

The final seduction: Belgian euthanasia doctors become tourists at Auschwitz

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Belgium's leading euthanasia practitioner recently conducted a 'study tour' of Auschwitz (reported in Der Spiegel Nov 21, 2014). His group of seventy included doctors, psychologists and nurses from Belgium, all in favour of euthanasia; with no-one to challenge their world-view that they are right in taking the lives of other human beings. One is a psychiatrist, deliberating a request for euthanasia by a man with bi-polar disorder who loses thousands gambling during his manic phases. That such a request can be considered at all shows just how far they have travelled already in Belgium under Wim Distelmans.

Since Belgium's law was introduced in 2002, Distelmans is reportedly responsible for the euthanasia deaths of hundreds of people - a physician who kills people. He is constantly in their media proffering his 'morally superior' leadership. He is also co-chairman of the Belgian government's Euthanasia Commission, which has never found even one of the cases presented to them worth investigating. He sees no conflict in regulating himself. Morally superior indeed. Now, as the psychiatrist's mulling shows, terminal illness is long-past being a restrictive criterion for euthanasia in Belgium. They say they are acting out of 'unconditional love'.

Although we have no special sense of his worry from the Der Spiegel article, the prospect of visiting Auschwitz apparently makes Distelmans feel uneasy. Maybe it has to do with the fact that a concentration camp survivor who was to accompany the group has called off her trip at the very last minute because she has 'come down with a cold'. Perhaps the cold is real.

Distelmans promoted his tour of Auschwitz as an opportunity to reflect on the meaning of 'death with dignity'. Genuine horror at what happened there might help us reflect, he says; but on what? That killing someone by lethal injection in a hospital room is therefore more dignified, perhaps? As a great philosopher once put it:

...I suppose there might be a man who 'passes brilliantly' every part of the medical course, and of whom you'd [still] feel that he never ought to be... [in] medical practice...he may make some remarkable diagnoses and

cures. And yet...[while] you do not mean that he will never be properly qualified [it is] almost as though his practice in medicine was bound to corrupt him in some way; by which I do not mean he will break down or fail or suffer a decline in his powers. If he develops a sort of cynicism in medicine; or he regards it chiefly as a field in which to show prowess – this would be worse than any failing in brilliance.

The cynicism Rush Rhees speaks of, including the 'evil of thinking oneself to be God's agent' (not in a necessarily religious way), is a deep corruption: of course many practitioners do not want to be involved in making end-of-life decisions for many reasons, religious and moral amongst them, or from the sheer 'primitive horror of taking another person's life'.

So it is not what they commonly do that qualifies doctors in any special way to make moral judgements about end-of-life situations. What they commonly do may, in fact, disqualify them, may in fact prove them to be the worst of people to act as judges, if they have become inured to deep consideration of each individual human death, seeing life as a bus to jump off when we please, or when the going really gets too tough.

If that last, most desperate situation can be understood in some ways that does not make their position and responses any the less shallow; a medicalised approach to death is yet emotionally void. Some doctors are cynical, some are self-absorbed, or have fallen into the trap of their god-complex.

Is it really necessary to visit the site of the worst excesses of cruelty and murder to learn something about the depths to which human beings will fall? How is that supposed to actually inform anyone's deeper views about euthanasia?

The world is beginning, rightly, to question Distelmans' purpose. As the journalist poses the question: is a physician who practices euthanasia 'allowed to gaze into the abyss to assure himself of the moral fortitude of his





actions... Is that cynical? Absurd?’ Is that what he is doing? His moral fortitude? What could possibly set his moral position above anyone else’s? Being a doctor is simply not enough and may be exactly the opposite, what rules him out of making such moral decisions, because he has become so inured to death, treating it so clinically.

Distelmans’ moral fortitude is my moral disgust, where any possible majesty in human passing from life is buried with his victims, reduced to a sterile, passionless injection of lethal substances – by a doctor convinced of his own moral rectitude – where have we heard this twisted moralizing before? O yes, was it not in this very place, Auschwitz, where doctors played such a huge role not just in practice but in developing the ideology which brought about the very conditions for Mengele, and his type, to practice and to pretend this was medical science, not the worst degradation and unthinkable torture? Pretend, until the last moment when they destroyed all records there and in Berlin, knowing the reality of what they had done.

After the trip was over, the deputy director of the Auschwitz memorial said: ‘We feel that the attempt to link the history of Auschwitz with the current debate about euthanasia is inappropriate’. Hear, hear, even if he felt it necessary to use such soft phrasing for motivations that contort the truth in the most disingenuous way.

In slight recognition, a woman from the group apparently says: ‘Poland is a devoutly Catholic country. Perhaps we are not welcome’. Really? Just because of their Catholicism? Is this not just another denial of the reality that they are going to Auschwitz, perhaps an attempt to salve a conscience troubled somewhere very deep down? They are following Distelmans to Auschwitz, they say, to ‘learn more respect’ for their fellow human beings; to reflect upon what it means ‘to kill out of humility and love’, in this place which Distelmans counts as an ‘inspiring venue’? Revulsion is not restricted to Catholics.

