

Dear all,

‘Euthanasia is not a choice between life or death, but a choice between two ways of dying.’ This is a statement by my friend Jacques Pohier, the late president of ADMD France, a well-known Dominican priest and philosopher.

My name is Aycke Smook, I was born on Sumatra in then the Dutch Indies in 1938.

Since a couple of years, I am a retired surgeon-oncologist. In 1974 I started in a district hospital with 800 beds. Right from the start my patients taught me how to treat them as normal human beings, despite their cancer and, moreover, despite hardly a chance of recovery. We not only discussed the curative aspects of their disease, but we also talked about what to do if the treatment did not have the wished-for result. The most important question then was: ‘What are you prepared to do if cure turns into palliative care? Are you willing to help me to die if the burden of being alive in an unbearable misery and loss of dignity will be too much for me? ‘

The discussion focussed then more and more on the inevitable end of life, and then the controversial word euthanasia, alias Medical Aid in Dying (MAD), became the keyword. When I promised that in due course I would not abandon them, they were relieved and could go further with their life and master their disease. From that moment on they could support their next of kin and friends instead of the other way around. Our treatment agreement was clear, so I could help them in the end on their explicit wish. The only difference between the patient and me at that moment was that I could provide the medication the competent patient longed for. At first illegal but later after 2002 legal when our euthanasia law was adopted.

Once I had a prosecution but the court past judgement that the appeal of the prosecution could not be maintained in the time before the law came into power.

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.

Seen the fact that a long relation between the patient and his attending physician there is no possibility for the so called euthanasia tourism. Foreigners who have their treatment and are residents are equal to native Dutch persons.

I was asked to become board member of NVvE and in that capacity, we organized the conference of the World Federation of Right to Die Societies (WFRtDS) in 1990, Maastricht.

Two years later I was asked to stand for board member of WFRtDS, Kyoto. And later, in 1994, I was appointed president in Melbourne.

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. Right to Die Europe (RtDE)was founded in 1993 under the umbrella of the WFRtDS as the European Federation of Right to Die Societies (EFRtDE). We, in Europe, discussed this proposal in Paris early spring 1993. Instantly, NVvE took the lead of this project and a few months later we already founded the EFRtDS, now RtDE, in the Netherlands.

* Our aim was and is to promote the right to self- determination. This was, by the way, also the principal idea of the 1990 conference.
* We seek to influence others to promote the interests of all people towards the end of life & support their right to choose in living & dying well.

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”.

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, Jet van Hoek, Mireille Kies, Liz Nichols, Nathalie Andrews, and Michael Irvin in the background, we would never have reached this important status.

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 fanatical 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 competent 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 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.

Aycke Smook MD

President Right to Die Europe, INGO at CoE

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PS.

When you get a patient in care, in my case a cancer patient, first and in an agreement, you start appropriate therapy. Not always with a satisfactory solution from cure you come to palliative care. For the patient the loss of dignity can turn out to be unbearable. This may be a reason for a patient to ask for medical aid in dying, euthanasia. According the agreement the attending physician cannot let his patient down!