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Determining the end of life: a qualitative study of religion and euthanasia among older Dutch adults

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ABSTRACT

In Dutch discourses euthanasia has consecutively been viewed as murder, as mercy offered by medical doctors and as a self-chosen right for older people. This seems to reflect decreasing religious authority over death. Therefore, 26 interviews with Dutch adults aged 79–100 were carried out to evaluate the relationship between religion and attitudes towards euthanasia. Qualitative analysis indicates three groups of participants. Participants in the refraining group, wishing not to let the moment of their death be determined by euthanasia, predominantly believed both in God and an afterlife, and had most preference for a religious funeral. Participants in the depending group, wishing to ground euthanasia decisions in medical criteria, were least religious, which illustrates the co-occurrence of medicalisation and secularisation of death. Participants in the self-determining group, asserting that older adults should be allowed to determine themselves if and when they wish to receive euthanasia, were almost as religious as the refraining group, although they believed less in an afterlife. Their less traditional religiosity suggests that the late modern decline of traditional religious frameworks affords both self-determination concerning euthanasia and individual interpretations of religiosity. Moreover, our data suggest a connection between a persistent death wish in older adults and a perceived social death.

KEYWORDS

Euthanasia; religion; ageing; dying; life-prolongation; the Netherlands

Introduction

The Netherlands has the world's longest legal practice of euthanasia (Norwood, 2015, 2018). Whereas in the nineteen fifties and sixties euthanasia was generally considered murder, in the seventies public debate on euthanasia started in the Netherlands and doctors became more and more open towards their patients about their condition; developments in which the Netherlands preceded surrounding countries (The, 2009). Although euthanasia was decriminalized by court decision in 1984, it was not until 2002 that the Euthanasia Act came into effect (Norwood, 2015). This act is grounded in a view on euthanasia as a mercy that can, under strict regulations, be offered by doctors in cases of medically diagnosed hopeless and unbearable suffering (Schippers & van der Steur, 2016). However, a different view on euthanasia, grounded in self-determination of older adults, has also entered the Dutch debate. This viewpoint emerged in October 1991 in Drion's essay *The self-chosen end of old people* (Drion,

1992), which argues for the free distribution of medical means for euthanasia to people of 75 years and older; a proposal later referred to as 'Drion's pill'. Twenty-five years later, in October 2016, this viewpoint re-emerged in a letter to Parliament by the Dutch health and justice ministers arguing for supplementary legislation on euthanasia. The proposed supplementary legislation, grounded in autonomy, would legalise euthanasia for older adults with a persistent death wish not stemming from a medical condition (Schippers & van der Steur, 2016). In the Dutch debate a persistent death wish in older people who are tired of living is referred to as a 'completed life' [Dutch: *voltooid leven*] (Schippers & van der Steur, 2016; van Wijngaarden, Leget, & Goossensen, 2015). This term evokes the connection with a perceived 'social death', or the 'cessation of the individual person as an active agent in other's lives' (Mulkey & Ernst, 1991, p. 178). Supplementary legislation legalising euthanasia without medical grounds for older adults upon their own, persistent and voluntary request would enable a reduction of the time gap between perceived social and physical death by bringing forward physical death (Walter, 1994).

The shifting views on euthanasia in the Dutch public debate seem to reflect how the authority over death has shifted from the church towards medical professionals and finally towards dying individuals themselves (Walter, 1994). However, although the church has lost much of its previous authority concerning death, quantitative research still indicates an association between religiosity and attitudes towards euthanasia (Cohen et al., 2006; Danyliv & O'Neill, 2015; DeCesare, 2000). Especially for older adults, who grew up in a more traditional society, religion may still hold existential authority. Since it is important to understand the viewpoints of older Dutch adults themselves, who are, after all, being addressed in the debate on 'completed life', this paper will address the following research question: What are the attitudes of older Dutch adults towards euthanasia and to what extent are these influenced by religion?

Methods

This qualitative study is part of a larger research project investigating evaluation of death, religion and perceived quality of life based on 26 interviews with legally competent adults of 79 years and older born in the Netherlands and living in the eastern part of the Netherlands (see also Fortuin, Schilderman, & Venbrux, 2018a, 2018b).

Research ethics

The research protocol was firstly evaluated by the research ethics committee of the Radboud university medical centre (CMO Arnhem-Nijmegen), which judged in October 2015 that since the research does not entail health risks or other notable burdens it does not fall within the remit of the Medical Research Involving Human Subjects Act (WMO) (registration number: 2015–2040). Subsequently, the Ethics Assessment Committee Humanities of Radboud University gave consent in November 2015 (registration number: 8903). Informed consent was given by all participants and by the board of involved care institutions. Potential participants were informed about voluntariness of participation, the aim of the research, the research procedure, contact details, their right to withdraw and the handling and storage of research data.

