

Euthanasia policy in the Netherlands: How the Dutch coalition can reach a successful compromise

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Abstract

The euthanasia discussion in the Netherlands has created an impasse within the government. The medical ethical conservative and liberal parties have not been able to find a consensus to agree on a policy. Ethics and principles are strongly involved in the case and thus this makes it hard for the political parties to make compromises. Through utilizing a hybrid form of empirically informed research and theory based research, I assess the situation and develop a consensus that confers to the conditions of a good compromise as proposed by Van Parijs. Additionally, supported by the multiple streams model of Kingdon I identify that there is a window of opportunity to implement the policy. A compromise is possible and in the interest of all the parties involved. I identify a range of aspects to be implemented in the compromise that would require balanced concessions from both sides of the discussion. These factors consider the ethical objections parties could potentially have and should be accepted by the majority of their constituency when framed properly. The conservatives have an interest in agreeing to a compromise as it gives them the ability to leave a strong influence on the euthanasia policy, an influence they would lose if a more liberal government would be formed. A compromise is in the interest of the liberals too as the current Dutch euthanasia policy is relatively conservative. Finally, regardless of ethical stances, the options for Dutch citizens nearing the end of their life are limited. Thus it is of essential importance that the coalition revises the policies additional to euthanasia, such as elder care and palliative care. The government is tasked with caring for the national mental wellbeing and is failing in this aspect. Consequently, it is of utmost importance that the government agrees on a compromise.

Introduction

Dutch politics has been tormented by the discussion around euthanasia for years. Euthanasia has been a political bottleneck threatening government formations as the currently governing political parties have been unable to find common ground on the issue and therefore have failed to agree on a consistent and definitive euthanasia policy. The debates around the topic have been rather emotional instead of being effective.

In debates that took place at the end of 2020 on allowing euthanasia for children under the age of 12, this once again showed. Two of the coalition parties, the VVD and the ChristenUnie were negotiating in what were reported as "intensive talks" (Trouw, 2020). Whilst the VVD strongly advocated to allow euthanasia under strict circumstances by arguing that it is inhumane to let children suffer on their deathbeds, the ChristenUnie firmly concluded that allowing euthanasia was not up for discussion (Trouw, 2020). Around the same time questions in the parliament were asked regarding the performance of the commission that judges euthanasia cases. The commission changed its set of rules and a member of parliament of the conservative party SGP blamed the commission of stretching the euthanasia policy step-by-step and requested how it was possible that the new rules were not judged by the parliament (Tweede Kamer, 2020).

As euthanasia is a topic that strongly involves principles, it is difficult for parties to make concessions. Consequently, this results in a slow and tough decision making process. Discussions mostly end in a state of a status quo, in which no definitive solutions are found. Debates have been heated and a successful compromise appears to be unlikely to be found if the discussion continues down the same road.

However, due to the recent urgency of other issues such as the covid crisis, an opportunity has emerged in which the parties can reassess the debate around euthanasia (Kingdon, 1984). As the euthanasia discussion has shifted towards the background, a problem solving strategy can be utilized instead of the heated and ineffective political standoffs. It is important that the parties realize the value of this opportunity and act with vigour in order find a compromise whilst the opportunity lasts.

The window for implementing a lasting policy has emerged. So has the possibility for a political compromise. The decisions that are made by the fractions determine the possibilities and access to treatment for many. There is a lot of weight on their decision and through the status quo of a non-decision, many will be victims of the lacking effectiveness of the current policies (Volkskrant, 2020). Many patients without serious physical or mental conditions do not have access to euthanasia or proper alternative treatment right now (Volkskrant, 2020). The government has the duty to help these people and owes it to its citizens to reassess the current euthanasia policies.

Therefore this research aims at finding a compromise regarding the euthanasia policy in reaction to the opportunity that is presented. Consequently, I determine possibilities for the government to break the deadlock surrounding euthanasia policy. My research approach consists of a hybrid form of theory based research combined with empirically informed research. The goal is to find a feasible compromise that will satisfying to all of the parties in the coalition and serves the interests of the citizens. This will allow the policy to be everlasting and prevents incremental change.

My hypothesis is that a successful compromise is certainly feasible as there is a realization of the urgency of the situation throughout the coalition. There is no record on the internet of published

research with the aim of finding a successful policy through compromise, leaving plenty of room to explore different possibilities. Research on euthanasia and policy tends to be of a more polarizing origin as most authors advocate for a specific policy without focussing on the political process (Oosterwaal, 2010). This fact makes this research unique in its kind as the goal of this report is to depolarize the political discussion instead.

Initially the paper starts with a literature review where relevant terms are elaborated upon and compromise is introduced. This section is followed by the methodology where my research methods are provided. Then the empirical evidence is assessed and a landscape mapping is provided on the involved political parties and their stances on euthanasia policy. Next, the literature and empirical evidence are discussed and potential compromises are explored. Finally in the conclusion the limitations are given and the research question is answered through addressing what the best possible compromise is.

Literature review

Prior to conducting an analysis of the coalition and their party ideals, a review of literature will be performed in order to determine what pathways towards a compromise could have potential to be successful. Next, through the critical engagement with literature on compromise, the course of action that will be most effective can be established. Thus in order to be able to continue with anything more in depth, it is of importance to gain a conceptual understanding of compromise. There is a strong foundation of research available on the implications of compromise and its underlying ethics.

