

Episode 7 – The Killing Fields of Belgium: Belgium part 1

[SUICIDE WARNING]

[PRAYER BELL CHIMES]

[Ethereal female voice]: **There is no death. There is only me, me, me who's dying.**

Tom Mortier: That's the whole thing. Where are you going to stop? If you kill my mother, then you kill, can kill many, many, many more people.

Andrew Denton: Tom Mortier lives in Belgium, home to what are often described as the most liberal euthanasia laws in the world. Here, people of any age, even, in some circumstances, children, can be euthanased. In 2012 one of those was Tom's mother – a death, he says, should never have happened.

[OPENING TITLES]

Andrew Denton: My name is Andrew Denton and you're listening to *Better Off Dead*.

If there is an epicentre for anti-euthanasia sentiment, it's Belgium. Opponents ask "What kind of a place is this where people voted to allow euthanasia for children? Where twins can be granted the right to die because they are going blind?"

Allegations are made of a euthanasia culture that has become so uncaring, the elderly are regularly despatched without their consent. The word "murder" is sometimes used.

Yet, for all these claims, since its inception in 2002, there has been no procession of Belgians coming forward to complain about what the law has done to them. Which is why Tom Mortier's story is so powerful. In alleging the wrongful death of his mother, he has put a human face on the slippery slope. So I decided to go there to find out how Belgians feel about their euthanasia law.

Andrew Denton: Godelieva De Troyer, Tom's Mortier's mother, had been in treatment for depression since the age of 19, before Tom was born. She had sometimes considered suicide and, despite more than 40 years of therapy, her psychiatrist acknowledged there was no cure for her condition.

At the age of 64 she applied for the right to be euthanased.

Tom Mortier: I received an email on the 31st of January, an email from my mother stating that my mother – "I am in a euthanasia procedure and I'm now waiting for the result". It was more or less like, "OK, there is a team who is investigating my question," and she was waiting for the result.

Andrew Denton: Godelieva had applied for euthanasia four months earlier on the grounds of "psychological distress". Under Belgian law, permission can only be granted if "the patient is in a medically futile condition of constant and incurable physical or mental suffering that cannot be alleviated".

Tom Mortier: Well, she was with a psychiatrist for 20 years, and this psychiatrist said to her that yeah, she would never be cured from her depressions anymore so she would be having

depressions for the rest of her life, but yeah, I mean, it goes up and it goes down. I mean that's the whole deal with depression.

Andrew Denton: The law dictates that, when a request involving a non-terminal illness is made, two doctors, independent of each other, as well as a psychiatrist, make a rigorous investigation of that request and of all available alternative treatments.

Tom Mortier: I mean, he, has his team, he has a psychiatrist, I mean was really willing, I mean, she's stating that's she's really listening to people, like all the other psychiatrists aren't listening to people, but she's really listening to people. So after two conversations with my mother, OK, she said my mother can be helped to die.

Andrew Denton: On April 20, three months after his mother's email, Tom received a letter from her written in the past tense telling him that her euthanasia had been carried out the day before.

Andrew Denton: Was anyone else notified or was there a requirement for anyone to be notified?

Tom Mortier: No. We have an ultra-liberal euthanasia law, which many other countries they are looking at. So, it's like the killer of my mother, he is the hero of absolute self-determination. It's all about self-determination.

Andrew Denton: This wasn't straightforward for anybody. When Tom was five, his father had committed suicide. To lose his mother this way brought back painful memories.

Tom Mortier: This is my, I am now living with it. I have been living with this since I was five years old, with all this pain and all this frustration and not having a parent. I mean, like, for example, seeing the other kids talking about their fathers, well, you don't have a father, he committed suicide, and now it's just, well, it's a continuation of what I already experienced.

Andrew Denton: That his mother could chose to die, and that others would help her, without telling him was, to Tom, inconceivable.

