



BRILL

INTERNATIONAL JOURNAL OF
PUBLIC THEOLOGY 14 (2020) 41–67

INTERNATIONAL
JOURNAL OF
PUBLIC THEOLOGY
brill.com/ijpt

Legal Euthanasia in Pastoral Practice: Experiences of Pastors in the Protestant Church in the Netherlands

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Abstract

This representative survey amongst 653 ministers in the Protestant Church in the Netherlands (PKN) maps their experiences and views with regard to euthanasia. We found that three-quarters of the ministers have experience with euthanasia requests from their parishioners. Almost two-thirds of them respect a parishioner's euthanasia request. Differentiating the answers on the basis of modality, we see differences in attitudes, both regarding euthanasia itself and regarding the pastoral approach. Although ministers have considerable experience with euthanasia, the open questions posed reveal that ministers encounter many difficulties and dilemmas: there is urgent need for discussion and support. The article intends to contribute to the search for a best

pastoral practice in dealing with euthanasia requests and explores the need for a renewed role for the PKN in the social and political debate on euthanasia.

Keywords

euthanasia – ethics – religion – Bible – Protestant Church in the Netherlands – ministers – pastoral care

1 Introduction

Since 2002 the Netherlands has had a law that allows euthanasia and assisted suicide: that law is the ‘Termination of Life upon Request and Assisted Suicide (Review Procedures) Act’, hereinafter Euthanasia-Act.¹ From as early as the 1970s euthanasia was discussed in the public domain. Various factors contributed to that debate. They can be listed as follows: the much discussed book *Medische macht en medische ethiek* (*Medical Power and Medical Ethics*) by the Protestant psychiatrist J.H. van den Berg in 1969;² a report of the Dutch Reformed Church advocating euthanasia in 1972;³ the founding of the Voluntary Euthanasia Association (NVVE) in 1973; the legal action by the Public Prosecutors’ Office against doctors who had carried out euthanasia;⁴ campaigning by political parties (the putting forward of the Wessel-Tuinstra Bill, 1984); discussions among doctors and acceptance of euthanasia by the Royal Dutch Medical Association (RDMA); a recommendation from the State Commission on Euthanasia in 1985; and a new report of the two largest Dutch Reformed Churches (predecessors of the Protestant Church in the Netherlands) in 1984.⁵

After some initial terminological confusion, consensus was reached in 1991 which defined euthanasia as ‘the deliberate termination of the life of a patient by a doctor, at the patient’s request.’ To the outside observer it is also worth

1 In Dutch: Wet Toetsing Levensbeëindiging op verzoek en hulp bij zelfdoding.

2 Jan H. van den Berg, *Medische macht en medische ethiek* (Nijkerk: Callenbach, 1969).

3 Nederlandse Hervormde Kerk, *Euthanasie, zin en begrenzing van het medisch handelen, pastorale handreiking* (Den Haag: Boekencentrum, 1972).

4 Notably the Postma case in 1973 and the Schoonheim case in 1984. John Griffiths, Alex Bood, and Heleen Weyers, *Euthanasia and Law in The Netherlands* (Amsterdam: Amsterdam University Press, 1998).

5 Gereformeerde Kerken in Nederland, *Euthanasie en pastoraat* (Den Haag: Boekencentrum, 1988). See, Herman Meijer, *Kerk en Euthanasie: Een systematisch theologische doordenking van Nederlandse kerkelijke protestantse documenten over euthanasie sinds 1972. Masterthesis* (Groningen: Protestant Theological University, 2018).

mentioning that the term ‘euthanasia’ includes both euthanasia (in which the physician kills the patient) and assisted suicide (in which the patient drinks a deadly poison in the presence of a physician). In 1994 a makeshift law in the form of a supplement to the Burial and Cremation Act was introduced, including a legal duty to report each case to the Public Prosecutor. Euthanasia thus continued to be a criminal offence: a doctor who had acted in accordance with the ‘due care criteria’—that is, with a patient’s request, unbearable and hopeless suffering, the absence of alternatives, a consultation by a second doctor, and the use of proper medication—would be immune from prosecution. From 1998 onward five Regional Review Committees on Euthanasia (RRCs) consisting of a doctor, a lawyer, and an ethicist, reviewed the Public Prosecutor’s draft rulings. The Euthanasia Act of 2002 marked a further step in decriminalization.

Until 2007 euthanasia figures were stable at some 2,000 cases reported. Since then there is evidence of a clear increase, resulting in 6,128 reported cases of euthanasia in 2018.⁶ Additionally, there is an unknown number of cases of active life termination that are not reported and occur in a ‘grey zone.’ That figure was estimated at about 1,200 cases in 2015, possibly bringing the actual number of euthanasia cases to 20% higher than the number of reported cases.⁷ Of a total of approx. 150,000 deaths in the Netherlands some 5% are due to euthanasia.⁸ An additional 18% of deaths are preceded by palliative sedation, an unknown percentage of which may also include deaths caused by this form of medical intervention.

Along with a rise in the numbers came a shift in public opinion towards euthanasia.⁹ From the onset, the Euthanasia Act was regarded as a ‘doctor’s act’: it provides legal protection for doctors who see themselves in emergency situations. Yet public opinion increasingly tends towards seeing euthanasia as a patient’s right. Internationally there has been research regarding public opinion

6 Regional Review Committees for Euthanasia, *Annual Report 2018* (The Hague: Ministry of Health, 2019).

7 Bregje D. Onwuteaka-Philipsen, Johan Legemaate, Agnes van der Heide and Johannes J.M. van Delden, *Derde evaluatie Wet toetsing levensbeëindiging op verzoek en hulp bij zelfdoding* (Den Haag: ZonMw, 2017).

8 Ibid.

9 Pauline Kouwenhoven, *Knowledge and Opinions of Healthcare Professionals and the Public about End-of-life Decisions* (Promotion, Utrecht, 2017).

in countries that do not have legislation for euthanasia.¹⁰ Also investigated were factors which determine the attitude of doctors regarding euthanasia¹¹

