The Lindeboom Bioethics Institute was established over ten years ago. The initiative began, one year earlier, through a number of organizations that cooperate in health care delivery, including a patient organization, a home health care organization, and a nursing school. Each of these has a Christian identity. These organizations felt the need to anticipate, reflect about, and study further issues affecting medical ethics and society. Together they founded this small private institute to work on those goals.

My original academic background was in molecular biology. After completing my Ph.D. in molecular biology and in pre-clinical cancer research I got involved in an international organization for students. I spent time in Paraguay participating in missionary work. Being there, I also taught molecular biology at a university, as well as Christian ethics at a bible college. When we came back in 1986, I learned about the initiative for this Institute. I applied for the job and got it. I am currently the director and have been since the Institute was founded.

Objections to Euthanasia

Regarding euthanasia, I have legal, medical ethical, medical professional, and theological objections.

My legal objection is based on the belief that the most important duty of the state is to protect everyone’s life. This implies that no group of citizens or professions can be handed the right to take other people’s lives. Even if there are conditions and restraints on allowing a physician’s assistance in dying established in the law, not every single case can be controlled by the state and judicial authorities. I think the practice in the Netherlands demonstrates that once you permit euthanasia by regulating it to some extent, an effective control of the practice is not possible. We could dwell on this point, but it is not necessary, since the data collected in the Remmelink report and its follow-up about our practice clearly
Asking to Die

demonstrates our lack of control. The follow-up report of Van der Wal and van der Maas about euthanasia practices up to 1995, published in late 1996, essentially confirmed the earlier Remmelink report on this point.

One obvious reason for this lack of control is that monitoring of the practice depends entirely on self-reporting cases of euthanasia. Based on simple human self-interest and self-protection, it comes as no surprise that even now, when everyone knows that if you follow the guidelines you will not be prosecuted, only about forty percent of physicians are reporting their euthanasias.

Research also has demonstrated that the way in which physicians report cases has to a certain extent, adapted to what legal authorities will accept as criteria for following the rules. The state is in a prisoner’s or dual dilemma. If we have stricter control, the physicians will not report themselves, and we will not learn anything about the practice. If we have more lenient control than at present, then the state essentially gives physicians the right to kill people. Hence, in my opinion, once one starts to accept euthanasia "under certain conditions," one has already relinquished control over it. I realize that phrase sounds very abrupt and direct, but my research, careful following of the practice, and reflection for the past three years has led me to this conclusion.

There is one part to the slippery slope that has also been demonstrated in the Netherlands. In the beginning, the acceptance of euthanasia was clearly restricted to voluntary euthanasia. It has become clear that there have also been cases of non-voluntary euthanasia. This type of euthanasia is not only found in practice, but is now also being defended in theory. In this regard, there were four court cases in which the courts have accepted the killing of recent newborn babies with severe disabilities. It is worthwhile exploring these briefly for a moment.

**Non-Voluntary Euthanasia**

The four cases refer to two babies, two court cases for each. The first is the Prins case in Alkmaar and Amsterdam and the second is the Kadijk case in Groningen and Leeuwarden. In both cases I would have advised the physicians not to actively terminate the babies’ lives. In the