Euthanasia in Psychiatry

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A critical perspective on psychiatry

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Two countries in Europe, the Netherlands and Belgium, were the first to allow euthanasia. In most other countries, including the UK, it has long remained illegal for doctors to kill their patients.

Initially, psychiatrists were excluded from the right to apply euthanasia. In 2010 Dutch psychiatrists enforced the right to euthanize their patients by officially releasing a guideline from the Dutch Psychiatric Association (NVvP) that instructed psychiatrists to release patients with a suicide wish so that they could commit suicide on the street.

The head of the Dutch union for railway personnel, mr. Wim Eilert, responded with the following:

This is a bad signal. Every year 200 people in the Netherlands jump in front of a train. These are horrific experiences for drivers and also for conductors. Some never come back to work. That is why suicide on the railways must be reduced as much as possible. When institutions let patients go to commit suicide, a number of them always ends before a train, because it is simply a certain path to death.

(2010) **Doctors release patients for suicide**
Source: De Stentor

In a subsequent poll with psychiatrists in the Netherlands published on Skipr.nl, 75% of psychiatrists responded to approve of euthanasia as a treatment option and 43% responded that they would be willing to apply it.

Soon after the guideline, Dutch politics provided psychiatrists with the right to euthanize their patients and the numbers have been growing rapidly since. In 2010, the year of the guideline, 2 psychiatric patients were euthanized. In 2011 the number grew to 13 patients and in 2013 the number had grown to more than 50 patients.

Ten years later, translated to the US population, Dutch psychiatry has applied euthanasia to 40,000 psychiatric patients.

CHAPTER 1.

Blackmailing to hide wrongdoing

The years leading up to the guideline had seen a lot of mainstream media attention for scandals in psychiatry and it was often cited that psychiatry turned to blackmailing to hide their wrongdoing.

When the mother of a 22-year old University student suspected that the problems of her daughter were caused by a nutrient deficit, she was ignored by the psychiatrists. Her daughter received several invalid diagnosis and when the psychiatrists demanded forced electroshock (ECT), she raised the alarm via a blog. The story was given national attention by celebrity psychiatrist Dr. Bram Bakker and soon after, the mother was blackmailed to take her blog offline under the threat that she was not allowed to see her daughter. The mother wasn't allowed to see her daughter for 7 weeks.

> *"They pay € 24,000 every month for her, unbelievable, for that money someone is drugged and placed in a smelly isolation cell."*

As a sort of retaliation, Dr. Bram Bakker was "ex-communicated" by psychiatry. He wrote the following in his Volkskrant column:

“I was dismissed from psychiatry. Call it academic inquisition. They actually excommunicated me.”

Medical journalist Robert Whitaker, the founder of Mad In America, once wrote the following in an email to me which shows that it is a widely known fact that psychiatry attempts to hide it’s wrongdoing by hurting people.

> *“As for the rest of the medical profession, well, doctors basically belong to a big tribe, and part of the tribal rules are that those in one discipline don’t publicly criticize the doctors in another discipline. This keeps non-psychiatrist doctors from weighing in on the matter, and as far as criticism that arises from within psychiatry,* ***psychiatry as a field has been very successful in letting its members know that they will be ex-communicated and their careers will suffer if they speak too critically.*** *Psychiatrists are allowed to make minor concessions, such as saying that pharmaceutical money has become too influential, but they are not allowed to say that the drugs don’t really work.”*

Dr. Bram Bakker was punished for standing up for a mother and her daughter. Despite his strong position as a celebrity psychiatrist, he had to endure damaging influence to his professional career.

The blackmailing practices weren't incidents.

In 2010, shortly before psychiatrists were given the right to euthanize their patients, politician Halbe Zijlstra (from the then ruling party VVD) raised the alarm about a measure demanded by the mental health organizations to hide their wrongdoing from the public. The demand was a response to the many scandals that had hit the news and as such it became evident that psychiatry intended to hide their wrongdoing and resorted to political blackmailing to meet their ends.

> (2010) **Halbe Zijlstra (VVD): "*GGZ is blackmailing to hide scandals*"**
> *According to MP Halbe Zijlstra, there is talk of "blackmail practices" intended to "cover up mistakes and abuses".*
> Source: Skipr.nl

The minister of Public Health Ab Klink agreed with the concerns raised by the MP. In the years before, the minister had expressed his dissatisfaction with the state of affairs in psychiatry several times and announced that measures had to be taken.

> (2008) **Minister Ab Klink demands a lower limit for the quality of care in psychiatry**
> Source: Volkskrant

The minister was involved in a legal battle with mental health organizations for an announced budget measure for psychiatric care of 120 million euros. In the lawsuit, the organizations argued that they "*couldn't do anything about it*" that there are more and more psychiatric patients.