Tom Mortier: When I received that email, it was a tough situation. Although I knew of course that my mother was depressed, she had many friends, so she was still going everywhere, she was still going on holiday, so in fact nobody, even not her neighbours, not her best friends, knew that she was going for that lethal injection.

Andrew Denton: Tom's pain, when I met him, was palpable; his anger too.

Tom Mortier: "Are you going to give me the lethal injection? I'm asking you to. This is my absolute wish. I don't want you to inform my children." What are you going to say?

Andrew Denton: You're asking me to respond to that?

Tom Mortier: Yeah, what are you going to say?

Andrew Denton: As a human being, I would respond to you and say, "I think your children need to know".

Tom Mortier: OK. Well, as a physician, I would say to this woman, "Although you haven't had contact for the last year, your children have the right to know your thoughts".

Andrew Denton: And here lies one of the wellsprings of Tom's anger. He hadn't spoken to Godelieva for a year before she died. Both he and his sister were estranged from their mother, which also meant she hadn't seen her grandchildren.

When Godelieva email arrived in January informing him that she had applied for euthanasia, Tom, aware that she had expressed suicidal thoughts before but that they had passed, decided not to reply.

The news of her death three months later came as a deep shock.

Under Belgian law, Godelieva wasn't required to tell Tom – or anyone – if she didn't want to, though she did email him her intention – an email that went unanswered.

Andrew Denton: Tolstoy wrote: "All happy families are alike; each unhappy family is unhappy in its own way".

Tom sees what happened with his mother not as a breakdown in his family but as a breakdown in Belgian society brought about by euthanasia law.

Tom Mortier: It's all about absolute self-determination. So if you have this legalisation of euthanasia, and they're all looking at the Belgian euthanasia law, well, these are the facts. You don't have to be connected with people any longer.

Yves Desmet: I can understand that it must be very hard for him not to have been informed of his mother's wish.

Andrew Denton: This is Yves Desmet, former editor of the daily newspaper *De Morgen*.

Yves Desmet: But his mother repeatedly expressed her wish for euthanasia, and in that case it was reviewed even more fiercely because it was psychological, where you also have the consent of a psychiatrist before you can perform the act.

Andrew Denton: Yves has been reporting on Belgium's euthanasia law since its introduction in 2002.

Andrew Denton: Was there public sympathy for him?

Yves Desmet: I don't think so. I don't think so.

Andrew Denton: Why not?

Yves Desmet: Just as my son and my daughters have no right to impose euthanasia on me, they cannot stop me neither. It's my will, it's my decision. It's the individual that is in the centre of the euthanasia debate, and that is the big, I think, ideological, theological, ethical divide – that it is the right of the individual to decide what happens with him that is put in the first place – not the church, not the sons, not the family, not a doctor, nobody else but the individual, and if you cannot live with that kind of philosophical preference for the individual, then you have a problem with the euthanasia law.

Andrew Denton: Public support for euthanasia in Belgium is phenomenally high. According to polling commissioned by *The Economist* in 2015, 85% of Belgians are in favour and only 5% against. Yves thinks this is not a picture the world sees.

Yves Desmet: What bothers me also is that 10 years of euthanasia with I think we are now at about 10,000 cases in Belgium, that every time a foreign journalist comes here, after four questions the question then of Tom Mortier falls. It's the only questionable case in 10 years, so the 10,000 who have never been in question, where there was no inquiry, where everybody has said – the vast majority in every opinion poll of Belgium people who say “Euthanasia – fine with us”. No, there's one guy who says, “Yeah but my mother was [INDISTINCT],” and that's the slippery slope and that's the reason why euthanasia – “Ooh, we're never going to take it in Australia”. I find that very poor argumentation.

Arsène Mullie: I have four cows, I have a horse. I have also a moose. I think you have them in Australia?

Andrew Denton: A moose? Ah emus! You have an emu?

Arsène Mullie: Yeah, two.

Andrew Denton: Where do you get emus from in Belgium?

