Chapter Seven

Euthanasia Drugs in the Netherlands

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Introduction

The use of the right drug in the right dose via the right route at the right time is a fundamental pharmacologic principle in the proper administration of all medications. It makes sense then that this standard should carry over to medications administered as a “euthanticum.” The Dutch use this term for medications used to bring about death in cases of euthanasia. Until quite recently, however, the pharmaceutical aspects of euthanasia and physician assisted suicide had received little attention. Here again, the Dutch experience is valuable in understanding some of the complexities of euthanasia, particularly the role of appropriate pharmacology.

Information On Drugs

Despite euthanasia having been practiced over the past twenty-five years, exact knowledge of the pharmaceutical means by which euthanasia is performed has been scant. Nevertheless, on four separate occasions, information on means to end life has been formulated and made available to physicians and pharmacists: in 1977, 1980, 1987 and again in 1994. In 1977, Dr. Pieter Admiraal, anesthesiologist, wrote the first article with information on drugs used in a hospital in a book on euthanasia that appeared in a medical series. In 1980, in order to improve knowledge of these means the Dutch Voluntary Euthanasia Society sent this material in a small manual, called Responsible Euthanasia, to all Dutch physicians. The unrequested distribution of this manual caused quite an uproar and was met with resentment from opponents of euthanasia. This upheaval
was probably one of the reasons why the next report, the 1987 *Technical Report on Euthanatica*, was made available to physicians and pharmacists on request only and, due to the potentially deadly advice, was designated “confidential.” This same restriction applied to the 1994 report, entitled *Application and preparation of Euthanatica*. A comparison of these reports reflects increased experience, and sophistication, both in describing the professional conditions of a ‘good death’ and identifying the necessary qualities of the lethal drugs recommended.

**Medications, Route, and Effectiveness**

In 1980 Admiraal, the author of the manual, advised discussing the speed of the dying process with the family, but takes the position that the act of euthanasia should not prolong the suffering of either the patient or the family. He maintains that a physician should aim for a quick, soft death, preferably by taking an agent orally, by the patient himself or, if that is not possible, administered by the parenteral route. No specific time span for the process of dying is mentioned as a norm, only that the physician should be aware of possible failures of ineffective means.  

The 1980 manual states the potential applicability and use of four groups of drugs: curare-like agents, barbiturates, morphine-like drugs, and insulin. It also suggests that the patient drink alcohol to strengthen the intended effect. The methods Admiraal calls preferable are the oral ingestion of barbiturates, combined with alcohol or tranquilizer, and the use of a combination of barbiturate and curare-like substance through intravenous application by a physician. The time between application and death is described as between ten to fifteen minutes for the combination of barbiturate and curare-like substances, and hours to days for all other substances. There is no concrete advice on the most desired time-span, but there are several warnings about potentially ineffective choices: the report describes and evaluates (other) available drugs and recommends avoiding them.

The 1987 report spells out, in detail, the requirements that should be applied to “the ideal euthanaticum, a substance whose administration by the various routes should cause a quick and gentle death.” These