The organizations mentioned the following in the lawsuit against the minister which shows their anger towards him.

> *“The demand [for psychiatric care] has increased and therefore more is being spent on care. But that's not our fault, is it? We also think that the minister has nothing to do with it at all. This is something between us, the health care authority and the health insurers,” says chairman Marleen Barth of GGZ Nederland. “We are critically monitoring the minister's announced measure. It has no effect on its own budget,” confirms a spokesperson for the Dutch Healthcare Authority.*
>
> ...
>
> *“It is not yet possible to quantify the exceedance at all. The institutions are currently still preparing the accounts,” said an indignant Barth. “In addition, people only receive help from us if they have been referred by a general practitioner, for example.* ***It's not that we create that demand ourselves.”***
>
> (2010) **Minister Ab Klink (Public Health) sued by psychiatry**
> *Psychiatrists furious with Minister Klink: budgetary measure is a noose for psychiatry.*
> Source: De Telegraaf

The mental health organizations lost the lawsuit.

As if the mental health organizations intended to revolt against the minister, less than three months after the lawsuit, the mental health organizations started a millions of euros costing national propaganda campaign called "1 in 4" to lower the threshold for

psychiatric care (www.1opde4.nl). This campaign was banned shortly after by the Advertisement Authority (Reclame Code Commissie) because the advertisement would be misleading and untruthful. The campaign included full page advertisements in newspapers costing up to 60,000 euro per day.

The domain holder of the domain 1opde4.nl was *Maximum Recruitment Advertising*.

CHAPTER 2.

Why given the right to apply euthanasia?

It is seen in the preceding history that in 2010, politicians seek public media attention for “blackmailing” by psychiatry and that same fact came to light in the political extortion used to obtain the right to apply euthanasia.

Patients with a suicide wish were being released to commit suicide on the street which looked like a political extortion tactic.

Why did psychiatry receive the right to euthanize patients at that specific time?

With euthanasia, psychiatry is much stronger in hiding potential wrongdoing.

It doesn’t seem logical that politicians would have ‘given in’ to extortion at that time, considering the public shout out about the occurrence of such practices by a ruling party politician with support by a Public Health minister several months before. But if political extortion wouldn’t have been required to get euthanasia legalized, why would the Dutch Psychiatric Association have used such a tactic? If anything, it shows a lack of care for their patients and for society by essentially letting patients jump in front of a train.

The end result is simple however. Psychiatrists obtained and used their right. Patients were being euthanized and it reached the international news (BBC).

CHAPTER 3.

Antidepressant treatment controversial

Antidepressants have suspicious side effects while a *fake pill with a side effect* (active placebo) that gives users the feeling that something is happening in the body, is proven to be just as effective as antidepressants in patients with a clinical major depression.

> (2008) **Effectiveness of antidepressants: an evidence myth constructed from a thousand randomized trials?**
> Source: PhilPapers

Antidepressants double to tenfold the risk of suicide and hundreds of professors raised the alarm that antidepressants can have extreme violence as a side effect. Some magazines even published covers with the title “Killer Pills”.

> (2010) **A criminal side effect**
> *There is no hard scientific evidence that antidepressants can be the cause of extremely violent behavior, but the evidence is piling up.*
> Source: Trouw

> (2009) **Pills of the Devil**
> Source: REVU. [Online]

> (2008) **Cheating with suicide rates: Miracle pill, fake pill, suicide pill**
> Source: VARA/VPRO Noorderlicht

While it is almost impossible to prove why someone decides to do something and thus to prove whether antidepressants were a 'cause' for a suicide wish, that would be irrelevant. What can be concluded is that antidepressant treatment is controversial and may promote suicide in patients. If that would be the case, it would create a very strange situation when the doctor who

prescribes a possible suicide wish increasing treatment ends the life of that patient on the basis of his or her wish.

CHAPTER 4.

‘Given up’ patients often made chronically ill by psychiatry

There is a large group of patients who are called “given up”, however, there are many psychiatrists and mental health specialists who do not accept the term “given up”, especially with youngsters, and some claim that psychiatry is often the cause of the chronicity of problems in those patients.

Dr. Detlef Petry, who is specialized in the group “given up” patients, mentions that 80% of the “given up” patients in his clinic recovered using an innovative non-medical approach that he called “rehistorization” or “biographical developmental thinking”.