Compromise

Van Parijs defines a compromise as *“an agreement that involves mutual concessions. Each party gets less than it feels entitled to, but agrees to it because the situation it anticipates under the deal is better than the one it expects in the absence of a deal: conflict, exit or arbitration by a third party.”* (van Parijs, 2012)

For a situation requiring decision making to result in a compromise, multiple requirements are in place. The first requirement is quite straight forward: there have to be two or more parties involved in the process (Van Parijs, 2012). The second requirement: the involved parties need to have different interest at heart – or at least two of the parties – to create the required context for the creation of a compromise (Van Parijs, 2012). If the parties have no different interests, then there won't be a need for a concession and thus there is no compromise to speak of. If there are different interests at stake, there will be a need for compromise; it is simply inevitable if the parties are to reach an agreement as a regular consensus is excluded from the possibilities (Van Parijs, 2012). The parties will have to find a middle ground and both make concessions for there to be an acceptable outcome. The only other option is that one party completely surrenders its interests, giving in completely and not receiving anything in return (Van Parijs, 2012). This is obviously the worst possible outcome for the party giving in, as the party does not get anything that it aimed for. This would then also no longer be considered to be a compromise, instead it would be considered to be a capitulation (Van Parijs, 2012).

Furthermore, in his research Van Parijs makes the important distinction between a consensus and a compromise. A consensus is preferable over a compromise as all the parties achieve what they aimed for (Van Parijs, 2012). However, in many instances a consensus cannot be formed and thus only a compromise is possible (Van Parijs, 2012). As a compromise entails mutual concessions, a deal can be struck without all the parties achieving their initial goals. Consequently a compromise is not an ideal situation, though it is far superior over a status-quo based on a non-decision. All of the parties stand to profit as a result of the mutual concession (Van Parijs, 2012). As a consensus was not able to be reached – otherwise there would be no need for a compromise – , a situation where a compromise needs to be formed is generally complex (Van Parijs, 2012). Especially when principles and ideals are involved, the process of making mutual concessions can be tough (Oosterwaal, 2010). In the situation of the discussion of the Dutch euthanasia policy this is the case. Thus in order to create a feasible compromise, it is required to explore where the parties would be willing to make concessions.

To continue, there are various types of compromises that are possible. Not every compromise is of the same quality. Van Parijs created three hypotheses that allow compromises to be assessed on their quality. Through exploring these hypotheses Van Parijs identifies a distinction between good and bad compromises. He concludes that a good compromise constitutes of three independent aspects. Van Parijs describes these three aspects of a good compromise as follows: *“(1) it must result from a process characterized by mutual respect, or at least by a concern for ‘balance’ rather than maximum gain; (2) it must advance as far as possible the cause of justice, independently defined; (3) it must make both parties better off than under the status quo, not just better off than in the absence of compromise”* (Van Parijs, 2012). When creating a compromise, it is essential to include the aspects of a good compromise in order to maximize the quality of the compromise and thus the chances of successfully creating a policy.

Context of compromise

Compromises can be formed in a wide range of contexts, which all have consequences for the aspects of compromises that need to be focussed on specifically. In the context of governments and policy, incremental change is an aspect that is especially important (Gregory, 1989). As this research is focussed on compromise regarding euthanasia policy, it is important to consider its implications to the process. Incremental change is an aspect related to compromise that is mostly left unexplored. Even though it has an extremely important role in the process; it is not a factor that is frequently explicitly stated in a negotiation, though it is a driving force (Gregory, 1989). Often negotiations are not merely on finding a workable compromise, its longevity needs to be ensured as well. If a party has suspicions that the other party will not be holding up their end of the deal and break the compromise when the opportunity presents itself, the party will be reluctant to agree to a compromise (Leach & Sabatier, 2005). This aspect of negotiations is directly related to trust. If the two parties trust one another to a higher extent, than the fear of opening the door to further change down the road should diminish greatly (Leach & Sabatier, 2005).

When a decision requires parties to reach a compromise and is merely a one-time decision on a single event, than compromise makes for an excellent and efficient solution (Van Parijs, 2012). Though in other matters that concern long term policy, it is more complex. The process of consent which Roumeas described, has an essential role to help solve this complexity (Roumeas, 2021). If the parties can reach a compromise and both give their consent, the long term integrity of the policy is

much stronger. If a compromise is reached without consent, it is likely that either side will try to change the decision at the first opportunity that is presented.

The complexity of compromise is at its peak when it is applied to a consensus based democracy as opposed to a majoritarian democracy (Lijphart, 2012). The cause of this complexity lies in the splintered political field that makes up a consensus based democracy. The Netherlands is a textbook example of a country with a splintered political field (Lijphart, 2012). The Dutch government currently exists of a coalition consisting of four parties, with greatly varying goals and ideals (Jacobs, Jongen & Zoutman, 2017). It is of great importance to take this additional complexity into account when discussing compromise within Dutch politics. Additionally this given allows for the findings of this research to be utilized on other cases. For example global political processes could be assessed using the same research process. The UN knows a diverse political field as well and could thus be identified as being consensus bases, just as the Netherlands are (Howlett, 2018).

Kingdon's multiple streams model

Priorly to discussing the details of a compromise and concluding anything, it is essential that there even is a possibility for a compromise. The studied case does not concern a simple every day compromise, instead it entails a complex policy piece that has many forces influencing its process. Whether there is an opportunity to form and implement a policy can be assessed utilizing the influential theory of the multiple streams model as proposed by John W. Kingdon in 1984.

The theory of the multiple streams model consists of four main parts. The first stream capable of stimulating a change in policy is shaped by problems (Kingdon, 1984). The stream of problems is made up by various policy issues and from the level of which these issues are recognized (Birkland, 2001). Kingdon specifies the role of indicators that clarify the situation of a certain issue. For example, when certain statistics increase drastically this can be a reason for the government to step in. Kingdon argues that sometimes an event is necessary to give a push. In his literature kingdom describes this as a focusing event, of which a crisis and disasters are examples (Kingdon, 1984). In the case of the political discussion around euthanasia, the problem stream would be the lack of effective policies. The absence of proper alternatives to euthanasia and the limited access to euthanasia would comprise the problem stream.

