our current law. For example, Belgium - the association was against that. [Rob Jonquière, NVVE].

Another respondent puts an emphasis on the position of medical professionals:

> But the main thing that distinguishes the Netherlands from other countries is the stands of the medical profession, I think. [A., Erasmus MC]

In a more nuanced way it was also explained in following argument:

> We have some very brave doctors who were putting the point in public…And all those people in between who have been brave, who have been brought before the judge, put the point there. So that's when the discussion went on and on. And I think the main difference between the Netherlands and other countries, the Netherlands –it have been the doctors who were pushing the bill and the discussion, while in other countries it is more the patients, who have been pushing the discussion. [Margo Andriessen, NVVE]

The Royal Dutch Medical Association not only took a part in the debate, but also issued reports and created conditions under which euthanasia would be considered acceptable:

> The Dutch Royal Medical Association, they issued some reports already early in the debate, saying about the conditions under which they would find it acceptable and all special cases. And I think that also moved the opinions forward. [Suzanne van de Vathorst, Erasmus MC]

> The Royal Dutch Medical Society, they were the ones who took the lead and they took the lead because their members forced to come out with a clear sort of point of view on how this should be regulated. [Bert Keizer, Flevohuis]

The data show that the opinion of medical professionals, the position of KNMG as a national lobby group for the quality of health care and as a doctors association went alongside with political situation which made it possible.

Theoretical findings illustrate that the practice of euthanasia in the Netherlands existed long before the legislation was passed in the Parliament, and "professional regulation of euthanasia seemed a better alternative than the uncontrolled practices" (Kennedy, 1995:343) And despite the fact that it was not originally discussed during the interviews, quite a few people emphasized that euthanasia practice took place in the hospitals, but illegally, prior to the legislation:

> The law is one thing and change the law is a very big thing, so it did not start with the law. It started with practice and, of course, everybody can see it was first practice, than the law. [Alex van Vluuren, Schreeuw om Leven]

> I think most doctors one way or another has done it in their own practice like I said by giving more medication and maybe require more dose, so people dozed off and fell asleep and never woke up again. So that's I think was common in the hospitals, the nursing homes, private practices. [Dick van Brink, De Einder]

In response to the question why euthanasia law was introduced in the Netherlands, one of the doctors mentioned:

> Because we were doing it anyway, but we were doing it in a half hazard fashion and according to unwritten rules and in the clumsy manner and not very professionally and not according to any standard. So we were just pissing about. And I think that's very bad, so we felt that some, you know, some clarity has to be imposed on this kind of medical handling of things, you know. You can't just fart around with something as important as this, we all felt that we have to take care of this, we have to do this in a more controlled and in a more professional way, so it is not up to A or B, you know, everybody is using barbiturates or benztropine or …you know what I mean, in order to regularise it, in order to improve the quality of the kind of act that you are sort of involved in when you do perform euthanasia. [Bert Keizer, Flevohuis]

> The Dutch Medical Association saying: "as long as we know that so many doctors do this we better protocolise this, make protocol". "We better regulate it then leaving it, you know, as something what doctors do" [Rob Jonquière, NVVE].

And this can be explained by the fact that all the court decisions of euthanasia by doctors who came forward after the first famous euthanasia case in 1973, which in future became legal grounds for legalising euthanasia (Buiting et al., 2009). This also shows that the answer to the question why euthanasia was introduced originally is much more complex and nuanced than theoretical expectations before the research.

Pro-euthanasia movement and pro-life movement

Theoretical expectations were based on social movement theory which embodies the pursuit of a shared goal with the means of joined action of people who are trying to achieve the goals which they have set (Snow & Kriesi, 2004). And it was expected that pro-life and pro-euthanasia movement in the Netherlands had their objectives which were also part of the international social movement (McInerney, 2000). However, the theoretical discussion on the topic is quite limited and offered little explanation about the framing of the euthanasia debate in the Netherlands, the goals which movements were trying to achieve and to what extent the framing of the movements explain the success of the pro-euthanasia movement.

