

Troubled waters

One family's tragic story reveals the dark side of "voluntary" Dutch euthanasia

By Jonathan Imbodyⁱ

*Like a bridge over troubled waters,
I will lay me down.
Sail on Silver Girl,
Sail on by.*ⁱⁱ

The diagnosis hit Franz Staneke like a hurricane.

The former Dutch sailor, shore-bound ever since his diabetes had proved unmanageable at sea, had entered the hospital reluctantly after a rusty-nail puncture produced a foot infection. Franz's son Ed, now 36, says that his father postponed going to the hospital because he feared both pain and doctors.



Ed Staneke holding his baby Lois, with his father, Franz.

“He was sometimes a very sensitive man,” Ed explains. “He was not always tough. It was more like he was really scared of doctors.”

When Franz's wound worsened, his blood sugar reached alarming levels, and his stomach began to swell, doctors probed him for an explanation.

Finally convinced that hiding his symptoms wouldn't make the pain or the doctors go away, Franz admitted, “I've had a lot of aching. I have a very sore stomach.” Alarmed doctors ordered a series of tests.

The doctors delivered the bad news to Franz: Intestinal cancer was ravaging his body—a terminal condition.

Franz, however, decided not to tell his family the bad news. When the foot had healed, the whole family made a trip to the hospital, expecting to bring him home. Instead, when they arrived, doctors ushered them into a counseling room.

Ed recalls the moment. “They called us into the room and said, “Your father has stomach cancer. It's terminal.’

“It was really very devastating at that moment. To get news like that is awful.”

As the family sat stunned, the doctors filled the vacuum of silence, saying, “We don't know how long it will take. Could take four months, five months...” The Staneke family did not likely

know what autopsies and medical surveys reveal--that physicians often lack accuracy both in diagnosing terminal illnesses and in predicting remaining length of life.

The words and attitude of the physician communicating the diagnosis play a crucial role in how the patient and family will respond to the crisis.

Ed recalls, "The doctors told my Dad, 'We can't guarantee anything, but if we operate, you could live at least several months longer. We can make things a lot easier and better for a while. You'll live longer and have more time to be with your kids.'"

Four years after his father's death by euthanasia, Ed can only imagine what that extended time might have been like.

"The family could have taken some time off together, maybe even on a regular basis, for the coming weeks," Ed laments. "And then, you know, we would have talked to each other—just talked. Maybe we could have even tried to go to some places which he maybe would have liked to have seen.

"This could have been good for the family if he'd lived longer, especially in the knowledge that he would die soon. We could have really had intensive time together. And we could have discussed some things out of the past ... things for the future ... maybe some things he would like to have in the future—to know that we could do it."

Most fathers would have jumped at the lease on life and the chance to draw closer to his family. But before Franz Staneke had a chance to envision those benefits, his own daughter suggested another alternative.

Daughter suggests euthanasia

Ed recalls, "When the doctors left, my sister Helen said it very bluntly, just putting it on the table: 'What about euthanasia? Should we start thinking about this?' she said."

Helen's words quickly hit home with Franz, who saw his eldest child as the family medical expert.

Ed explains, "She's really into these things--going along with the world on abortion and euthanasia. She used to be a nurse, and she worked in a hospital for several years and also as a medical secretary. They did euthanasia before in her hospital, so she was familiar with it.

"My father hates pain, so she just mentioned to him, 'In the medical world, you don't have to suffer, you know--if you know you're terminal and you don't want to go through the suffering. It dishonors you, brings you down. It's very humiliating to experience a terminal sickness like that in the end state. But there is an option that you can take--euthanasia.'"

Incredulous that his family would actually encourage his father to end his life, Ed lobbied instead for his father to spend a few more months with the family.

Ed's words fell on deaf minds.

“Of course, I didn’t agree with euthanasia, and I said, ‘Well, let’s see what our options are and what the view of the doctor is on the operation and the pain treatment.’ He would have had a longer time with his kids and with his wife. My daughter was born just a half year before; I just wanted him to share more with my daughter and have some more time with my family. And to do some things that he would love to do before he dies.

“You know, of course, that it’s terminal,” Ed concedes. “But you could still work through a lot of issues and things you maybe want to discuss that went along with his life or our lives. I had had a wild youth and I was just married, had gotten my first child, and was trying to get my life in line.

