

This Dutch woman is physically healthy — and choosing euthanasia at 33

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Senay Boztas, North Brabant, Netherlands

INTERVIEW

Jolanda Fun says death on April 25 is the only way to end her mental pain. But legal assisted dying for psychiatric problems in the Netherlands is troubling some medics



Having suffered with an eating disorder, recurrent depression and other problems for years, Jolanda Fun, 33, has made plans to die
JUDITH JOCKEL

Senay Boztas, North Brabant, Netherlands

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The funeral invitation lies on the sideboard of a terraced house in North Brabant in the Netherlands.

“Born from love, let go in love,” reads the card. “After a hard-fought life, she chose the peace she so longed for.”

It is two weeks before Jolanda Fun's 34th birthday on April 25 — the date on which she plans to die.

And at the dining room table sits Fun, carefully made-up, with blow-dried hair and a ready laugh.

You would not know it if you had just met her, but she is one of a small but growing number of Dutch people seeking a doctor-assisted death for psychiatric problems. The state of her mental health — an eating disorder, recurrent depression, autism and mild learning difficulties — means every social situation is a mask hiding what is inside: "Dark, overstimulation, chaos in my head, loneliness."

She has lived all her life in the village where her parents, Arie, 66, and Elly, 64, used to run a cafe (she also has an older brother, Corné, 39) . Diagnosed at the age of 22, she has never held down a job and has tried countless therapies. Although she has family, a few friends and a little dog, she describes life as constant pain. "Most of the time I just feel really shitty," she said. "Sad, down, gloomy. People don't see it, because that's the mask I put on and that's what you learn to do in life."

When a counsellor told her two years ago that Dutch laws permit euthanasia for psychiatric reasons, this became her goal. "My father is sick, my mother is sick, my parents are fighting to stay alive, and I want to step out of life," she said. "That's a bit strange. But even when I was seven, I asked my mother whether, if I jumped from a viaduct, I would be dead. I've been struggling with this my whole life."



*Na een moegetreden leven heeft ze voor een weloverwogen stap
gekozen, zodat ze nu de rust heeft gevonden waar ze zo naar verlangde
en nemen wij met diep respect en bewondering afscheid van onze
lieve dochter, zus en tante*

*25 april 1990

Jolanda Fun

† 25 april 2024

*Arte en Ely
Corné en Annetmarie
Elise, Oliver*

*Correspondentieadres
Kerkweg 61
4791 CS Klundert*

*De crematieplechtigheid vindt plaats op dinsdagmiddag 27 april om
14.30 uur in Alkermidkerk van De Vier Joringskerken, Bredastraat 10
te Rossumdaal*

*Na de plechtigheid is stilte vorgesehen van 15.00 uur tot 16.00 uur.
Wij willen u verzekerden dat wij alles doen om de plechtigheid naar u toe te laten.*

*Uw liefde gebaren
in liefde laten gaan*

2023



Jolanda Fun has prepared a funeral invitation for April 25, which is also her birthday

DAVID MCHUGH/BRIGHTON PICTURES/SHUTTERSTOCK

She is in a relationship with a 51-year-old man who “knew from the beginning that this would be coming,” she said. “But he really wants to have a good time together, and he still wants to.” It is, she added, “confusing”.

Now, sitting here in her rental home, she is busy with death.

“The rules are very strict,” she said. “You don’t just get euthanasia, there’s a whole journey... But it is death in a dignified way: painless, done by a doctor. Your loved ones can be there. And nobody discovers you in an appalling state — or you don’t end up unlucky and even worse off than before [after attempting suicide].”

Although she says the institution that typically deals with complex requests, the Expertisecentrum Euthanasie, did not agree last month to handle her case, she found a psychiatrist who will carry it out, another agrees and this week the necessary third specialist doctor confirmed she meets Dutch requirements.

As countries around the world consider assisted suicide laws, there is increasing attention on the dilemmas emerging in those with a longer history of euthanasia, such as the Netherlands. Many believe their experience can influence clear and socially acceptable proposals in places such as France and the UK, where the broadcaster Esther Rantzen is leading demands for access to “[a good death](#)”.

In 2002, the Netherlands became the first country to legalise euthanasia, three decades after the prosecution of Truus Postma, a rural doctor, for agreeing to inject her severely disabled mother with 200mg of morphine. The case shook the Christian-based society and led to one of the world’s most open euthanasia laws. But in recent years, the red lines are being tested by those who see a “worthy death” as a right.

Dutch law has six conditions: people must be mentally competent; their wish must be long-standing, voluntary and well thought through; they must be experiencing unbearable suffering with no prospect of relief; they must be fully informed of all alternatives; there must be no other reasonable solution and their eligibility must be confirmed by an independent doctor. Finally, the euthanasia must be carried out according to specific guidelines. Euthanasia solely on mental health grounds has been allowed from the start.

By convention, these requests also need a second specialist psychiatric opinion. Regional committees openly review all cases and doctors — the only people who can provide euthanasia — can be prosecuted for neglecting due diligence. This is rare.