A lot of the respondents did not remember actual framing of the opponents and pro-proponents of euthanasia at the time when the debate took place, because the debate started around 40 years ago and it proved to be hard to coming back to those events. In addition, some were young when the debate was going on and became involved in the discussion at a much later stage.

Yet the results gave some insight on the argumentation of the movements. One respondent explained the problem with the distinction of palliative care and euthanasia which at the time when the debate was going on was unknown. And as a result the debate was more between movements as the opponents of each other, while they could have worked together in the direction of palliative care.

…as a result of the intensity of the debate both sides did not use their argumentation in a pure way. And as a result of this the palliative care was long time, maybe too long, if you were to compare with other countries neglected and it was a pity, especially, to other patients involved because well, we think that if palliative care was much earlier brought into the attention of many doctors and many persons at the end of their life's, much suffering would become prevented… The distinction between palliative care and euthanasia and assistance with suicide it was in beginning of the debate between pro and contra euthanasia, to both sides it was not quite clear because palliative care can resemble very much to euthanasia to the patient, but maybe especially to the family of the patient. [Jacob Pot, Christian Union]

In the Netherlands indeed, in comparison to other countries, the development of palliative care was quite late and started in the 1990s, whereas, for example, in Sweden it started in 1977 and in Italy, Belgium, Spain and Germany it started in 1980s (Gordijn & Janssens, 2004). Christian parties were in favour of the development of palliative care since it would reduce the number of euthanasia cases (Gordijn & Janssens, 2004). However, not only members of Christian political parties, but also Minister Borst and a number of policy-makers supported the development of palliative care in the Netherlands, acknowledging that a well-thought euthanasia policy must be based on an appropriate system of palliative care (Gordijn & Janssens, 2000) Despite the opinion of the connection between number of euthanasia cases and high level of

palliative care, one of the respondents pointed out that the development of palliative care does not necessarily lead to decrease in euthanasia cases:

When the legalisation in the Netherlands was done in 2002 then the palliative care in the Netherlands was not on a high standard…And there were around 2000 cases of euthanasia at that time, in 2002 when the legalisation started. Now the palliative care in the Netherlands is I think in rather high standards and still there is a strong increase in euthanasia… [Frank Schaapsmeerders, specialist ouderengeneeskunde].

Later on the respondent explained that the fact that the number of euthanasia cases rose despite the rise in quality of palliative care might have something to do with religion.

Twenty years ago the religion said….the Catholic religion said: "No euthanasia, it is not allowed". And there are many people for whom the religion is less important. Yeah, I think that's a factor, but it is still difficult to say why in 2002 where 2000 cases of euthanasia with a low level of palliative care, low standard of palliative care, an now with rather high level of palliative care there are so many…4000 or 5000 cases of euthanasia [Frank Schaapsmeerders, specialist ouderengeneeskunde].

One of the respondents explained that there was a difference in argumentation used by the movements and the way the movements framed their arguments has also played a role in the discussion. When asked whether pro-euthanasia movement was more successful than the pro-life movement, he replied:

Well, I do think so. And that's because they were playing with emotions and maybe we did not, on our part, considered that to fight the debates with emotions is important, and, for instance, there were lots of TV programs, where you could see a dying person and a person having pain and so on after a few years with sickness, prognostic cancer and asking for help, and his question to help him was help with euthanasia, but when a TV …when you look at the TV and you see a suffering person and he asks for euthanasia you …your natural reaction is to say: "yes", because you don't want to see him suffer. But you forget - is this the only answer you can give to this person? Maybe there are other ways to help this person. And another way to help this person is palliative care, being there. But the pro-euthanasia movement had quite a few supporters, a lot of TV and so on. [Jacob Pot, Christian Union].