Arsène Mullie: You can buy everything, so it's a...

Andrew Denton: This wasn't a black-market emu, was it?

Arsène Mullie: No, maybe. I don't know.

Andrew Denton: I don't know what I was expecting when I went to meet Arsène Mullie at his farm outside Bruges. Certainly not a beaming, white-haired man in shorts and t-shirt introducing me to his emus.

Now retired, Arsène was formerly one of the most senior palliative care physicians in Belgium.

What does a palliative care physician do?

Arsène Mullie: Well, it's taking care of the dying phase, the last phase – taking care, whatever it means.

Andrew Denton: Arsène is in his seventies. He trained in anaesthesia and emergency medicine, but the last 20 years of his life's work was in palliative care.

Arsène Mullie: There's a science also palliative care. But besides the science there's also the soul for palliative care, which has caught me, so to say.

Andrew Denton: Uniquely, the push for Belgium's euthanasia laws came from within palliative care – remarkable because, historically, there has been antagonism towards euthanasia from palliative care physicians who see their role as helping people at the end of their life, not actively helping them to die. In Belgium, too, it was a source of debate.

Arsène Mullie: There were tensions about that: “Will the palliative care world be open enough and accepting of euthanasia?” You had, “I'm not doing palliative care to give deadly injections,” so there was unhelpful thinkings of egos.

There was a lot of exchange and bit by bit we changed to accepting in a sense the normality of this act as a helping act, because you can also end up in all kind of discussions – is it a medical act or not a medical act? In palliative care there are so many things which are not purely medical. If you, for instance, if you sleep with the patient at night occasionally, that's also not a medical act. You have to do what you have to do.

Andrew Denton: The embrace of euthanasia came from an acknowledgement amongst Belgium's palliative care physicians – some within Catholic hospitals – that, even with the best care, not every dying patient could be helped.

Medically speaking, what are the limits of palliative care?

Arsène Mullie: Medically speaking it is often – it may be pain, but also uncontrollable psychological symptoms, uncontrollable existential suffering. This is medically speaking. But of course it's the patient – palliative care is total – it's about total life. It's Life with a capital letter, and when a patient sees that and you work with him – not in the sense of judging him – but in the sense of dialoguing with him. And if it then awakes for him that the best way to die is with euthanasia, then it's very stupid not to help him die with euthanasia.

Andrew Denton: Doctors and nurses struggled with the sight of dying patients being kept alive, but with great suffering, by the brutal miracles of modern medicine.

Arsène Mullie: Medical futility is a big problem in medicine in general but in intensive care certainly. It's continuing to do what you know although you feel that it has no utility anymore. Still you continue to do because you don't want to accept, for your own pride, that it has no utility. You continue chemotherapy, you continue intensive care and so forth. It's a form of putting yourself above everything – over pride.

Andrew Denton: For Arsène, and many others, putting themselves above their patient's needs was unacceptable.

What does it mean to a patient to know that one of the options they have is euthanasia?

Arsène Mullie: It's a relief. You see patients, they don't know what is dying and they are afraid. So living together with them, when you can really say, “You will never be forced to live longer than you want to live,” it's a relief, it's a high relief.

Andrew Denton: Arsène is a doctor – but there are times he sounds more like a philosopher.

Arsène Mullie: So to me this act of euthanasia it's a sacral act. It's a difficult act which demands from me to go to the highest forces in me to follow the patient with the – but it's an act from friend to friend, it's a love act.

We don't have to – never make a patient live longer than he wants at the end of life. It's a crime, so to say, to force the patient to live.

Andrew Denton: Under Belgian law any palliative care physician who doesn't agree with euthanasia can opt out, as long as they tell a patient requesting help at the outset that they will not do so. Others, though, have come to understand euthanasia as an integral part of what they do.