There is a Belgian journalist in the group: ‘I’m traveling as far as Birkenau, and when I have enough material, I’ll go back home’. There’s also a homeopath who says: ‘A

well-balanced individual has no need for euthanasia’. Some conscience after all.

Distelmans is proud of his work. Since earlier in 2014, children have been able to apply for death by euthanasia. Unbearable suffering is the sole criterion, not being terminally ill, not even having any physical disease – mental distress is now sufficient, simple despair, or fear. What is unbearable? ‘That’s up to the patient to decide.’ A child of seven, or eight, or nine? Distelmans is not a psychiatrist. How does he assess the difference between despair and a ‘settled intention’ the supposed rational (sic) determination of someone facing, in reality not in imagination, fear of the unknown, a terrible end of life?

He doesn’t. It’s all the same to him. His ‘heart goes out to everyone who has to die alone’ yet he has killed a depressed mother without reference to her family, friends, anyone who might wish to succour her in her despair. Alone, except for him. How does such a person, in such a state of desperation, being treated with medication known to bring suicidal ideation, fit the notion ‘being of sound of mind’ in Belgian law?

Distelmans trains other physicians who help patients to die at their hands. His organisation distributes euthanasia application forms to pharmacies and libraries, apparently with little regard that they might incite vulnerable people to use them. He distributes fliers in the school diaries of 8 year old children, advertising his euthanasia talks in schools to their parents, even if smart or older kids can get hold of them. Maybe he doesn’t mind that – get them while they’re young? Children have their rights too, no?

His organization gets money from those who die. The mother and grandmother with depression, for example, paid €2,500 in advance. So how far is his zeal conflated with profit, his talks drumming up



‘customers’? We can only guess, but the lawyer who started a death clinic in Switzerland is now a millionaire: that’s a matter of public record. And membership of the Australian Dr Death’s organization is not cheap. The products he sells, on top of membership, are expensive and involve personal risk. The drugs he promotes are illegal in most countries where he operates, so the suicide-seeker must buy from his contacts in China or Central America, in shady deals at a mere \$500 dollars a pop, that attract the attention of Customs and Excise officers. Sometimes police investigations follow, as he

warned his audience of fewer than twenty white, middle-class, over fifties in Brussels earlier this year. We have no idea either how much stays with the contacts supplying the fatal drugs.

In Belgium patients, sometimes still capable of walking, eating, drinking and speaking, are described as ‘no longer able to deal with the fear’. There is no question for Distelmans and his cohort that this fear must ‘be respected’. That such fears are most usually diminished, managed through quality care, seems to escape consideration. This ‘existential suffering’ is enough, whether in a patient after botched sex change operations who insisted on inviting tv [PR3] cameras to witness his euthanasia death – no questions about his state of mind here? Or 43-year-old twin brothers, both born deaf, after they found out that they might also go blind, Distelmans proudly claiming for himself the world’s first double euthanasia in the world’s media? No questions for that mother and grandmother being treated for clinical depression with such medication? Her family find out by a phone call from Distelmans’ clinic the day after; not even the day before, when they feel there was still a chance.

Speaking in his office in Belgium before the trip to Auschwitz, Distelmans reportedly said: ‘We are the first generation that can artificially determine both the beginning and the end of life. People are getting older and machines allow them to live forever. We have to take responsibility for the fact that not every individual is willing to take this path.’ He says he opposes a dictatorship by machines.

This is rank nonsense. Hippocrates invoked his famous oath two and a half thousand years ago precisely because his doctor-colleagues were practicing euthanasia, and he wanted to outlaw the practice in medicine. Nothing to do with machines, or medical advances. No-one lives forever, with the help of machines or not, but many live good lives with their help. Moral fiction fused with science fiction – deadly dangerous, an actually fatal mix.

These skewed ideas are no more dangerously self-deceived than when he says ‘we must assume responsibility’ for the lives and deaths of others. The death of any individual, my death, if it can be said to belong to anyone (and that is not without its difficulties) is my responsibility – his assuming this for himself is a worse kind of dictatorship than he could ever, mistakenly, assign to machines. And that we can do it, does not lead to the conclusion that we therefore should do it: that is plainly false in any number of

considerations, moral and otherwise. Distelmans’ logic is itself fatally flawed.

Distelmans speaks to the group in Auschwitz:

‘There is...no better place than Auschwitz to reflect on dying with dignity, to ponder the meaning of dignity.’

The group is reminded of the Stanford prison experiment in the US, in which students played the roles of prisoners and guards which was halted because the ‘guards’ lost control and abused the ‘prisoners’.

‘What does this mean to us?’ Distelmans asks. ‘Many of us are doctors. We have power over other people. We know everything better. We were taught to preserve life. But we have to make sure that we do not...treat our patients, against their wills, when they actually want to die. Nobody should assume that they have the power to judge what a life is worth...’