Participants and data collection

A purposeful sample (Morse, 2007) was selected maximising variation of religiosity, health, dependence on care, gender and education. Thirteen males and thirteen females aged between 79 and 100 years participated in this study (mean age: 86). Twelve were selected from five different care homes and contacted through spiritual caregivers. The others, who lived in a private house, apartment or serviced apartment, were contacted through their general practitioner or (in three cases) through spiritual caregivers. The first author conducted semi-structured in-depth interviews about views on death, dying, euthanasia, religion, afterlife beliefs and experienced quality of life with all participants between December 2015 and March 2017. All participants were interviewed once except one who participated in a test interview. All interviews were conducted in private, in the participant's house or apartment. They were held, audiotaped and transcribed by the first author. The total duration of interview visits was between one and three hours (average: two hours). The duration of the transcribed part of the interviews was between 38 and 135 minutes (average: 78 minutes).

Qualitative analysis

Data were analysed by the first author according to the 'reflective lifeworld research' approach described by Dahlberg, Dahlberg, and Nyström, the goal of which is to 'discover, analyze, clarify, understand and describe meaning' (2008, p. 96). In accordance with the qualitative method of 'constant comparison' (Holton, 2007) data collection and analysis were alternated so that emerging insights could be explored in succeeding interviews. In accordance with the 'reflective lifeworld research' approach data analysis was threefold. Firstly, each interview was transcribed and reread several times, allowing the analyst to become familiar with each interview as a whole. Secondly, using the qualitative data analysis software ATLAS.ti, version 7, each interview was divided into smaller meaning units ('quotations' in ATLAS.ti) that were assigned one or more meanings ('codes' in ATLAS.ti), which were described in a codebook. Meaning units were closely examined and compared for similarities and differences, and meanings that seemed to belong together were clustered. This led to six clusters of meaning representing domains that were relevant for addressing the research question: religion, euthanasia, life-prolongation, attitude towards death, authority concerning death and after-death arrangements. Together these domains contain 83 codes that are linked to 796 quotations. Thirdly, after coding all meanings and evaluating their interrelationships, the interviews were approached again as a whole in order to grasp the essence of the participants' views on euthanasia (Dahlberg et al., 2008). This led to the classification of participants into three groups that essentially differ in their views on euthanasia.

Results

The qualitative analysis indicates three groups of participants: a refraining group, not wishing to let the moment of their death be determined by euthanasia, a depending group, wishing to assign a crucial role in euthanasia decisions to medical professionals and a self-determining group, wishing to give older adults themselves the right to determine the moment of their death by means of euthanasia. [Table 1](#) describes the



Table 1. Description of the participants belonging to the three euthanasia groups.

	Refraining	Depending	Self-determining
Age	79–90	80–93	79–100
Gender	7 female, 2 male	3 female, 5 male	3 female, 6 male
Church membership	2 unaffiliated, 3 Catholic, 4 Protestant	5 unaffiliated, 1 Catholic, 2 Protestant	2 unaffiliated, 5 Catholic, 2 Protestant,
Church attendance	3 none, 2 several times a month, 4 weekly or more	4 none, 1 seldom, 1 several times a month, 2 weekly or more	3 none, 2 several times a month, 2 monthly, 2 weekly or more
Education level (ISCED 1997)	5 lower secondary, 2 upper secondary, 2 tertiary	1 primary, 4 lower secondary, 1 upper secondary, 2 tertiary	3 primary, 3 lower secondary, 1 upper secondary, 2 tertiary
Housing	3 community-dwelling, 6 care institution	5 community-dwelling, 3 care institution	6 community-dwelling, 3 care institution
Residence	2 village, 7 city	2 village, 6 city	4 village, 5 city
Civil state	2 single, 1 married, 1 divorced, 5 widowed	2 married, 1 divorced, 5 widowed	1 single, 1 married, 2 divorced, 5 widowed
Descendants	6 biological children, 1 foster/stepchildren, none	5 biological children, 1 foster/stepchildren, 2 none	6 biological children, 1 foster/stepchildren, 2 none

participants belonging to each group. These groups will now be described and compared in the six domains that were distinguished in the qualitative analysis.

Refraining group

The essence of the euthanasia attitudes of the first group of participants, consisting of seven females and two males, is their wish not to let the moment of their death be determined by euthanasia.

Religion

Four participants in this group are Protestant, three are Catholic and two are religiously unaffiliated. While all religiously affiliated participants expressed a strong belief in God, three had blended this belief with alternative spirituality. All believed in an afterlife and were frequent churchgoers, except for one (due to vision and mobility problems). Of the two religiously unaffiliated participants, one still believed in God and the other doubted her beliefs. Both doubted the existence of an afterlife.

