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Euthanasia

DUTCH PERSPECTIVES ON THE BRITISH MEDICAL ASSOCIATION'S CRITIQUE OF EUTHANASIA IN THE NETHERLANDS

Raphael Cohen-Almagor*

Abstract: During the summer of 1999, extensive interviews with some of the leading authorities on the euthanasia policy were conducted in the Netherlands. They were asked: The British Medical Association, in its memorandum before the House of Lords, held that in regard to Holland, "all seem to agree that the so-called rules of careful conduct (official guidelines for euthanasia) are disregarded in some cases. Breaches of rules range from the practice of involuntary euthanasia to failure to consult another practitioner before carrying out euthanasia and to certifying the cause of death as natural". What do you think? Most of the interviewees conceded that this assertion is, indeed, correct. Two interviewees didn't pay much notice to the issue and three others said that the British critique is both true and untrue.

Keywords: Involuntary euthanasia; physician-assisted suicide; rules of careful conduct (euthanasia guidelines); unbearable suffering; "angels of death"; medical consultation; governmental funding of research.

INTRODUCTION

The Dutch experience has influenced the debate on euthanasia and death with dignity around the globe, especially with regard to whether physician-assisted suicide and euthanasia should be legitimized or legalized. Contrasting interpretations of the Dutch situation were offered. Review of the literature reveals complex and often contradictory views about the Dutch experience.

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Some claim that the Netherlands offer a model for the world to follow;[1] others believe that the Netherlands represent danger, rather than promise, and that the Dutch experience is the definitive answer regarding why we should *not* make active euthanasia and physician-assisted suicide part of our lives.[2]

One of the most thorough investigations of euthanasia and physician-assisted suicide (PAS) ever to be written is that of the British House of Lords Select Committee on Medical Ethics. In their lengthy report, the Select Committee interviewed many interested individuals and parties and detailed the main arguments for and against allowing mercy killings.

Among the interested parties was the British Medical Association (BMA) that voiced its strong opposition to allowing euthanasia or PAS in Britain. A key argument in their critique of those two practices was the apparent failure of the Dutch policy on mercy killings. In its memorandum before the House of Lords, the BMA held that in regard to Holland, "all seem to agree that the so-called rules of careful conduct (official guidelines for euthanasia) are disregarded in some cases. Breaches of rules range from the practice of involuntary euthanasia to failure to consult another practitioner before carrying out euthanasia and to certifying the cause of death as natural".[3] The aim of this paper is to see

1. See, e.g., Margaret P. Battin, *The Least Worst Death* (New York: Oxford University Press, 1994); Gerrit van der Wal and Robert J.M. Dillmann, "Euthanasia in the Netherlands", *British Medical Journal*, Vol. 308 (1994): 1346-1349; Pieter V. Admiral, "Justifiable Euthanasia", *Issues in Law and Medicine*, Vol. 3, No. 4 (Spring 1988): 361-370; H.M. Kuitert, "Euthanasia in the Netherlands: A Practice and its Justification", lecture delivered at the First World Congress of Bioethics (Amsterdam, 1992); P.J. van der Maas, J.J.M. van Delden, and L. Pijnenborg, *Euthanasia and other Medical Decisions Concerning the End of Life*, Health Policy Monographs (Amsterdam: Elsevier, 1992).

2. See, e.g., Herbert Hendin, Chris Rutenfrans and Zbigniew Zylicz, "Physician-Assisted Suicide and Euthanasia in the Netherlands", *JAMA*, Vol. 277, No. 21 (4 June 1997), esp. at 1721; Henk Jochemsen and John Keown, "Voluntary Euthanasia Under Control? Further Empirical Evidence from the Netherlands", *Journal of Medical Ethics*, Vol. 25 (1999): 16-21, reprinted in brief in *Issues in Law and Medicine*, Vol. 14 (Spring 1999); R. Fenigsen, "Mercy, Murder and Morality: Perspectives on Euthanasia. A Case Against Dutch Euthanasia", *Hastings Center Report*, Vol. 19, No. 1 (Supp.) (1989): 22-30; *idem*, "The Report of the Dutch Governmental Committee on Euthanasia", *Issues in Law and Medicine*, Vol. 7 (Winter 1991): 339-344; "Physician-Assisted Death in the Netherlands: Impact on Long-Term Care", *Issues in Law & Medicine*, Vol. 11, No. 3 (1995): 283-297, and "Dutch Euthanasia Revisited", *Issues in Law and Medicine*, Vol. 13 (Winter 1997): 301-311.