“I thought it was too early. Of course, everybody has to die. It doesn’t matter if your father will be 140 or 50, I mean, it’s always too early. But it was just like he was being stolen away. I couldn’t cope with it. I was crying a lot in those days. I took off from my work because I just couldn’t put my mind to my work.”

Sailing against the wind

In trying to convince his father and family to choose life, Ed found himself sailing against the wind. For years, assisted suicide and euthanasia activists in Holland have been effectively spreading euthanasia propaganda, appealing to fears of suffering and notions of autonomy. As a result, over nine of ten Dutch favor allowing doctors to kill their patients. In a liberal society where few still hold to the traditional religious value accorded sacrifice and suffering, the superficial appeal of avoiding pain is compelling.

“It was very appealing to [my father],” Ed allows. “I mean, he had seen others, people doing it on television. And, also, of course, the dogs are taken to the vets when they have a problem like that. And it just appealed to him to get a shot and then just sleep away. That appealed very much to him.

“I saw my family members going for it as if they were really blind, thinking, ‘This is positive, this is good.’ We act as if it’s so different—all the background around [euthanasia], and all the stories they make up to make it sound nice.”

It wasn’t the first time Ed’s family had rejected his views and values. Several years earlier, he had committed his life to Jesus Christ. When his father’s illness developed, Ed says, he had been learning to apply biblical principles to moral questions. The rest of his family, however, did not share his Christian values.

“My Dad didn’t go to church at all,” Ed explains. “My grandfather was Catholic, but he didn’t practice it. My Mom grew up as a Protestant.” Both Catholic and Protestant churches held sway in the Netherlands until the 1960’s, when a radical youth culture led a revolt against all forms of establishment and traditional values. The cultural revolution, according to Dutch Christian leaders, removed the nation’s moral compass. Political leaders began to aim at simply regulating rather than preventing prostitution, drug abuse and killing patients.

In Ed’s family, the absence of a shared moral compass turned life-and-death decision making into a battleground.

“We dealt with [the euthanasia decision] by arguing, shouting at each other,” Ed recalls.

Ed’s wife, Xandra, a soft-spoken yet quietly determined woman, says that’s how the Staneke family always communicated.

“They shouted because everybody was talking. Nobody in that family has the ability to really listen.”

Sharing a Christian perspective

In spite of the opposition, both Xandra and Ed attempted to share their Christian perspective with Franz.

“We tried to tell him,” explains Xandra. “We talked about the Bible and how God can heal. But he didn’t want to try anymore, because he felt that it was very hypocritical, since he had such a bad life, to call for help now to God.

“We talked about it and he listened,” Xandra recalls. “But he just said he couldn’t because he had never believed in God and he found it very hypocritical to call to God now.”

As to Franz’s beliefs about life after death, Xandra relates, “I think he thought nothing would happen. I don’t think he was very serious about it.”

As to Franz’s opting out of lifesaving surgery, Xandra notes, “I did feel that he was weak, making such a decision. I thought it was a selfish decision.”

“Everybody has his own choice in life. There are happening so many things that shouldn’t be happening. You can say to someone, you shouldn’t do this. But if someone does not have a conviction in him or herself, they do it anyway. That doesn’t only include euthanasia, but it includes a lot of things. Everyone is making his own rules—his own steps. Since we have our own right to choose, I think people do silly things.”

Xandra adds, “You can’t convict anyone; the Holy Spirit can. I can talk to someone, and give my opinion, but I can’t convict anyone.”

Fears drive decision to die

Ed recalls that “later on the discussion [about euthanasia] became more serious, and we talked more about our stance—to explain why. But it didn’t seem like anyone really wanted to listen to my view on it.”

Including Franz Staneke, who had for some reason had condemned himself to death row without even attempting a plea bargain.

“As soon as my Dad heard that he had cancer and that it was terminal, he just gave up hope on everything,” Ed recalls. “Nothing seemed to matter any more.”

Ed strains to explain why a stubborn, sea-rugged Dutch sailor would give up so easily when it mattered most.

“In other things he would really be a fighter, but with medical things, well, he was always scared of the doctors. He didn’t like hospitals. He was more afraid of doctors than anything. He would rather lose a finger than go to the doctor.

“I don’t think he really understood much about it. He was from the old school. He was 62 when he died. He didn’t know much about modern science. Most of the time when we heard that someone had cancer, and they were dying, he would just say, ‘That’s a terrible way to go.’