The second stream Kingdon describes is the stream of policies, also known as the stream of solutions (Kingdon, 1984). As the name suggests, this is the stream that entails all of the potential solutions there are to a problem. He elaborates on the aspect that he considers the condition of a pre-existing issue for there to be a solution to be unnecessary (Kingdon, 1984). Public servants, researchers and representatives of interest groups focus on drafting policy proposals. These are solutions that bring issues to the light independently from the problem stream. The process of the aforementioned groups suggesting solutions to the government has the potential to start discussions around that specific topic. Over time, this increases the knowledge on issues and there is the possibility of alternative policies to be generated (Kingdon, 1984). An important function of this stream is that these generated policy alternatives reach the political elite. This research paper would be categorised to be part of the stream of solutions as it is a piece of research of an external party and which is aimed at helping to provide a definitive solution to a policy field. Following the logic of Kingdon's theory, the research holds power in the sense that policy proposals stress the importance

of a certain issue, lacking euthanasia policy in this case, and help contribute to form alternative solutions at the same time.

The final stream of Kingdon's theory is called the political stream, in which the political environment holds a key position (Kingdon, 1984). Central to the political stream is that certain topics can both gain and lose interest. Policy entrepreneurs operate to attract interest to issues in order to advocate in favour of a new policy (Kingdon, 1984). In the case of the case of this thesis, influencing the political stream is not of essential importance as there is plenty of attention for the euthanasia policy. One could argue that during the previous decade the amount of attention was impeding a potential compromise on changing the policy.

The climax of the theoretical framework is the concept of the window of opportunity, which is essential to the case I am making with this paper. This concept of a window of opportunity describes the chance to create a policy (Kingdon, 1984). These windows of opportunities do not arise often and need to be actively utilized (Bovens, 2012). Kingdon states that operating successfully in policy is dependent on the discovering of and utilizing opportunities (Kingdon, 1984). Events, newly provided information or political imbalances can bring the three streams together, which is when a window of opportunity is created (Bovens, 2012). In the case of euthanasia, for the policy to be created something needs to happen. This is where the importance of research such as this paper can be seen, without outside pressure policies are less likely to be formed. Statistics can be an example of newly provided information. Relevant to this case are the suicide rates in the Netherlands. According to the CBS, the government organisation responsible for collecting data, the suicide rate in 2020 had increased by 20 percent since 2007 (CBS, 2021). This quite significant increase in the suicide rate indicates that an increased number of people are struggling to find a purpose in their life. The government has the responsibility to either help its citizens to find their purpose back or give them a way out. As suicide brings along a great amount of adverse effects. Combine this with the political will to revise the euthanasia policy, based on the presence of debates in the parliament and proposed motions (Trouw, 2020).

Methodology

The basis of the literature review of this research paper was built on a selection of a central theories. At the start of the research I had relatively little knowledge on the concept of compromise and all that it entails. In order to learn more on this topic I could rely on the expertise of my supervisor who assisted me through providing fundamental sources on the topic of compromise. From there I continued building the knowledge through using a combination of manual searching and the snowball method. By reading the literature cited in the sources that I started with, I could increase my knowledge further. This was essential in finding my way around this complex yet fascinating top topic. The manual searching I performed, was mainly reliant on google scholar. I utilized the search engine by entering combinations of key terms such as "compromise + mutual concessions + consensus + quality compromise". Additional to the scientific literature, for mapping out the context of the analysed case, I utilized a range of news articles. I limited the sources for the news articles to be retrieved the from newspapers that are held in high regard in the Netherlands. I minimized the utilization of popular media and newspapers.

In order to start mapping out the political landscape regarding euthanasia, I started by reading the electoral programmes of the relevant political parties. Additionally, the parties wrote information on the topic on their respective websites. The combination of sources provided a solid foundation of information on what the stances of the various parties are. In order to gain a better understanding of the underlying motivations and which considerations the parties made, I looked at various motions and voting behaviour that the parties showed over recent years.

To elaborate on the current policies and laws on euthanasia in the Netherlands I utilized the Dutch laws, which are published online. In addition I retrieved information from the official website of the Dutch government where they elaborate on the implications of specific laws.

For other parts, I used my personal knowledge on public governance and politics. I utilized sources that I had studied previously, such as the theory of Kingdon. As a result, I was able to perform targeted research for literature concern various topics discussed.

In the discussion I utilize deductive reasoning. In order to make a case for the specific scenario, I analysed general theories. These theories then allowed for a solution to the specific case. After careful consideration I concluded that deductive reasoning was the most reliable method of reasoning. My process of thought was that due to the unsolved nature of the case, inductive reasoning could have created a research bias. This was a risk as inductive reasoning applies the findings of a case to general processes. In this case I needed to apply general processes to solve the impasse of this case, thus making deductive reasoning better suited to answer the research question.

The analysis I performed in the literature review is heavily dependent on theoretical work. A potential weakness is that theories have the potential to not be applicable to each and every scenario. However considering the highly specific nature of the case and the fact that potential answers to the research question could not be empirically tested, the proposed solution can merely be tested in a real life scenario. A simulation is impossible and thus the answer is of a philosophical nature.

Empirical evidence

Regarding the euthanasia discussion within Dutch politics, parties can be divided into two sides. On one side there are the medical ethical progressive parties who are arguing in favour of loosening the euthanasia laws. On the other side the medical ethical conservative parties are advocating against looser euthanasia laws and would like to implement alternative solutions. To gain insights on the details of the discussion, the spearpoints of the current coalition parties will be elaborated upon. Though, prior to analysing what the specific goals of the parties are, it is of importance to understand what the current possibilities are within the law. Only when this platform of knowledge is established, a proper assessment of the implications that the party goals bring forth can be made.