Another respondent mentioned that the suffering is also portrayed in the media nowadays and that she experienced herself trouble in participating in such programs:

…because the media now has very good programs about people suffering. But the problem is when you are only focusing on individual people suffering, everybody who looks at this problem will look and say: "yes I can understand this problem, I see that this people are suffering and I can understand that they ask for euthanasia". And then the individual situation is more strong than more the meta debates about what is good for our society. And sometimes I was asked in also programs to give my opinion, but sometimes I said: "no, I am not giving my opinion in this setting. I am not going to discuss with someone who is really suffering and that me, I am healthy, are talking about politics and etc." [Esmé Wiegman, Nederlandse Patiënten Vereniging].

The data show that media was divided between religious and non-religious media, and the latter was focusing more in the pro-euthanasia direction, while religious media were publishing articles against euthanasia. One of the respondents argued that mostly media was pro-euthanasia and channelled the right for self-determination:

…self-determination, pro-individualism, that was the major focus in the papers also. So it was thought as

part of emancipation of patients right, they saw this as an emancipation of death and dying, in order to have death with dignity. So the media very much in favour, except for the conservative Christian media, who very against it, they were claiming that life is God's gift and simple human beings should not temper with it. So the media was very much in favour of self-determination. [G., general practitioner].

Another respondent stressed that the discussion in the media was very vivid and opposing:

There were people who were very pro-pro and very contra-contra. And from religious ways there were people who said it was not God's will, you cannot do that, life is precious, you are not allowed to end life …And others said: "Well, who are you… to tell me when I am going to end my life? You are going to deal with it because I am the boss of my life". [Gertie Goluke, clinical geriatrician].

One of the respondents explained that most of the media in the Netherlands are liberal and Christian media were publishing opposing views to euthanasia:

We only, what we do in pro-life, we only get a foothold with Christian media. So all the other media is in our sense is liberal. And even the Christian media has maybe same kind of reaction as the churches, so okay it is good that we have this position on euthanasia, abortion, but we can… we leave it at that. We make known that we make this position, and no action. [Alex van Vluuren, Schreeuw om Leven].

However, the role of the media in framing the discussion on euthanasia in the Netherlands is not researched and the data offers little explanation of how the argumentation of the movements was channelled through the media and what kind of role media played in the discussion. The data also illustrate that the extent to which both movements had an impact on legislation is much more problematic to establish than it was originally expected, since too much time passed from the moment when the first discussions started. Despite that, the data provides some insight on the role of the movements on the legalisation of euthanasia in the Netherlands.

The results show that although the theory of impact of pro-euthanasia movement cannot fully explain the emergence of the law, it still had some impact on the discussion and the development of the euthanasia debate.

One would overemphasize the power of pro-euthanasia movement if you say that they were responsible for the law, but the attitudes that they embodied are attitudes which resonated very much with the political philosophy of Minister Els Borst who was instrumental as a Minister of Health, was the one responsible during the time when the full legalisation took place. …And I think that the NVVE was maybe instrumental in accelerated process here, because what we have, the Netherlands was first in this development which proves to be more global phenomenon, but we were clearly some years earlier than some other nations and this has to do I think with the a lobby that was very consciously looking to further this agenda. [Henk Reisema, L'abri Christian organisation]

Several respondents also stressed that pro-euthanasia movement was larger than the pro-life movement, and, therefore, had much more influence.

… But they were much larger, and they were also cleverer in having political networks. There were really important people in medical ethics who participated in the euthanasia society. [G., general practitioner]

Pro-life movement also published in the media, but I think that the NVVE was stronger and I think it was what the majority of Dutch people wanted, and the pro-life movement was a minority. [Frank

Schaapsmeerders, specialist ouderengeneeskunde].

I think they were politically more influential. So that's the same as saying that there was a secular movement at that moment which was at its peak, while the confessional movement was at a low ebb , so to speak. Because the pro-life, of course, they had their spokesman and they had political parties that spoke for them, but they were simply at that stage a minority. If they would have had a majority the law would certainly not have been passed. So both movements had their influence in society, had their influence in the debate, but because the secular movement, politically speaking had the majority, there was a possibility to introduce the law…but the contents of the law was not determined by the euthanasia movement but was largely determined by court rulings. I think that's the important situation in the Netherlands. [Ton Vink, De Einder].