“But he wouldn’t say, ‘I wish they would just shoot me’ or something like that. When my grandfather died suddenly when his heart stopped, my father said, ‘I would like that.’ But he didn’t say anything about an unnatural death.”

“I think Dad was really scared of the operation. Maybe if they had told him how much pain they could kill with morphine or whatever, maybe it would have been an option for him. I guess he was just afraid that he would lie for weeks with pain. He really hated pain. And he was scared of doctors.

“I mean, I would have loved it if he could have had good pain treatment. They can do a lot. I know it still would have been painful, and also very embarrassing, for him in the last stage of his life. You know, lying there in bed, being fed and not be able to hold his urine and everything. It would have been bad, but I would have been proud of him if he had done it.”

Xandra emphasizes that fear played a major role in her father-in-law’s opting to die. “You can’t see him as a sailor, as a very strong man,” she explains. “He was the kind of man who, if he felt pain, would just say, ‘Oh, my leg!’ and just lay on the couch with his leg up and [expect to] be taken care of the whole day.

“He was focused all the time on his illness,” Xandra recalls. “Since he knew he had cancer and he wasn’t going to get better, the only subject that kept him busy was the pain he felt, or the fact that he didn’t eat or didn’t go to the toilet.

“He was constantly focused on that, so I could understand from his point of view, why he was longing to end the pain. He was talking all the time about his pain killers. His illness was one big mountain. And he couldn’t enjoy anything else anymore.”

While fear of pain can play a significant role in a terminally ill patient’s desire to die, studies suggest a deeper angst linked to a fear of *not being loved*. A scientific study reported in the *Journal of the American Medical Association* reveals that expressed desires for euthanasia “relate not to physical symptoms but to psychological distress and care needs.” In particular, the study cites “depression and feeling burdensome to family” as the factors cited most often by patients considering a premature death.ⁱⁱⁱ

Wife does not oppose the killing

Would Franz's wife, Truus, oppose her husband's euthanasia and urge him to instead choose life and time with her and the family?

Ed suggests that his mother subordinated her own convictions to tolerance and a respect for her husband's autonomy.

"At certain times, she saw that it brought so much unrest and struggle and problems within the family. She would say, 'Well, it's your father's wish and you should respect your father's wish. And, so, I don't want to hear anymore words about this whole thing and you just go along with it or not. Listen--it's your father's decision, end of discussion.'"

Ed explains, "My Mom is a tough character. "She grew up in Delft, where the kids are really tough. If she ever had pain, she wouldn't go to a doctor; she would just put the pain away. So if she would get something like cancer, she would go through it rather than have euthanasia.

"But at that time, she was lost in what was going on. She was not into [euthanasia]. She went along with it at the time because she just felt like you should always respect somebody's choice.

"She thought, 'Whatever somebody chooses is right [for them], but I wouldn't choose it for myself. But if somebody else would choose it, then that's their own decision.'

"So if that was the wish of my father, then she would go along with it—whatever it would take."

Xandra, however, offers a darker possible explanation for Truus's acquiescence to her husband's euthanasia.

"Something had happened between the two of them," she explains. "By the time he was very sick, he told her about something. I'm sure she really misunderstood the whole situation, but she was really angry about it with him. And he told her, and she was *really* upset. Very upset."

Upset enough to actually want her husband to die?

Weighing her words, Xandra responds. "She knew he was going to die anyway, and she was very angry with him at that point. So she was fine with the idea."

"He had always been not very easy on her," Xandra explains. "You wouldn't call them a very ideal couple. They were still together, and there were some times in their relationship where they thought about getting divorced, but they never did. They never took the effort to do so. They weren't really very effective; they were just two people living together."

If Truus ever dared to venture an opinion, Xandra explains, "He would just tell her, 'Oh, you wouldn't know.' He would give her the feeling that she'd better get quiet, or he'd say, 'Get some coffee,' or 'You weren't there!' or something like that. He had this attitude that what he was saying was more important than what she was saying. He would often scream at her."

So it came as little surprise to Xandra to hear her mother-in-law say that "it wasn't nice for her to have him in the house and take care of him."

Ed says his father tried to reconcile with his mother.

“I know that he spoke with her about some issues, about the way their marriage was. I heard it myself, when he was discussing the way he had treated her through their marriage. Once he stopped sailing, he was very rough on her. There were many times that he didn’t treat her as nicely as he should have. And he was very sorry about that.”

Franz’s reconciliation effort apparently could not penetrate his wife’s heart.