But the lesson from Millgram’s experiment was how easily ‘ordinary’ people fall into playing roles, confusing them for reality – none of them even doctors. The extent to which doctors exercise power, and absolute power at times, is real, but that is precisely the moment to guard against those doctors, and protect those who are vulnerable, and often inadvertently, fall into playing the role of ‘acquiescent patient’, also well-documented since Millgram’s experiments demonstrated how far people will comply with authority-figures dressed in white coats. Power can be no more absolute than when it leads to the ready agreement by the patient to give up their life, because a doctor judges it is not worth living. Nobody should assume that power, but the stand-out contradiction is that is precisely what Distelmans is doing, fostering the final solution to fear, the purposeful purveyor of death.

Distelmans says he wants to understand what drives people who eradicate other people, to understand how this differs from killing out of respect and love. He is more intimately aware of this than most of his professional colleagues will ever be. He says he understands nothing. But this is deflection, pretence to some inner moral struggle. Or it is a sign of something more sinister. Either way, Distelmans’ behaviour contradicts his musings.

They visit the ‘infirmary’ where SS doctors performed experiments on disabled inmates, or twins, sterilizing men and women, and injecting phenol into prisoners’ hearts, and doing much worse. The Belgian physicians reportedly remain standing in front of this chamber for a

long time, apparently transfixed by the sight of a stethoscope and a white doctor's smock on the table. Another, different, 'hospital room', same clinical decision-making, who lives, who dies.

Outside to get some air, Keirse, a psychologist, says that the worst part for him is that many Nazis were animal lovers. 'Rudolf Hess loved dogs.' Seriously? The worst thing? As though the life of say, my grandmother could ever be measured against even a loved family pet: her love for my grandfather, her children, my mother her daughter, my aunts and uncle, all her hopes and aspirations, the influence she had on the lives of so many other human beings, my life...and this from a practicing psychologist? A supporter of euthanasia? The stupidity of this facile equation of human life with 'other animals', the majority of which are not ever going to be pets, is the worst thing: no more so than in the hands of self-supporting providers of death with no moral questions.

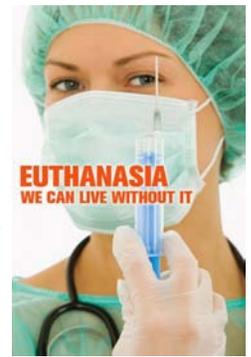
Even more chilling, if that is possible, a woman from the group is walking behind them. She says she would like to see euthanasia laws in Belgium extended to include people who are suicidal. She also doesn't think that children with terminal illnesses should require their parents' signatures if they want to end their lives. A child cannot marry, drive a car, drink alcohol, vote, but should be allowed to decide to die? How corrupt can anyone's thinking become?

Distelmans talks about the false paternalism of doctors who force life upon an individual - a paternalistic doctor is a power-monger. Distelmans says he hates power, but his own words betray him.

The journalist observes: 'He came to Auschwitz with an agenda: he wanted his colleagues to understand his definition of freedom - and he hoped they would admit that there can only be freedom if people can liberate themselves from the power of others. He doesn't see that the freedom to decide about one's own life can be overwhelming for a patient. He doesn't see that an individual who is hesitating on the threshold between life and death might want someone who says: Don't go.'

Distelmans knows the exercise of real and absolute power at first-hand - taking a human life, and bolstering oneself with false logic, trying to justify what cannot be justified. He is not the first doctor to fall into this trap, will not be the last, which makes his influence even more concerning.

After their visit to this most terrible death camp, the group discuss a patient, paralyzed on one side and who is a former member of the Waffen-SS: a portrait of Hitler hangs over his sofa. One says he refused to perform euthanasia because he doesn't feel the Nazi deserves a painless, gentle death. Here is the reverse moral judgment which demonstrates just how meaningless it is for the pro-death advocates to speak of patient autonomy and choice, when all the power rests with the practitioner to decide. Another says: 'I could have no empathy for his suffering as an individual because the guy doesn't tick the way a normal person does. If I killed him, I would feel like a murderer.' So the doctor's empathy is the deciding factor, his judgment of what makes any patient 'tick', not the circumstances of illness: well, we knew that anyway - patient choice is merely an illusion. But the rude shock is that this is the case where this doctor would feel like a murderer?



Later, Distelmans reflects on the Nazi, and then says that he would perform euthanasia if the request were commensurate with the law. He says that he would do it 'out of respect for the man's pain and humanity - as an act of unconditional love'.

And there it is: that final seduction.

The insane ideology of the final solution involved false pseudo-scientific rationale. The idea that he would kill this Nazi out of 'unconditional love' is an equally risible and abhorrent 'rationale'. If Distelmans is serious, it is the deepest self-deception, this twisted ideology of the morally superior judge of life and death. Killing someone, anyone, former Nazi or otherwise, as an act of unconditional love, is beyond most human nature, and never a pure act when so many other human frailties are bound into every individual decision for every individual's death. Distelmans imagined moral superiority is the most seductive view of himself: the deliverer of the final solution. No wonder he finds Auschwitz inspiring. Perhaps he dreams at night of massive reductions in the world's population; some of his 'colleagues' do. After all, the final solution he has just visited, began with disabled people, especially the most defenceless. Maybe he wants to rid the world of us too?

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