Not a lot of records are available on the members of euthanasia and pro-life organisations at the time of the euthanasia debate before the legislation was passed, however, in 1994 it was estimated that the number of members of NVVE, pro-euthanasia organisation, was around 80, 000 people (ANP, 1994), while the number of members of NPV, a pro-life organisation in 1994 was around 60,000 ("NPV verwelkomt zestigduisendste lid," 1994), which does indicate a difference in the number of members. Nevertheless, the fact that there were other organisations which were part of the movements has also be considered, thus, comparing the amount of members of two organisations does not offer a full perspective.

The data show that the pro-euthanasia movement was helping to keep the euthanasia topic on the political agenda by lobbying and providing information regarding euthanasia. As argued by one of the respondents:

They had an enormous impact because they kept the topic burning, you see, they kept it alive. They never allowed the topic to sort of pass out of the news. They always came out with new cases and new objections and new initiatives and they were very-very influential for us, doctors, and for patients asking for death because they channelled all the thinking and the feeling around the topic. [Bert Keizer, Flevohuis].

However, another respondent emphasized that euthanasia movement on its own was not enough for making the legislation possible:

Yeah, it is not like: "Okay, we have euthanasia movement, so we are going to get the law". It is not… because it was also the politicians who voted in favour. And then there were the doctors who really wanted it. And there were the legal people who said okay, we cannot punish it. So it is broader than just activists' results. [Stefanie Michelis, NVVE].

Secularisation and Dutch culture

One of the factors which also contributed to the legalisation of euthanasia in the Netherlands, discovered during data collection, were secularisation and some aspects of Dutch culture. These factors were not considered as primary factors, but yet, influential in the passage of the law.

…people claiming their right to self-determination and that, I suppose, that has to do with the decline of the influence of religion. At a time when everybody was Christian we were not thinking about it that way; because it was habitual, people simply thought: "Well, it is the Lord who gives life and it is the Lord who takes life and you are not allowed to interfere with that, you are a simple human being". But due to

the process of secularisation I think it is very obvious that people started to think about that and claimed the right to make their own decisions. [Ton Vink, De Einder].

Several respondents supported the idea that attitudes towards religion changed in the Netherlands, the influence of the religion was fading away:

…Secularisation...it was because people did not care anymore about what the church said about it. [Margo Andriessen, NVVE].

Of course, I think in the Netherlands very early people did decide to be non-religious. I am not very sure at this moment how many people are belonging to a church, I think it is about half of the Netherlands…But I think even in Protestant and Catholic churches you see also in churches some movement that people don't really automatically have the same value as the church. Belonging to a church does not mean automatically that you have to say opinion on euthanasia. [Willem de Wildt, policy advisor, SGP].

Secularisation occurred in the Netherlands in the 1960s and has caused division of Dutch society in pillars, which are based on the religious affiliation (Venbrux, Peelen, & Altena, 2009). The change in attitudes towards accepting euthanasia can be explained by secularisation and individualisation which stimulate the shift from traditional values to more liberal values which emphasize personal autonomy (Cohen et al., 2006).

Another factor which was mentioned by the respondents was Dutch culture. Some emphasised that Dutch culture is very open and tolerant:

The culture is open and pragmatic. And we don't love authority…We like to do what we think is good. [L., NVVE].

We tend to have a tolerant attitude towards complex medical ethical practises and to accept that some people think this and some people think that and that we should not forbid people with one view because the other view prevails etc., but to have compromises with the different views, as a pluralistic society. I think that also played a role in finally having a euthanasia system, but the fact that many people accept that people may want to die, I may not want that, but if another person wants then it is okay. A tendency in Dutch culture to be tolerant and seek for compromises on difficult topics, I think that also contributed to the system we have now. [A., Erasmus MC].

In the Netherlands people like to have everything above board, to have no hidden agreements, to have no secretive deals. You know …they say that Dutch, they always leave their curtains open so you can look in their houses and see that nothing is happening... And I think that it is a nice metaphor for what's happening and it's the same with the legalisation. It is not legalised, but the regulation for helping very ill new-borns die. But we are also a country where people want to discuss that, where we want to have rules about it. [Suzanne van de Vathorst, Erasmus MC].