Prior to assessing the goals and standpoints of the political parties, it is crucial to understand the current euthanasia laws in the Netherlands. Merely if there is an understanding of the current possibilities within the boundaries of the law, it is possible to fully grasp the goals of the political parties and the impact their proposed alterations of the law will have on the Dutch society. In the following passage, a concise summary of the relevant laws is provided.

Criminal law and euthanasia

The first laws relevant to euthanasia are two laws provided in the Dutch Wetboek van strafrecht – criminal law -. The articles in question are articles 293 and 294.

Art. 293, lid 1, WvSr states that whenever someone purposefully ends the life of a person who expressly and emphatically indicated their wish, is to be punished with up to 12 years of prison or a fine of the 5th category, which can be up to 87.000 euros. The article then continues to state that in the case that a doctor has acted within the confines of diligence provided in the ‘Wet toetsing levensbeëindiging op verzoek en hulp bij zelfdoding’, the act described in the first section is no longer a punishable offence in accordance with Art. 293, lid 2, WvSr.

The next article in the ‘Wetboek van strafrecht’ states in its first section that whomever intentionally drives another person to commit suicide and the suicide is executed, is to receive a punishment of up to three years of prison time or a fine of the 4th category, which can be up to 21.750 euros. This punishment is in accordance with Art. 294, lid 1, WvSr. The second section of the law states that whomever assists a person committing suicide is to receive the same punishment as described the first section in accordance with Art. 294, lid 2, WvSr. The same exceptions that are provided regarding euthanasia apply to assisted suicide.

Important to note is that both laws are to be found in the second book of the Dutch ‘Wetboek van Strafrecht’, meaning that the actions described in article 293 and 294 are felonies. This given indicates the exceptionality of euthanasia in the Netherlands. It is not a common procedure to be euthanized, as it is heavily punishable if it is performed without diligence.

What these laws entail in practice is that in principle it is prohibited to euthanize a person. The same applies to assisted suicide. In the case of euthanasia a law was drafted providing exceptions, which is applicable to assisted suicide too. As a result, the law ensured that it was no longer a punishable offence to perform euthanasia or assisted suicide in all cases. Consequently, euthanasia is allowed when a specific set of conditions are met. The exceptions are stated in a separate law, the ‘Wet toetsing levensbeëindiging op verzoek en hulp bij zelfdoding’ – also referred to as the euthanasiewet or euthanasia law- , which will be elaborated upon now.

The Euthanasia law

The euthanasia law initially establishes the importance of differentiation between euthanasia and assisted suicide once more. The medical procedure is different as assisted suicide entails providing the means to the patient who wishes to end their life as opposed to having the doctor apply the substance to the patient. In both cases a patient ends up dying, however in the case of euthanasia the doctor actively ends a patients life and hence explains the higher punishment. Despite the differing medical procedure, the rest of the procedure is identical. In the euthanasia law 6 conditions of diligence are stated. As euthanasia and assisted suicide are punishable offences, it is of utmost these conditions are carefully followed. If they are honoured, the offence is no longer punishable. The conditions stated in the euthanasia law are as follows. (Wet toetsing levensbeëindiging op verzoek en hulp bij zelfdoding)

The 6 conditions of diligence:

The doctor has

- a. Gained the conviction that the request was voluntarily and properly considered by the patient
 - b. Gained the conviction that there is a case of hopeless and unbearable suffering by the patient
 - c. Informed the patient on their situation and their prospects
 - d. Came to the conclusion, together with the patient, that there is no reasonable alternative solution to the situation
 - e. Consulted at least on other independent doctor, who met with the patient and gave a written statement regarding the diligence conditions
 - f. Executed the assisted suicide or euthanasia with medical carefulness.
- (Euthanasiewet, 2020)

If the six conditions are properly followed, then the doctor is allowed to perform euthanasia. Aside from the conditions of diligence, there are other important aspects of the law that need to be taken into account. Firstly, it is important to note that the patient only can request euthanasia and not their family or friends. A person has the right to register their wish for euthanasia. This can be done through providing a written euthanasia request, which can be useful in the case that a patient can no longer clearly communicate their wish. In addition to the law the Dutch state has provided more information on euthanasia keeping other relevant sources into account such as jurisprudence. Examples on when euthanasia is allowed within the current laws are patients suffering of a psychiatric condition, dementia or more than one severe condition. There are other specific situations where euthanasia is never allowed. These situations are when a person is found to be healthy or that the underlying reason for the euthanasia is that someone considers their life to be fulfilled. Finally the law states that in the case of children, an additional measure needs to be taken. For children of 12 to 16 years old, their parents must sign off on the euthanasia as well. For children between the ages of 16 to 18 years, parents must be involved in the process of the decision making though their permission is not specifically required. (WvSr, 2002; Rijksoverheid, 2020)

When a doctor determines that all of the conditions of diligence are followed and the patient qualifies for euthanasia then the procedure can take place. Whenever a patient is euthanized, the doctor then needs to report the case. Then a commission called the Regionale toetsingscommissie euthanasie examines the case and is provided with the task to determine whether the procedure was executed in accordance with the law. When the commission comes to a conclusion, their judgement on the case is anonymized and then publicized. (Rijksoverheid, 2020; RTE, 2020)

If the commission comes to the conclusion that a case of euthanasia was executed carelessly, the public prosecutor can take the case to court. The punishment of careless euthanasia is as follows:

Euthanasia: Punishment by prison up to 12 years or a fine of the 5th category

Assisted suicide: Punishment by prison up to 3 years or a fine of the 4th category

(Art. 293, lid 2, WvSr)

As the assessed laws prove, the euthanasia policy in the Netherlands is conservative as it is in principle illegal to perform euthanasia. However on a basis of exceptions, it is possible. This makes euthanasia a possibility, though it is an unusual medical procedure.

Landscape mapping

Now that the implications of the current euthanasia laws in the Netherlands have been established, it is possible to analyse the stances of the political parties. Through applying the analysis of the laws and then applying it to the goals of the parties, it is possible to understand what the practical implications of their policy goals would be. Additionally, this knowledge can assist to create a pathway to a potential compromise.

