Letters

COMMENT & RESPONSE

Narrative Ethics in Response to Unbearable Suffering—the Dutch Slippery Slope Is Nonexistent

To the Editor This letter is in reference to the recently published Editorial by Meier.[1] Meier argues that the study by van den Berg et al[2] demonstrates that euthanasia or physician-assisted suicide (EAS) is a "quick, easy, and inexpensive"[1(p160)] intervention offered in response to unbearable suffering attributable to multiple geriatric syndromes. Furthermore, absence of regulatory constraints to contain physician-assisted death may underscore real societal harms in the Netherlands.

First, do physicians in the Netherlands follow "only vague" criteria before administering EAS?[1] Not true. In fact, the provision of EAS in the Netherlands is a violation of the criminal code. On performing EAS, physicians invoke *force majeure,* a legal concept based on an emergency situation instigated by a conflict of duties. This moral conflict consists of a physician's duty to protect life and a physician's duty to relieve suffering. Physicians are not punishable for invoking force majeure and when EAS is performed in accord with the statutory due care criteria laid down in article 2 of the Euthanasia Act.[3] As such, physicians' assessment of unbearable suffering ensures due care in carrying out EAS.

Second, does permissive access to EAS and its expansion to older people with multiple geriatric syndromes reduce the responsibility to advocate for the continued life of the patient?[1] Not true. Physician and patient together decide when there is in all reasonableness no other solution to alleviate the patient's suffering other than to end the patient's life. This presupposes a vital patient-physician relationship centered around a practice of narrative ethics that respects people's story of suffering (often unbearable suffering rooted in a medical condition, but for older persons also due to social isolation and loneliness) to improve people's informed decision.[4]

Third, does the study by van den Berg et al[2] underscore societal harm in the Netherlands in which access to EAS invokes the possibility that a right becomes an obligation?[1] Again, not true. The Dutch Euthanasia Act formulates due care requirements for physicians and does not delineate patients' rights.[5] According to the due care requirements, the patient's request should not only be voluntary, but also well considered. This again pinpoints narrative ethics that enable patients' clear insight into illness to make careful assessment of their story based on sufficient information provided by the physician.

In conclusion, Meier's slippery slope argument is modest in the practical counsel it offers. Instead of pinpointing societal harm in the Netherlands, one could acknowledge that even though various moral principles can conflict in the moral life, decision-making in morality and public policy progresses with reasoning through difficult cases.[3] Therefore, the debate in the Netherlands, centered around how physicians should respond to unbearable suffering, is not societal harm but a narrative ethics approach that demonstrates "society's ability to surround its citizens with care, attention, and human support."[1(p161)]

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