3. House of Lords, *Select Committee on Medical Ethics*, session 1993-94, Vol. II, Minutes of Oral Evidence (London: HMSO, 1994), at 33.

what leading medical ethicists in the Netherlands think about this statement.

Methodology

Having investigated the Dutch experience for a number of years, in the summer of 1999 I went to the Netherlands to visit the major centers of medical ethics as well as some research hospitals; and to speak with some of the leading figures in euthanasia policy and practice. Before arriving in the Netherlands, I wrote to some distinguished experts in their respective fields: medicine, psychiatry, philosophy, law, social sciences and ethics, asking to meet with them in order to discuss the Dutch policy and practice of euthanasia. Only one - Dr. Chabot – explicitly declined my request for an interview. In his letter dated 5 June 1999, Dr. Chabot wrote: "After four years waiting for the final court judgement (1991-1995) and discussing the case with many people from abroad, I hope you will understand that I prefer to remain in the background now and not to make an appointment with you". He, however, agreed to answer via e-mail some specific questions relating to his conduct that brought about the charges against him.

The interviews took place during July and August 1999, in the Netherlands. They lasted between 1 and 3 hours each. Most interviews lasted more than two hours during which I asked more or less the same series of questions.[4] During the interviews I took extensive notes that comprised some 200 densely written pages. Later the interviews were typed and analyzed.

The interviews were conducted in English, usually in the interviewees' offices. Four interviews were conducted at the interviewees' private homes, and four interviews in "neutral" locations: coffee shops and restaurants. Two interviews were conducted at the office kindly made available to me at the Department of Medical Ethics, Free University of Amsterdam. To have a sample of different locations, I traveled from Groningen in the north to Maastricht in the south, making extensive use of the efficient Dutch train system.

The interviews were semi-structured. I began with a list of 15 questions but

4. My questionnaire comprised of 15 questions. The Dutch comprehensive study of 1995 consisted of 120 pages (!) and the interviews lasted for an average of 2.5 hours. The pace of questioning was, apparently, frantic. Cf. Paul J. van der Maas, Gerrit van der Wal, Ilinka Haverkate *et al*, "Euthanasia, Physician-Assisted Suicide, and Other Medical Practices Involving the End of Life in the Netherlands, 1990-1995", *New Eng. J. of Med.*, Vol. 335, No. 22 (28 November 1996), p. 1700.

did not insist on all of them when I saw that the interviewee preferred to speak about subjects that were not included in the original questionnaire. With a few interviewees I spoke only about their direct involvement in the practice of euthanasia. This article reports the answers to only one of the questions. Because of space limitation, I cannot possibly report the extensive answers to my fifteen questions. This is published in my forthcoming book *Euthanasia in the Netherlands*.

Prior to each and every interview, I pledged to my interviewees that I would send them the rough draft prior to submitting the study for publication. After completing the first draft of writing, I sent it to all the interviewees, inviting their comments and criticisms. In my cover letter, I explained that I wished to give the interviewee an opportunity to see that the references to our discussion adequately represented his or her views. I added that the issue at hand was not my analysis and interpretation. Rather, the aim was to ascertain that the interviewee's views were characterized in a fair and honest manner, and that the opinions attributed to him/her were correct. The majority of interviewees commented on the first draft of my study.[5]

The Interviewees' Responses

The statement of the British Medical Association is straightforward, and anyone who is familiar with the Dutch policy and practice should concede that it is true. After all, the two research projects of 1990 and 1995 said exactly that.[6] I wanted to see whether the protective mechanisms of the Dutch policy employed by some of the interviewees might cause them to deny this assertion, and on what grounds.