One of the examples of the so-called Dutch tolerance was the tolerance of euthanasia practice before it was legalised. And despite the fact that such tolerance occurs in many countries, in cases of prostitution, soft drugs, or euthanasia, instead of "looking the other way" the Netherlands made written rules which created a regulated practice (Buruma, 2007).

Debate on euthanasia nowadays

During data collection results which were not initially aim of this research were discovered. Nevertheless, they are crucial for understanding the current debate on euthanasia in the Netherlands and, therefore, will be presented.

Currently there are several issues in the area of ending life which are debated in the Dutch society: the idea of completed life and self-euthanasia, euthanasia for psychiatric patients, euthanasia for people with dementia, for instance, for people who have Alzheimer's disease.

The current debate is about broadening the field of situations in which you can perform euthanasia, so people are searching for the boundaries within the legislation. For instance, one of the topics nowadays is: should you perform euthanasia on her person who is suffering from Alzheimer? And we had a few cases where people, when they heard from their doctor that they were suffering from Alzheimer, than they, at that moment when their mind was still clear, said: "well, at that moment when I don't recognise my wife and my children and I can't take care of myself, when I have to be admitted to a nursing home – that's the moment when I want to stop living". Before …recently there were no doctors who would perform euthanasia on a person who was already in a demented state, who wouldn't know his own name, or recognise his family, or did not know what time of day it was. But last year and there were I think two situations in which the doctor did perform euthanasia based on the will, the papers, the conversations he had with the doctor where he stated his wishes for the situation in the future. [Dick van Brink, De Einder].

And the other debate is the three things: euthanasia on patients with psychiatric problems, euthanasia for patients with dementia and euthanasia for people who are tired of life. I have done consultations as SCEN arts in all three of problems, with psychiatric patients, dementia and completed life. And that's also for me as the second consultant, doctor, difficult. In our group there is also much discussion about that… With psychiatric problems you never know for sure if they will care, if they will be better in the future, you're never completely sure. That's …when a patient has cancer, or a terminal heart decompensation, heart failure; you know it is finished in a year or after a year… And with dementia it is also difficult, especially in the advanced stage, when the patient cannot express his own will, but has his own written will in the past. And that's also difficult if it is then possible or not. Yeah, with the completed life it is even more difficult. There are not many doctors who are capable of doing euthanasia with completed life. That's I think there are many doctors who can't do that, I think. That's a problem. But there are, I think, quite a few people with completed life who want assisted suicide… but the problem is who must do the assisted suicide? [Frank Schaapsmeerders, specialist ouderengeneeskunde].

Several researchers addressed the issue of euthanasia for people with dementia and the problems which doctors face while dealing with such cases (Draper, Peisah, Snowdon, & Brodaty, 2010; M. E. De Boer, Dröes, Jonker, Eefsting, & Hertogh, 2011; Hertogh, de Boer, Dröes, & Eefsting, 2007). Such cases create practical and emotional difficulties for doctors and families of people who suffer from dementia and ask for euthanasia, since the person who requested for euthanasia in writing may have already forgotten about this wish by the time his medical condition progressed (Hertogh et al., 2007). Furthermore, more research is needed on recent developments, concerning not only euthanasia for people with dementia, but also both in cases of euthanasia for psychiatric patients, and in the area of completed life.

During my participant observations with a SCEN doctor (second opinion doctor) who was consulting for two euthanasia cases, I got a chance to observe the consultation procedure and communication between the doctor and the patient. One of the cases was with a patient who

was very old, but did not have a medical condition which gave him unbearable and hopeless suffering. While the observations gave an insight on the legal regulations which doctors follow when consulting for euthanasia, they also unravelled that difficulties which doctors face while making decisions on such cases are not yet researched, neither other criteria which doctors use to define "suffering" in controversial cases, besides the criteria written in the legal regulations.