Xandra notes that to this day, her mother-in-law “has never told us that she misses him. She has told us she was really angry with him, and that it wasn’t a really nice life with him. And that her whole life was long misery before she met him, and with him, and that she isn’t very happy. She never, ever, said once that she misses him, or that she had a great time with him, or anything.”

Death plans accelerate

Immediately after Franz’s cancer diagnosis, plans for his premature death surged forward like a ship in a storm with no anchor.

To protect themselves and the doctor from suspicion, Truus and Helen enlisted the assistance of a Dutch pro-euthanasia group. Even though having doctors kill patients remained technically illegal, lenient court decisions had long since provided doctors with a virtual shield of immunity from prosecution. Nevertheless, some doctors and family members still coveted the extra precautions the pro-euthanasia group provided for them by documenting consent for euthanasia.

Ed would have no part of it. And apparently that worried the doctor, Ed recalls.

“I was going to have to fill out the [consent] papers because I was part of the family. So [my father’s] normal doctor--his house doctor--asked me to come out because he heard that I was against it. He thought that I might cause problems and try to bring him into court. I said, ‘I would if I knew it was legally possible. But I know they wouldn’t prosecute you on these grounds. I’m against it and I will never sign anything for it and I won’t agree with you on everything. But, if it’s my father’s wish, then I can’t stop it.’”

“And, he said, ‘Oh, that’s fine. I just wanted to find out if you wanted to prosecute me or not.’ And, so they went through with the process.

“I said to my family, ‘I’m not going to do this. I’m not going to help you with it.’”

Ed’s refusal violated the Dutch dogma of tolerance.

“My sister was really mad,” Ed relates. “She said, ‘If you really love somebody, you would honor his decision. It’s not you who’s doing it—it’s your father. You shouldn’t feel guilty about it.’”

Ed found himself wedged between the rock of his convictions and the stony opposition of his family.

“They all felt like, ‘Listen, your Dad made this decision, so you should support him instead of opposing him all the time.’ They thought I was opposing it and by that, opposing them personally instead of opposing the act itself.”

The last day

Coming to grips with the fact that he was losing the battle to persuade his father to choose life, Ed tried desperately to squeeze the most out of their shortened time together.

“Really, it was a very weird situation,” he recalls. “My father was in the last stage of his life, and he was in more pain than before because he didn’t take much pain treatment. And so he would just come and sit with us and drink coffee, and sometimes lay for an hour on his bed. And he’d come back, eat and drink, and go back to his bed.”

“On the last day, I was there in the morning. Dad was just drinking coffee and eating. And later in the morning, I went away because I knew that my other family members were standing by. So I said goodbye to my Dad. I went to his bed.

“It was very intense. We shared all the things, you know--the things that you think about your father, your relatives. Things you normally don’t say, you say to them at that moment.

“I said how much I do respect him. I explained to him, ‘Because I’m a Christian, I won’t be here because I would feel I would have to either stop this physically or I just wouldn’t allow it to happen. I said, ‘I don’t want to be any part of it, either. And I told him I loved him, and that I wanted him to still consider his view on Christianity.

"And he said it was too late.

"I spoke with him about the things that might have happened to him and me that I forgive him and that I asked forgiveness for things that I did wrong to make his life hard as well.

“Then I just told him, ‘I love you.’ And he said he loved me. That’s when we said goodbye.

“I said, ‘This will be my last day with you.’ I’m not going to be here later on. I will come to your funeral, but that’s it.”

Franz replied, “Well, I respect that.”

Then Franz delivered his last words to his only son: “Take good care of your family. Raise them like a man should raise them.”

Ed recalls, “He touched me, and we just said goodbye. That was it.”

Several years later, recalling the moment still brings on tears.

“It’s still hard,” Ed explains. “It was very emotional. I mean, it’s just the way that the whole situation just came--just like that. In a short time you have to consider this whole thing. And then

it's just like, 'Oh, Dad! Let's think about all our options, share some more time and think this really over.'

"You really feel robbed afterwards. You feel like somebody took his life."

Silently bearing the burden of the imminent killing, Ed quickly left his father's house before the doctor arrived to administer the lethal drugs to his father. His wife Xandra, however, stayed at the house along with their baby, Lois.

Daughter-in-law attends the death

Sipping a cup of coffee in a friend's apartment in Delft, Xandra recalls the deathly experience.