5. Those commenting included Arie J.G. van der Arend, Rob Houtepen, Henk Jochemsen, Margo Trappenburg, H.J.J. Leenen, A. van Dantzig, Heleen Dupuis, Johannes JM van Delden, John Griffiths, Ron Berghmans, Ruud ter Meulen, Govert den Hartogh, Arko Oderwald, Evert van Leeuwen, Paul van der Maas and Gerrit Kimsma.

6. P.J. van der Maas, J.J.M. van Delden and L. Pijnenborg, *Euthanasia and other Medical Decisions Concerning the End of Life*, Health Policy Monographs; Paul J. van der Maas, Gerrit van der Wal, Ilinka Haverkate *et al*, "Euthanasia, Physician-Assisted Suicide, and Other Medical Practices Involving the End of Life in the Netherlands, 1990-1995", *New Eng. J. of Med.*, Vol. 335, No. 22 (28 November 1996): 1699-1705. See also Loes Pijnenborg, Paul van der Maas, Jan W.P.F. Kardaun *et al*, "Withdrawal or Withholding of Treatment at the End of Life", *Arch. Intern. Med.*, Vol. 155 (13 February 1995): 286-292; A. van der Heide, P.J. van der Maas, G. van der Wal *et al*, "Medical End-of-life Decisions Made for Neonates and Infants in the Netherlands", *Lancet*, Vol. 350 (1997): 251-255.

Most of the interviewees conceded that this assertion is, indeed, correct.[7] Van der Arend and Ron Berghmans, both medical ethicists from Maastricht, added that what is needed is more education on the rules of careful conduct. But, they said, we need to recognize that there will always be physicians who will not follow the Guidelines, and they should be prosecuted. They maintained that these are marginal cases and that, essentially, the practice is no different from what is happening in other countries in a more secretive way. In a similar fashion, their colleague Rob Houtepen agreed with the British statement but added that a fair appraisal of the Dutch euthanasia practice required a comparison with other countries. Evert van Leeuwen, Chairperson of the Department of Metamedicine at the Free University of Amsterdam, said that he does not think we can blame physicians for intentional killing. More simply, not all physicians are aware of the need to consult. Hence, more education and explanation of the procedures are required. Egbert Schroten, Director of the Center for Bioethics and Health Law, Utrecht University, asserted that in the 1980s and the beginning of the 1990s, not all doctors knew the exact wording of the Guidelines. They did not know that they needed to consult a colleague. Since 1999 things are clearer and most of the doctors do consult a colleague.

Similarly, Hans van Delden, one of the co-authors of the 1990 research study, acknowledged that the British statement is factually true. He added that it is difficult to move from justified individual cases to policy making. There will always be people who abuse their power. Van Delden, who is a philosopher and nursing-home physician, explained that a pertinent distinction is between *content* Guidelines and *procedural* Guidelines. Content Guidelines refer to such aspects as the condition of the patient and the expression of a reiterated voluntary request, whereas the procedural Guidelines refer to the notification procedure and consultancy. Van Delden holds that many unnotified cases meet the content Guidelines, but not the procedural Guidelines. This happens because doctors fear the hassle involved in reporting, respect the privacy of their patients, and do not wish to be scrutinized.