Euthanasia

All women in this group expressed their wish not to receive euthanasia. The two religiously unaffiliated women most strongly opposed the idea of getting euthanasia: 'No, not euthanasia. You wish to stay here as long as possible. Yes. No, that... I don't think any crazy things' (p3).¹ However, one of them expressed a previous wish that 'they' (probably God and/or the angels) would 'come and take her':

The last year and a half I have really been sickly. But now... Then I did say: well, I wish they would come and take me. Yes, really. But now at the moment... It's not allowed, right? So, I mean... Now I'm on the mend. (p2)

Three female churchgoers said they did not wish for euthanasia but hoped to receive palliative care or palliative sedation in case of need:

Palliative sedation. Actually we choose that. So does she. So, well, not euthanasia just like that. Not doing it yourself. But nature, the body... When there is relief for pain of course you can use it, but... The body will indicate, and the mind will indicate, when the moment is there. That it stops. (p12)

The two males, who were frequent churchgoers, both mentioned viewing life as a gift. The first stated when asked about euthanasia: 'A longing to die, that's not under discussion. You received your life to do something with it' (p7). The other did not clearly express what he wished for himself but stressed the blessing of a natural death. He also recounted his gladness about not having interfered in the moment of his father's death:

There have been moments that he was so far gone that I thought: Well, if there was a tap to be closed, then I should not leave it to the doctor. Then it was my task. Fortunately there were no taps to close. And... Yes, he has only lived for another month after such a situation. [...] Later I experienced some brilliant moments [*with him*]. And then I say: Dash it, what a whippersnapper I have been, that I thought the moment had come. (p14)

Five participants in this group mentioned the blessings of a natural death: 'I came alive in a natural way, I hope I will be allowed to die in a natural way as much as possible' (p11). Four,

however, expressed their respect for other people's wish for euthanasia: 'Well, if you are in a lot of pain, and such, I find it very normal that people do that. But I think, well, to take part in, well, dying, I don't like that' (p15). On the other hand, two opposed 'Drion's pill' and the wish for euthanasia when life is experienced as 'completed': 'Some time ago there was a woman on television. A very nice person. Nicely dressed, with earrings, and nice hair, and... And suddenly she says: "My life is completed". And I am really baffled. I thought: What?' (p8).

Life-prolongation

Two Catholic women did not wish to receive any life-prolonging medical interventions because of their belief that things happen for a reason: 'Well, curative you may do everything with me, I say, but prolonging, tube feeding because she can no longer swallow, why? Then I will just not be able to eat anymore. That happens for a reason' (p5). Three others doubted whether they wished to receive life-prolongation. Two only wished to be resuscitated if there was a good chance of success. The third doubted because of her trust in God:

But on the other hand I think, there are also people who are resuscitated and who still come out of it again. And then I think, yes, you should also have a little faith in, in above, that you... And then I also think, well, I think I will just let that happen. (p8)

Attitude towards death

Eight participants in this group expressed acceptance or resignation in the face of death; five of them explicitly stated not being afraid of death. One expressed a fear of death and three a fear of dying painfully. The two unaffiliated women preferred not to think or talk about death: 'If such a thing would happen to me, well, if you have a foul disease, then I hope they won't tell you. I hope not. That... But well, nowadays they do tell you, don't they?' (p2). One woman expressed her dread of getting dementia and another, who lived in a care home, mentioned having lost this fear due to observing the good care given to people with dementia. Another expressed her hope of being spared a prolonged sickbed. When expressing their views on a 'good death', four participants mentioned dying in their sleep. Also, three expressed a religious view on a good death: 'When I die, I hope it will be in a normal way. And that I will really feel that God exists, right?' (p15). Three mentioned a quiet, peaceful death; one of them also mentioned dying consciously and hoping for the presence of her children. Further, three mentioned dying without pain and one mentioned a quick, unexpected death: 'Well, like my mother-in-law. That you are, well...eating your porridge, and then suddenly: plop, gone' (p8).

Authority

One participant mentioned having felt responsible for the decision about his father's end-of-life. The others expressed their wishes concerning preferred medical care at the end-of-life and two mentioned having recorded these. Eight directly or indirectly mentioned the body as determining the moment of death: 'that's just the natural decline' (p7). Further, three referred to God: 'And at a certain moment, well, it's the end. And then you experience that God says: "Now it's enough." Yes' (p7). A fourth described dying as being taken by 'them', by which she probably referred to God or angels. A fifth mentioned fate: 'If you die in a car accident or something, then that seems very awful to me. But you cannot control it' (p12).