Arsène Mullie: With the patient it's often intertwined. I mean he has a phase of palliative care and after the end of his palliative care he still wants to die and then it's so intertwined that we

believed very strongly that this should be locked together in one and the same medical science. Many palliative care physicians have this openness. There is more than half of the euthanasias are through palliative care or with the involvement of palliative care.

Andrew Denton: It's a radical shift. I asked Arsène how Belgian palliative care had come to embrace euthanasia against its central philosophy, accepted the world over that "We shall neither prolong nor hasten death".

Arsène Mullie: I don't know. Anywhere in the world I would ask why they do not accept euthanasia, because certainly palliative care is a good thing, a very good thing, but certainly it does not solve the issue for all patients when they are ready to die. How can you say that you don't want to help if you're in palliative care? What do you do then with patients who want euthanasia? How can you say to a patient who suffers, "Keep suffering. Tomorrow it will be better"?

Andrew Denton: So why has Belgium developed a reputation as the slipperiest slope of all? Do the numbers suggest things are out of control? Far from it. Of all the people who die in Belgium, less than 2% do so by euthanasia, a percentage that has barely shifted since the laws began. Of those, well over 90% are people with terminal or chronic physical diseases.

What's more, these numbers are reliable. This is a country that has analysed figures on euthanasia – dare I say it – to death. It's become a statisticians' paradise, producing official reports, categories, subcategories.

And it turns out that these figures have become grist to the mill of the international opponents of euthanasia. In all this detail, they believe they've found the devil. Of all the people who died in Flanders, Belgium's most populous region, 1.7% were in a category called "life-ending acts without explicit request".

It's this small number that is being turned into a big deal by anti-euthanasia campaigner Alex Schadenberg.

Alex Schadenberg: OK, so I've written a book about the evidence – what's happening in laws, and I went through the data. So where we're seeing abuses a lot in both the Netherlands and Belgium, it's highly oriented towards people who are incompetent to make decisions for themselves. What you see in the data – it's very recent data, and that data made it quite clear that about 1.7% of all the deaths were lives that were hastened without request.

Andrew Denton: Alex, who is at pains to point out that his work is all based on original studies done by Belgian and Dutch researchers, estimates the total number of unrequested deaths in Belgium at about 1000.

For my clarification, is request a formal term within these laws or when you say "by request" are you suggesting that people are just being dispatched without their even knowing they were going to be dispatched?

Alex Schadenberg: A fair number of them were certainly dispatched without knowing, if you want to say it that way, without knowing they were going to be dispatched, certainly.

Andrew Denton: And how can you be sure of that from that data?

Alex Schadenberg: So when a study is showing to you that 1.7% of all deaths are caused without request, and this is the data showing they're usually in a hospital, they're usually incompetent to

make decisions for themselves and they're on average about aged 80, you have to shake your head a bit and read this, because you see this isn't my data. I didn't do the study.

Andrew Denton: Alex's charge is that the patients who die like this are the hidden victims of a euthanasia law that's spawned an uncaring culture.

Alex Schadenberg: Euthanasia's become commonplace, but what do you do with the person who looks like their life has no value. They're lying there, they're incompetent, but they've never asked for this. There's no proof of asking for it. There's no signed document. There's nothing.

Andrew Denton: Is it your assertion that those 1000 deaths, or the majority of them, were in effect a murder because they were not deaths that anyone had consented to?

Alex Schadenberg: Murders, manslaughter – it depends on how you define it in the law. Yes, they are.

Andrew Denton: Murder, manslaughter – these are serious allegations. Professor Jan Bernheim is one of the architects of Belgium's euthanasia law and a respected researcher. He knows very well the studies to which Alex is referring and initiated research to investigate in detail the controversial "deaths without explicit request". His team even scrutinised the doctors' handwritten notes in the box at the end of the questionnaire about their patient deaths, their scribbled clarifications of intention.