5. Conclusion and discussion

This research was aimed to reveal the factors which contributed to legalisation of euthanasia in the Netherlands. The results showed that main factors which contributed to the legalisation of euthanasia were the political factors and position of medical professionals. In addition, euthanasia movement was identified a strong advocate and a lobby-group which also had an impact on the successful passage of the law.

However, the way in which the following factors have played a role in the legislation is much more nuanced and complex, than offered in theoretical findings. The only empirical research which addresses the connection between political factors and the passage of euthanasia law focuses on successful euthanasia legislation as a result of the conflict between secular and non-secular political parties (Green-Pedersen, 2007). While political factors played a role in the passage of the law, it was specifically the majority in the government coalition which made the decision-making process possible. Therefore, even though there were differences between political ideologies of the parties, the idea that euthanasia only became a political issue because political parties were having a conflict, does not provide full picture of pre-conditions of the legislation. Meanwhile, theoretical findings from similar controversial legislations such as prostitution or abortion, offer a better explanation of the role of political parties in such legislations (Outshoorn, 2012), since they also take into consideration multiple factors which contributed to the legislation. Furthermore, results revealed that while absence of Christian parties in the governmental coalition played a very important role in the passage of the legislation, political situation alone would not necessarily result in the legislation. The position of medical professionals which came together with the support of KNMG was also a very crucial factor in the legislation. And their position resonated with the position of pro-euthanasia movement which advocated for the law. These findings illustrate that existing research on the role of medical profession in the euthanasia debate in the Netherlands is very limited, since it only suggests the fact that some doctors came forward and admitted performing euthanasia, but does not explain the impact of such events on the legislation and does not see the position of KNMG in the discussion (Kennedy, 1995).

Results illustrate that it was more a combination of these three factors than one factor which had a major impact on the passage of the law. In addition, other factors appeared to be

complementary to the factors mentioned above, such as cultural and religious: Dutch culture of tolerance, openness and individualism; and the process of secularisation which took place prior to the beginning of euthanasia debate.

The results show that it a more comprehensive approach to understanding the legalisation of euthanasia in the Netherlands is needed than those offered in previous research. Since the research on legalisation of euthanasia was mostly done to confirm or refute the idea that the practice of euthanasia in the Netherlands has been going down the "slippery slope"(Keown, 1995). However, the understanding of the reasons why it was introduced in the first place proves to be much more beneficial for making suggestions for other countries regarding the implementation of euthanasia practice. For instance, when comparing different countries in their euthanasia policies it is important to take into consideration the national context. The policy in the Netherlands is unique because the situation which made it possible is unique: before the law was introduced it took around forty years of extensive debate followed by many court cases where doctors who came forward and admitted that they performed euthanasia were acquitted by the judges; and the position not only from individual doctors, but of the Royal Dutch Medical Association as whole, taking a firm position from the beginning of the debate and offering conditions in which euthanasia as a practice can be considered legal.

Research findings give a more nuanced explanation of the factors which contributed to the legalisation of euthanasia which is beneficial for understanding what makes the Dutch case so special. In addition, it opens a room for a new discussion on end of life decisions which is currently going on in the Netherlands. Possible developments in the future such as completed life idea and self-euthanasia are not yet researched, although are greatly discussed in the public debate nowadays. "Completed life" refers to the idea of assisted dying for elderly who consider that their life is complete (Wouter, 2011). This is connected to the fact that more and more people are getting older and in the future there will be much higher per cent of people who will be getting really old which creates concern that more and more will be opting for end of life. The results also indicate that the role of the doctor can also change in the practice of euthanasia and assistance in suicide. Interviews with doctors revealed that while euthanasia is being emotionally difficult as for the patient and his family, but also for his doctor, which means that some people simply cannot find a doctor who is willing to perform euthanasia since the doctors themselves cannot perform it monthly. That is why currently advocates are lobbying for a possibility of having euthanasia without a doctor, when the person asking for euthanasia would be providing the means of death to him or herself. These developments in practice of end-of-life decisions are crucial for the debate

on euthanasia not only in the Netherlands, but also worldwide, and require extensive research on the issue.

