STUDY TOUR REPORT

Amsterdam – Netherlands

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Member for Ashford

Sunday June 14th – Sunday/Monday June 20th/21st 2010

19/09/2010
Background

This study tour had 2 main aims, firstly to further my research in the area of Voluntary Euthanasia and to access the success or failure of a Regulated Sex Industry in the Netherlands.

I was greatly assisted by the Netherlands Embassy in Canberra who at my request, arranged appointments and briefings with the Dutch Civil servants responsible for both these areas of government.

In addition to meeting relevant public servants I also met with various support groups and individuals associated with these two areas.

My intention was to use this information to support two bills I intend to introduce to the South Australian Parliament – Voluntary Euthanasia, via an amendment to the ‘consent to Medical Treatment & Palliative Care Act’, and Reform to the South Australian Sex Industry.

There was some difficulty in making appointments with members of parliament and Ministers as the Netherlands had just had an election where there were negotiations taking place to decide who the minority government would be! So despite the best efforts of the Embassy, I decided that I would speak to the civil servants and workers in these areas. This proved to be a valuable decision.

I spent the day in the centre of Amsterdam particularly in the main ‘Red Light’ area.

I had an opportunity to talk to sex workers both male and female particularly in the ‘window’ booths.

Business was slow so I had some long and interesting discussions with the workers.

I was shown some of the working rooms behind the windows. The ones that I saw all had security buzzers above the bed and bathrooms. There was a whole health process before the service was employed whatever it may be.

As the F.A. cup finals were on the workers had had greater number of tourist clients than usual.

The sex industry in the Netherlands is dominated by Window soliciting 20% and Brothels and sex clubs 45%. Streetwalkers are thought to be about 5% of the industry with another 5% providing services at home. Escort services make up 15% with the remaining 10% including business in hotels, bars and massage parlours.

As I moved around this area there were many what we would term in Australia ‘sex shops’ and Adult Entertainment shows. In my hotel there was a booklet outlining the various sex services available for everyone (except heterosexual women!).
As committed as I am to reform in the Sex Industry I did feel quite uncomfortable with the openness and progressive way in which the Dutch approach this topic. At the same time it is interesting that S.A. is the last place in Australia to either regulate or decriminalize prostitution.

Having lived in Canberra for a while, the concept of having most of the sex industry activities in a particular area does have some attraction. So if you’re not interested in using the services or buying an ‘x’ rated video and you live in the A.C.T. – it’s unlikely you’ll be confronted by these issues.

While the Sex Industry is not located in only one part of the city of Amsterdam many of the services are co-located and therefore can be avoided. In fact, the first time I went to Amsterdam in 2006 I didn’t see or notice this industry at all!

Although my hotel was outside the centre of the city it was easy to travel on the excellent tram service. I was also impressed by the hundreds of bicycles and bicycle racks around the city and next to public transport.

Most of my appointments were in the Hague which was about 1 to 1.5 hours away from my hotel by train, depending on whether it was an express or not. Most information was available in Dutch, German, French and English and public transport was not only very efficient and accessible but easy for me, as a tourist, to understand and organise travel.

Wednesday June 16 was spent at the Ministry of Foreign Affairs in the Hague.

Ms Lesbeth Versluis from the Embassy had arranged meetings with civil servants in that Ministry as well as the Ministry of Health, Wellbeing and Sport.

I was briefed by Ms Esther van Fessem (Ministry of Justice) and Mr Jack Verbruggen’s (Home Affairs) representative. Mr Verbruggen was unable to attend at the last minute as there was follow up from the June 9 election’s ‘hung parliament’. Negotiations were taking place with regard to who was going to govern and the structure of the civil service.

The previous government had commissioned an enquiry into the Sex Industry and it seemed likely that whichever party got into government that there would be some changes.

There was particular concern with regard to sex slavery and young girls and women from the Eastern European countries being enslaved into prostitution. The connections with organised crime and drug trafficking was also of great concern.

Ms van Fessem as the director of the Justice portfolio explained that this was an area of priority for the Netherlands government. Part of the problem was associated; she believed, with where the Netherlands is located – its geography.