- 10 Naser Aghababaei and Jason A. Wasserman, 'Attitude Toward Euthanasia Scale: Psychometric Properties and Relations With Religious Orientation, Personality, and Life Satisfaction', *American Journal of Hospice & Palliative Medicine*, 30:8 (2013), 781–785; Maria Bulmer, Jan R. Böhnke and Gary J. Lewis, 'Predicting Moral Sentiment towards Physician-Assisted Suicide: The Role of Religion, Conservatism, Authoritarianism, and Big Five Personality', *Personality and Individual Differences*, 105 (2017), 244–251; Joachim Cohen, Isabelle Marcoux, Johan Bilsen, Patrick Deboosere, Gerrit van der Wal and Luc Deliens, 'European Public Acceptance of Euthanasia: Socio-demographic and Cultural Factors Associated with the Acceptance of Euthanasia in 33 European Countries', *Social Science & Medicine*, 63 (2006), 743–756; Joachim Cohen, Paul Van Landeghem, Nico Carpentier and Luc Deliens, 'Public Acceptance of Euthanasia in Europe: A Survey Study in 47 Countries', *International Journal of Public Health*, 59 (2014), 143–156; Jenifer Hamil-Luker and Christian Smith, 'Religious Authority and Public Opinion on the Right to Die', *Sociology of Religion*, 59:4 (1998), 373–91.
- 11 Guido Miccinesia, Susanne Fischer, Eugenio Pacia, Bregje D. Onwuteaka-Philipsen, Colleen Cartwright, Agnes van der Heide, Tore Nilstun, Michael Norup and Freddy Mortier, 'Physicians' Attitudes Towards End-of-life Decisions: A Comparison between Seven Countries', *Social Science & Medicine*, 60 (2005), 1961–74; Joachim Cohen, Johannes J.M. van Delden, Freddy Mortier, Rurik Lofmark, Michael Norup, Colleen Cartwright, Karin Faisst, Cristina Canova, Bregje Onwuteaka-Philipsen and Johan Bilsen, 'Influence of Physicians' Life Stances on Attitudes to End-of-life Decisions and Actual End-of-life Decisionmaking in Six Countries', *Journal of Medical Ethics*, 34 (2008), 247–53; Giorgio Cocconi, Caterina Caminiti, Giovanni Zaninetta, Rodolpho Passalacqua, Stephano Cascinu, Francesco Campione, Renata Todeshine, Sergio Zani, Tiberio d'Aloia, Luigi Migone, 'National Survey of Medical Choices in Caring for Terminally Ill Patients in Italy, A Cross-sectional Study', *Tumori*, 96 (2010), 122–130; William Lee, Annabel Price, Lauren Rayner and Michael Hotopf, 'Survey of Doctors' Opinion of the Legislation of Physician Assisted Suicide', *BMC Medical Ethics*, 10:2 (2009); Tinne Smets, Joachim Cohen, Johan Bilsen, Yanna van Wesemael, Mette L. Rurup, Luc Deliens, 'Attitudes and Experiences of Belgian Physicians regarding Euthanasia Practice and the Euthanasia Law', *Journal of Pain and Symptom Management*, 41 (2011), 580–93; Diane E. Meier, Carol-Ann Emmons, Sylvan Wallenstein, Timothy E. Quill, R. Sean Morrison and Christine K. Cassel, 'A National Survey of Physician-assisted Suicide and Euthanasia in the United States', *New England Journal of Medicine*, 338 (1998), 1193–201; Ezekiel J. Emanuel, Diane Fairclough, Brian C. Clarridge, Deborah Blum, Eduardo Bruera, W. Charles Penley, Lowell E. Schnipper and Robert J. Mayer, 'Attitudes and Practices of U.S. Oncologists regarding Euthanasia and Physician-Assisted Suicide', *Ann Intern Med*, 133 (2000), 527–32; Farr A. Curlin, Chinyere Nwodim, Jennifer L. Vance, Marshall H. Chin and John D. Lantos, 'To Die, to Sleep: US Physicians' Religious and Other Objections to Physician-Assisted Suicide', *American Journal of Hospice Palliative Care*, 25:2 (2008), 112–20; Jerald G. Bachman, Kirsten H. Alscer, David J. Doukas, Richard L. Lichtenstein, A.D. Corning and Howard Brody, 'Attitudes of Michigan Physicians and the Public toward Legalizing Physician Assisted Suicide', *New England Journal of Medicine*, 334 (1996), 303–8; Marc Romain and Charles L. Sprung, 'End-of-Life Practices in the Intensive Care Unit: The Importance of Geography, Religion, Religious Affiliation, and Culture', *Rambam Maimonides Medical Journal*, 2014, 21 January,

and of nursing staff.¹² Of these factors religion and religiosity appear to be the most important in determining attitudes.¹³ Research into the role and opinion of pastors is scarce, however.¹⁴ Research on this topic has not previously been done in the Netherlands.

The study of theological convictions, moral views, and spiritual practices of pastors in situations of euthanasia builds a valuable case for the role of religion in society. Although physicians and pastors share many objectives—helping people to live better, longer, and more responsibly—there are major differences in public visibility and legal contexts. For a general public, the work of physicians is more widely known and acknowledged than the work of their colleagues in pastoral care. There are also regulatory differences: whereas the work of physicians is subject to many legal regulations, including (in the Dutch context) the Euthanasia-Act, pastors are mainly bound by the guidelines of their own churches. These distinct public and legal roles in situations of euthanasia make the study of pastoral care in these situations an up to date case of the interactions between church and state. To include the role of pastors in

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- 5 (2014); Clive Seale, 'Legalisation of Euthanasia or Physician-assisted Suicide: Survey of Doctors' Attitudes', *Palliative Medicine*, 23 (2009), 205–12; Sonu Hangma Subba, Varun Khullar, Yusra Latafat, Khusboo Chawla, and Apoorva Niwal, 'Doctors' Attitude Towards Euthanasia: A Cross-sectional Study', *Journal of the Association of Physicians of India*, 64:6 (2016), 44–7.
- 12 Joris Gielen, Stef van den Branden and Bert Broeckaert, 'Religion and Nurses' Attitudes to Euthanasia and Physician Assisted Suicide', *Nursing Ethics*, 16:3 (2009); Lydi-Ann Vézina-Im, Mireille Lavoie, Pawel Krol and Marianne Olivier-D'Avignon, 'Motivations of Physicians and Nurses to Practice Voluntary Euthanasia: A Systematic Review', *BMC Palliative Care*, 13:20 (2014).
- 13 Bulmer, 'Predicting Moral Sentiment'; Hans-Henrik Bulow, Charles L. Sprung, Mario Baras, Sara Carmel, Mia Svantesson, Julie Benbenishty, Paulo A. Maia, Albertus Beishuizen, Simon Cohen and Daniel Nalos, 'Are Religion and Religiosity Important to End-of-life Decisions and Patient Autonomy in the ICU? The Ethicatt Study', *Intensive Care Med* (2012) 38:1126–33; Amy M. Burdette, Terrence D. Hill, and Benjamin E. Moulton, 'Religion and Attitudes Toward Physician-Assisted Suicide and Terminal Palliative Care', *Journal the Scientific Study of Religion*, 44:1 (2005), 79–93; Rezawana Chowdhury, 'The Role Religion Plays in Attitudes toward Euthanasia', *HIM 1990–2015* (2012), 1324; Andriy Danyliv and Ciaran O'Neill, 'Attitudes Towards Legalising Physician Provided Euthanasia in Britain: The Role of Religion over Time', *Social Science & Medicine*, 128 (2015), 52–6.
- 14 In 2009 research was carried out in Australia about the experience and the terms of reference of ministers/chaplains in relation to euthanasia. Not examined in the research was which factors determined the attitude of pastors. What was investigated was how often they were confronted with euthanasia and what their role was. This research, predominately aimed at the intramural position of the minister/chaplain revealed that approximately 25% of them had experiences with euthanasia. Lindsay B. Carey, Jeffrey Cohen and Bruce Rumbold, 'Health Care Chaplaincy and Euthanasia in Australia', *Health and Social Care Chaplaincy*, 12:1 (2009), 1–9.

public discourse on moral issues such as euthanasia broadens our view on the interlocking domains of religion, public values, and the private sphere. The views and experiences of pastors in a mainline church such as the Protestant Church in the Netherlands provide a relevant case.

