Chapter Five

Teaching Euthanasia: The Integration of the Practice of Euthanasia into Grief, Death and Dying Curricula of Post-Graduate Family Medicine Training

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The open practice of euthanasia in the Netherlands stood alone until the government of the Northern Territories in Australia accepted the possibility of physician assisted-suicide. Even though the active ending of lives in the Netherlands is still a crime by law as we have seen, the current practice allows it and acquits physicians if certain conditions are met. Of the many facets of euthanasia, the teaching of this practice represents a further logical step. In this contribution we intend to describe the comprehensive teaching program about euthanasia, as it is taught at the Free University of Amsterdam's Post Graduate Family Medicine Program. Here students receive university based training for one day a week in groups of twelve and on-the-job-training for four days with individual family physicians for two consecutive years. We especially intend to portray the integration of euthanasia into the wider teaching of the process of counseling and aid of the dying.

Introduction and Justification

The practice of euthanasia in the Netherlands continues to draw attention from both supporters and opponents of life ending interventions in medicine. Nevertheless, we believe that describing the context and the content of the program not only will be informative, but also useful, because it possibly can take away some misconceptions that seem to be unavoidably associated with discussing the subject. Our contribution is not presented for reasons of exportability or teaching, but for information. We do not

consider ourselves missionaries, even though we have a message on the mission of medicine at the end of life. That message is that medicine nowadays presents us not with natural pathology but with medically manipulated and treated people, whose terminal pathology often is a direct result and consequence of medical interventions. The nature of suffering of this particular group of patients often is “non-natural” and for us requires a new medical responsibility, though “natural” pathology in itself can be cause for unbelievable suffering.\(^5\)

The central justification for euthanasia in the Netherlands is that a sick person who suffers unbearably without the possibility of a cure has a right to request a life ending measure such as euthanasia or physician assisted suicide, even though there is no duty on the part of a physician to fulfill the request.\(^6\) In this chapter we concentrate on the issues of teaching, because other aspects are dealt with extensively in this book.

_Euthanasia as an Integral Part of Aiding and Counseling of Dying Patients_

From the start of the euthanasia debate in the Netherlands, one of the subjects of discussion between opponents and supporters has been the fear that euthanasia would become a substitute to proper care of the dying, leading to neglect and less than attainable medical quality of care. This still is one of the objections heard from American opponents. Our program at the Free University is imbedded in broader programs concerning aiding and counseling of terminally ill and dying patients.

To be better understood we will describe some differences between the American and the Dutch practice of family medicine.

In the Netherlands all members of society are entitled to medical care. Working people and their families qualify either as a benefit of having a job or can take out insurance on a voluntary basis; those on welfare or enjoying a pension qualify by paying very low premiums. As a consequence of universal coverage Dutch perinatal mortality is one of the lowest of the world. Life expectancy is one of the highest of the civilized countries in the Western world.