Four mentioned the doctor as agent determining the moment of death. One of them had experienced the death of her partner as determined by medical doctors: 'It was finished. They gave morphine. That it would be... He was so seriously damaged in his head, that they... Actually, that was euthanasia as well' (p3). Further, two participants mentioned discussing their preferences for care at the end-of-life with their children, one with her sister and three with doctors: 'I talked about it with the family doctor, who was very happy with it and said: "I wish they all did that. Because you cannot imagine how often we are mystified"' (p5). Four women mentioned their wish not to burden their family. One wished for her ashes to be scattered together with those of her deceased partner in order not to burden her children with grave maintenance and another worried that her nephews would be annoyed at having to arrange her funeral.

After-death arrangements

Of the seven religiously affiliated participants three mentioned financial or administrative arrangements for after death and six mentioned funerary arrangements. For five these had a religious dimension. However, many also mentioned a personal dimension:

I hope that the people I love will come to my funeral. And that when they leave, with a glass of wine or a cup of coffee, you should decide about that, I don't mind, they will say to each other: Yes, we have been with [name participant] for the last time. (p5)

Two religiously affiliated participants wished to be cremated and four wished to be buried. Two of them emphasized their wish to go 'back to the earth' and the third had chosen a natural burial. The fourth expressed spiritual reasons for being an organ donor:

Should one be capable and able to use parts of my life, of my body, then that's possible. Then that's no problem. I feel no qualms about that either. Also on the principle that your being passes on to a spiritual form. That body stops. (p7)

The two religiously unaffiliated participants did not mention any arrangements for after death. Six participants mentioned their intention to leave (certain) decisions open: 'Whatever the future may bring, let us be guided by the Lord's hand. And I honestly find that a more faithful attitude than that I would be in charge till after my death' (p14).

Depending group

The essence of the euthanasia attitudes of the second group of participants, consisting of five males and three females, is their choice to grant medical professionals a paramount role in euthanasia decisions and/or to ground euthanasia decisions in medical criteria:

Yes, and I have personally signed that with the family doctor. If I were to have terrible pains, that are almost unbearable, euthanasia please. But if I am mumbling in a chair and have no pain, then there is no need. Because a doctor takes an oath to cure people. And not to kill. (p1)

Religion

As this group contains five religiously unaffiliated participants it is the least religious. Of the five religiously unaffiliated participants, three did not believe in God, one doubted her belief and one still believed. Three did not believe in and two doubted the existence of an afterlife. Of the two Protestant participants, one, who went to church several times a month, believed both in God and in an afterlife and the other, although he went to church weekly, both doubted the existence of God and of an afterlife. The single Catholic in this group, who went to church approximately weekly, described dying as being taken by the Lord but doubted the existence of an afterlife.

Euthanasia

Two participants mentioned their wish for euthanasia in case of unbearable physical suffering; one of them also wished for it in case of dementia. Two others mentioned they would currently not wish for it, but maybe they would in case of unbearable future suffering:

No, I don't go with that. I don't want to, well, have an injection to die. Let's put it this way. I don't want that, no. [...] That's to say, I can say that now... You can. But sometimes you don't know. I could become so ill that I would think to myself, well, for me it had better be over. Right? (p24).

Two others did not explicate whether they would wish euthanasia for themselves, but they expressed their support of euthanasia in case of unbearable physical suffering but criticized abuse of euthanasia or euthanasia given in case of 'completed life':

There are people who are ill. Seriously ill. [...] But if it is coupled with terrible pain, I can imagine that you say, well, let it be finished. [...] But sometimes there are people who, just, let's say, well, 'now we have done enough'. And sometimes, yes, they often have whole stories in the newspapers. And then you think: Yes, by God, you say so, but, well, aren't you a bit to blame yourself, too? That maybe you didn't do enough, didn't occupy yourself with all kinds of things, and... Well, that's why I think older adults should be looked after. (p19)

One of them had considered suicide after the death of his partner but had found a new 'social life':

I don't feel so lonely anymore, and well... Yes, I don't know. Financially I'm all right [...]. So... I have a nice apartment, sociable people around it. Here on the ward there is a bunch of nurses, well, that's just awesome! So, well, what else would you wish for? (p16).