> *Long-stay patients belong to the group that has been written off. The long-stay departments house chronic mentally ill for whom, according to classical psychiatry, no future is left. It gave Dr. Petry the name of "psychiatrist of the craziest". But the patients are not written off in the eyes of psychiatrist Detlef Petry. When chronic patients have degenerated into houseplants, people who come to nothing and do nothing anymore, the chronicity of their problems is often caused by antipsychotic medications, he argues in his book "The Unmasking".*
>
> (2014) **Dr. Detlef Petry: Patients are deliberately put to an early death with antipsychotics**
> Source: Magazine Deviant

More information about antipsychotics is available in case file antipsychotics.

CHAPTER 5.

Free choice?

With regard to the 'choice' to end life. If, after a few years, patients with a suicide wish are told by their trusted doctor that euthanasia is an option, it makes sense that they will make that choice, if only to prove that their problems are real. It could also be a kind of social stamp for many people to prove that their problems are the most serious.

If euthanasia is not possible, then people may unknowingly be forced to consider that there must be a way out somehow, giving specialists options to lead someone to recovery.

Philosopher Friedrich Nietzsche in The Genealogy of Morals (Third Essay) argues that in response to a lack of ability to answer questions related to the purpose of life, people will rather choose to commit suicide than to choose nothing at all.

*"If you except the ascetic ideal, man, the animal man had no meaning. His existence on earth contained no end; "**What is the purpose of man at all?**" was a question without an answer; the will for man and the world was lacking; behind every great human destiny rang as a refrain a still greater "Vanity!" The ascetic ideal simply means this: that something was lacking, that a tremendous void encircled man—he did not know how to justify himself, to explain himself, to affirm himself, he suffered from the problem of his own meaning. He suffered also in other ways, he was in the main a diseased animal; but his problem was not suffering itself, but the lack of an answer to that crying question, "To what purpose do we suffer?" Man, the bravest animal and the one most inured to suffering, does not repudiate suffering in itself: he wills it, he even seeks it out, provided that he is shown a meaning for it, a purpose of suffering. Not suffering, but the senselessness of suffering was the curse which till then lay spread over humanity—and the ascetic ideal gave it a meaning! It was up till then the only meaning; but any meaning is better than no meaning; the ascetic ideal was in that connection the "faute de mieux" par excellence that existed at that time. In that ideal suffering found an explanation; the tremendous gap seemed filled; the door to all suicidal Nihilism was closed. The explanation—there is no doubt about it—brought in its train new suffering, deeper, more penetrating, more venomous, gnawing more brutally into life: it brought all suffering under the perspective of guilt; but in spite of all that—man was saved thereby, he had a meaning, and from henceforth was no more like a leaf in the wind, a shuttle-cock of chance, of nonsense, he could now "will" something—absolutely immaterial to what*

> *end, to what purpose, with what means he wished: the will itself was saved. It is absolutely impossible to disguise what in point of fact is made clear by complete will that has taken its direction from the ascetic ideal: this hate of the human, and even more of the animal, and more still of the material, this horror of the senses, of reason itself, this fear of happiness and beauty, this desire to get right away from all illusion, change, growth, death, wishing and even desiring—all this means—let us have the courage to grasp it—**a will for Nothingness, a will opposed to life, a repudiation of the most fundamental conditions of life, but it is and remains a will!**—and to say at the end that which I said at the beginning—**man will wish Nothingness rather than not wish at all.**"*

CHAPTER 6.

Conclusion

There are strong indications that psychiatry exacerbates problems and makes them chronic. That makes it ethically irresponsible to allow psychiatrists to euthanize their patients, even though there may be situations in which people can genuinely choose to end their lives while there is nothing wrong with their body. The fact that – in view of the fierce criticism of psychiatry by many scholars – it cannot be excluded that psychiatry has provided inadequate care or even had a detrimental influence on the opinion and decision-making of an individual, makes it ethically irresponsible to allow psychiatrists to euthanize their patients.

For perspectives from philosophers, visit **onlinephilosophyclub.com**

> *"Euthanasia is at least for psychatry the biggest hoax i ever heard of. To use psychological diagnostics for aid of something for euthanasia is disgusting. Psychological deseases cannot be compared to painful cancer or ebola where death may seem secure and super painful."*

> *"I can agree with the availability of the choice to competent folks suffering from serious physical problems, but I am struggling to see the acceptable scenario for suicide based on mental problems."*

The following podcast from a group of philosophy professors examines the work of the French philosopher Albert Camus who has explored the concepts suicide and reason to live.

> (2009) **Episode 4: Camus and the Absurd**
> *Does our eventual death mean that life has no meaning and we might as well end it all? Camus starts to address this question, then gets distracted and talks about a bunch of phenomenologists until he dies unreconciled. Also, let's all push a rock up a hill and like it, okay?*
> Source: Partially Examined Life

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