Unlike Ed, who communicates transparently and with emotion, Xandra speaks in measured phrases and modulated tones. She seems determined to defuse the emotional elements of her father-in-law's killing, which she witnessed first hand.

Xandra explains why she attended the death that both she and her husband Ed so deeply opposed.

"I wanted to respect [Franz]," Xandra explains. "So I said to him, I will be there when you fall asleep; I will leave the room when they give the injection to end your life."

In typical Dutch fashion, Xandra considered her father-in-law's opinion with a sense of resignation.

"I wanted to respect him. I wanted to say, 'Although I don't share your opinion about this, it's your life, and there's a law here where you could decide yes or not, or to live on under certain circumstances.' On one hand, I could understand where he was coming from. I felt like it was his decision; this was the way he coped with things."

So Xandra joined Truus, Helen, and Franz's stepmother in the living room. Then she went into Franz's bedroom for a last visit, along with baby Lois, whom Franz adored.

"After Lois was born," Xandra explains, "before he had gone to work, he came each day just to say hello to his new grandchild. Since his grandchild was really important for him, I felt it would be nice for him just to have time with her."

Then the doctor arrived. Events proceeded with clinical efficiency.

"The doctor said she would come at a certain time, and she was there at a certain time," Xandra recalls, with an edge in her voice. "It was very, very *business-like*."

"Everybody was gathered in the little sleeping room—quiet, waiting for the doctor to tell what she was going to do. And [the doctor] went to the kitchen to prepare all the injections, and everyone else was sitting around his bedroom.

“And I just went to her to see if she could find everything. She had all those little vials, and she had to combine a few things. And she had two injections--one to put him to sleep, and one for the killing part.

“So she was preparing that, and she needed a little plastic bag to put it away. She explained that she was going to be checked up on to see what she did in the injections. This was her evidence that she had to show to another doctor, to show that things were done right.”

But with no other doctor there, wouldn't the “checkup” depend solely on what the administering doctor herself chose to reveal?

“Yes. [It depended] on her, if they trusted her or not. She had to keep all those little bottles of the injections. She had to save them.”

Breaking the physician's oath

Xandra struggled to find a way to express her own resentment toward the woman who would soon put her baby's grandfather to death.

“I was angry with her because she was capable of putting someone's life to an end. I was angry with the doctor for doing so, for having even the heart of doing such a thing.”

Xandra remembered a biblical passage about giving one's enemies food and drink—an action likened to ‘heaping burning coals upon his head.’

“Well, the doctor hadn't gotten any coffee. So I asked her if she would have coffee. I wanted to put ‘hot coals’ on her head! So I gave her coffee.”

Looking back on the moment, Xandra laments her ploy. “How stupid. So silly.”

Unaware of Xandra's true feelings, the doctor said, ‘Thank you for being so helpful.’

Meanwhile, Xandra recalls, “Everybody was just sitting waiting for the father to die.

The doctor grew impatient.

“She said, ‘Are you ready? Has everybody said good-bye now? Are you ready?’ She was very, ‘Okay, I need to do this *now*.’ Probably she had another appointment after that. She wasn't emotionally attached to it. She wasn't emotional or comforting.

“Then she came in with the two injections. She went on and on about his veins. She had told [Franz] he had to drink a lot because otherwise his veins weren't easy to inject. But he couldn't drink. He wouldn't drink. Then she started injecting him.”

“I don't want to die.”

Theoretically, at least, the drugs used in euthanasia bring about death efficiently: the patient falls asleep, stops breathing and dies. Dutch research has revealed that in practice, however, euthanasia and assisted suicide procedures not infrequently involve complications or even fail to kill the patient as planned.^{iv}

Xandra remembers that the killing started off just as the doctor had planned. “She gave the injection, and he had to breathe in. He started snoring very loudly straight-a-way. And he really started snoring and breathing in and out.”

Suddenly, Xandra recalls, her father-in-law sat up, looked at her and spoke.

“He said, ‘I don’t want to die.’”

Xandra replays the moment in her mind.

“While she was giving the injection, I was standing at his feet. He was really looking at me and at Lois—I was holding the baby at the time. “I heard him say, ‘I don’t want to die.’ When he said that, he watched me.”

Panicking, Xandra frantically scanned the faces of the others in the room.

“I was standing there thinking, ‘What should I say? *Should I stop her?* What do I need to do now?’

“But no one was reacting—not the doctor, not Helen, not Grandma, not the sister, not anybody.

“Then he was gone. Like he was in a deep sleep.