6. Recommendations

The last section addresses the limitations of the study and the recommendations for the future research.

Originally around 30 interviews were planned to be conducted, but due to various reasons only 22 respondents agreed to participate in the research. In addition, Parliamentary debates, legislation documents and additional sources retrieved from organisations were planned to be analysed, however, because euthanasia debate started in the Netherlands in 1970s, a lot of sources are not available anymore. This can also be explained by the fact that at that time such documents were not digitalised. Furthermore, mostly sources are in Dutch and language barrier is also a problem. These limitations should be considered for future research.

This research mainly focuses on three factors as possible explanation of successful passage of euthanasia legislation in the Netherlands: political factors, the role of medical professionals and the impact of euthanasia movement. However, other factors can be further researched; for instance, cultural factors, secularisation in the Netherlands, and the role of the media in framing the debate could also provide an insight on the passage of the law.

The results also showed that current developments in end-of-life decisions require further and more extensive research. Respondents also expressed that a lot of stereotypes about Dutch practice of euthanasia, especially regarding recent developments, are voiced by people from abroad; meanwhile there is not a lot of foreign research which addresses those stereotypes.

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7. Annexes

Appendix I: Interview questions

- Introduction (introducing myself and explaining the purpose of the research)
- Obtaining informed consent

Background information

Firstly, I would like to ask you a few questions about yourself.

1. Name:
2. Age:
3. Gender:
4. Education:
5. Place of work:
6. Job position:

General questions

1. Could you tell me how would you define euthanasia?
2. What is the difference between euthanasia and physician-assisted suicide?

Euthanasia debate

1. Do you recall the debate on euthanasia in the Netherlands prior to the legalisation?
2. If so, when did it first started?
3. Can you describe what it was about?

Pro-euthanasia/Pro-life movement

1. What was your occupation at the time of the debate?
2. What role your organisation played in euthanasia movement?
3. What perspective did your organisation had about euthanasia?
4. Was there any coverage on the euthanasia debate in the media?
5. If so, how was it portrayed in the media?
6. Were you a member of any particular euthanasia movement? *(Such as pro-euthanasia/pro-life movement)?*
7. Can you describe the goals the movement was trying to achieve?
8. Would you say that those goals were achieved? *(If not why?)*
9. Why do you think they were achieved? *(If some were not achieved could I kindly ask you to tell me what can be the reason for that?)*
10. Would you say that one of the movements was more successful than the other?
11. If so, which one and why do you think so?
12. Would you say that the law was passed because of the success of euthanasia movement?
13. Do you recall any forms of collective action of the movement: protests, demonstrations?
14. If so, would you describe those actions as influential?

Factors which contributed to the legislation

1. Why do you think euthanasia was introduced in the Netherlands?
2. Would you say that the law was passed because of the success of euthanasia movement?
3. Do you recall a position of medical professionals' in the euthanasia debate?
4. What was their role in the legislation?

5. How would you describe the political situation in the Netherlands prior to the passage of euthanasia?
6. In your opinion, what role did political factors played in the passage of legislation?
7. Perhaps you can think of any other factors which contributed to the legalisation of euthanasia? *(If so, which ones?)*
8. In your opinion what were the most influential factors which attributed to legalisation of euthanasia in the Netherlands?

Current situation

1. How would you describe the current debate on euthanasia in the Netherlands?
2. Are you familiar with the concerns about the so-called "culture of death" in the Netherlands?
3. In your opinion, are there any reasons for concern about the practice of euthanasia in the Netherlands?

Additional questions

1. Are there any other issues that were not coved in the interview, but you wish to discuss?

Or: would you like to leave any other comments?