Jan Bernheim: When we look at these closely, then first, in, I think it was one-third of the cases, there was a request. However, the patient was beyond being able to repeat that request, because he was too far gone. He was comatose or was no longer in a state to re-state his request to have his life ended. And therefore the doctor ticked, "No, this was not at the patient's repeated request". The next thing is that if you look at the doses that were given there, again you find that they were not life endings. Those were doses that were given to control symptoms. Like, agitation of the patient or possibly pain.

Andrew Denton: I do not understand – if they are called life-ending acts but they are not life ending, how do those things happen?

Jan Bernheim: They are called because the doctor ticked the box "I gave medication with the intention to shorten the patient's life".

The intention of the doctor was not to end life. The intention was to treat the symptoms and probably that is what they did. However, because of the very strictly constrained labelling of the question, he did tick, "I did administer drugs with the intention, and this was not at the explicit request".

Andrew Denton: So were doctors doing something underhanded here?

Jan Bernheim: No. When you then look at those cases which were without explicit request if you analyse the details of the clinical process which took place, then you see that those were not euthanasia or they were not life-ending – namely, the doses given were really the same as with palliative sedation.

Andrew Denton: To Jan, this is not something devious, as Alex is suggesting, it is what doctors should be doing.

Jan Bernheim: Every good doctor should do this, right? That is not upon request of the patient, because he cannot any more for whatever reason. So the point is Belgian doctors do that too. Except they get – every several years they get a survey to take where they are asked, “Did you give drugs that could shorten the patient's survival?” “Yes”. “Was it your intention to do that?” They say, “Yes”. And, “Was it at their request?” They say, “No”. So, you know, this is absolutely dramatic. They make a terrible fuss about this; but this is, of course, simply good practice.

Andrew Denton: Alex Schadenberg has taken his insinuations of murder amongst Belgium’s doctors around the world, including to his home country of Canada, as their courts grappled with the question of whether an assisted dying law could ever be safe.

Here, his arguments came apart under scrutiny. There was no body of evidence supporting the anti euthanasia lobby’s claims of a slippery slope in Belgium. The Canadian Supreme Court agreed as much in its unanimous 2015 decision paving the way for an assisted dying law in their country.

So how did Alex Schadenberg reach his conclusions? I asked the Dean of the University of Tasmania’s law school, Margaret Otlowski – an independent legal academic who has extensively studied end-of-life practices – to examine his claims.

Margaret Otlowski: What is absolutely essential is to go back to the sources of the actual peer-reviewed literature that he is purporting to analyse and through a systematic review of that what I could see coming through quite clearly is his very selective use of material. So deliberately, for example, leaving out parts of a quote that don't suit the argument that he wants to make about, for example, the slippery slope.

Andrew Denton: It’s a tactic as old as the hills – to put your research forward as scientific while in fact leaving out the bits that don’t suit your argument. Margaret cites an example – a 2009 article quoted by Alex from the *New England Journal Of Medicine*.

Margaret Otlowski: So he's quoting from Bilson but – and he quotes bits that suit his argument where Bilson and others had written, “We found that the enactment of the Belgian euthanasia law was followed by an increase in all types of medical end-of-life practices” but critically what he omits is “with the exception of the use of lethal drugs without the patient's explicit request”. And that's an absolutely integral part of the argument. Also an omitted part of what was a paragraph that he quoted some of. Bilson and others wrote, “No shift toward the use of life-ending drugs in vulnerable patient groups was observed”.

Andrew Denton: Which is the opposite of what Schadenberg suggested.

Margaret Otlowski: Absolutely. Absolutely. It's just staggering that he can come to a completely opposite conclusion from that body of research.

Andrew Denton: Did you find more than one example of this in the book?

Margaret Otlowski: Yes, no. I found a number of examples where he takes an article at one level but then doesn’t look at the qualifying comments or the caveats that have been given or the possible other explanations.

Andrew Denton: In terms of painting an overall picture, would you call these significant omissions?

