

Ambivalence in considering an elective death



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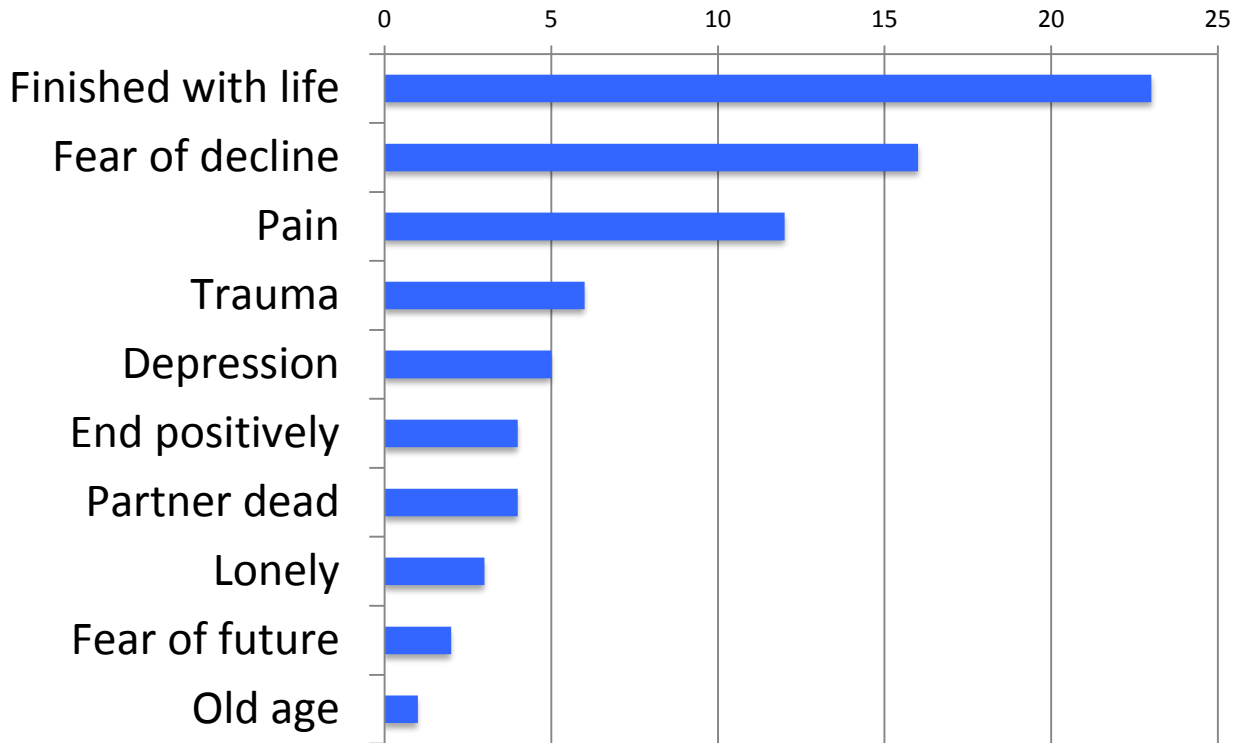
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Introduction

- Qualitative research
- Advertisement in magazine NVVE: >65 years old, wish to die, no terminal illness
 - 65 responses
 - 59 questionnaires
 - 50 life-history interviews
- Interviews took place at home, 1.5 - 3 hours were recorded & transcribed verbatim

Respondents

- 58-96 years old (median 76; mean 76.5)
- 24 men, 35 women
- 19/59 no children
- 5/40 hadn't seen child >1 month
- 9/59 married; 50/59 widowed/divorced/single