The vast majority of euthanasia is granted to over-60s with terminal physical conditions and typically done at home with a GP. It can also be carried out in a hospital or nursing home. But last year there were also 138 [for psychiatric reasons](#), 1.5 per cent of the total 9,068

euthanasia deaths. In 2019, there were 68 and in 2010, just two. “The trend is undeniable,” said Sisco van Veen, a psychiatrist and end-of-life ethics researcher at Amsterdam University Medical Centre. “The trend is upward.”

In Canada, the only country with more euthanasia deaths last year, plans to expand the assisted dying law to include people with mental not physical illness have twice been postponed in the last 18 months.

About one in ten Dutch requests for psychiatric euthanasia is honoured. Not everyone is comfortable with this.

Dr Jaap Schuurmans, who has studied the pressure felt by doctors from family members to grant assisted dying in cases of dementia, points out alternatives to assisted death — for example, supporting someone who chooses to stop eating and drinking with some sedation. “Euthanasia and psychiatry make me very uncomfortable,” he said.

Parties like the Christian Union (ChristenUnie) have said loneliness is a signal for better care from society rather than better access to death. They introduced a successful bill to guarantee funding for the national suicide prevention line. There have been drastic shortcomings in Dutch youth care, including recent reports about traumatising “treatment” and closures of hospital units for teenagers with complex psychiatric problems.

“You see that reflected in the euthanasia across young people,” said van Veen, the psychiatrist and researcher. “There’s a lot of healthcare-related trauma, that’s absolutely true. But if you look at the individual patients, they see it as a double neglect. ‘First you neglect me for life and then you neglect me in my end of life.’ In the end, the simple answer is we need to improve mental healthcare, regardless of whether we allow them access to euthanasia.”

Boudewijn Chabot, a psychiatrist who received a suspended sentence for carrying out the first reported case of euthanasia for psychiatric reasons in the 1990s, worries about the rate at which euthanasia is now given to chronic psychiatric patients. In a book, *Uitweg*, updated last year, he calls for better care. “I am not against euthanasia in psychiatry or severe dementia,” he writes. “I am extremely concerned that doctors are trying to solve social misery due to lack of treatment and care, by opening the gate to the end.”

Many other Dutch people are calling for greater recognition for euthanasia for psychological suffering and shorter waiting times. There are two new foundations campaigning for more social discussion, KEA and Thanet, and also In Liefde Laten Gaan (Letting Go in Love), a support network for parents whose children have had euthanasia on psychiatric grounds. Often those parents face a social stigma of their own.

The pro-euthanasia lobby group NVVE says that mental suffering must be better recognised. “The NVVE believes it is important that a death wish from people suffering from a psychiatric condition is taken as seriously as the death wish from people suffering from a physical one,”

said a spokesman, Rob Edens.

The centre-left minister for medical care agrees. Pia Dijkstra, who in the past proposed a bill to allow healthy 75-year-olds to end their lives at will (that is, without meeting the six criteria), said this month in a parliamentary briefing that more needed to be done on waiting times. “There is insufficient appropriate care for people with mental illness and a persistent death wish or request for euthanasia,” she wrote.

Menno Oosterhoff, psychiatrist, author and a force behind the campaign, has performed euthanasia for psychiatric reasons eight times. If Fun does not change her mind, he will grant her wish too. “You can also suffer unbearably and hopelessly as a result of psychological problems,” he said. “If your suffering is unbearable, hopeless and unresolvable, then it is a tragedy if you have to endure that [for] another 30 years.”

His opinion shifted after seeing the profound suffering of even young people. “I do have the moral, ethical, spiritual doubts: am I doing the right thing here?” he said. “And on the other hand I see the terrible suffering and enormous gratitude that people have when they are allowed to go. And so it is a choice between two evils. Either I grant euthanasia, and that is drastic and intense. But if I don’t do it, that can also have terrible consequences, or mean that someone does it for themselves.”





Fun says that most of the time she feels 'sad, down, gloomy'

JUDITH JOCKEL

Campaigners for more access for psychiatric conditions believe it could reduce suicide rates, which are almost 1,900 a year in a population of nearly 18 million. In a 2014 documentary *Mothers Don't Jump from Flats*, the director Elena Lindemans pointed out that her mother had requested euthanasia for years before she killed herself in a manner that added to the trauma of the whole family.

Hanneke Brouwer, a primary school teacher from Bennekom, Gelderland, lost her 30-year-old daughter Jozien via euthanasia in 2022 after years of self-harming, eating disorders, panic attacks, depression, borderline personality disorder and trauma, partly from being locked up in care. "There is a comfort in knowing that your child went in love, not alone somewhere, in a terrible way — because that is what would have happened," she said. "[Euthanasia] must purposefully never be easy, never. It is the most extreme thing that you can do. It must not become a type of treatment."

Her daughter had good quality therapy, too, without success. “I’m not trying to persuade people, but I would like more understanding,” she said. “There will be people who say: over in the Netherlands, they kill their psychiatric patients. They have no idea. Like everyone who loses a child, you never get over it. I would give everything to have my healthy child back again.”

Could things have been different for Jolanda Fun? She talks about being “mega-bullied” as a child and her mother’s early calls for help being dismissed. “They say you are born like this, but I really think the help services should have listened a bit better. It probably wouldn’t have solved everything, but then...” she trailed off.

Now, though, euthanasia feels like salvation. And after death? “I hope,” she said, “that there is nothing.”

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