Within the currently governing coalition – consisting of the VVD, CDA, D66 and ChristenUnie - there is a clear and strong divide on the topic. Euthanasia has been a problematic bottleneck during the formation of various governments the last decade (Algemeen Dagblad, 2017). The four ruling parties were able to find solutions for most of their differences on other issues. However in the case of euthanasia, setting their differences aside proved to be extremely problematic. Especially the parties D66 and the ChristenUnie had strong differences and the formation of the government barely survived. In the end the two parties agreed to start fundamental research on the topic and consequently postpone taking any decisions on the matter (Algemeen Dagblad, 2017). As this allowed for the successful formation of a new government, this seemed to be the right decision at the time. A successful formation was of importance due to the urgent situation of the refugee crisis needing resolving (Trouw, 2018). Though what should not be overlooked is what this actually entailed is that no solution was found. Consequently the issue was postponed and will return to the core of the debates sooner rather than later. Realizing that it is a highly sensitive issue, postponing it could lead to a volatile situation capable of creating serious, both internal and external, pressure for the government. The Covid-19 crisis has – logically - been the main focus within politics during the campaigns for the elections of March 2021 and it has relieved some tension of other issues such as euthanasia. Considering that governments are slowly ending the lockdowns, it will be before long the political debates will shift back to other discussions. It is of utmost importance that middle ground is found within certain time boundaries, as it is an issue that urgently needs resolving.

To start mapping out the landscape and learn more about the stances and beliefs of the political parties, we can learn a great deal from the electoral programmes of the parties.

To begin, I will elaborate on the stances of the two liberal parties of the coalition of the Dutch government. First up is the "Volkspartij voor Vrijheid en Democratie", commonly called the VVD, it is the party of the Dutch prime minister and consequently the party with the most seats in the parliament. As they hold a great share of power, their stance on the issue is of paramount importance. They have made a number of statements on the topic of euthanasia. As the VVD is a liberal party they are, unsurprisingly, favourable to a wide availability of euthanasia.

In their programme they state four aspects of the Dutch euthanasia policy that they would like to see changed. Firstly the VVD argue that people who are no longer not capable of indicating, due to declining health, that they would like to be euthanatized (VVD, 2020). They propose that one should be able to make a written statement at an earlier age so that if they suffer from a disease such as Alzheimer's and cannot make the call anymore that the option is still available (VVD, 2020). Currently, written statements are not accepted as an indication for euthanasia and thus a person has to indicate this. This can create problematic situations in two ways. Either people lose their access to euthanasia due to their incapability to indicate that they would like to be euthanatized and the other side is that people can mistakenly be believed that they want to be euthanatized (VVD, 2020). In many

situations a great deal will depend on interpreting the words of people with the serious risk of euthanizing patients who did not want to be euthanized as a result of misinterpretation. A written statement will strongly help deciding on their fate and help their families find peace with the decision by taking away doubt. A potential issue could be that a patient changes their mind after formulating the written statement, though generally this would be a promising policy. Secondly, the VVD proposes that transparency amongst doctors should be increased (VVD, 2020). They argue this is beneficial for both doctors and patients. Difficult situations can be avoided by increasing the transparency. As this allows for the doctors to be clear about their personal convictions regarding euthanasia, the patients will not have to be treated by doctors who would rather not and the doctors will not be forced to perform actions they regard as unethical (VVD, 2020). The VVD believes this to be beneficial to both the patients and the doctors. Thirdly, the VVD is lobbying for child euthanasia. This entails that young children, provided that they are suffering, should have the option to have their lives ended prematurely. If the parents and doctors conclude that the child is unnecessarily suffering than they should have the option to relieve the child of its pain (VVD). Finally, the VVD argues in favour of fulfilled life euthanasia. The party wants everyone who sees their life as being fulfilled to be able to end it instead of having to wait for a natural death. Even though these people are not victims of unbearable suffering conforming to the current requirements, they are of the opinion that these people should have the option to be euthanized too. The party does argue for a diligence policy to ensure carefulness in the process (VVD, 2020). However, they do advocate for a more lenient euthanasia policy.

The second liberal party forming the coalition is the 'Democraten 66', usually referred to as D66. They form another liberal party and consequently argue in favour of more accessible euthanasia as well. Their goals are similar to those of the VVD, though the path that they see fit to realize this goal is different. Instead of changing the current policy to allow for more options, they advocate to dismantle the ban on euthanasia all together (D66, 2020). Thus this would implicate that instead of euthanasia being illegal with a set of exceptions, they would like to allow everyone to have access to euthanasia. This access to euthanasia would even extent to the youngest of the population. The D66 want infants to have access to euthanasia as well if their parents and (D66, 2020). In practice, banning the law prohibiting euthanasia would mean that anyone could quite easily be euthanized, as it would no longer be illegal. Most of the hurdles will be taken away through this method, which is what they strive for. The party already proposed a law allowing for fulfilled life euthanasia to be enabled, which people would have access to from an age of 75 (D66, 2020). The law still needs to be addressed in the parliament, whilst it has received mixed reactions in the meantime (KNMG, 2020).

The medical ethical conservative parties form the counterparts to the liberal parties. In the coalition, the remaining two parties, the ChristenUnie and the CDA, fall into this group. The ChristenUnie is a party that strongly opposes the view of the liberal parties of the coalition. As aforementioned, the D66 and the ChristenUnie have had strong indifferences on the issue in recent years (AD, 2017). Consequently they are the parties that are spearheading the euthanasia discussion in the Netherlands.

