Dia !

Thank you Estefanía Torres for your invitation.

I am very honoured to be asked to address you in this decision making environment of Europe. In my opinion the right to self-determination is the guideline in general and especially in the relation patient physician.

Dia 2.

Some info .

Dia 3.

Jacques Pohier was a Dominican priest, philosopher and professor at le Saulchoir. He was expelled by the pope for his ideas on the end-of- life issues. Thereafter he became CEO of ADMD France.

Gerrit Kimsma is a GP and philosopher.

Dia 4.

After more than 30 years of discussions at every corner of the street.

And the prosecution of physicians who reported their euthanasia cases. They were found guilty but were not sentenced. At that time we had a liberal/social democratic government, fortunately.

Dia 5.

With this law in hand I was able to help patients to end their unbearable, hopeless, suffering. Before the law came into power I helped my patients behind closed doors, I do hope and I am sure that many compassionate doctors do that all over the world.

Dia 6

Often very heated and emotional discussions over a longer period of time. After having made my promises they could go on with their life and take steps to say goodbye to family and friends, and even arrange their funeral or cremation.

Dia 7.

It is very difficult to understand the suffering, it’s the patient’s experience and they have to convince you. But they are powerful and they are certainly no losers although they lose their existence.

Dia 8.

Discussions over and over until you know each other good enough to come to the joint conclusion that useless suffering without any sensible outlook becomes torture!

Dia 9.

With my patients we grew to each other till we came to the moment that we got more or less equal, with the only difference that they desired the lethal medication that I, as a doctor, was able to provide. In the emotional, often exhausting discussions you became a kind of friends. That’s why the so called euthanasia tourism is not possible and not accepted in the Netherlands.

Dia 10.

The Royal Dutch Medical Association supports the euthanasia according the due care criteria. To my knowledge the only association in Europe.

Dia 11.

The review committee has to evaluate the cases of reported termination of life by a physician. This committee is after SCEN the next check, in some cases follows the public prosecutor, as the third security check. For the first time in 15 years now, the prosecutor does investigate a case because of possible careless acting.

Dia 12.

The levenseinde kliniek, in fact an information centre, where teams consisting of a doctor and a nurse are trained to help, is a way out for patients who meet the due care criteria but cannot, for various reasons, be helped by the attending doctor.

Palliative sedation is considered as normal medical care.

Starvation, voluntary stopping eating and drinking is the patient’s own decision and is **not** an alternative for euthanasia.

Dia 13.

The results of SLK

Dia 14

Some patients don’t want to bother their doctor. At the moment this is a point of investigation. People who purchase illegal medication from abroad (China, México or Peru) violate the rules and more and more this medication is confiscated by the customs.

Dia 15.

A sensible dilemma with an amount of controversial opinions so the discussion lingers.

Several people are nevertheless helped in the early stage of dementia.

Dia 16.

This is not the way that is.

Dia 17.

We founded the RtDE (Right to Die Europe) with the idea that ‘harmony makes power’ (a Dutch proverb).

Joining the efforts will result in a better position for the Right to Die in Europe, it’s however like an Echternach procession, 3 steps forward and two steps backwards but only one forwards.

Dia 18.

I walk fast through these items to come to legalisation of medical aid in dying (MAD) in Europe.

See Canada as an example first legal in Quebec and later in the English speaking part.

Dia 19.

continue

Dia 20.

Dia 21.

Twice a year Hugh Wynne and I are present in Strasbourg for the INGO meetings to promote our aim. Some INGO’s, each time more, do appreciate our ambition.

Dia 22. The next speaker Erika Preisig will inform you about the situation in Switzerland

Dia 23.

RtDE had our biannual meeting last month in Wemmel and Brussels with a presentation in EP invited by ALDE (Alliance of liberals and democrats for Europe)

Dia 24.

We do hope that you as politicians will be successful in breaking the influence of religious organisations and the dogmatism of medical organizations and other opponents and take the lead in this field, you can do it!

Dia 25.

Thanks.