The last two participants expressed a view on euthanasia that was both grounded in medical and subjective criteria. The first had considered euthanasia after a paralysing stroke: 'Because I had not, no prospect' (p13). He no longer wished for euthanasia because of some physical improvement (especially of the ability to communicate) and the support of his partner: 'But at the moment I don't need it. And I cannot do it to my wife, either' (p13). The second stated he would wish for euthanasia 'if I would ever find myself in a condition that I think: Well, guys, life has become completely meaningless, right, and you also get very serious physical ailments, and such' (p21). His doubt about an afterlife and his lack of family made this decision easy:

So, well, family I actually do not have anymore. And well, that makes it easy in that sense, that you don't have to take others into consideration. And well, in this respect I am for

euthanasia. [...] Well, as long as your head still functions, and you still have your pastimes, and such, there is not any reason yet to think, well, I'd better leave. Right? And to where, I don't know either. *[laughs]* And that also makes it quite easy. *[laughs]* (p21)

Although he found the role of dying people themselves in euthanasia decisions important, he also stressed the role of medical professionals: 'And well, then that happens in consultation with the family doctor. And then I hope that, well, I will have a doctor who... sympathizes with that' (p21). Since in both cases serious medical conditions were mentioned or played a role and the second participant also stressed the role of the medical professional, these participants were still considered as belonging to the second group.

Life-prolongation

Four participants in this group mentioned their wish not to receive life prolongation. Two mentioned their advanced age as reason for this and another mentioned medical risks:

Well, I have decided for myself that I don't wish to be resuscitated. Because in general you see that people who have been resuscitated, of course it depends on the amount of time that had passed, but, well, that in fact, let's say, afterward, let's say, they become pitiful, poor souls. And that, I don't want that. If it's not necessary. (p19)

For another participant his doubt whether he wished to receive life prolongation was grounded in medical criteria:

Well, I say 'no, no, no', but it totally depends on how it happens, right? You can be there very quickly, that your brains are all right, but when you have been lying there for ten minutes, unconscious, well, that's not good for your brains. (p16)

Attitude towards death

Seven participants in this group stated acceptance or resignation towards death; three of them mentioned not fearing death. One mentioned sometimes fearing death and another, who also expressed his acceptance, mentioned having had moments of death anxiety and preferred not to talk about death. Another, who did not fear death, did mention his fear of dying painfully. Four participants dreaded getting dementia: 'And then I think to myself, no, don't let me get dementia. That's one thing I hope. Because that seems so dreadful to me. Losing your mind' (p10). Four participants considered dying in their sleep a good death. One of them hoped death would at least be painless. Another said that for himself he would like to have a quick, unexpected death, but he would not wish that for his loved ones.

Authority

All participants mentioned their own wishes concerning care at the end-of-life and six mentioned having recorded their preferences. The four participants who considered dying in their sleep a good death indirectly referred to the body as determinant of the moment of death. Four participants mentioned medical professionals as agents determining the moment of death. One of them related how he thought a nurse had helped his partner with terminal cancer along after the doctor had refused her euthanasia request. A fifth mentioned discussing her advance directive with her general physician every year. Another had written down her wishes together with her partner and

presented these to her children. Finally, one participant described dying as being taken by the Lord and another viewed her death as decided by fate. Three women mentioned their wish not to burden others. For one this made her hope she would die quietly in her sleep: 'Then I do not bother anyone. And I have nicely slept away' (p1). In order not to burden her descendants with maintaining a grave she wished to be cremated. For the same reason another wished that the remains of her and her buried partner would be cleared out ten years after her death.

After-death arrangements

Of the seven participants in this group who mentioned arrangements for after death three discussed financial and/or administrative arrangements and four mentioned funerary arrangements. Only one of them wished for a religious funeral. No one mentioned a wish to be buried and five mentioned their wish for cremation. Three hoped for their ashes to be scattered: 'Oh, yes, that... I said: Just throw me into the sea. I have always worked at sea. And I love that. I even know of a place where I would want that' (p19). Three intended to leave certain decisions concerning their funeral or the disposal of their body open.

Self-determining group

The essence of the euthanasia attitudes of the third group of participants, consisting of six males and three females, is their endorsement of the right of older adults to determine the moment of their own death by means of euthanasia.

Religion

Five participants in this group are Catholic, two are Protestant and two are religiously unaffiliated. Of the five Catholics one went to church weekly or more, one several times a month, two monthly and one did not attend church but believed in God and had remained a church member because of his wish to be buried in a Catholic graveyard alongside his deceased wife. For one woman her Catholic faith was blended with alternative spirituality. Three Catholic men mentioned having united their religious beliefs with science or scholarly learning. Two of them viewed life as a gift that, however, can also be given back when life is considered 'completed'. Of the five Catholics two believed in an afterlife, two doubted the existence of an afterlife and one did not believe in an afterlife. One of the Protestants, who went to church several times a month but had many religious doubts, did not believe in an afterlife. The other, who went to church weekly, had strong beliefs and also believed in an afterlife. Of the two religiously unaffiliated participants, one neither believed in God nor in an afterlife. The other believed in God but doubted the existence of an afterlife.