The ChristenUnie are voicing a number of stances on the topic. Firstly, the party argues against a law allowing for suicide medication (ChristenUnie, 2020). They argue against a policy that allows people with a death wish who are not suffering from poor mental or physical health to have access to euthanasia (ChristenUnie, 2020). This statement is followed up by proposing an elaborate palliative

care system. Thus instead of euthanizing patients, the party advocates to relieve their suffering through palliative medical care instead (ChristenUnie, 2020). They are aiming to increase the availability of the palliative care, this entails that patients should be able to receive the care at the preferred place of passing away. Most importantly the party wants patients to have access to palliative care at home (ChristenUnie, 2020). Additionally the ChristenUnie is advocating for an appropriate application of palliative sedation. They argue that in order to ensure this, continuous adjustment of policies and the education of experts is key and that this continuous adjustment should be founded on the most recent scientific insights (ChristenUnie, 2020). Furthermore the ChristenUnie (2020) is making a plea that in all cases where there is discussion within the commission on deciding the fate of the patient, the public prosecution should judge the case. To reinforce the involvement of the public prosecution, they ought to have power to survey over the regional euthanasia commissions at all times (ChristenUnie, 2020). Finally the ChristenUnie (2020) wants a transparent casuistic; what this entails in practice is that cases tried by the regional euthanasia commissions are to be published.

This all means that the party believes that euthanasia should merely be a final solution in the case of severe suffering (ChristenUnie, 2020). The thought behind this are that, instead of helping people give in to their death wish, people should be helped to overcome this wish (ChristenUnie, 2020). The party is voicing their concerns on the societal trend that euthanasia is slowly and covertly changing from a final saving of a horrible death to an escape from a disappointing life (ChristenUnie, 2020). Furthermore, the ChristenUnie (2020) is making a fist against the tendency that doctors are expected to regard euthanasia as a normal part of their job. Finally, the party states that it does not consider euthanasia to be a regular medical treatment and should be considered as being exceptional treatment instead (ChristenUnie, 2020).

The last party that will be elaborated upon is the "Christen-Democratisch Appèl", commonly known as the CDA. At the core they share similar convictions to the ChristenUnie regarding medical ethical issues. The CDA states that at the centre of every discussion regarding care for the elderly there should be sufficient attention to conversations regarding life related questions and finding meaning (CDA, 2020). They recognize that in our contemporary society, an increasing amount of people live to reach a high age in health. Thus discussions regarding this group of people should not be neglected. In order to realize this the CDA advocates for an increase and improvement to palliative care (CDA, 2020). There ought to be more possibilities regarding palliative care and hospice. The extension of the possibilities should take place in close collaboration with municipalities and providers of health insurance (CDA, 2020). Furthermore the CDA states that, based on the results of the report on fulfilled life, there is a serious societal issue (CDA, 2020). Especially in the case of people feeling lonely, left out or lost, they should be receiving attention and as a result the CDA is opposed to the application of euthanasia in fulfilled life cases (CDA, 2020). Instead there should be more attention paid to people having doubts regarding the purpose of life. They state that as a society we should do our utmost to help people regain a purpose to live (CDA, 2020).

Considering the convictions of the parties that can be derived from their statements in diverse sources, it is clear that there is a strong divide within the coalition. What stands out most is that the medical ethical conservative parties are not fundamentally opposed to euthanasia itself. Instead they stress the need for the government to focus on prevention, palliative care and mental well being. However as neither the CDA or the ChristenUnie state that they are aiming for an all together

ban on euthanasia, there is likely room for flexibility. The liberal parties take a firmer position, they merely aim to increase the accessibility of euthanasia (VVD, 2020; D66, 2020). However, as they oppose the current policy it is logical that they go into the discussion with propositions of more radical change. Neither the VVD or the D66 made any statements on how they aim to approach palliative care or helping patients to help find purpose in their lives, which makes it complex to assess whether they would be positive towards finding alternative solutions to euthanasia. The D66 does mention palliative care in their electoral programme and recognize the importance of questions surrounding the end of life (D66, 2020). Aside from mentioning the need for educating doctors on this theme, they provide no further concrete information (D66, 2020). A final remarkable finding is that it seems that the discussion around the topic has been relatively calm during the campaigns of the 2021 elections. Only little attention was paid to the topic and it was not a fiercely debated topic, as it was four years ago. This is confirmed by the electoral programmes of the four coalition parties. The ChristenUnie is the only party which dedicated a extended section on the topic (ChristenUnie, 2020). The D66 mentions the importance of questions regarding the end of life, though does not address the topic in depth in their programme (D66, 2020).

Discussion

Successfully mediating between the involved political parties will be extremely challenging, though it is certainly possible. The challenge mainly lies in the diversity of the involved parties. The stances of the ruling parties were discussed, though the opposition will have strong opinions on the topic as well. Therefore there might be additional criticism from the opposition, threatening a successful compromise – especially in the long term -. What this entails in practice is that the quality of the compromise must be ensured, following the research of Van Parijs (2012). Thus it is essential that all of the coalition parties feel heard and content about what they got out of the compromise.

Another prominent issue from the perspective of the conservative parties, is the fear of allowing for incremental change regarding the euthanasia policy. What the parties are afraid of is that later on during another coalition, progressive parties will try to change the euthanasia policy again. This results in the conservative parties being highly reluctant to changing the policy to a more liberal form. This means that trust is essential to the compromise, as the coalition has been working together successfully for years this should not turn out to be a major issue.

In the end, at the core of politics is the urge of parties to please their constituency. The fear of losing votes is a prevalent occurrence and makes handling complex issues with principles at the heart especially difficult. This phenomenon is known as the trustee/delegate problem (Rehfield, 2009). A trustee has autonomy and can act with a free mandate (Fox et al., 2009). In this case this would allow for politicians to make a compromise even when it goes against the principles and beliefs of their constituency. Delegates are required to follow the beliefs and principles of their constituency strictly (Fox et al., 2009). When the politicians who hold key roles in the formation of a compromise act as delegates, the process will be less efficient (Fox et al., 2009). Many strong principles will hold back both sides with the risk that the current status quo will stay in place. Instead, the politicians must act as trustees regarding this topic and take the freedom to act against the principles of their constituency (Rehfield, 2019).