It is no secret that, on the whole, religious people tend to be more critical of euthanasia than their secular counterparts. The degree thereof can differ between countries, cultures, and religions. Roman Catholic doctrine rejects euthanasia altogether, although individual pastors are known to make ‘pastoral exceptions.’ Within Protestantism, orthodox Protestants tend to be more conservative than liberal Protestants.¹⁵ Some Protestants worldwide are critical of euthanasia on the basis of a theology of natural law.¹⁶ Dutch Protestantism, with its Reformed leanings, essentially lacks reference to natural law and instead stresses the relevance of historical and contextualized laws, with a corresponding openness to accepting human influence on the way and the moment people die.¹⁷ Some of the most influential advocates of euthanasia in the 1970s, 1980s and 1990s were Protestants: the Groningen ethics professor P.J. Roscam Abbing, the Leiden ethics professor Heleen Dupuis, and the Amsterdam (VU University) dogmatics and ethics professor Harry Kuitert.¹⁸ These theologians argued that the medical progress in the late twentieth century—which keeps many elderly people alive without or against their consent and causes serious suffering—calls for a reinterpretation of the sixth commandment. Their theological opinions and reflections on euthanasia, alongside theological publications on nuclear (dis)armament, are among the most important pieces of public theology in the late twentieth century in the Netherlands. The role of religion and the membership of churches may

15 Hamil-Luker, ‘Religious authority and public opinion on the right to die.’

16 An example is Nigel Biggar’s book *Aiming to Kill*, in which he argues that from a natural law position the intentional killing of an innocent human being is always wrong. Nigel Biggar, *Aiming to Kill: The Ethics of Suicide and Euthanasia* (London: Darton, Longman, and Todd Ltd., 2004).

17 In the Dutch debate, some influence can also be found from Joseph Fletcher. See his *Humanhood: Essays in Biomedical Ethics* (Buffalo: Prometheus Books, 1979).

18 Pieter J. Roscam Abbing, *Toegenomen verantwoordelijkheid: veranderende ethiek rond euthanasie, eugenetiek en moderne biologie*. (Nijkerk: Callenbach 1972). Harry M. Kuitert, *Een gewenste dood. Euthanasie als moreel en godsdienstig probleem (A desired death: Euthanasia as a moral and religious problem)* (Baarn: Ten Have 1981); *Suicide, wat is er tegen? (Suicide: what is against it?)* (Baarn: Ten Have 1983); *Mag er een einde komen aan het bittere einde? (May we put an end to the bitter end?)* (Baarn: Ten Have 1994). Cf. Theo A. Boer, *Vrij om te sterven: Nederland, religie en het zelfgekozen levenseinde. Groen van Prinstererlezing* (Amersfoort: Wetenschappelijk Instituut voor de ChristenUnie, 2016).

have declined, but even so, many key parties—media, political parties—in secularized democracies continue to pay attention to religious voices when it comes to reflecting on life, suffering, and death. The Protestant Church in the Netherlands (PKN) and its predecessors were part of these discussions.¹⁹ With a membership of 11% of the Dutch population in 2018, it is the country's most important Protestant denomination, and little short of the nation's former 'state church.' It is a plural church, with liberal, mid-stream, and conservative modalities at a local level. A total of three reports were published between 1972 and 1999 about theological questions in the context of a euthanasia request. Contrary to public opinion, which became more liberal over the years, the reports show an increasing reticence: from outright advocacy of euthanasia in 1972, via the acceptance of euthanasia in exceptional cases in 1984, to a rejection of the impending 2001 euthanasia law in 1999.²⁰

Euthanasia has thus been discussed openly in reports of church bodies and in the writings of influential theologians. Generally speaking, and due to the role of the Netherlands as a pioneering country, Dutch theological discussions on euthanasia were relatively open-minded compared with those in other countries. Given the early legalization of euthanasia, Dutch theological discussions on euthanasia have largely 'dried up' in the last few decades. The Euthanasia Act is likely to stay unchanged for a longer period of time: any change could lead to a reopening of discussions, which is deemed politically risky both by those 'in favor' and by those 'against.' Thus, whereas discussions outside the Netherlands continue to focus on fundamental theological questions,²¹ the focus in the Netherlands has shifted to a more practical level, as can be seen in two reports issued by the PKN about end-of-life issues after 2000.²² Instead of resuming some of the core theological questions about euthanasia—for

19 The Protestant Church in The Netherlands is a union of three Protestant denominations in The Netherlands: the Dutch Reformed Church, the Reformed Churches in The Netherlands, and the Evangelical Lutheran Church in the Kingdom of the Netherlands. After a 40 years' process they were united in 2003.

20 Frits de Lange and Jan Jans (eds.), *De dood in het geding, Euthanasiewetgeving en de kerken* (Kampen: Kok, 2000).

21 Cf. Jason Goroncy, 'Euthanasia: Some Theological Considerations for Living Responsibly', in: *Pacifica: Australasian Theological Studies* 29, 3 (2016), 221–43. <https://doi.org/10.1177/11030570X17711957>; Catherine Bando, *Assisted Death: Historical, Moral and Theological Perspectives of End of Life Options* (Marymount: Loyola Law School, 2018).

22 Protestantse Kerk in Nederland, *Levensmoe, pastoraat aan mensen op hoge leeftijd die levensmoe zijn en wachten op een natuurlijk levenseinde* (Utrecht: Protestants Landelijk Dienstencentrum, 2003); *Medische beslissingen rond het levenseinde, Pastorale en morele overwegingen* (Utrecht: Protestants Landelijk Dienstencentrum, 2006). These reports were analyzed by Herman Meijer, *Kerk en Euthanasie*, 49–59.

which there is certainly some need—the present article addresses an empirical question: how do pastors in the Netherlands respond when parishioners have a euthanasia request? This question is of special importance given the fact that euthanasia has become an established political, medical, and thus public reality.