Euthanasia

Three males mentioned their wish to receive euthanasia should they consider their life 'completed'. The first had experienced a previous period in which this had been the case:

I had already discussed with my family doctor that, if my partner would die before me, I would wish to part with my life. Because then life no longer has any meaning for me. And, well, three quarters to one and a half year after the death I, well, arrived at my family

doctor's again, then I said: 'We should talk about this again because life no longer has any purpose for me. To sit there in that apartment, and have nothing to do... What does this life mean to me anymore?' (p18)

He refers to this period after his partner's death as 'the end of my, my first life, so to speak' (p18). Later, however, he experienced a 'second period' in which, with the support of friends, he had found a new purpose:

Now I experience my life very differently. And now I am valued for what I do in different areas. Right? And that is, what I just said, not only to let me know how much they like me, so to say, but also that I still mean something for science and for humanity. So that gives me the courage and the will to live once again. (p18)

Apparently, after a perceived social death he had regained a social life. Nevertheless, he still hoped for the possibility of euthanasia if he would consider his life 'completed' in the future:

Well, if I were to sit here alone, would have no more friends and acquaintances around me, and were only able to see from the balcony that the flowers are still blooming there, right, then life, what life means, would be completed for me. And then I would preferably be able to say: I quit. (p18)

The second participant strongly emphasized his right of self-determination:

And if I see life as, well, completed, that is my decision. And my decision should be respected. And then I don't want to be dependent on some puppy in a hospital who says: Your condition is not yet serious enough. You first have to suffer more before... He will not say that, but suffer much more before you can make an end to it. I want to be able to decide at a certain moment, be able to decide, and now it's enough. (p17)

He argued that when this stage of 'enough' is reached, should not be determined by medical criteria but by the person concerned: 'Whether it is in reasonable health, or really in a sickly condition, if I think I have had it, then it should be possible to be finished' (p17). Nevertheless, he mentioned that in such a case he would prefer palliative sedation to euthanasia because he preferred a natural death. Although he evaluated his life very positively, if his partner would die this would be the 'definitive end' for him and he also dreaded a protracted illness: 'No, in such a case I would be capable, so to speak, of blowing my brains out' (p17). The third participant, who stated his wish to receive euthanasia 'if I don't see any good of it anymore', stressed the importance of his independence when expressing his current wish to live on:

I say, no, just wait for a while. No, if I can keep doing all of this, that this way I do my own... I can take a nice shower, can shave myself, I can make myself a sandwich, I can do the dishes and do everything myself, fortunately. So I do think that's a plus if you can do all of that by yourself. (p4)

Three other participants stated their wish to receive euthanasia in case of certain medical conditions but also stressed individual self-determination. The first had been suicidal previously while suffering from depression:

I did not want to live anymore, because I could mean nothing for anyone anymore. Well, then I thought I no longer had the right to live. Yes, that is of course ridiculous. I think. Now I find that very weird. But then I really thought so. Yes. (p6)

Her feeling of no longer meaning anything for anyone anymore resembles a perceived 'social death'. Later, however, she had regained the will to live: 'So if, so to speak, it would be my time tomorrow, golly, I would find that a pity' (p6). Still, she wished for euthanasia if she would get dementia or get depressed again. Although both dementia and psychiatric disorders are medical conditions under which euthanasia has been given in accordance with the Dutch Euthanasia Law (Regional Euthanasia Review Committees, 2017), she considered euthanasia an individual right: 'Yes, you have a right to it. Because, well, at the moment you don't realize what you are doing anymore, you don't have to live anymore. Because then you can only do wrong... wrong things. So to speak' (p6). The second participant not only stated her wish for euthanasia in case of an incurable disease but also supported the letter to Parliament of October 2016:

Yes, yes. I think, I think, that should be possible, actually. That people are actually allowed to decide by themselves whether they wish to end their life. Yes. That, that... That bill, I find it very important that that would pass. And that it would really, well... come into effect, finally. Also for me personally, really. (p26)

Although she stressed that a euthanasia request should have valid grounds and she would not presently wish for it at all, she dreaded total dependency on care: 'If I would still be, well... able myself, then, then, then I would indeed wish to go on. But if, so to speak, I would become completely dependent, then, then, well... for me there is no need anymore' (p26). The third participant only wished to receive euthanasia himself in case of dementia but also endorsed the possibility of euthanasia in case of 'completed life':

Yes, if you wish to end your life, then they should do that. If you are no longer able to see a way out. At least, I think so. Because... But then there must be a profound reason. Not just, well, I had a bad day today and now I will just leave. No, I don't like that at all. But if you... I would...in such a case...Yes. (p20)

The last three participants did not mention euthanasia for themselves, but supported self-determination concerning euthanasia in general. The first considered life a gift that can also gratefully be given back. The second stressed the right of individual choice concerning euthanasia:

Yes, I find that a very personal thing. Everyone should know that for themselves. Everyone... one person thinks of it like this, another thinks of it like that. But I do think, well, that they should leave people free to choose. That they do not constrain it like: that's not allowed! (p23)