Margaret Otlowski: I would, I would, and my concern is that his work, as far as I know, isn't peer-reviewed work. To get journal articles published there is a rigorous peer-reviewed process, so I'm much more inclined to accept the validity of the half a dozen or so articles that are in very reputable journals, *New England Journal of Medicine*, *The Lancet* and so on. The ones that have actually done the work in the Netherlands and in Belgium, overwhelmingly the message they give is that it's not an uncontrollable practice; to the contrary, that it seems actually incredibly well regulated and that there has been a diminution in cases of unrequested euthanasia or assistance without explicit request.

Andrew Denton: For doctors who work in Belgium, the accusations of Alex Schadenberg and others cut deep. Luc Proot, 69, is a retired oncologist who is now part of a specialist team that deals with non-terminal euthanasia requests. Almost the first thing he said when I met him was "You think we're all murderers". I asked is that what he really thought.

Luc Proot: Yeah, sometimes, yeah. Some conservative parts of the world certainly see us as murderers.

Andrew Denton: And how does that make you feel?

Luc Proot: Badly, because it isn't true. Our act is so progressive, so well written, the conditions are well stated. We know the requirements, the whole procedure, so if you follow that, you know that it's about a patient in a terrible situation even if he is not terminally ill – they are in such a terrible condition that euthanasia for them is really a salvation.

Andrew Denton: Why do you think that people in other parts of the world have got that wrong? What is it they are not seeing?

Luc Proot: Of course we have done it through a whole process. They haven't. We are speaking about euthanasia in this country during more than 30 years now. For example, in the beginning there was a great opposition even for euthanasia and terminally ill patients, and there was an opposition from the palliative care physicians. but nowadays we see that it is accepted that in terminally ill – for example, cancer patients euthanasia is part of palliative care, and we see that more and more palliative care physicians are involved in that process.

Andrew Denton: Does it upset you when other people may think that you and your colleagues do not think enough about the act of euthanasia?

Luc Proot: Yes, because if I am speaking for the physicians here in Belgium, certainly when we are talking about non-terminally ill patients, you take your time for each case. It is much more than an act of euthanasia. You really try to understand the unbearable suffering of the patients, and I think that is important here.

Andrew Denton: Euthanasia for non- terminally ill patients was almost unknown in the early years of the law, but patients complained that they were being unfairly stigmatized: Psychological suffering, they argued, could be just as unbearable as physical pain. Like cancer patients, they were subjected to futile treatments that diminished their quality of life. Though few in number, it is these cases that have given anti-euthanasia campaigners fertile ground in which to sow the seeds of doubt. This is British academic and historian, Kevin Yuill, addressing an anti-euthanasia conference in Adelaide.

Kevin Yuill: If you want to see the future of institutionalising a culture of assisted suicide let's look at what happened in Belgium. Let's look at the fact that the two 45-year-old twins were given euthanasia because they were going blind and they did not want to live any further.

Andrew Denton: The story of the twins going blind is a favourite of the anti-euthanasia lobby; held up as a shining example of a society that has completely lost its moral compass. Not only did they not have a terminal illness but – so the story goes – they had to doctor-shop for *two years* before they could find one who would do the deed.

As with all these cases, the full story turns out to be infinitely more complex.

Marc and Eddy Verbessem, both deaf since birth, found themselves in their mid-40s faced with a suite of severe medical problems including the onset of blindness. Faced with a life where they would be institutionalised, cut off from the world, and unable to work and live together, they requested euthanasia.

Contrary to the stories, they didn't spend two years doctor shopping. The family's long-time GP, who had accepted the twins' request, swore as much in evidence accepted by the Canadian Supreme Court.

And what these stories never mention is that while the twins' parents and siblings tried to dissuade the boys, they ultimately *supported* their request to be euthanized – an act of understanding and compassion which says more about the twins' suffering than any medical report ever could.

The Verbessem family rarely speak publicly about their son's euthanasias. When we contacted them they preferred not to be interviewed but did want it known that they felt deeply distressed at how the twins' deaths were being misrepresented as a “law gone wrong”. They believe in the law, they said, and were grateful for the serene and peaceful deaths it gave Marc and Eddy.