In exploring this theme, we assume that shifts in public opinion—taking a more liberal stance towards euthanasia—will most likely also have found support within the PKN ranks. On the other hand, we also assume that believers generally may be more reserved about euthanasia, that notable differences will exist between modalities within the church, and that the views of pastors will not always be the same as those of their parishioners. Apart from the fact that no euthanasia request as such is ‘easy’—not even for those who support euthanasia—there may be tensions within the pastoral ministry based on different views and expectations. To date, however, empirical evidence is lacking for all these assumptions, since neither any of the aforementioned theologians nor the church bodies have explored the actual experiences Dutch ministers have had with euthanasia. Empirical research is needed to bridge the gap between public discourse, actual pastoral guidance, and theological reflection. How frequently is euthanasia subject of discussion between the parishioner and the minister? How do pastors respond when a euthanasia request is made? Do pastors have a well-defined theological view on the subject? What eventuates if the opinions of the parishioner clash with their own standpoints? Is euthanasia debated at the level of parishes? These, and similar questions, were cause for an explorative study among PKN pastors (parish ministers and chaplains). The findings are presented in this study. The following questions will be addressed:

- (1) How often do ministers encounter pastoral situations in which parishioners express a euthanasia wish?
- (2) What are the pastors’ views on the moral acceptability of euthanasia?
- (3) How important are their biblical beliefs in determining their views?
- (4) How often do parishioners ask pastors about their views?
- (5) What pastoral approach do pastors use when faced with a euthanasia request?
- (6) Which situations concerning euthanasia do ministers experience as particularly difficult?
- (7) To what degree do opinions on the subject of euthanasia differ within the triangle of minister-congregation-church council?²³

23 A church council (or consistory) is the ruling body of the local congregation, normally composed of its pastor(s), elders, deacons, and financial stewards.

- (8) To what degree is support wanted by ministers in view of the complexity of a euthanasia request?
- (9) Do ministers find it important that their church participates in public debates about euthanasia?

2 Method

This is an explorative study without predetermined hypotheses. Its leading assumptions from the outset were that ministers of the PKN are regularly confronted with euthanasia, that they are bound to have different opinions on the subject, and that there is less support for euthanasia among more orthodox ministers than among their liberal colleagues.

Used for the study was a database containing all ministers registered in the PKN. It comprised ministers serving in congregations, retired ministers to the age of seventy, and ministers serving no congregations, most of whom work in care facilities. The number of fully completed questionnaires came to 684, which is a 26.8% response. Of the respondents, 635 were ministers actively serving a congregation, yielding a 38.5% response of those ministers. If questionnaires were not fully completed, they were excluded from the quantitative analysis. Still, in some of these questionnaires answers to the open questions could still be used for qualitative purposes. The answers were fully anonymized but a list was kept of respondents who had indicated that they were open to participate in future research.

The PKN is a plural church with congregations and ministers of diverse religious modalities. These modalities, similar to those found in Anglicanism, differ with regards to the liturgy, the theology, and the leadership in local congregations. They may be classified as either (more) orthodox, (more) liberal, or mixed. There is ample scope for different congregations attracting different people observing different practices when it comes to addressing ethical issues. We categorized most answers depending on the respondents' modality. The subdivision into three types has a leveling down effect and the differences would have been greater if we had classified according to more than three modalities.²⁴ This was not an option, however, for an explorative survey. The

24 Respondents could indicate a maximum of two choices from eleven profiles. We called (more) orthodox those who ticked Reformed Union, Confessional, Evangelical, (Christian) Reformed; as (more) liberal those who ticked Liberal, Charismatic, Mid-Orthodox, Protestant, Ecumenical, Lutheran, and Liberal. Counted as 'mixed' were ministers who had ticked both groups.

questionnaire did not include the option 'neutral' in questions about the personal views of the minister regarding euthanasia. Instead respondents had the option to opt for 'no opinion' or 'not relevant.' The study can be characterized as a mixed method study, because it included one central open question that asked what a pastor considers the most difficult aspect with regard to euthanasia. The answers to this question were qualitatively analyzed by a student and presented in a pre-master paper which we briefly present here.²⁵ Answers were given by 450 respondents of whom four hundred and forty were included after applying a constant comparative analytic method, using Atlas Ti 8.0.²⁶

3 Results

The general data of respondents is shown in Table 1. About half of the respondents are situated in communities with a population under ten thousand, with no major differences between the modalities. Respondents with a more orthodox profile are on average five years younger than colleagues with a mixed or liberal profile and have a shorter work experience. Of the respondents, 92% indicated that in the past year they had counselled one or more persons towards the end of their lives (Table 2). One in ten of these deaths (11%) involved euthanasia, whereby a clear contrast can be seen between the more orthodox ministers (euthanasia in 5% of deaths) and the more liberal ministers (euthanasia in 13% of deaths).

Answering research question (1), we found that the vast majority of ministers had had experiences with euthanasia in the past five years, predominantly in situations of a terminal illness; only 22% of ministers had no experiences with euthanasia in a terminal setting. Less frequently reported were experiences outside terminal situations—dementia, accumulated age related diseases—and the least frequent in cases of psychiatric illness and 'completed life.' By this latter designation is meant assisted suicide for people older than 70 or 75 years old (the age is still under debate) who, without having serious medical issues, regard their lives as completed (Table 3). Besides there being a clear correlation with the modality to which one belongs—the more orthodox, the more reticent respondents are about euthanasia—work experience

25 Maaïke Graafland, *De prikkel van de dood, een onderzoek naar wat pastoren als moeilijke situaties ervaren in het pastoraat rondom het actieve levenseinde*. Unpublished pre-master paper Theology (Nijmegen: Radboud-University, 2018).

26 Sheila M. Fram, 'The Constant Comparative Analysis Method Outside of Grounded Theory'. *The Qualitative Report* 18:1 (2013), 1–25.

TABLE 1 General data respondents

Municipality*	<10.000	10–50.000	>50.000	Total	N=		
Orthodox	57%	28%	15%	100%	176		
Mixed	42%	37%	21%	100%	76		
Liberal	43%	27%	30%	100%	422		
Total	47%	28%	25%	100%	674		
Experience as minister	0–10 yrs	11–20 yrs	>20 yrs	Total	N=		
Orthodox	36%	26%	38%	100%	176		
Mixed	22%	29%	49%	100%	76		
Liberal	18%	22%	60%	100%	422		
Total	23%	24%	53%	100%	674		
Average age minister	Orthodox	Mixed	Liberal				
	50.7 yrs	54.6 yrs	55.9 yrs	674			
Size congregation**	<100	100–200	200–300	300–400	>400	Total	N=
Orthodox	4%	13%	14%	19%	50%	100%	173
Mixed	0%	10%	17%	19%	54%	100%	70
Liberal	6%	12%	14%	15%	53%	100%	380
Total	5%	12%	14%	16%	52%	100%	623

*inhabitants; **number of confessing members

TABLE 2 Parishioners in 2016 counseled to end of life, average per minister, sub divided according to modality
N=674

Modality minister	Counseled to end of life	Euthanasia involved	Euthanasia as % of counseled deaths	N	Average age minister
Orthodox	8.1	0.4	5%	168	50.7 yrs
Mixed	9.69	0.87	9%	72	54.6 yrs
Liberal	9.22	1.22	13%	390	55.9 yrs
All	8.97	0.97	11%	630	54.8 yrs

and experiences with euthanasia also go together: ministers with more years of work experience do more frequently minister parishioners with a euthanasia wish. There is a marked difference between ministers who have up to 10 years of experience and those with less than 10 years of experience (Table 4).