Appendix II: NVivo code tree

Name	Sources	References
Euthanasia debate	20	31
Framing of the debate	6	7
Framing the role of organisation	13	19
Media coverage	22	27
Occupation at the time of the debate	16	17
Euthanasia definition	22	24
Difference between asissted suicide and euthanasia	22	27
Factors contributed to legislation	0	0
Euthanasia movement	11	15
Framing the sucess of the movement	12	14
Goals	10	16
Protests or demonstrations	14	15
Medical	0	0
existing practice	7	8
good healthcare and long-term relationships betwe	1	2
Position of medical proffesionals	16	23
Position of RDMA(KNMG)	5	6
Political	1	1
Absense of Christian parties	17	19
Elst Borst and D66	8	11
Inluence of political elites	2	2
judges	2	2
Juridical	0	0
Conflict of duties	1	3
lawyers	1	1
The most influential factors	10	10
Others	0	0
Cultural	1	1
Culture of individualism	2	2
Culture of regulation and organisation	2	2
Culture of tolerance and compromise	6	7
Open culture	4	4
Religious	3	3
Secularisation	8	10
Shift in the mindset	2	2
Techonological progress and self-determination	0	0
Situation after legilsation	0	0
Completed life and self-euthanasia	8	12
The pill of Drion	2	2
Culture of death	15	18
Current debate	16	18
Future situation	9	14

Appendix III: Demographics

1. Rob Jonquière, former President of Nederlandse Vereniging voor een Vrijwillig Levenseinde (NVVE);
2. Henk Reisema, tutor at L'abri Christian organisation;
3. Esmé Wiegman, director of Nederlandse Patiënten Vereniging;
4. Dick van Brink, memeber of De Einder;
5. A., professor at Erasmus MC;
6. Suzanne van de Vathorst, Universitair hoofddocent at Erasmus MC;
7. Jacob Pot, Chief of the Secretary of the Christian Union in the Second Chamber of the House of Parliament in The Hague;
8. Margo Andriessen, President of the Board of NVVE;
9. Bert Keizer, geriatrician, Flevohuis;
10. Alex van Vluuren, office manager at Schreeuw om Leven;
11. Frank Schaapsmeerders, specialist ouderengeneeskunde;
12. G., general practitioner;
13. Gertie Goluke, clinical geriatrician, Rijnstate Arnhem;
14. Henk Reisema, tutor at L'abri Christian organisation;
15. Ton Vink, councillor at De Einder;
16. Stefanie Michelis, communications officer at NVVE;
17. Willem de Wildt, policy advisor, SGP;
18. L., jurist, NVVE;
19. Bert P. Dorenbos, chairman of Schreeuw om Leven;
20. Peter Schalk, chariman of Reformatorisch Maatschappelijke Unie
21. Frank Masskant, administration department, NVVE;
22. M., volunteer, NVVE;

Appendix IV: Informed consent form

Name of the respondent:_____

Introduction

My name is Daryna Oratovska and I am a student of the MA programme "Social Policy and Social Interventions" at Utrecht University. I am doing research for my master's thesis on the legalisation of euthanasia in the Netherlands. With this interview I would like to gain insight into factors which might have contributed to the legalisation of euthanasia in the Netherlands. The debate on euthanasia is still on-going even in the Netherlands, where it was introduced years ago, and your knowledge and experience will help me to get a better understanding on what might be the reasons for that.

Information about the interview

- Your participation in this interview is completely voluntarily.
- If you wish, your identity will be anonymous.
- You can always decide to stop your participation in the interview at any moment.
- If you decide that you your interview must be excluded from the research, I will do so.
- In order to transcribe and analyse interview in a later stage, I will be using a recording device to tape the interview.
- Results of the interview will be published on the website of Utrecht University (http://www.uu.nl/) in a Master's Thesis Archive. No identifying information about the interviewees who have requested anonymity will be available anywhere in these documents.

Additional remarks

If you have any questions or concerns about the research, please do not hesitate to ask me at any time. You can send an email to dashao43@gmail.com or reach me at my phone number +31623014284. If you wish to obtain a copy of research findings, please feel free to contact me.

This form is necessary in order prove that you are aware of the purpose of the research and agree to participate in it. If you are still willing to participate, please sign this informed consent form.

Signature:_____

Date:_____