Tom Mortier: I have been living with this since I was five years old, so with all this pain and all this frustration.

Andrew Denton: No matter which side of the euthanasia debate you're on, it is impossible not to be moved by Tom Mortier's story – the man whose depressed mother legally ended her life and he had no say in it.

Tom Mortier: How hard is it? Well, it's really, this physician who did this, OK, he eliminated the problem with my mother, but he created another problem with me.

Andrew Denton: The physician Tom is referring to is Dr Wim Distelmans a champion of the individual's right to choose, and a charismatic leading light of the euthanasia medical community.

Tom Mortier: Well, I think my mother went to a lecture of Distelmans', so the physician who killed my mother, he was giving lectures everywhere in Flanders, like, for the Free Humanists and talking about euthanasia and the right to do die.

Andrew Denton: Tom believes that Wim encouraged his mother to die. I put this to the former editor of *Der Morgen*, Yves Desmet.

One of Tom's central beliefs is that a charismatic, powerful doctor like Professor Distelmans...

Yves Desmet: Can talk people into their deaths?

Andrew Denton: Yeah, persuaded his mother to a course of euthanasia.

Yves Desmet: I know Distelmans personally. I know him for more than 10 years. I know a lot of his cases. I spoke with a lot of his patients. If someone is reticent about performing euthanasia, it's he. Tom is made to look like a guy who's waving around his needles: "Who's next? Who's next?" That is really – that's not the case. Would that be the case Distelmans would have long been in jail. Instead he's hailed by the whole Belgium society. He has won numerous prizes. He is one of the most respected intellectuals and doctors in Belgium.

So the fact that one son has very – a lot of psychological difficulties with the death of his mother from whom he was estranged – I can understand that, I can even respect that, but that gives him no right to defame a doctor who has never been accused of anything, who has never been convicted and who is, I think, the most controlled and the most regarded doctor in all Belgium.

Andrew Denton: It is the very respect accorded to Distelmans that, Tom believes, highlights what is wrong with the system.

Tom Mortier: For me, in my, from my point of view, my personal point of view, I find this completely insanity. But of course, pro-euthanasia lobby, they created for their purposes a very good thing, of course. So, the prize-winning physician who is constantly winning prizes in Belgium, he is the chairman of the euthanasia commission, he's killing many people. So he's reporting his own commission, and no report has ever been sent to the prosecutor. Someone has to tell me if this is OK or not.

Andrew Denton: As chair of the Federal Control and Evaluation Commission, Wim Distelmans is one of a group of 16 reviewing euthanasia deaths to ensure that doctors have complied with the law. His committee colleague, lawyer Jacqueline Herremans, explains that the Commission is made up of.

Jacqueline Herremans: Eight doctors, four lawyers and four people coming from the society, much more with experience of incurable patients. This commission is nominated by the government. When the Parliament has to review the nominations it has to be attentive to respect a balance between different conceptions. So it is not the question that you are going to find in the 16 members of this commission all people who agree with euthanasia.

Andrew Denton: I asked Jacqueline what happens when the Commission reviews a controversial case.

Jacqueline Herremans: If one member thinks that there is a problem with one declaration, he has to put that case open to the meeting and so say, "I disagree. I think that I'm not comfortable with," for example, "the diagnosis, the prognosis, or there is no answer about the suffering," and so on. So the task of the members of the commission is very, very heavy. If we arrive at the conclusion that the main conditions are not fulfilled, we have to take the decision by a two-thirds majority to send the file to the prosecutor.

Andrew Denton: Wim Distelmans' handling of Godelieva De Troyer's case was approved by the commission. Details that have since come to light about it include that he met with Godelieva at least six times in the 6 months before she died, and that more than one psychiatrist and the family priest were also closely involved in her case. Two weeks before her death, Distelmans asked if she would call her children. Godelieva, as was her legal right, declined.