TABLE 3 Experience of pastor with euthanasia in 5 year period, indicated according to cause
N=674

Situation	Never	1–5 times	6–10 times	>10 times	Not known	Total
Terminal illness	22%*	61%*	7%*	7%*	3%*	100%
Orthodox	46%	41%	1%	6%	7%	100%
Mixed	8%	72%	14%	1%	4%	100%
Liberal	15%	67%	8%	9%	1%	100%
N=	150	409	45	50	20	674
Dementia	72%*	16%*	2%*	3%*	7%*	100%
Orthodox	78%	6%	3%	3%	10%	100%
Mixed	72%	18%	3%	1%	5%	100%
Liberal	69%	19%	2%	3%	6%	100%
N=	484	107	15	19	49	674
Psychiatric illness	72%*	19%*	3%*	1%*	6%*	100%
Orthodox	80%	9%	3%	1%	8%	100%
Mixed	67%	28%	3%	0%	3%	100%
Liberal	69%	22%	3%	1%	6%	100%
N=	482	129	18	4	41	674
Old age infirmities	69%*	19%*	4%*	4%*	4%*	100%
Orthodox	76%	12%	2%	5%	6%	100%
Mixed	76%	16%	5%	1%	1%	100%
Liberal	64%	23%	4%	5%	5%	100%
N=	462	129	24	29	30	674
Completed life	69%*	23%*	1%*	1%*	6%*	100%
Orthodox	82%	11%	1%	1%	6%	100%
Mixed	63%	32%	1%	1%	3%	100%
Liberal	64%	27%	2%	1%	6%	100%
N=	464	155	9	6	40	674

*total of all profiles

Looking further at the views of ministers on the acceptability of euthanasia, a majority (59%) appears to be in favour of the position that euthanasia is compatible with a Christian worldview. At the same time, a considerable minority (39%) does experience a conflict at this point (Table 5a). Some striking differences between the modalities occur: of the more orthodox ministers no less than 87% experience a conflict between euthanasia and a Christian

TABLE 4 Minister's experience with euthanasia in cases of terminal illness, according to years of work experience

Work experience	Experience with euthanasia in cases of terminal illness (in the past five years)					Total
	Never	1–5 times	6–10 times	>10 times	Not known	
0–5 years	36%	49%	6%	4%	4%	100%
6–10 years	35%	43%	6%	12%	4%	100%
11–20 years	22%	60%	7%	9%	2%	100%
>20 years	17%	68%	7%	6%	2%	100%
All ages	22%	61%	7%	7%	3%	100%
N=	153	418	45	51	20	687

NB: used for this question are all scores of respondents of whom their work experience is known, also of the 'incompletes'.

TABLE 5A Euthanasia conflicts with my Christian convictions?

	Disagree	Disagree more than agree	Agree more than disagree	Agree	No opinion/ not relevant	Total	N=
Orthodox	3%	9%	21%	66%	1%	100%	176
Mixed	24%	20%	39%	16%	1%	100%	76
Liberal	58%	24%	12%	3%	3%	100%	422
All	40%	20%	17%	21%	2%	100%	674

worldview, whereas this number is 16% among their more liberal colleagues. In the mixed and liberal modalities, there is also a connection between the respondents' age and their views on the acceptability of euthanasia: younger pastors are more critical of euthanasia than their older colleagues (Table 5b). In the orthodox modality there are no such age differences: apparently, this group as a whole strongly rejects euthanasia. Support for euthanasia in accumulating age-related complaints and in what was described above as 'completed life' is limited across the spectrum and does not score above 30% anywhere (Table 6). Noteworthy is that support for euthanasia in terminal illnesses is greater among orthodox ministers than one would presume on the basis of Table 5a. These findings indicate a nuanced answer to research question (2).

TABLE 5B Euthanasia conflicts with my Christian convictions*, per age

	Orthodox	Mixed	Liberal	All	N=
26–40 years	84%	90%	31%	63%	79
41–50 years	95%	58%	16%	55%	125
51–60 years	82%	48%	12%	27%	254
61 years and older	82%	48%	17%	33%	216
All ages	87%	55%	15%	38%	674

* Agree more than disagree/ Agree

TABLE 6 Level of acceptability of euthanasia for ministers in various situations (scores on a scale 0–100)

	Terminal illness	Dementia	Psychiatric illness	Completed life	Old age complaints
Orthodox	24	14	15	6	7
Mixed	65	33	44	20	17
Liberal	84	50	60	27	29
All	66	38	46	20	22

Research question (3) asks whether there is a relationship between the biblical beliefs of the minister and their opinions about euthanasia. Respondents were asked whether in their view the Bible provides sufficient leads to answer the question whether euthanasia is morally acceptable or not. Their answers as such provide no information about the content of their moral position, since both the acceptance and the rejection of euthanasia could in principle be based upon the Bible. By combining the results of this question and of the question about the respondents' view on the acceptability of euthanasia we can, however, draw conclusions about the connection between biblical beliefs and views on euthanasia. As shown in Table 7, two-thirds of the respondents fully, or largely, support the position that the Bible provides sufficient indicators for an opinion about the acceptability of euthanasia. The biblical view appears to be strongly linked with the views on euthanasia: the more critical one is about euthanasia, the more often one agrees with the position that the Bible is helpful in this regard. Nevertheless, also among liberal respondents

TABLE 7 'The Bible provides sufficient leads for me to form my opinion about the acceptability of euthanasia' (n=672)

	Agree	Agree more than disagree	Disagree more than agree	Disagree	No opinion/ not relevant	Total
'Euthanasia conflicts with a Christian conviction of life'						
Agree	69%	26%	2%	2%	1%	100%
Agree more than disagree	16%	59%	18%	3%	4%	100%
Disagree more than agree	10%	46%	33%	8%	3%	100%
Disagree	25%	28%	24%	19%	4%	100%
No opinion/not applicable	12%	24%	18%	24%	24%	100%
Orthodox	61%	34%	3%	2%	1%	100%
Mixed	17%	54%	14%	14%	0%	100%
Liberal	19%	35%	28%	14%	5%	100%
All respondents	30%	37%	20%	10%	3%	100%

(of whom most consider euthanasia acceptable) a majority of 52% agrees or largely agrees with the position that the Bible is a useful instrument in opinion forming.