Ruud ter Meulen, Director of the Institute for Bioethics at the University of Maastricht, indicated that the British criticism is correct and that the current situation is the result of unclear Guidelines (like van Delden, he wonders what is "unbearable suffering"?) and lack of control, which bring some doctors to

7. John Griffiths, Evert van Leeuwen, Dick Willems, Margo Trappenburg, Henri Wijsbek, Ruud ter Meulen, Arie van der Arend, Henk Jochemsen, Chris Rutenfrans, Frank Koerselman, Egbert Schroten and Rob Houtepen.

disregard the criteria for careful conduct. Frank Koerselman, a renowned psychiatrist, added that what is most troublesome is not the fact that the Guidelines are broken, but that they keep changing and becoming more receptive to euthanasia. It is the climate that worries him. Similarly, Henk Jochemsen, Director of the Professor Lindeboom Institute, is worried about the missionary vigor employed by the establishment to defend the policy and practice of euthanasia.

In his comments on the first draft of this study, Arko Oderwald, medical ethicist from the Free University, wrote that the cases of involuntary euthanasia are worrisome and that further research is necessary. In his view, the most troublesome fact is the tendency to allow doctors to act on their own without somebody, in the name of society, watching over their shoulder. If doctors are as honorable as they say, they have nothing to hide and they should understand this issue as a social issue, not as a purely medical or personal issue.[8]

On the other hand, two interviewees did not pay much notice to the issue and three others said that the British statement is both true and untrue. A. Van Dantzig and Heleen Dupuis are most protective of the Dutch policy and practice of euthanasia. Van Dantzig, a well-known psychiatrist, answered laconically that he did not "know about the British statement". He didn't wish to relate to the *content* of the statement.[9] Heleen Dupuis who is very active in the pro-euthanasia circles, disagreed with the BMA's statement, saying that she could not imagine doctors who fail to consult a colleague when euthanasia is concerned. She acknowledged that sometimes not all the Guidelines are satisfied, but insists that the same happens all over the world. That some doctors do not observe all the Guidelines does not mean that the Guidelines are wrong. What is needed is to punish the careless doctors.

The question provoked Heleen Dupuis to make the following quite emotional statement: "Doctors try to save life, not to kill patients. Why should doctors kill their patients? What would be the motive? After all, the doctor knows he would go to jail if he does. It is ridiculous to assume this". She maintained that the phenomenon of "angels of death" never happens in Holland. It happens in countries that do not discuss euthanasia in the open, like Austria, "but not here

8. Personal communication on 28 August 2000.

9. In his comments, van Dantzig wrote: "I did not answer laconically. I really did not know about the British statement. I hope that you will be so kind as to remove all linkage between Prof. Dupuis and myself. She is a friend of mine, and I hold her in the highest regard, but in some things we are of different opinion". Personal communication on 6 July 2000.

where everything is in the open", discussed and under scrutiny.[10]

It should be noted that Fenigsen argued that in 1987, a series of killings of comatose patients was taking place at the department of neurosurgery at the Free University Hospital in Amsterdam. Four nurses were responsible for these serial killings. Furthermore, a doctor was apprehended in The Hague under suspicion of having killed twenty inhabitants of the De Terp old people's home without their consent or knowledge. He pleaded guilty to five, was accused of four, and convicted of three killings. Witnesses testified that some of the victims were not ill but only senile and querulous, and that the doctor was impatient with elderly people, reluctant to treat them, frequently absent, and left many decisions to the male head nurse.[11] In turn, Hendin wrote on angels of death, a team of travelling physicians that provided euthanasia to patients when family doctors were unwilling to do so.[12]

Henk Leenen, a leading legal authority in the euthanasia debate, Govert den Hartogh, a philosopher who is a member of the newly instituted Amsterdam regional committee that reviews all reported euthanasia cases in the region, and Gerrit van der Wal who co-authored the 1995 research study, said that the British statement is both true and untrue. Leenen only agreed with the British contention regarding the lack of reporting.[13] Den Hartogh argued that no proof exists for involuntary euthanasia, but it is true that there have been cases in which physicians failed to report and to consult. In his comments on the first draft of the study, den Hartogh added that he is sure that no "practice" of involuntary euthanasia (i.e. "euthanasia" contrary to the wishes of the patient, doctors getting rid of unwanted patients) exists because there is not the slightest trace of evidence of it, and it would be impossible for such a practice to exist without a trace. However, non-voluntary euthanasia does, of course, occur as

10. Interestingly, Koerselman comments in this regard that the prime obligation of doctors all over the world is to fight for life, to save life. This is not the case in the Netherlands. Here the prime consideration is to relieve suffering. Arko Oderwald says that doctors do not like to do nothing; they like to act in order to change the situation. If there is medically nothing to do but to wait for death and to care for the patient, they might be prompted to perform the last act that is still available: euthanasia.