The constituency are an uncertain factor in how well they will respond, though through proper communication this should not be an issue. The landscape mapping yielded some promising findings. The most positive in the search of a feasible compromise is that all four parties realize the urgency of an improved policy. The ChristenUnie and CDA are advocating for palliative care as the main solution (ChristenUnie, 2020; CDA, 2020). In their electoral programme D66 mention that the possibilities of palliative care should be explored and mention that this form of care is promising (D66, 2020). The VVD does not specifically mention palliative care. However as they do recognize the need for extending the possibilities for end of life care, it is unlikely the party would be opposed to the idea.

Possibility of a compromise

Perhaps the most complex aspect of answering the research question is answering the following question: why would the parties want to compromise? At first sight the answer to this question would be that both sides of the discussion would not be willing to compromise. The liberal parties do not get what they aim for and have to make due meeting the conservative side halfway instead. Arguing from the opposing stance, conservatives are advocating to keep the current policies in place. Initially, it would be seemingly unnatural for a medical ethical conservative party to agree to a policy giving more accessibility to euthanasia. This corresponds to the attitude that the parties tend to show during debates. The politicians argue from a negative stand point: by compromising they are the ones giving up on their ideals. As a result it is unsurprising the coalition is having a hard time collaborating and finding a feasible compromise. Instead the rationale ought to be reversed. When both sides of the discussion take a positive stance towards a compromise, it would suddenly be a whole lot more realistic. The logical process would then comprise of a whole different perspective. The coalition parties would no longer have to consider forming a compromise to be about disowning their ideals, it would be an opportunity to fortify their ideals. Important theories indicated that the consideration of making a moral trade-off is strongly dependent on intuitive processes (Mandel & Vartanian, 2008). In the case of euthanasia, where principles are strongly involved, these theories explain how this strong involvement of principles impedes the ability to compromise. Mandel and Vartanian (2008) additionally found that confidence is a fundamental factor that is involved with moral trade-off. This stresses the importance that the elites that are involved with the decision making need to believe in the compromise. If this believe is absent, their confidence would be at the risk of being shaken and they would consequently not advocate in favour of the compromise. Consequently, morality is involved in the analysed case and the parties will have to be convinced that a compromise would be ethical (Nichols & Mallon, 2006).

In the end, both the liberals and conservatives will be better off through forming a compromise as a proper policy will be more pleasing to their constituency in the long run. There are plenty of overlaps in the stances of the parties and there are no real deal breaking stances that make a compromise impossible. This gives us the opportunity to discuss the aspects that the policy, resulting from the compromise, should include.

The compromise

Then finally, what would the compromise look like? What the details of the compromise would look like is to be decided by the parties among themselves. However I am able to set some boundaries in which a compromise would likely to be acceptable to all of the parties involved, whilst keeping the aspects of a good compromise, as proposed by Van Parijs, in mind.

Firstly it is important that the coalition will be leaving the law in place. Though, they increase possibilities for euthanasia. State policy should emphasize that euthanasia is a last resort measure and should discourage the applying. The process should be improved to be more streamlined. Palliative care should be at the centre of the new policy as it is a policy all of the parties will be in favour of.

The conservative parties are reluctant to commit to a compromise. I believe a key aspect of this reluctance to be the unwillingness to give in to their ideals. The parties would rather wait for a future coalition, without them being part of it, to make changes to the policy. In this case they can claim they are opposed to the policy, instead of being part of the origin of the policy themselves. However what the conservative parties must realise is that by postponing the decision making, they are making a compromise of sorts too. This comes back to the aforementioned of the status-quo of a non-decision, which is harmful to the society. The conservative parties ought to commit to a compromise, both to protect their ideals and in order to serve the citizens – which is essentially their task -.

The bottleneck in forming a workable compromise is the debate on the accessibility of euthanasia. Whilst the progressive parties are continuously advocating for a wide access to euthanasia – especially fulfilled life euthanasia -, the conservative parties are fiercely opposed to this. It is expected that sooner or later, a policy concerning fulfilled life euthanasia is passed and will be implemented. If it is not now, then a potential liberal government will implement it. The consequence of this scenario would be that the policy will likely be implemented on a liberal basis. In practice this would entail that there would be relatively little diligence and the euthanasia would be broadly and easily accessible. In order to prevent this from happening, it is of importance to the conservative parties that they act whilst they are in power.

As compromise would be powerful as both sides will have a say in the policy, giving the policy strong foundations and giving it the potential to last for a long time. The concerns of the conservatives will be entailed in the policy from the inside of the coalition instead of having to criticize the policy from the opposition. If proper arrangements are made that prevent incremental change from being implemented in the future, the conservatives will be able to defend their goals far more effectively than if they were to take in a stubborn stance.

Additionally an important argument for the conservative parties to agree on a compromise is that compromise allows for control. As it is an official procedure, the government can set rules on how this procedure is to be performed. For example, professional help prior to gaining access to euthanasia can be made mandatory and people applying for euthanasia can be helped. When fulfilled life euthanasia is denied in all cases, this could lead to undesirable situations. A person could for example turn to drastic measures and commit suicide. If euthanasia would be allowed – albeit under strict circumstances – people could be found to be more willing to undergo treatment prior to taking the matters into their own hands. In the long term this would be beneficial to the public health and could serve the goals of the conservative parties even better than prohibiting fulfilled life euthanasia all around.

Thus through reasoning systematically, it can be concluded that it is beneficial for the conservative parties to reach a compromise together with their liberal coalition partners.