The third participant stated euthanasia should be allowed for people who have nothing anymore:

Yes, I think... Somebody who suffers unbearably, and also someone who has absolutely, absolutely nothing anymore, you know, that he says: for me it's... There are plenty of people who say that: For me it's over [...] They have had a good life and, and they have lost their partner, and maybe also lost their children and everything, right? And then, then I say: Yes, there should be a solution for that. (p25)

Life-prolongation

In accordance with the self-determination that is characteristic of this group, all participants expressed their wishes concerning life-prolongation. One participant wished to

receive life-prolonging medical treatment: 'For example, if I get a brain haemorrhage, then I would like to be reincarnated [*means: resuscitated*]. Trying to still fight back in order to...' (p20). All the others expressed their wish not to receive resuscitation and/or other life-prolonging medical interventions:

If I would have the misfortune of getting something, which is humanly quite common, then I want to say by myself: yes or no. But as a rule there will be more 'no'. I don't want any life-prolonging medication. Neither do I wish any life-prolonging treatment. (p17)

Attitude towards death

Eight participants expressed acceptance of or resignation towards death and six mentioned not fearing death. Four, however, mentioned dreading dependency or a protracted illness:

I just hope death will not try to break me before I die. Right? I mean, that you don't get infirm or bedridden, and maybe get this, and maybe get that, and maybe can no longer do this, and can no longer do that... (p18)

Also, three mentioned dreading dementia. Three participants mentioned dying in their sleep as a good death. Two mentioned a quiet, peaceful death; one of them also mentioned the presence of children. Further, two mentioned a quick, unexpected death. However, one of them regretted the effect this would have on the bereaved:

If you would suddenly die from a cardiac arrest or so, for me that would be the best death, actually. But I find that for the...people left behind I find that so terrible. That's, that's the only bad thing about it. (p25)

Authority

All participants mentioned their own wishes concerning medical care at the end-of-life and five mentioned having recorded these. Moreover, four mentioned talking about these wishes with their children, one with her sister and four mentioned discussing it with their doctor. One mentioned condemnation of euthanasia by others: 'And then when you hear how people, people judge that, actually. Right? That they say: How can anyone do such a thing? But they don't know at all why that person had it carried out' (p26). Five participants, who considered dying in their sleep or sudden death from natural causes as a 'good death', indirectly mentioned the body as agent determining the moment of death. One of them even mentioned death itself as an agent: 'that you are fully engaged in it, and... death snatches you away' (p18). Moreover, one participant referred to fate and two to God. One of them even considered the sentiment that life is 'completed' as predestined:

Well, I do think everything is predestined for you. Yes, yes. You cannot steer your life by yourself, I think. No, no. No. Even if you would want to, but... that's not possible, well... It is, still I think it is, it is just like when you think, well, I, I, er... For me there is no point anymore, I don't need to wake up anymore, or so... That, that, you don't have that in hand yourself, for sure! [*laughs*] When it's your time, you go. (p26)

Two Catholic participants considered life a gift that can, however, also be given back:

Well, let's see, we give our existence, let's say, how we don't know exactly, but... It is given to you. And, well, I don't know if it is so, well, unnatural to say at a certain moment: Thank you for the gift, that's enough now. I make an end of it. And I for me say I find that a, well, plausible stand. (p22)

Three women mentioned their wish not to be a burden on their children. For one this endorsed her wish for euthanasia in case of dementia: 'If I would no longer know what I do. And no longer know my own children. And so that my children would suffer from it' (p6). Another mentioned having funeral insurance so that her children would not have to pay for her funeral.

After-death arrangements

Seven participants mentioned arrangements for after death. Three mentioned leaving (certain) things open; for two this concerned the destination of their ashes. Four mentioned financial and/or administrative arrangements. Of the five participants who mentioned funerary arrangements, two wished for a religious funeral or a funeral with a religious component; another hoped to be buried in a Catholic graveyard. Of the five participants who expressed their wish to be cremated, three were Catholic (one of them also being an organ donor) and two religiously unaffiliated. Three wished to have their ashes scattered. Of the two participants who wished to be buried one was Catholic and one Protestant.

