

The Freedom to Ask for a Doctor's Help to Die

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Yet, as assisted death gains more acceptance, there are major unresolved questions about who should be eligible. While most countries begin with assisted death for terminal illness, which has the most public support, this is often followed quickly by a push for wider access. With that push comes often bitter public debate.

Should someone with intractable depression be allowed an assisted death?

European countries and Colombia all permit people with irremediable suffering from conditions such as depression or schizophrenia to seek an assisted death. But in Canada, the issue has become contentious. Assisted death for people who do not have a reasonably foreseeable natural death was legalized in 2021, but the government has repeatedly excluded people with mental illness. Two of them are challenging the exclusion in court on the grounds that it violates their constitutional rights.



FRANK ABBELOOS

ARON WADE, a successful 54-year-old stage and television actor in Belgium, decided he could no longer tolerate life with the depression that haunted him for three decades.

In 2024, after a panel of medical experts found he had “unbearable mental suffering,” a doctor came to his home and gave him medicine to stop his heart, with his partner and two best friends at his side.

In public debate, supporters of the right to assisted death for these patients say that people who have lived with severe depression for years, and have tried a variety of therapies and medications, should be allowed to decide when they are no longer willing to keep pursuing treatments. Opponents, concerned that mental illness can involve a pathological wish to die, say it can be difficult to predict the potential effectiveness of treatments. And, they argue, people who struggle to get help from an overburdened public health service may simply give up and choose to die, though their conditions might have been improved.

Should a child with an incurable condition be able to choose assisted death?

The ability to consent is a core consideration in requesting assisted death. Only a handful of countries are willing to extend that right to minors. Even in the places that do, there are just a few assisted deaths for children each year, almost always children with cancer.



BIANCA DE RUIJTER

DENISE DE RUIJTER took comfort in her Barbie dolls when she struggled to connect with people. She was diagnosed with autism and had episodes of depression and psychosis. As a teenager in a Dutch town, she craved the life her schoolmates had — nights out, boyfriends — but couldn’t manage it.

She attempted suicide several times before applying for an assisted death at 18.

Evaluators required her to try three years of additional therapies before agreeing her suffering was unbearable. She died in 2021, with her family and Barbies nearby.

Reporting was contributed by Jin Yu Young from Seoul, José Bautista from Madrid, José María León Cabrera from Quito, Veerle Schyns from Amsterdam and Koba Ryckewaert from Brussels.

THE FINAL CHOICE

Articles in this series are examining medically assisted death around the world.

In Colombia and the Netherlands, children over 12 can request assisted death on their own. Parents can provide consent for children 11 and younger.

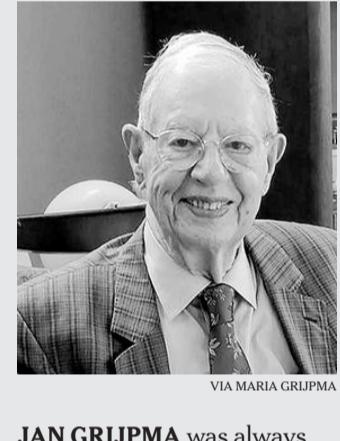
The issue is under renewed scrutiny in the Netherlands, where, over the past decade, a growing number of adolescents have applied for assisted death for relief from irremediable psychiatric suffering from conditions such as eating disorders and anxiety.

Most such applications by teens are either withdrawn by the patient, or rejected by assessors, but public concern over a few high-profile cases of teens who received assisted deaths prompted the country's regulator to consider a moratorium on approvals for children applying on the basis of psychiatric suffering.

Should someone with dementia be allowed assisted death?

Many people dread the idea of losing their cognitive abilities and their autonomy, and hope to have an assisted death when they reach that point. But this is a more complex situation to regulate than for a person who can still make a clear request.

How can a person who is losing their mental capacity consent to dying? Most governments, and doctors, are too uncomfortable to permit it, even though the idea tends to be popular in countries with aging populations.



VIA MARIA GRIJPMA

JAN GRIJPMA was always clear with his daughter, Maria: When his mind went, he didn't want to live any more. Maria worked with his longtime family doctor, in Amsterdam, to identify the point when Mr. Grijpma, 90 and living in a nursing home, was losing his ability to consent himself.

When it seemed close, in 2023, they booked the day, and he updated his day planner: Thursday, visit the vicar; Friday, bicycle with physiotherapy and get a haircut; Sunday, pancakes with Maria; Monday, euthanasia.

In Colombia, Spain, Ecuador and the Canadian province of Quebec, people who have been diagnosed with Alzheimer's disease or other kinds of cognitive decline can request assessment for an assisted death before they lose mental capacity, sign an advance request — and then have a physician end their life after they have lost the ability to consent themselves.

But that raises a separate, challenging, question: After people lose the capacity to request an assisted death, who should decide it's time?

Their spouses? Their children? Their doctors? The government? Colombia entrusts families with this role. The Netherlands leaves it up to doctors — but many refuse to do it, unwilling to administer lethal drugs to a patient who can't clearly articulate a rational wish to die.

All of these questions are becoming part of the discussion as the right to control and plan one's own death is pushed in front of reluctant legislatures and uneasy medical professionals.

Dr. Madeline Li, a Toronto psychiatrist, was given the task of developing the assisted-dying practice in one of Canada's largest hospitals when the procedure was first decriminalized in 2015. She began with assessing patients for eligibility and then moved to providing medical assistance in dying, or MAID, as it is called in Canada. For some patients with terminal cancer, it felt like the best form of care she could offer, she said.

But then Canada's eligibility criteria expanded, and Dr. Li found herself confronting a different kind of patient.