Secondly, the flexible approach to immigration taken by the government meant that there always challenges for the Dutch in the area of migration, work visas and travel in and out of the country.
The other area under review was street walkers. While not illegal in Holland, there were growing concerns with regard to under age workers especially young boys working as street prostitutes. Again many of these young boys and men had been identified as coming from outside of the Netherlands – mainly Arabic speaking countries.

Thursday June 17 I again went to the Hague and with Ms Verslui’s assistance met with the Ministry of Health’s policy officer on euthanasia Ms Judith van der Berg and Director Dr Jos de Waardt. Director de Waardt had until recently had the overview of the various V.E. regional committees. He had been responsible, in a policy sense, for the co-ordination since April 2001. Prior to that date, active euthanasia was a criminal offense under Article 293 of the Dutch Penal Code.

At the same time, however, section 40 of the same Penal Code stated that an individual was not punishable if he or she was driven by ‘an irresistible force’ (legally known as force majeure) to put another person’s welfare above the law.

Dr de Waardt explained that this might include a circumstance in which a physician is confronted with the conflict between legal duty of not taking a life and the humane duty to end a patient’s intolerable suffering.

Ms van der Berg outlined the 2 studies that had been commissioned by the medical practice of euthanasia-defined as ‘a life ending act by someone other than the patient at his or her request’.

The first study was in 1990 and chaired by the Dutch Attorney General Remmelink and the second study in 1995. The studies looked at euthanasia and other medical decisions concerning end of life (MDEL). The study was carried out at the Department of Public Health and Social Medicine at Erasmus University, Rotterdam in collaboration with the Dutch Central Bureau of Statistics, The Hague.

Interestingly, funds were made available in Australia through the National Health and Medical Research Council for a similar study of MDEL. The studies were carried out by the Centre for Human Bioethics and the Department of Mathematics at Monash University, Melbourne and by the School of Community Medicine at the University of NSW, Sydney.

The results were reported in the Medical Journal of Australia in February 1997.


The two Dutch studies were significant as new guidelines for doctors were adopted ‘who chose to accede to a patients request for the hastening of death’

I received many different research documents from the Ministry of Health on voluntary euthanasia and end of life decisions. I have listed some of these documents and web site references in my report.
Friday June 18th was not as productive as the previous two days as I contracted a stomach virus. Fortunately, the Hotel had an excellent English speaking doctor who assisted me. It took a couple of weeks for me to get over this illness.

Even so, I met with (very sympathetic to me) voluntary euthanasia doctors from the Royal Dutch Medical Association that day on their policy on Voluntary Euthanasia. In addition, I caught up with Dr Rob Jonquiere who had recently retired as a medical practitioner and as the Director of the Netherlands Voluntary Euthanasia group – I had met with Dr Jonquiere on my visit to the Netherlands in 2006 and he had arranged for meetings with regional doctors in hospices and nursing homes who had performed voluntary euthanasia.

Dr Jonquiere, in his retirement, had become the Communications Officer for the World Federation of the Right to Die Societies. He has been and is instrumental in taking this issue to the international stage and will participate in the upcoming ‘Symposium: Dying with Dignity – Bridging Principles and Practice. Melbourne October 6th – 8th 2010. Meetings with these groups were helpful in planning the activity to support my bill and the safeguards that could be employed in a voluntary euthanasia bill itself.

References available on both bill include the following:-

Sex industry

Dutch policy on prostitution
www.minbuza.nl/en/you_and_the_netherlands/about_the_netherlands/ethical-issues/FAQ-prostitution

website Ministry Health, Wellbeing and Sport (volksgezondheid,welzijn en sport)
www.minvws.nl

website Ministry Justice (Justitie Directie Rechtshandhaving & Criminaliteitsbestrijding)
www.minjus.nl

Voluntary Euthanasia
Website www.nwe.nl - Activist group
www.vws.nl

International Taskforce.org – Euthanasia in the Netherlands
http://www.internationaltaskforce.org/fetholl.htm