

Testimony of

Mr. Jonathan Imbody

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Christian Medical Association
U.S. Senate Committee on the Judiciary
Subcommittee on the Constitution, Civil Rights and Property Rights

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Senators, thank you for the privilege of testifying today.

I serve as Senior Policy Analyst with the Christian Medical Association, a professional organization of 17,000 members.

I spent several months in the Netherlands a few years ago researching personal accounts of euthanasia. I knew from published medical studies that Dutch doctors admitted, on condition of anonymity, to putting approximately 1,000 patients to death a year without the patients' request.

I interviewed Dr. Zbigniew Zylich, a Polish-born internal medicine and oncology specialist who has practiced in the Netherlands since 1979.

Dr. Zylich told me about his experience with an elderly patient in an academic hospital:

He said, "[My patient] was afraid to go to the hospital because she was afraid of euthanasia. She was not asking for this; she did not even want this. And they promised her that nothing would happen to her.

"I admitted her on the weekend to a bed of another patient who would be coming back Monday morning. I had no other facility for her. She was very ill, and I expected she would die on the weekend.

"But she improved. With good treatment and pain control, she started to talk and she was not dead."

"On Monday morning when I went off from my shift and went home, my colleague came and did something. I don't know exactly what he did, but she died within ten minutes. And the nurses called me at home. They were very upset about this. And I was very upset about this, too.

Dr. Zylich added, "And this was not the only single case. This was the whole system working like this."

The Dutch have a lot of faith in their dikes and in their regulations. But euthanasia introduces dangerous gray areas of decision making by doctors and by vulnerable patients who feel pressured to die. These gray areas defy regulation.

I interviewed a Dutch couple, Ed and Xandra, who told me about Ed's father, Franz.

Franz was a Dutch sailor who had reluctantly entered the hospital for pain relief. Doctors discovered that Franz had a terminal illness.

Franz's son Ed recalls, "We were all invited to the hospital when [the doctors] said the diagnosis. The doctors told my Dad, 'Well, you don't have too long to live. We can't guarantee anything, but if we operate, you could live longer and have more time to be with your kids.'"

Ed recalls, "When the doctors left, my sister said it very bluntly, just putting it on the table: 'What about euthanasia?' she said."

Franz's wife did not protest. Xandra suggests that's because Franz's wife was angry with him and thought Franz had been unfaithful in their marriage.

So Franz agreed to euthanasia.

Xandra remembers the day the doctor came to put her father-in-law to death.

"[The doctor] had all those little vials," Xandra recalls, "and she had two injections--one to put him to sleep, and one for the killing part.

"She was very, 'OK, I need to do this now.' Probably she had another appointment after that.

"Then she started injecting him," Xandra recalls.

"While she was giving the injection, I was standing at [my father-in-law's] feet. He was really looking at me and at our baby--I was holding the baby at the time."

Then, Xandra says, her father-in-law suddenly cried out.

He said, "I don't want to die!"

Xandra frantically looked to the doctor and at the others in the room.

"But no one was reacting," she recalls.

She didn't know what to do.

"And then," she says, "he was ... like he was in a deep sleep. So then the doctor started getting the other injection.

Then I left the room."

Franz died from that second injection, whether he really wanted to or not.

Once a country casts off millennia of Hippocratic and Judeo-Christian prohibitions against suicide and euthanasia, the ship drifts farther and farther out to sea with no anchor.

If we assume the power to kill patients who ask for it, why not kill disabled patients who cannot ask for it? If we assume the power to kill patients with physical illnesses, why not kill patients with emotional illnesses? If we assume the power to kill the elderly who have medical problems, why not kill infants who have medical problems?

This slippery slope is not theoretical; this is exactly what has happened in the Netherlands. , ,

And it can happen anywhere, unless we provide truly compassionate alternatives to state-sponsored suicide:

? More doctors need advanced training in palliative care.

? In certain cases, more aggressive pain-relief prescribing regulations will help doctors provide more effective relief for patients.

? Hospice care can provide tremendous benefits for patients and families.

Perhaps the most important help for terminally ill patients transcends medicine. The unconditional, persevering love of family, friends and God can provide us with incomparable strength, courage and hope beyond our physical condition.

Thank you.