“To provide assisted dying to somebody dying of a condition who is not happy with how they're going to die, I'm willing to assist them, and hasten that death,” she said. “I struggle more with people who aren't dying and want MAID — I think then you're assisting suicide. If you're not dying — if I didn't give you MAID, you wouldn't otherwise die — then you're a person who's not unhappy with how you're going to die. You're unhappy with how you're living.”

Who has broken the taboo?

For decades, Switzerland was the only country to permit assisted death; assisted suicide was legalized there in 1942. It took a further half-century for a few more countries to loosen their laws. Now decriminalization of some form of assisted death has occurred across Europe.



VIA ROLDÁN FAMILY

PAOLA ROLDÁN ESPINOSA

had a thriving career in business in Ecuador, and a toddler, when she was diagnosed with A.L.S. in 2023. Her health soon deteriorated to the point that she needed a ventilator.

She wanted to die on her terms — and took the case to the country's highest court. In February 2024, the court responded to her petition by decriminalizing assisted dying. Ms. Roldán, then 42, had the death she sought, with her family around her, a month later.

sex marriage, abortion and sometimes drug use.

“I would expect it to be on the agenda in every liberal democracy,” said Wayne Sumner, a medical ethicist at the University of Toronto who studies the evolution of norms and regulations around assisted dying. “They'll come to it at their own speed, but it follows with these other policies.”

The change is also being driven by a convergence of political, demographic and cultural trends.

As populations age, and access to health care improves, more people are living longer. Older populations mean more chronic disease, and more people living with compromised health. And they are thinking about death, and what they will — and won't — be willing to tolerate in the last years of their lives.

At the same time, there is diminishing tolerance for suffering that is perceived as unnecessary.

“Until very recently, we were a society where few people lived past 60 — and now suddenly we live much longer,” said Lina Paola Lara Negrette, a psychologist who until October was the director of the Dying With Dignity Foundation in Colombia. “Now people here need to think about the system, and the services that are available, and what they will want.”

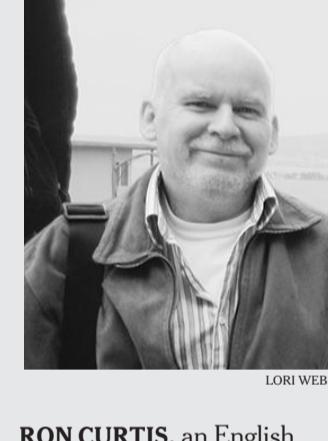
Changes in family structures and communities, particularly in rapidly urbanizing middle-income countries, mean that traditional networks of care are less strong, which shifts how people can imagine living in older age or with chronic illness, she added.

“When you had many siblings and a lot of generations under one roof, the question of care was a family thing,” she said. “That has changed. And it shapes how we think about living, and dying.”

How does assisted dying work?

Beyond the ethical dilemmas, actually carrying out legalized assisted deaths involves countless choices for countries. Spain requires a waiting period of at least 15 days between a patient's assessments (but the average wait in practice is 75 days). In most other places, the prescribed wait is less than two weeks for patients with terminal conditions, but often longer in practice, said Katrine Del Villar, a professor of constitutional law at the Queensland University of Technology who tracks trends in assisted dying.

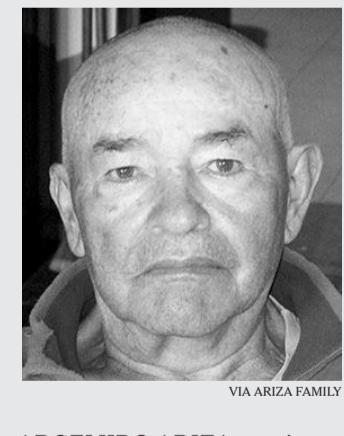
Most countries allow patients to choose between administering the drugs themselves or having a health care provider do it. When both options are available, the overwhelming majority of people choose to have a health care provider end their life with an injection that stops their heart.



LORI WEBER

RON CURTIS, an English professor in Montreal, lived for 40 years with a degenerative spinal disease, in what he called the “black hole” of chronic pain.

On a July day in 2022, Mr. Curtis, 64, ate a last bowl of vegetable soup made by his wife, Lori, and, with the help of a palliative care doctor, died in his bedroom overlooking a lake.



VIA ARIZA FAMILY

ARGEMIRO ARIZA was in his early 80s when he began to lose function in his limbs, no longer able to care for his wife, who had dementia, in their home in Bogotá, Colombia.

Doctors diagnosed A.L.S., and he told his daughter Olga that he wanted to die while he still had dignity. His children threw him a party with a mariachi band and lifted him from his wheelchair to dance. A few days later, he admitted himself to a hospital, and a doctor administered a drug that ended his life.

In many countries only a doctor can administer the drugs, but Canada and New Zealand permit nurse practitioners to provide medically assisted deaths too.

One Australian state prohibits medical professionals from raising the topic of assisted death. A patient must ask about it first.

Who determines eligibility is another issue. In the Netherlands, two physicians assess a patient; in Colombia, it's a panel consisting of a medical specialist, a psychologist and a lawyer. The draft legislation in Britain would require both a panel and two independent physicians.

Switzerland and the states of Oregon and Vermont are the only jurisdictions in the world that explicitly allow people who are not residents access to assisted deaths.

Most countries permit medical professionals to conscientiously object to providing assisted deaths and allow faith-based medical institutions to refuse to participate. In Canada, individual professionals have the right to refuse, but a court challenge is underway seeking to end the ability of hospitals that are controlled by faith-based organizations and that operate with public funds to refuse to allow assisted deaths on their premises.

“Even when assisted dying has been legal and available somewhere for a long time, there can be a gap between what is legal and what is acceptable — what most physicians and patients and families feel comfortable with,” said Dr. Sisco van Veen, an ethicist and psychiatrist at Amsterdam Medical University. “And this isn't static. It evolves over time.”