How does the subject of euthanasia manifest itself in pastoral care and how do pastors respond when it is brought up? According to respondents 46% of the parishioners that they pastorally support at the end of life bring up the subject in some way; 36% of them regard euthanasia as a real option; 44% ask the pastor about their view of the subject; the meaning and relevance of biblical texts with regard to euthanasia are discussed in 35% of the pastoral encounters. We also see here clear differences between the modalities (Table 8). Probably most notable is how even among orthodox ministers euthanasia is a regular topic of debate: 29% of their parishioners bring up the subject, although only 15% consider it a realistic option, compared with 44% of parishioners of the more liberal respondents. The manner in which the subject is discussed differs

TABLE 8 Ministers about various positions about euthanasia in pastoral care
N=674

Position	Total	Orthodox	Mixed	Liberal
Parishioners see euthanasia as a realistic option	36%	15%	35%	44%
Parishioners ask me about my position on euthanasia	44%	29%	47%	49%
Parishioners ask what the Bible says about euthanasia	35%	29%	39%	37%
Parishioners presume that I am against euthanasia	47%	75%	47%	34%
Parishioners raise the subject of euthanasia themselves	46%	29%	46%	53%
I conform to the wishes of the parishioner on euthanasia	63%	40%	67%	72%

Explanation: scoring was done on a scale of 0–100. The percentages indicate the frequency of how often the given positions occur in pastoral practice (0 = never–100 = always).

TABLE 9A 'If someone wants to opt for euthanasia, I find it my duty to suggest that this choice be reconsidered'

	Agree	Agree more than disagree	Disagree more than agree	Disagree	No opinion/not applicable	Total	N=
Orthodox	48%	33%	10%	6%	3%	100%	176
Mixed	14%	41%	26%	16%	3%	100%	76
Liberal	5%	24%	36%	32%	3%	100%	422
All	17%	28%	28%	24%	3%	100%	674

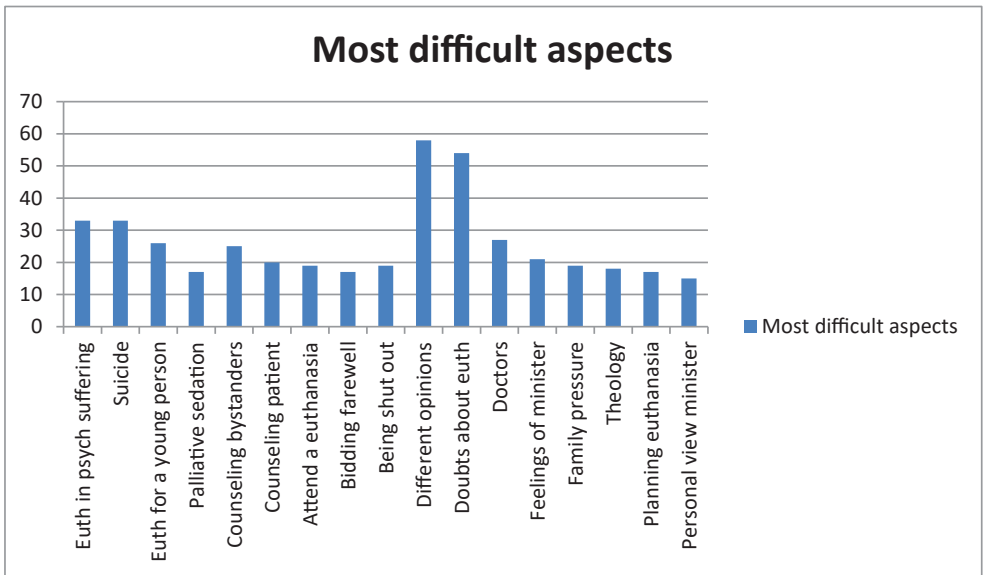
significantly: liberal pastors will more often concur with the wishes of their parishioners and less often encourage them to reconsider a euthanasia request (Tables 9A and 9B). These findings answer research questions (4) and (5).

One of the most important open questions in this study was the question: 'what was the most difficult thing you encountered on the subject of euthanasia during your pastoral work?' Among the responses, Graafland discerns

TABLE 9B 'I regard the choice for euthanasia totally as the own responsibility of the person I am counseling'

	Agree	Agree more than disagree	Disagree more than agree	Disagree	No opinion/not applicable	Total	N=
Orthodox	16%	20%	23%	38%	2%	100%	176
Mixed	22%	43%	21%	12%	1%	100%	76
Liberal	27%	43%	20%	10%	0%	100%	422
All	24%	37%	21%	17%	1%	100%	674

TABLE 10 What does the PKN minister find to be the most difficult in their pastoral care for those who wish to be euthanized?



SOURCE: GRAAFLAND, 2018

seventeen different situations (Table 10).²⁷ The two most frequently recurring situations are: (1) differences of opinion occurring among those involved—partners, family, friends ('The hardest is when this subject leads to disagreement in the family'): N=58, 13%; (2) pastors having difficulties in justifying

²⁷ Graafland, *De prikkel van de dood*.

euthanasia, as well as in dealing with the discrepancies between the minister's views and those of the parishioner, the family, or the doctor. Euthanasia, according to a number of respondents, is sometimes considered too easily or performed too quickly (N=54, 12%):

A family that I did not know personally, asked to officiate at the funeral service of the mother (age 70) and to come together at short notice to discuss proceedings for the planned euthanasia in two weeks' time. When I came to the door at the appointed hour the door was opened by a vital looking woman, who took my coat and asked whether I would like a cup of coffee. While we were having coffee and an animated conversation, I asked her where the woman concerned was. It appeared that she herself was that woman.

Some parishioners have their doubts but still decide to have euthanasia. 'The hardest thing,' one respondent remarks, 'is when it feels as though people want to die before their time has come.' Other situations which stand out are euthanasia in patients with psychological and psychiatric suffering, euthanasia in young patients, saying farewell to someone who is about to be euthanized, and patients requesting a pastor's presence when the euthanasia takes place. To the other extremes are experiences of being shut out by the patient or their family, which oftentimes means that the minister is confronted with an already decided fact.²⁸ These findings provide an explorative answer to research question (6).

Also investigated was to what degree the minister communicated about euthanasia with colleagues, the church council, and the congregation (Table 11). Although 74% of ministers indicate they are interested to know about the experiences and opinions of colleagues, it appears that in actual fact only 30% get together regularly to discuss the subject. Of 37% of the respondents their church council holds a more or less unified vision on the acceptability of euthanasia. In only 7% of cases is there some discrepancy between the views of the church council and the minister. Those (low) percentages can also be due to the fact that of the pastors only 13% indicate that their church council has reflected on euthanasia in the past two years. According to many respondents, that number should change: 48% 'agree' or 'agree more than disagree' that it is important to place euthanasia on the church council's agenda. Even more urgent, it is deemed, is discussing the matter with the congregation: 64% 'agree' or 'agree more than disagree.' This is a high percentage, given the fact that 25%

²⁸ We intend to elaborate on these answers to research question (6) in a later publication.