11. R. Fenigsen, "A Case Against Dutch Euthanasia", *The Hastings Center Report*, Vol. 19, No. 1, Special Supp. (January/February 1989), pp. 24-25.

12. Herbert Hendin, *Seduced by Death* (New York: W.W. Norton, 1997), pp. 110-113.

13. Leenen's letter dated 2 February 2001, commenting on a draft of this study.

documented by the two van der Maas reports.[14] Van der Wal explained that in 1995, the consultation rate was 63% and now it is higher.[15] Consultation has to include experienced doctors actually seeing the patient. I asked whether consultation is carried out over the phone, and van der Wal answered "I don't know. Possibly yes". This calm and calculated tone of the answer, which was repeated in many interviews, worried me. I thought that doctors who authorize the ending of lives should see their patients and not merely judge by looking at medical files.

Conclusions

The aim of this essay was to examine the sense of guardedness that is employed by some of the leading euthanasia experts in the Netherlands. Most of the interviewees conceded that the British critique is, indeed, correct. Two interviewees did not pay much notice to the issue and two others said that the British critique is both true and untrue.

I was struck by the defensiveness expressed by some of the interviewees in their answers on this, as well as some other questions. Carlos Gomez also reported the presence of suspicion and guardedness on the part of his interviewees.[16] I sensed that the interviewees did not like the idea of a foreigner asking these questions. Although they realized that their euthanasia policy is imperfect, they tried to defend it to the best of their abilities. In reaction to this statement, Heleen Dupuis wrote in her remarks on the first draft of this essay: "We do not want to defend our views, nor do we want to persuade others to adopt them. We are just very weary when the hundred and umpteenth foreigners come with questions we already have discussed the same number of times. Personally I am very tired by the endless interrogations, whereas I feel that euthanasia is a private matter, such as abortion, and even more so. I also feel that there is a certain exaggeration when it comes to the gravity of the

14. Personal communication on 27 August 2000.

15. According to the physicians' interviews in the 1995 survey, physicians consulted with a colleague in 93% of the reported cases, but in only 18% of the unreported cases of euthanasia and assisted suicide. Gerrit van der Wal and P.J. van der Maas, "Empirical Research on Euthanasia and Other Medical End-of-Life Decisions and the Euthanasia Notification Procedure", in David C. Thomasma *et al.* (eds.), *Asking to Die* (Dordrecht: Kluwer Academic Publishers, 1998), Table 6, p. 176.

16. Carlos F. Gomez, *Regulating Death* (New York: The Free Press, 1991), pp. 59-60.

problem".[17]

Furthermore, I was somewhat troubled by the interviewees' lack of criticism and their readiness to accept the euthanasia policy and practice with all of the accompanying flaws.[18] I presume that some of the interviewees identify with their government's decision-making to the extent of defending the system and suspecting foreigners like me who press them with difficult questions. One must also ask to what extent scientists are free to voice their opinions on intricate practices when their research is directly funded by the government that is responsible for these practices. This is an open, much debated, question.