Discussion

We set out to investigate to what extent the euthanasia attitudes of older Dutch adults are connected with religious beliefs. The refraining group is a highly religious group of which seven participants are religiously affiliated and believe in an afterlife and eight believe in God. Conspicuously, the two religiously unaffiliated participants most strongly argued against euthanasia and, contrary to the others, mentioned their wish not to think or talk about death. Participants in this group mentioned the wish for burial, which is traditionally connected with Christianity, more often than participants in other groups and many wished for a religious funeral. More often than the other groups this group mentioned the body and God as agents determining the moment of death and expressed the intention to leave (certain) after-death arrangements open for others to decide. The group choosing to grant medical professionals a key role in euthanasia decisions is the least religious group. Only three participants in this group expressed their belief in God and only one believed in an afterlife. The secular character of this group is also expressed in its preference for cremation and in the fact that only one participant wished for a religious funeral. Indeed, professionalisation, medicalisation and secularisation seem to go hand in hand in their influence on contemporary dying (Walter, 2015). However, although medicalisation of death may encourage both euthanasia and life-prolongation by medical interventions (Kellehear, 2017; Norwood, 2018), many participants in this group expressed their reluctance towards life-prolongation.

Although quantitative research indicates that higher religiosity is associated with lower preference for euthanasia (Cohen et al., 2006; Danyliv & O'Neill, 2015; DeCesare, 2000), the group arguing for self-determination on euthanasia is almost as religious as the non-interventionist group. Both groups have only two religiously unaffiliated participants and

eight participants who believe in God. However, there are some differences. While seven participants in the refraining group believed in an afterlife, only three participants in the self-determining group did so. In the refraining group four of the religiously affiliated participants had a more traditional faith and three had blended their faith with alternative spirituality. The self-determining group shows more religious diversity. While only one of the religiously affiliated participants in this group expressed a more traditional faith and one had a faith blended with alternative spirituality, three had blended their faith with scientific or scholarly learning, one expressed many religious doubts and the seventh never went to church and had only remained religiously affiliated because of his burial wish. The less traditional religious stance that was expressed by many participants in this group seems to reflect the decline of religious grand narratives that explained life and death, which has taken place in late modernity. This has made the search for existential meaning at the end of life an increasingly individual task (Kellehear, 2017; Laceulle & Baars, 2014). Although three participants in the refraining group had also blended their faith with alternative spirituality, the frequent occurrence of non-traditional religious expressions in the self-determining group suggests that both self-determination concerning death and individualised interpretations of religion are expressions of the late modern decline of religious grand narratives. However, the emphasis on self-determination expressed by this group has an inherent paradox because a third party remains necessary for the actual performance of euthanasia (Streeck, 2017).

Apart from illuminating the connectedness between religion and euthanasia attitudes, our study also suggests a link between a perceived 'completed life' and social death. While for one participant her previous wish that they would 'come and take her' was caused by physical suffering, for others such feelings seem to be connected with a perceived social death. Two males had had a death wish after their partner died and a third expressed a potential future death wish if his partner were to die. The observation that none of these men had biological children is in line with the notion that existing social bonds, especially the bond with one's own children and other family members, helps widowed people overcome the death of their partner (Onnen & Stein-Redent, 2017). A fourth participant had been suicidal because she felt she could not mean anything for anyone anymore. A fifth mentioned how the dedication shown by his partner and regaining the ability to communicate had given him a new will to live after his stroke. A sixth participant mentioned her wish not to live on if she would become totally dependent on others, which may indeed be perceived as the cessation of being an active agent in other people's lives. Finally, although our sample is not statistically representative, our study suggests that females are less supportive of euthanasia than males. Although previous quantitative studies have indeed reported this (DeCesare, 2000; Ryyänen, Myllykangas, Viren, & Heino, 2002), recent large-scale research disputes the significance of gender influences on euthanasia attitudes (Cohen et al., 2006). However, previous research suggests other gender biases. The reluctance of females towards life-prolonging medical interventions has been ascribed to the wish of older females not to be a burden on others (Arber, Vandrevalla, Daly, & Hampson, 2008). Although in our study both men and women expressed their reluctance towards life-prolongation, indeed the wish not to be a burden on others was only expressed by females. Moreover, Onnen and Stein-Redent (2017) suggest that because of the stronger social network women often have due to their caring role they tend to be more apt at building up a new social life after the death of their partner than men. Indeed, in our study only three

males expressed a previous or potential future death wish connected with the death of their partner. Future research is needed to further explore the relationship between 'completed life' and social death and to investigate gender influences thereupon.

Limitations

Although it started 25 years previously, the Dutch public discourse on euthanasia in the case of 'completed life' broke out seriously after the letter to Parliament that was presented on 12 October 2016. Of all 26 interviews, 16 were held after this date. Therefore, the topic of euthanasia in the case of 'completed life' was discussed less in the first ten interviews. Moreover, the study is based on a purposeful sample, which is not statistically representative. Factors such as the geographical location of the study, the voluntariness of participation and the focus of intermediaries who contacted participants may have biased the results.

Note

1. All presented quotes were translated from Dutch into English by the first author. Code p3 indicates a quotation from participant number three.

Disclosure statement

No potential conflict of interest was reported by the authors.

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