TABLE 11 Opinions about euthanasia within the triangle minister-consistory-congregation
Position 1: Euthanasia has been discussed by my consistory in the past 2 years

	Yes	No	Don't know/ not applicable	Total	N=
Orthodox	15%	79%	6%	100%	173
Mixed	11%	81%	7%	100%	70
Liberal	13%	81%	6%	100%	380
Total	13%	80%	6%	100%	623*

Position 2: Euthanasia was discussed substantively in the congregation in the past 2 years

Orthodox	15%	81%	4%	100%	173
Mixed	20%	70%	10%	100%	70
Liberal	30%	65%	5%	100%	380
Totaal	25%	70%	5%	100%	623

Position 3: I regularly discuss the subject of euthanasia with colleagues

Orthodox	22%	74%	4%	100%	173
Mixed	34%	59%	7%	100%	70
Liberal	33%	64%	4%	100%	380
Total	30%	66%	4%	100%	623

Position 4: I am curious to know how colleagues deal with euthanasia in pastoral care

Orthodox	68%	16%	16%	100%	173
Mixed	77%	13%	10%	100%	70
Liberal	76%	15%	9%	100%	380
Total	74%	15%	11%	100%	623

* questions only answered by ministers in congregations.

TABLE 11 Opinions about euthanasia within the triangle (*cont.*)**Position 5: A substantive discussion about euthanasia is possible with my consistory**

	Agree	More > disagree	Disagree > agree	Disagree	Do not know/not applicable	Total	N=
Orthodox	62%	25%	6%	0%	6%	100%	173
Mixed	61%	26%	4%	0%	9%	100%	70
Liberal	69%	19%	3%	2%	7%	100%	380
Total	66%	22%	4%	1%	7%	100%	623

Position 6: My consistory is united in its opinion of whether euthanasia is morally acceptable

Orthodox	30%	26%	12%	17%	16%	100%	173
Mixed	4%	30%	10%	19%	37%	100%	70
Liberal	8%	37%	14%	13%	28%	100%	380
Total	14%	33%	13%	15%	26%	100%	623

Position 7: My consistory's views on euthanasia largely differ from mine

Orthodox	1%	6%	14%	65%	13%	100%	173
Mixed	1%	6%	16%	36%	41%	100%	70
Liberal	0%	8%	26%	42%	23%	100%	380
Total	0%	7%	21%	48%	23%	100%	623

Position 8: My congregation is aware of the position of the consistory regarding euthanasia

Orthodox	34%	27%	5%	16%	19%	100%	164**
Mixed	5%	5%	17%	35%	38%	100%	65**
Liberal	4%	15%	12%	34%	35%	100%	357**
Total	12%	17%	11%	29%	31%	100%	586**

** respondents to 'not applicable' for position 6 skipped this question.

TABLE 11 Opinions about euthanasia within the triangle (*cont.*)**Position 9: It is important to put euthanasia on the agenda of the consistory**

	Agree	More > disagree	Disagree > agree	Disagree	Do not know/not applicable	Total	N=
Orthodox	16%	23%	26%	18%	17%	100%	173
Mixed	19%	39%	21%	13%	9%	100%	70
Liberal	21%	31%	18%	13%	17%	100%	380
Total	19%	29%	21%	14%	16%	100%	623

Position 10: It is important to address euthanasia with the congregation

Orthodox	16%	31%	25%	16%	13%	100%	173
Mixed	21%	43%	17%	10%	9%	100%	70
Liberal	31%	40%	11%	7%	11%	100%	380
Total	26%	38%	16%	9%	11%	100%	623

of the pastors indicate that the subject of 'euthanasia' was already discussed in the congregation in the past two years. The above findings answer research question (7).

Research question (8) asks what kind of support is wished for by the pastors. The findings show that a large majority of respondents—some eight out of ten—indicate that they 'definitely' or 'perhaps' would appreciate some form of support: help in counseling parishioners who have a euthanasia wish, background information about euthanasia, and assistance in reflecting on euthanasia theologically. Many would also welcome support in exploring and debating end of life issues within the congregation (Table 12). These needs are noted less among orthodox ministers than for the other groups.

Finally, when asked whether or not euthanasia is being sufficiently discussed within the Protestant Church in the Netherlands, pastors express different opinions (Table 13). A large majority (82%) holds the view the PKN should be more involved in the public debate on euthanasia, but we see different approaches here: one group of pastors wishes that the PKN voices a primarily critical stance towards euthanasia, while others think the contribution of their church should be more receptive. This answers research question (9).

TABLE 12 Need for support/additional information about euthanasia for ministers/
congregations

Is there need for support in the counseling of parishioners with a euthanasia request?

	Definitely	Perhaps	Not at all	No opinion	Total	N=
Orthodox	9%	52%	31%	9%	100%	176
Mixed	20%	61%	14%	5%	100%	76
Liberal	19%	56%	18%	7%	100%	422
Total	17%	55%	21%	7%	100%	674

Is there a need for background information about euthanasia, for the minister's own use in pastoral care?

Orthodox	35%	41%	18%	6%	100%	176
Mixed	46%	36%	11%	8%	100%	76
Liberal	49%	34%	14%	4%	100%	422
Total	45%	36%	15%	5%	100%	674

Is there a need for theological reflection on euthanasia?

Orthodox	41%	40%	15%	4%	100%	176
Mixed	53%	36%	8%	4%	100%	76
Liberal	53%	36%	8%	3%	100%	422
Total	50%	37%	10%	3%	100%	674

**Is there a need for discussion materials or other means to use in my congregation/
institution?**

Orthodox	27%	45%	20%	7%	100%	176
Mixed	43%	42%	9%	5%	100%	76
Liberal	47%	40%	10%	3%	100%	422
Total	41%	41%	13%	5%	100%	674

4 Conclusions

Ministers of the PKN have a wide range of experiences and expertise in dealing with euthanasia requests from parishioners. The Netherlands is unique in this regard. In the only other country in the world where euthanasia is as prevalent, Belgium, the largest religious denomination, the Roman Catholic Church, opposes euthanasia, which means that a supportive pastoral counseling of parishioners with a euthanasia request is not possible. Ever since the PKN and its predecessors published about it in the 1972, they have been open and had a constructive dialogue with society at large, although its reticence has grown.

Our research confirms that euthanasia does not stop at the door of the church. Euthanasia occurred in 10% of all deaths in which ministers provided pastoral care. That seems like a high number: the 2017 Governmental Evaluation estimates that the number of cases of euthanasia stood at only 4.7% of the total number of deaths.²⁹ The numbers come closer together, however, if we take into consideration that the Governmental Evaluation refers to euthanasia as a percentage of *all* deaths (including unexpected, instantaneous deaths), whereas our survey only refers to euthanasia as a percentage of deaths that were expected and in which the pastor could provide counseling. Although caution is advised in interpreting the numbers, the conclusion seems warranted that euthanasia among members of the PKN, as a whole, is not much less prevalent than among the Dutch population on average. In the case of Dutch mainstream Protestantism, the presumption that 'Christians are against euthanasia' does not stand: not only does euthanasia occur regularly among parishioners, but a majority of ministers can condone it as well. Still, the support is less than among the Dutch on average. This finding can largely be explained by the reticence on the part of the more orthodox part of the PKN: only 24% of the pastors within this modality consider euthanasia a realistic option, and of their parishioners, an even lower percentage of 15% accepts euthanasia. To compare: according to the 2017 Evaluation, 76% of the Dutch public 'can imagine to make a euthanasia request'.³⁰ In the PKN as a whole euthanasia has gained broad acceptance, but the orthodox modalities continue to hold strong moral and religious reserves.