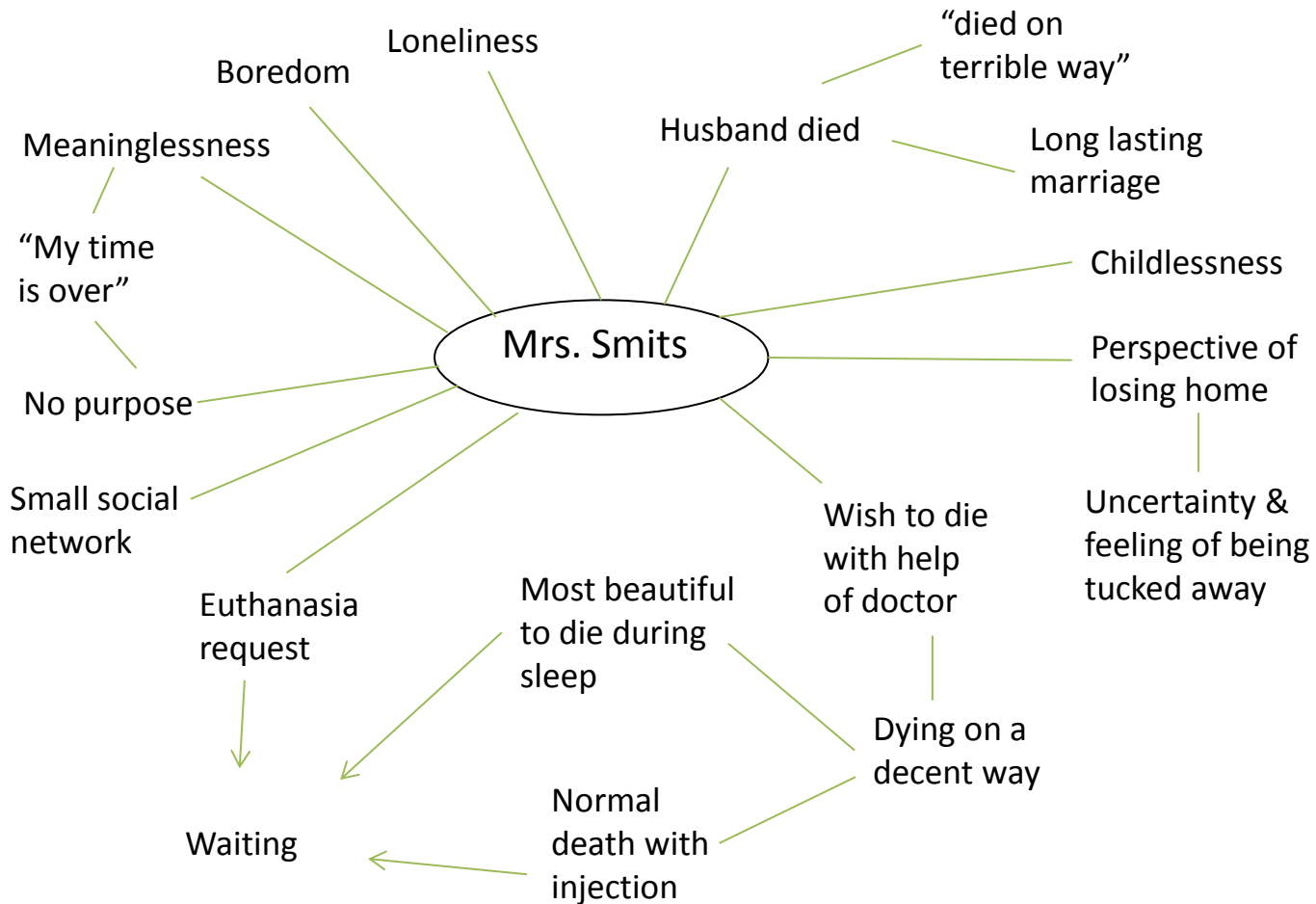


A completed life?

- 2/3 not at this moment, but 'when I'm ready'
- 1/3 dying as soon as possible

Qualitative data

- Many factors underlying a wish to die
- Case of Mrs. Smits



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- One particular story
 - Different stories ranging from different phases in life
 - Most are thinking about and anticipating on their future
 - A completed life does not exist in a vacuum

To sum up..

- Grey zone of thinking/talking about and actually doing
- Completed life does not always mean wish to die for this moment
- People anticipating on their feared future describe situations that might fall under the current law
- Others wait for a doctor to control their good death
- Unclear who will finally get/opt for euthanasia or self-euthanasia
- Many factors and thoughts underlying someone's wish to die

Broader questions

- How should we interpret this waiting and refusal of all other option?
- How do other elderly people cope with similar loss experiences?
- Why is it so important that the doctor controls the death instead of taking action themselves?
- What are the limits of one's resilience?
- Is euthanasia in these type of cases a solution?

Questions & Discussion

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