

Dear all,

Welcome to our biannual meeting in this remarkable and unique location. Especially our host Wim Distelmans and our distinguished speakers, Isabel Alonso Dávila from Spain, Agnes Wolbertfrom the Neterlands and Dieter Birnbacher from Germany, who will inform you on their fight to promote the right to self-determination at the end of life in their countries.

Right to Die Europe was founded in 1993 under the umbrella of the WFRtDS as the European Federation of Right to Die Societies. In 1990 at the 8th world conference of WFRtDS organized by NVvE in Maastricht, we discussed that it might be sensible to found clusters of societies in each continent. In Kyoto, Helga Kuhse, then president of WFRtDS, suggested to explore this idea. We, in Europe, discussed this proposal in Paris early spring 1993. NVvE took the lead of this project and a few months later we already founded the EFRtDS in my home village in the Netherlands.

Every society in its respective country meets problems caused by medical societies, religious hierarchy, ethicists and politicians. It’s amazing that, on the other hand, the majority of the population in these countries is in favour of the regulation of “medical aid in dying”.

* Our aim was and is to promote the right to self- determination it was, by the way, the leading idea of the 1990 conference.
* With this in mind we seek to influence others to promote the interests of all people towards the end of life & support their right to choice in living & dying well.
* We are there for pleased to inform you that in 2013 RTDE has obtained an INGO Participatory Status at the Council of Europe. From the summer of that year, right after the World Conference in Rome, Hugh Wynne and I can be found in Strasburg every six months at the INGO meetings of the Human Rights committees. It was a long and intensive way to get there, and I must say that without the close cooperation year after year, with Hugh Wynne, Mireille Kies, Nathalie Andrews, Jet van Hoek and Michael Irving in the background, we would never have reached this important status.

After working in this field for years, I think that there are two ways to reach an appropriate end:

1. *The autonomous route by collecting potential lethal medication.*
2. *Or the route with medical aid in dying with direct or indirect help of a physician on explicit request after appropriate palliative care. This can be done by*
3. *Euthanasia*
4. *Physician assisted suicide (PAS)*
5. *Terminal sedation.*

In nearly every case death then indeed comes as a friend before the patient loses all sense of dignity.

We know that individuals have their own right to decide how to die, according their line of thoughts. We must respect those who don’t want these opportunities and prefer to live their life to the bitter end without interference of others than attendants.

I am pro-life but different from the experienced pro-lifers, my patients have taught me that life is valuable but can become unbearable if there is no outlook for a significant improvement. In my opinion a physician must assist his helpless patient in her or his last wish to die in dignity.

In my almost fourty years of practice as a surgeon I have helped many patients to die at their own time. From the moment on that they knew I would help them in the end, they could bear their illness much better and they were able to support their next of kin instead of the other way around. Very often they even could postpone their death, sometimes even until they died quietly in their sleep.

To be assured that you yourself can decide when your suffering gets really unbearable, makes you often stronger than you can imagine.

It was a great gift that patients gave me their full confidence, knowing that in the end I would not let them down. This made my long, and energy consuming, battle more than worth while.