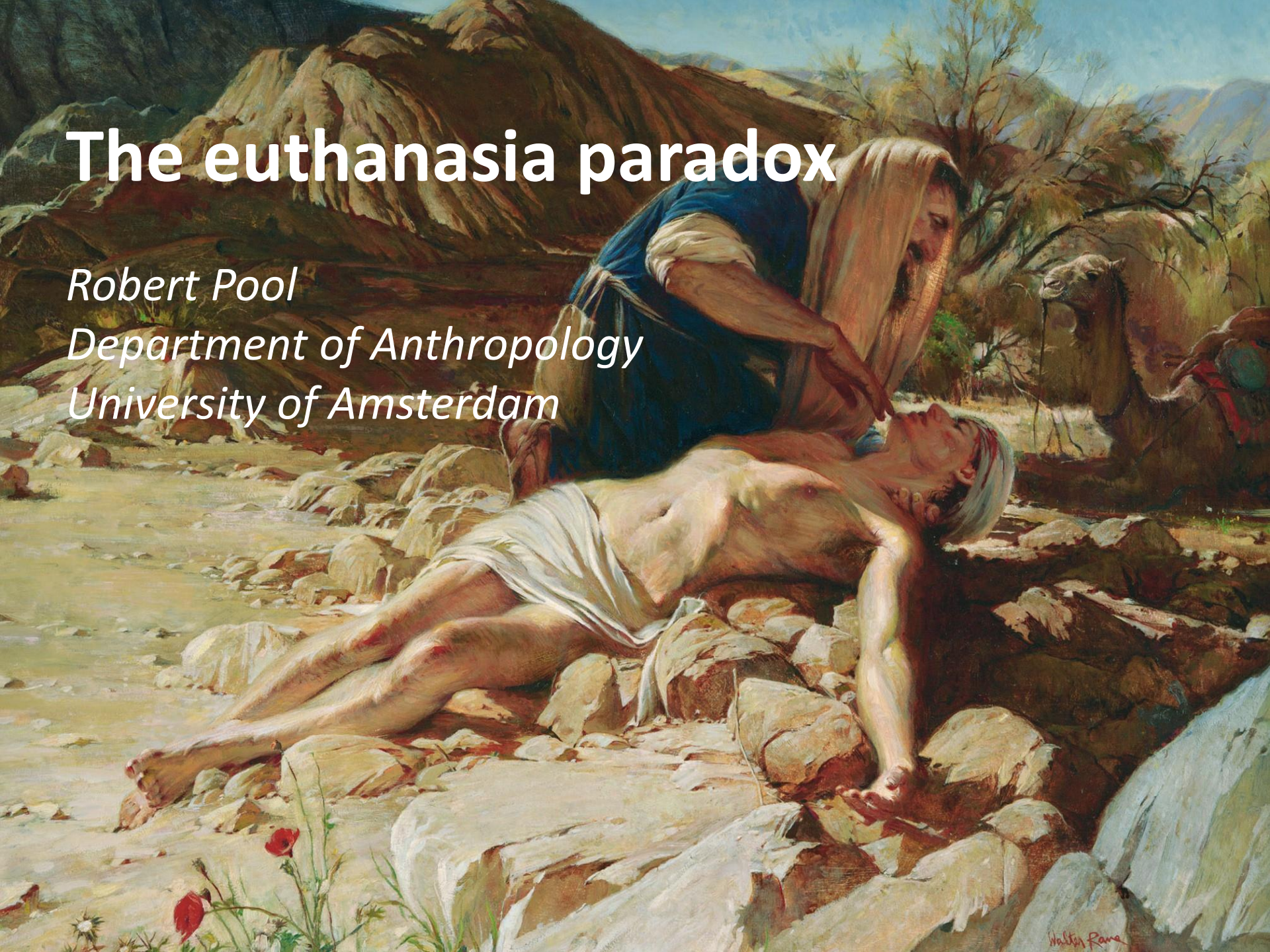


# The euthanasia paradox

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# Questions

- How has patient autonomy come to be appropriated by biomedicine and bounded by state regulation?
- How has this external control come to be seen as enhancing individual autonomy?



# Charity as the basis for euthanasia

- The early pro-euthanasia movement was based on charity
- Christian doctors
- ‘Helping patients to die with a final little push’
- The public and various stakeholders not averse to euthanasia without consent

# From charity to 'autonomy'

- Individual autonomy is now at the centre of Dutch euthanasia discourse
- In practice patients' agency remains limited
- Physicians' monopoly remains unquestioned
- As patients appeared to gain control over their dying, this control was being consolidated in the hands of physicians and, beyond them, the state

# The regime of truth

- A 'regime of truth' ensures biomedical hegemony over assisted dying
- Only a physician can help another person to die
- Only serious, biomedically recognised pathology and suffering with no prospect of recovery are legitimate grounds for granting a request
- Persistent desire to die in the absence of these criteria is generally considered a sign of mental or social pathology (depression, loneliness)

# The construction of a narrow definition facilitated control

A doctor helps a patient die, at his/her explicit request, by administering lethal drugs

# Making euthanasia legible

- Limitation of the number of those who are eligible for euthanasia
- Central recording, monitoring and control.
- Collusion between the official definition and the survey statistics

# Paradox

- Those who desire this externally controlled form of dying justify their eligibility in terms their right to self-determination
- Even those who do not qualify for euthanasia often still agree with this control
- And when they kill themselves, it is often not because they want to *avoid* a medicalised death, but because they have been *denied* one.



Patients want to direct their own end-of-life scenarios. They prefer the medical route and find it natural/obvious that their request for euthanasia is granted when they consider that their life is complete.

*NVVE 2015*

The rise of the 'right to die' is not only a reaction in the name of patient autonomy against the growing invasion of medical technique but also and more forcefully a further triumph of the reign of technique over the way we die.

*Shai Lavi 2008*

# Autonomy masks control

Autonomy in dying has come to be mean the right to have a physician dispense a technically controlled death, under the auspices of the state

Discourse of autonomy masks the expansion of the state into the details of everyday life (and death), and the relinquishing of responsibility for care to the state

The legalisation of euthanasia in the Netherlands is therefore not so much a result of liberalism and tolerance, but rather of the further expansion of biopower – the power of the state over citizens' bodies



Euthanasia is the most regulated form of dying

Biomedicine has reduced health by eroding the capacity to deal independently with illness, suffering and death by transforming these from existential to technical problems.

*(Ivan Illich 1975 The Limits to Medicine)*