Paul van der Maas obviously noticed my critical tone of science sponsored by the state. In his reflections on the first draft, he wrote:

"I consider myself as an independent researcher, with a primary responsibility in collecting reliable data and basing impartial estimates and interpretations on that empirical information. I see no position for myself in a pro versus contra euthanasia debate and I think such kind of debate is entirely unproductive. As a researcher I think my responsibility is to find out what people do and how that might fit in high quality end of life medicine. During the last years part of our study has been replicated in Australia and Belgium and we have obtained funding from the European Union for an international collaborative study in order to establish empirical comparisons between countries."[19]

I suspect that after the publications of Gomez,[20] Keown,[21] and Hendin,[22] at least some of the interviewees were not enthusiastic about cooperating with

17. Personal communication on 25 July 2000.

18. In his comments on the first draft of this study, Henk Leenen wrote that he doesn't agree that there is a lack of criticism in the Netherlands: "We have for more than 25 years discussed euthanasia publicly and between all kinds of opinions in a good atmosphere. Nobody was excluded. I personally lectured in meetings of opponents who invited me. I don't know of a country where this is possible". Leenen maintained that gradually a kind of consensus has grown "within a majority" and the problem is that "people like Fenigsen" never took part in this debate and only ventilated their opinions elsewhere. Letter dated 25 July 2000.

19. Personal communication on 18 September 2000.

20. Carlos F. Gomez, *Regulating Death.*

21. John Keown, "The Law and Practice of Euthanasia in the Netherlands", *The Law Quarterly Review,* Vol. 108 (January 1992): 51-78; *idem,* "Euthanasia in the Netherlands: Sliding Down the Slippery Slope?", *Notre Dame J. of Law, Ethics and Public Policy,* Vol. 9 (1995): 407-448.

22. Herbert Hendin, *Seduced by Death.*

me. One interviewee was candid enough to tell me this directly. When I asked why he was willing to sit with me and answer my questions, he replied that he felt obliged as a researcher and scientist to cooperate and wanted his viewpoint to be heard.

It was strange for me to discuss the issue of euthanasia in the Netherlands. Views that are extremely unpopular in other countries regarding euthanasia's place in society rule supreme in the Netherlands. The discussions I had with the Dutch experts were almost a mirror image of discussions I had had in Israel, the United States, Britain, Canada and Australia.[23] What was striking in my discussions was the prevailing acceptance of the euthanasia procedure. There were only a few dissenters who were willing to go against the system. My first fourteen interviewees were, on the whole, in favor of the policy, and I felt a growing unease in encountering such unanimity of opinion. This conformity worried me. Plurality and diversity of opinion are good for society, leading to a more comprehensive understanding of the issues, as well as a higher level of truth, as John Stuart Mill used to say.[24]

Many of the interviewees failed to recognize that the system does not work because *all* of the Guidelines, without exception, are broken time and time again.[25] In this respect, the BMA's statement was mild, in the famous British fashion of understatement. My independent research shows that it is not always the patient who makes the request for euthanasia or physician-assisted suicide. Often the doctor proposes euthanasia to the patient. Sometimes the family initiates the request. The voluntariness of the request is thus compromised. On occasion, the patient's request is not well considered. There have been cases in which no request was made and patients were put to death. Furthermore, the patient's request is not always durable and persistent as required.

The Guidelines speak of "unbearable suffering," a term that evokes criticism

23. The outcome of this extensive multi-year research project is *The Right to Die with Dignity: An Argument in Ethics, Medicine and Law* (NJ: Rutgers University Press, 2001).

24. J. S. Mill, *Utilitarianism, Liberty, and Representative Government* (London: J. M. Dent, 1948), Everyman's edition.

25. In his remarks on the first draft of this study, Griffiths wrote that this assertion is "of course pretty silly." He asked: "Do you know of a single legal policy that 'works' 100%? The fact that the Guidelines are not yet effective *enough* does not mean they are having no effect at all. I would argue that the situation in the Netherlands is *much better* than elsewhere, that the difference is that here *we know* the extent to which control is not yet adequate." Personal communication on 10 July 2000.

because it is open to interpretation.[26] Are dementia patients, for instance, suffering unbearably? The Guidelines instruct that a doctor must perform the euthanasia. Yet, there are cases in which nurses have administered the procedure. It is estimated that 10% of the nursing home physicians let the nurse or even the patient's family members administer the euthanasia drug.[27] Another key Guideline requires that before the doctor assists the patient, a second doctor must be consulted. This Guideline has been breached many times. The doctor must keep a full written record of each and every case and report it to the prosecutorial authorities as a case of euthanasia or physician-assisted suicide, and not as a case of death by natural causes. This Guideline has also been very often violated.[28] Notwithstanding, many interviewees were quite content with the Guidelines.