When the conservative parties are found to be willing to negotiate a compromise, it is the responsibility of the liberal parties that they take this opportunity. However, it is to be stressed that mutual respect should be shown. Especially the liberal parties will have to respect the ideals of the conservative parties if a compromise is to be reached. Trust is of essential importance as it is the foundation of this compromise. If the conservatives do not trust their counterparts, the compromise will fail to be agreed upon.

The actual contents of a new policy would have to contain a number of essential aspects. Firstly, as all the parties have a positive attitude towards it, palliative care will be central to the new euthanasia policy. In any case that a patient can successfully be treated using palliative care, this should be used over euthanasia. The patients will be relieved of their suffering whilst avoiding the controversy of euthanasia. Secondly, under strict circumstances fulfilled life euthanasia will be allowed. The procedure in order to allow for euthanasia in a case of fulfilled life will have to be thorough. Patients are to undergo intensive psychological treatment as to attempt and regenerate the purpose in the life of the patient. Thirdly, under extreme circumstances euthanasia for children is to be allowed. Only in the case of highly severe physical and/or mental conditions should they be allowed the medical procedure. Fourthly, as fulfilled life euthanasia does not address the underlying issue that creates the demand for the procedure, alternative policies are to be created. The government is to invest heavily in elder care and bringing purpose to the life of those who feel lonely and depressed. Additionally, the role of doctors should be reassessed as well. Whenever a doctor does not think performing euthanasia is ethical they should under no circumstances be expected to perform the euthanasia, nor the procedure prior to the euthanasia. This can help relieve a lot of frustration from both the doctors and the patients. And then finally, a factor that should help increase the willingness of the parties is keeping the 6 factors of diligence in place.

Limitations

The main limitations that apply to this research are that politicians and their constituency do not strictly act rational. Thus what this implicates is, that even though according to the theory of Van Parijs the proposed compromise would be considered to be a good compromise; not all parties will be guaranteed to agree to the policy. Additionally, this research mainly focussed on compromise as an outcome. Compromise can function as a process as well. The role that it has as a process is worthwhile looking into, especially if no compromise is found on which all the parties can agree. Additionally, the role of the opposition has been neglected in this research. Even though the coalition does hold the power to implement the policy, the role of the opposition can always prove to be significant. For future research, other combinations of parties could be assessed. This could be especially relevant if one of the parties decides not to agree to the compromise.

Conclusion

To conclude, the status quo currently in place is ruling out a consensus on an euthanasia policy. However, this status quo can be changed into a feasible compromise. As concessions are hard to make for either side in the discussion, a carefully formed compromise is required in order to allow for a policy to be successfully created. Following the multiple streams theory of Kingdon (2012), it can be argued a window of opportunity is available that confirms the chance to act. From the assessment of the party stances we can also conclude that a compromise is indeed possible, even

though the euthanasia policy is a complex case. To guarantee the quality of the compromise in accordance to the theory of Van Parijs, I identified 6 aspects that will be key in the new policy. This balance will allow for a compromise that has the potential of great longevity. To ensure this the policy should entail the following:

- 1) Palliative care should be utilized when a possibility.
- 2) Fulfilled life will be allowed under strict circumstances and prior psychological treatment.
- 3) Euthanasia for children will be allowed under exceptionally severe circumstances.
- 4) Investments in elder care and the stimulation of regaining purpose in life.
- 5) Doctors who believe euthanasia to be unethical should under no circumstances be involved in a euthanasia case.
- 6) The 6 diligence factors are kept in place in order to ensure that every euthanasia case is judged thoroughly.

It is in the interest of both the liberals and conservative side of the medical ethical discussion to agree to the proposed policy. Neither side will get their initial aims, however the key interests of all the parties are included. By agreeing to the proposed compromise the conservatives will get to ensure the restrained and careful attitude of the government, which is in line with their ideals. As a result fulfilled life euthanasia will not be stimulated and instead alternative solutions will be promoted. To the liberals the policy will be beneficial too as the euthanasia policies will be extended, albeit under strict circumstances. As all of the parties recognize the underlying issues of the aging population paired with increased loneliness and declining mental health, solutions should be found. The liberals should prove to be willing to explore other alternative solutions too.

Furthermore, incremental policy change should be avoided at all cost in this scenario. The trust of the conservative parties will have to be gained by the progressives. If the conservatives expect the liberals to break their promise in the long term, they will not agree to the policy and this could seriously harm their relationships going forward. This once again proves the value of mutual trust in when negotiating a compromise.

Finally, considering the Netherlands are a consensus based democracy, what we learned by assessing the Dutch case can be applied to other similar scenarios worldwide. Other countries that are struggling to strike a balance between a liberal and conservative policy in a splintered political field can retrieve knowledge from this case, as a similar approach . The findings and the research method could successfully be applied to global processes as well, such as UN policy on a variety of topics. As the UN political processes are very much driven by the diverse interests at stake, the consensus based foundation of the Dutch case is suited to be applied to global processes as well.

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Appendix 1: stances of the Dutch coalition parties towards euthanasia.

Medical ethical liberals: D66 & VVD – Pro euthanasia

D66

Assisting with euthanasia should no longer be illegal as of Art. 294, lid 2, WvSr

Euthanasia law should be expanded

Suffering infants should have access to euthanasia

Palliative care should be explored further

VVD

Written statements for later euthanasia in the case of dementia

Transparency amongst doctors on their stance on euthanasia.

Suffering children should have access to euthanasia as a final option.

Fulfilled life euthanasia should be possible (with diligence)

Medical ethical conservatives: ChristenUnie & CDA

ChristenUnie

No law for suicide medication

Palliative care

Palliative sedation

Supervision Public Prosecutor

Transparency casuistic

CDA

Against an euthanasia law

Palliative care

Societal issues lead to loneliness and feelings of being lost

More attention required

Focus on rejuvenating meaning in life