Some other findings stand out. One is that, on average, younger ministers are more reticent about euthanasia than their elder colleagues. Another is that in their pastorate these younger ministers experience a lower euthanasia incidence than their colleagues. This can perhaps be explained from the fact that

²⁹ Onwuteaka-Philipsen *et al.* 2017, p. 21.

³⁰ *Ibid.*, p. 83.

younger ministers often have a more orthodox view or, put differently: young liberal academics no longer choose to become a pastor. Another explanation may be sought in developments in the quality of care. Many senior ministers can recall deaths that were preceded by very serious suffering (suffocation, extreme pain). These ‘ghosts from the past’ characterize the context of acceptance of euthanasia in the 1980s and 1990s. Given the significant progress in the level of palliative care in the Netherlands—where 18% of deaths are now preceded by deep sedation—euthanasia may now become less self-evident for a younger generation.³¹

We found that pastors find it especially difficult if they are confronted with euthanasia as a *fait accompli*. Some pastors report that parishioners or their relatives avoid them on the assumption that the minister will probably be against euthanasia and, therefore, be unequipped to serve them adequately as the minister. Apart from the question of how often this scenario occurs, this reticence is an indication of a possible existing taboo within the congregation. In terms of the relationship between ministers and the congregation and church council, it is notable how the pastor sees little discrepancy in the standpoints concerning euthanasia.

Our investigation further shows that ministers are aware of the ambiguities and nuances in the recourse to euthanasia; nevertheless, they still experience a need for support, both in the form of theological reflection and in the form of support in carrying out their pastoral task. Some also wish to engage in robust discussion with their fellow ministers and with physicians and other care givers. We did not explore whether this need may be caused by the rather individualistic character of the work of many pastors, or by a possible lack of participation in peer review groups.

5 Further Research

Our findings provide clear stimuli for future research. A majority of pastors expresses a need to be better equipped in dealing with euthanasia, both practically and theologically. We think this need becomes especially pressing given the plurality of views found amongst pastors. To be sure, many congregations share the theological profile of their pastors, and a pastor and their parishioners

31 Ibid., p. 21; Stichting Farmaceutische Kengetallen, ‘Palliatieve sedatie vaker ingezet bij levenseinde,’ in: *Pharmaceutisch Weekblad* 152,7 (16 February, 2017), <https://www.sfk.nl/publicaties/PW/2017/palliatieve-sedatie-vaker-ingezet-bij-levenseinde>, accessed on February 17, 2020.

will tend to have shared views on many moral issues. But there is not always a harmony, as is illustrated in answers to the question about 'most difficult aspects.' Parishioners may be more liberal than their pastors, and vice versa. They may agree at some level (for example, about euthanasia in a terminal illness) but differ at others (for example, concerning euthanasia in psychiatry or completed life). Different understandings of biblical texts and their significance may occur, as may different views on what constitutes responsible decision-making at the end of life. Such differences are more likely to occur in congregations on the (sub)urban-rural border, just as they may be in chaplaincies in institutions, of which the population is more pluralistic by definition. Some of these differences may be known and outspoken, others may be unknown and unsuspected, yet others may be assumed but ill-conceived. In such cases there is a serious risk of miscommunications in the pastoral practice. The credibility of the pastor, traditionally a person full of wisdom, knowledge, and concern, is at stake.

Future research will have to address this problem step by step. First, we need to get insight in the difficulties pastors encounter and in the kind of support (information, feedback, reflection) they need. For this purpose, we intend to conduct in-depth interviews with a sample of respondents who have indicated a willingness to participate in follow-up research. In these interviews special attention needs to be given to the existence of deep moral pluralism when it comes to euthanasia. Second, we want to mirror the present survey and the subsequent in-depth interviews by presenting similar questions to a panel of parishioners. What are their views on the acceptability of euthanasia and the role of the Bible, what do they consider the hardest problems in the context of euthanasia, what kind of pastoral care do they expect, how much do they know about their pastor's view on euthanasia, how do they prefer euthanasia to be discussed on a local and denominational level, and what are their views and experiences on the existence of deep moral pluralism?

A third research field will be more normative and thus more challenging. Christian churches have only limited experience in providing pastoral care in the context of patients with a euthanasia request. We may thus have to work towards a best practice, incorporated in a professional code similar to the ones found within medical practice. Such a code should address not only situations in which the euthanasia request is brought up, but also, and more specifically, situations in which a pastor and their parishioner hold opposite views. Our study has not explored pastoral care in the context of the euthanasia request into more detail. Australian research identifies the following items: pastoral assessment (providing a sounding board for patient and family regarding euthanasia yes or no), pastoral ministry (the degree to which pastoral support is and can be provided against the background of the pastor's own view on

euthanasia), pastoral counseling or education (providing information about end of life choices in relation to the patient's views), and pastoral ritual and worship (the possibility to provide support during the act of euthanasia).³² Thus our study of the views and experiences of Dutch Protestant pastors may serve as a single case study of pastoral care in situations of euthanasia within a mainstream Protestant denomination. International comparisons would build a more solid case for pastoral care in morally disputed situations and contribute to the understanding of the role of religion in the public discourse on death.

A fourth study topic has to do with the public role of the Protestant Church in the Netherlands. After the Euthanasia Act was enacted in 2002 no public theological attention was given to the subject. The book was closed, the 'victors' celebrated their victory and the 'losers' took their losses. But, after almost two decades in which the number of reported cases tripled, the reasons expanded beyond euthanasia in terminal illnesses, and public opinion shifted from seeing euthanasia as an exception to considering it a right, it seems that the advisability for new, updated reflection is not an unnecessary luxury.³³

Acknowledgements

Ms. Hetty Vonk; Ms. Elizabeth van Deventer.

32 Carey *et al.*, 'Health Care Chaplaincy and Euthanasia in Australia.'

33 Theo A. Boer, 'Fifty Years of Dutch Euthanasia and its Lessons', *International Journal of Environmental Studies* 78, 2 (April 2018) <http://dx.doi.org/10.1080/00207233.2017.1415834>.

TABLE 13 Is euthanasia being sufficiently spoken about in the PKN and should the PKN participate in the public debate about Euthanasia?

Position: Euthanasia is being sufficiently discussed in the PKN

	agree	agree > disagree	Disagree > agree	Disagrees	No opinion	Total	N=
Orthodox	18%	29%	21%	9%	23%	100%	176
Mixed	5%	28%	36%	8%	24%	100%	76
Liberal	9%	29%	27%	7%	28%	100%	422
Total	11%	29%	26%	8%	27%	100%	674

Position: It is important that the PKN raises its voice in the social debate on euthanasia

Orthodox	56%	31%	6%	3%	4%	100%	176
Mixed	34%	54%	8%	3%	1%	100%	76
Liberal	36%	43%	12%	5%	5%	100%	422
Total	41%	41%	10%	4%	4%	100%	674