Andrew Denton: Wim Distelmans did not accept our invitation to be interviewed for this podcast. I spoke instead to one of the psychiatrists who worked with him on Godelieva's case, Lieve Thienpont.

Can I talk briefly about Tom Mortier, who I spoke to earlier this year, who believes that his mother did not truly want to die and that she was encouraged to euthanasia by Professor Distelmans, who, in Tom's words, was "blinded by the tunnel vision of her madness" and I know you sat in a meeting when Tom brought his grievances to Dr Distelmans. Do you understand Tom Mortier's anger?

Lieve Thienpont: I want to speak, first of all, more general. That many patients come from a dysfunctional family with a lot of problems since years and years, and it's very difficult at the end of life to make bridges or – how can you say – repair the relations. Sometimes we cannot. We always try very hard, but as I said before, some patients have very good reasons to stop the attempt to make the bridges between family members. So that's much important to know.

Secondly, we never, as you said, promote euthanasia. You said something in the beginning that Tom Mortier said, that Professor Distelman...

Andrew Denton: Encouraged, persuaded.

Lieve Thienpont: Yes, encouraged. We never encourage euthanasia. Never. We always encourage to stay alive, but we accept when the patient say it's enough and then we try to help them die in a good way.

Andrew Denton: Tom's story is being used around the world as the ultimate cautionary tale about the slippery slope of euthanasia laws in Belgium. When I met him he was one of the featured speakers at an anti-euthanasia convention in Adelaide.

There's no doubting the pain that he feels. His is a tragic family history and it is impossible not to feel great sympathy for him. But is it a true reflection of a law, and a society, gone wrong?

Few in his own country support that view – not politicians, the media, the medical profession, or the public. They see what happened as his mother's right, under law, to have sought an end to her lifelong suffering.

Perhaps most tellingly, his own family doesn't support him either. Tom's sister, who lives in Africa, did reply to Godelieva's email announcing her intention to seek euthanasia, saying that, even though it hurt her, she would respect her mother's decision.

She has not joined Tom in his complaint

For journalist and editor Yves Desmet, the ugly picture painted of euthanasia in Belgium is hard to take.

Yves Desmet: It's very confronting for us to see the way, the very harsh way foreigners look at euthanasia practice in Belgium.

Andrew Denton: Like the vast majority of Belgians, he sees no sign of the slippery slope.

Yves Desmet: We had 10 years of euthanasia practice. Every case has to be reported. Every case has to be – there have to be three doctors who have to give their yes before it is done. It is looked at after. Was it done properly? It has to say something that I think, with one or two exceptions, that of the thousands and thousands and thousands of cases we had in those 10 years, only one or two complaints were ever made.

If there was a slippery slope or if there was an abuse of the possibility, we would have long heard about it, I think. It's impossible that thousands and thousands and thousands and thousands of cases which we already had in those 10 years would all go unreported if there were cases of abuse. I don't believe that.

Andrew Denton: It is worth noting that, some months after our interview, Dr Marc Van Hooey became the first doctor to be sent for prosecution by the Federal Control and Evaluation Commission. His case will be heard in 2016 and, regardless of the result, it's a reminder to all Belgian doctors about the serious consequences of not following the law.

Though Yves rejects the slippery slope, he understands that, at the furthest reaches of the law, there will always be debate.

Yves Desmet: The debate now is where you reach the boundaries. For example, nobody has a point against giving euthanasia to a physically suffering person. But what do you do when someone is suffering psychologically? That's another kind of thing.

Andrew Denton: It's a good question. And, for me, it led to another – the most confronting of this whole journey and the focus our next episode: How can doctors know enough about the human brain to make life and death decisions?

[SONG 'FORTY-EIGHT ANGELS' BY PAUL KELLY]

If you'd like to know more, head to the episode page at: <http://www.wheelercentre.com/better-off-dead>

[CLOSING CREDITS]