26. For deliberation on the range of what 'unbearable suffering' means, see Carlos F. Gomez, *Regulating Death* (New York: The Free Press, 1991): 99-104.

27. Martien Tom Muller, *Death on Request* (Amsterdam: Vrije Universiteit, 1996), Thesis, p. 52.

28. For deliberation, see Jacqueline M. Cuperus-Bosma, Gerrit van der Wal and Paul J. van der Maas, "Physician-assisted Death: Policy-making by the Assembly of Prosecutors General in the Netherlands," *European J. of Health Law*, Vol. 4 (1997): 225-238.

APPENDIX

Interviews in the Netherlands (summer 1999)

Professor John Griffiths, Department of Legal Theory, Faculty of Law, University of Groningen (Groningen, 16 July 1999).

Professor Evert van Leeuwen, Department of Metamedicine, Free University of Amsterdam (Amsterdam, 19 July 1999; Haarlem, 28 July 1999).

Dr. Dick Willems, Institute for Research in Extramural Medicine, Department of Social Medicine, Amsterdam (Amsterdam, 20 July 1999).

Professor A. van Dantzig, retired expert in psychiatry (Amsterdam, 20 July 1999).

Professor H.J.J. Leenen, formerly professor of social medicine and health law, Medical Faculty and Faculty of Law, University of Amsterdam (Amsterdam, 21 July 1999).

Professor Gerrit van der Wal, Institute for Research in Extramural Medicine, Department of Social Medicine, Free University of Amsterdam (Amsterdam, 21 July 1999).

Professor Heleen Dupuis, Department of Metamedicine, University of Leiden (Leiden, 22 July 1999).

Dr. Margo Trappenburg, Department of Political Science, University of Leiden (Leiden, 22 July 1999).

Dr. Henri Wijsbek, Department of Medical Ethics, Erasmus University of Rotterdam (Rotterdam, 23 July 1999).

Dr. Arie J.G. van der Arend, Health Ethics and Philosophy, Maastricht University (Maastricht, 26 July 1999).

Professor G.F. Koerselman, Sint Lucas Andreas Hospital, Amsterdam (Amsterdam, 27 July 1999).

Professor Henk Jochemsen, Professor Lindeboom Institute (Ede Wagingen, 27 July 1999).

Dr. Gerrit K. Kimsma, Department of Metamedicine, Free University of Amsterdam (Koog 'aan de Zaan, 28 July 1999).

Professor Paul van der Maas, Department of Public Health, Faculty of Medicine, Erasmus University, Rotterdam (Amsterdam, 29 July 1999).

Dr. Chris Rutenfrans, *Trouw* (Amsterdam, 30 July 1999).

Dr. Arko Oderwald, Department of Metamedicine, Free University of Amsterdam (Amsterdam, 30 July 1999, 8 August 1999).

Professor Egbert Schroten, Director, Center for Bioethics and Health Law, Utrecht University (Utrecht, 5 August 1999).

Professor Govert den Hartogh, Faculty of Philosophy, University of Amsterdam (Amsterdam, 10 August 1999).

Dr. Johannes JM van Delden, Senior Researcher, Center for Bioethics and Health Law, Utrecht University (Utrecht, 10 August 1999).

Dr. Rob Houtepen, Health Ethics and Philosophy, Maastricht University (Maastricht, 11 August 1999).

Dr. Ron Berghmans, Institute for Bioethics, Maastricht University (Maastricht, 11 August 1999).

Professor Ruud ter Meulen, Director, Institute for Bioethics and Professor at the University of Maastricht (Maastricht, 11 August 1999).