“So then the doctor got rid of the one injection and she started getting the other injection. Then I left the room.”

In the bedroom, Franz Staneke lay down to die, as potassium chloride sailed through his slender veins.

“They just went on”

Xandra later described the death scene for her husband Ed. It haunts him.

“I felt really bad—shattered. I knew how my Dad felt. He didn’t want to go on. Maybe he didn’t have the guts, I don’t know. He just didn’t want to go on.

“But they just went on.”

His father’s words, “I don’t want to die,” crystallized all that Ed had been fighting against.

“When I heard what my father said, I was really like, man, that’s exactly what I mean. It’s not a medical thing that’s happening. It’s just a killing. It doesn’t matter how you make the decoration around it.”

Speaking of her experience witnessing her father-in-law's last, panicked moment, Xandra tries to accommodate its emotional impact.

"I mean, you couldn't turn time back," she reasons. "It was already done. Maybe I made a mistake, but I couldn't turn time back."

Pausing, Xandra allows a glimpse of regret.

"Of course, you think, 'I should have said something.' Would it have made any difference?"

She counters her own question and closes the opening.

"He had been really strong about it before. He had signed all the papers; he had said, yes, he wanted to die."

Xandra redirects her anger toward the doctor, whom she felt had demonstrated a callous detachment.

"After it was done, she was gone. She had to fill out some papers that I think somebody had to sign. But then she was gone."

Family members vent their anger on Ed

After the killing, Xandra explains, Ed's sister Helen and mother Truus turned their anger toward Ed.

"They were very angry with Ed that he wasn't there in that difficult time. They felt like he left them clean up all the difficult parts, and that he just wasn't there for them. They were very angry about it. They didn't see each other for a year because of this."

Truus Staneke, abruptly freed from a stressful marriage, found little consolation in his absence.

Ed notes, "My mother really felt desperate after [the euthanasia]. I don't think she could really cope with it well. She said it was very horrible after it happened. I think she felt terrible about it the last few years.

"It made a permanent wedge in the relationships in our family," Ed laments. "It drove us apart."

Recently, Ed says, his mother has expressed remorse about the euthanasia.

"She said, 'I would never do that myself and would never want to do something like that again. I wouldn't even be involved.' Because of the unnatural thing about it—so strange. Euthanasia is really strange, at least how we experienced it.

The Netherlands, however, continues to try to normalize the experience. The KNMG, a Dutch physicians' association similar to the American Medical Association in the United States, has worked hard to portray and promote euthanasia as "compassionate" medical care. The Dutch

parliament has legalized euthanasia, contending it allows people to “to die in a humane way, in a respectful way.”^v

For Ed Staneke, however, such propaganda merely masks a devastating, chilling reality.

“I don’t think it really matters what you call it; you can call it murder or euthanasia or whatever. At the moment it really happens, it doesn’t have a name anymore. In the end it comes down to the needle.

“It’s just killing them,” Ed declares, his voice quavering. “Just standing around somebody’s bed seeing somebody being killed. You’re just seeing somebody getting killed.”

ⁱ Story based on several interviews conducted in the Netherlands in 2000 with Ed and Xandra Staneke by Senior Policy Analyst, Christian Medical Association • 21798 Jarvis Square Ashburn, VA 20147 • E-mail: Washington@cmda.org • Web: www.cmawashington.org.

ⁱⁱ Music and lyrics by Paul Simon, copyright 1970 Columbia Records.

ⁱⁱⁱ Ezekiel J. Emanuel, MD, PhD; Diane L. Fairclough, DPH; Linda L. Emanuel, MD, PhD, “Attitudes and Desires Related to Euthanasia and Physician-Assisted Suicide Among Terminally Ill Patients and Their Caregivers,” *Journal of American Medical Association* Vol. 284 No. 19, November 15, 2000
<http://jama.ama-assn.org/issues/current/rfull/joc01512.html#a0>

^{iv} Clinical Problems with the Performance of Euthanasia and Physician-Assisted Suicide in the Netherlands
Johanna H. Groenewoud, Agnes van der Heide, Bregje D. Onwuteaka-Philipsen, Dick L. Willems, Paul J. van der Maas, Gerrit van der Wal. *The New England Journal of Medicine* -- February 24, 2000 -- Vol. 342, No. 8.

^v “Dutch Approve Euthanasia Law, Spark Critics,” Reuters news report, November 28, 2000.