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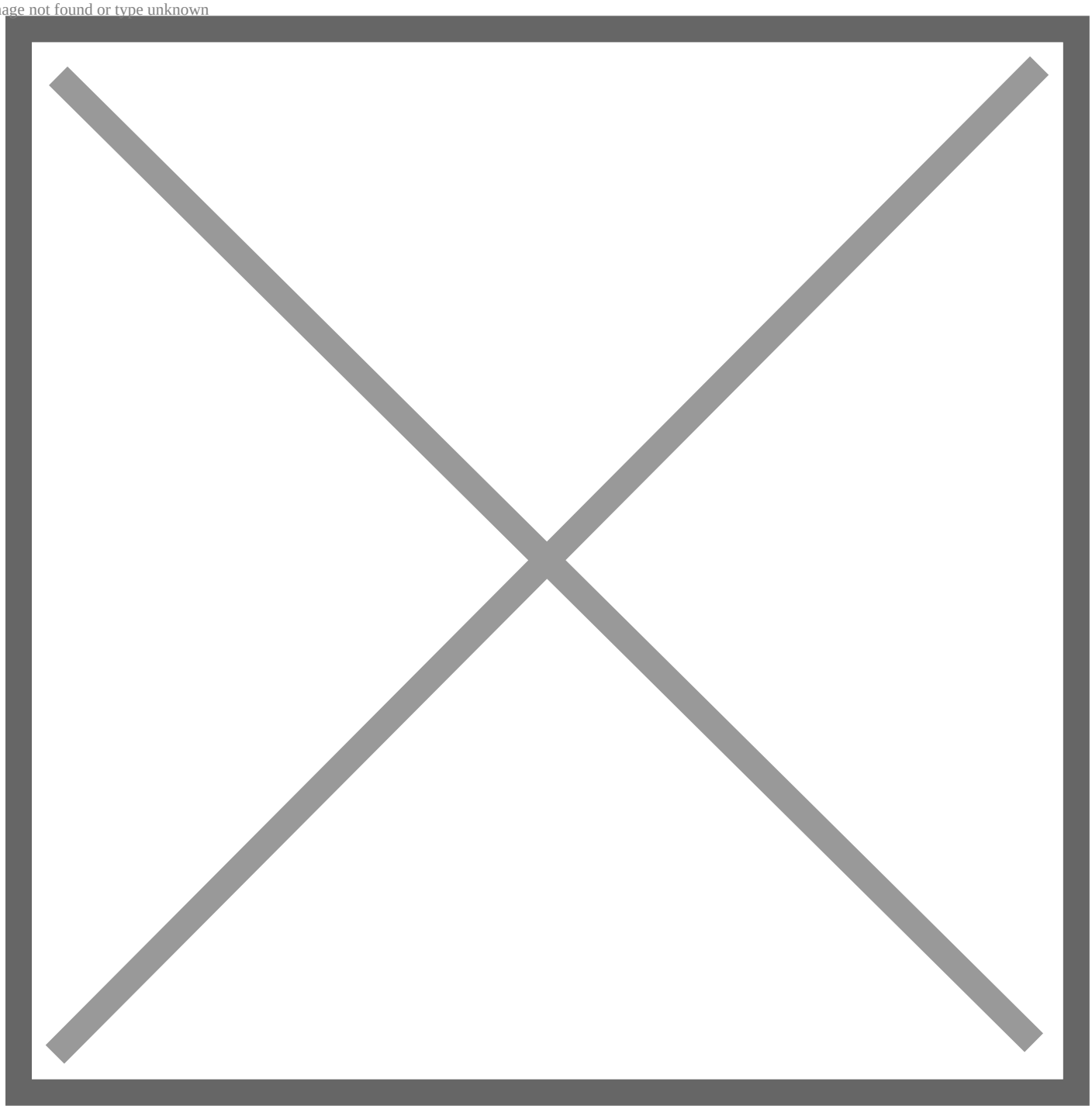

BELGIUM

Euthanasia for depression: the 'Shanti case' cancels hope

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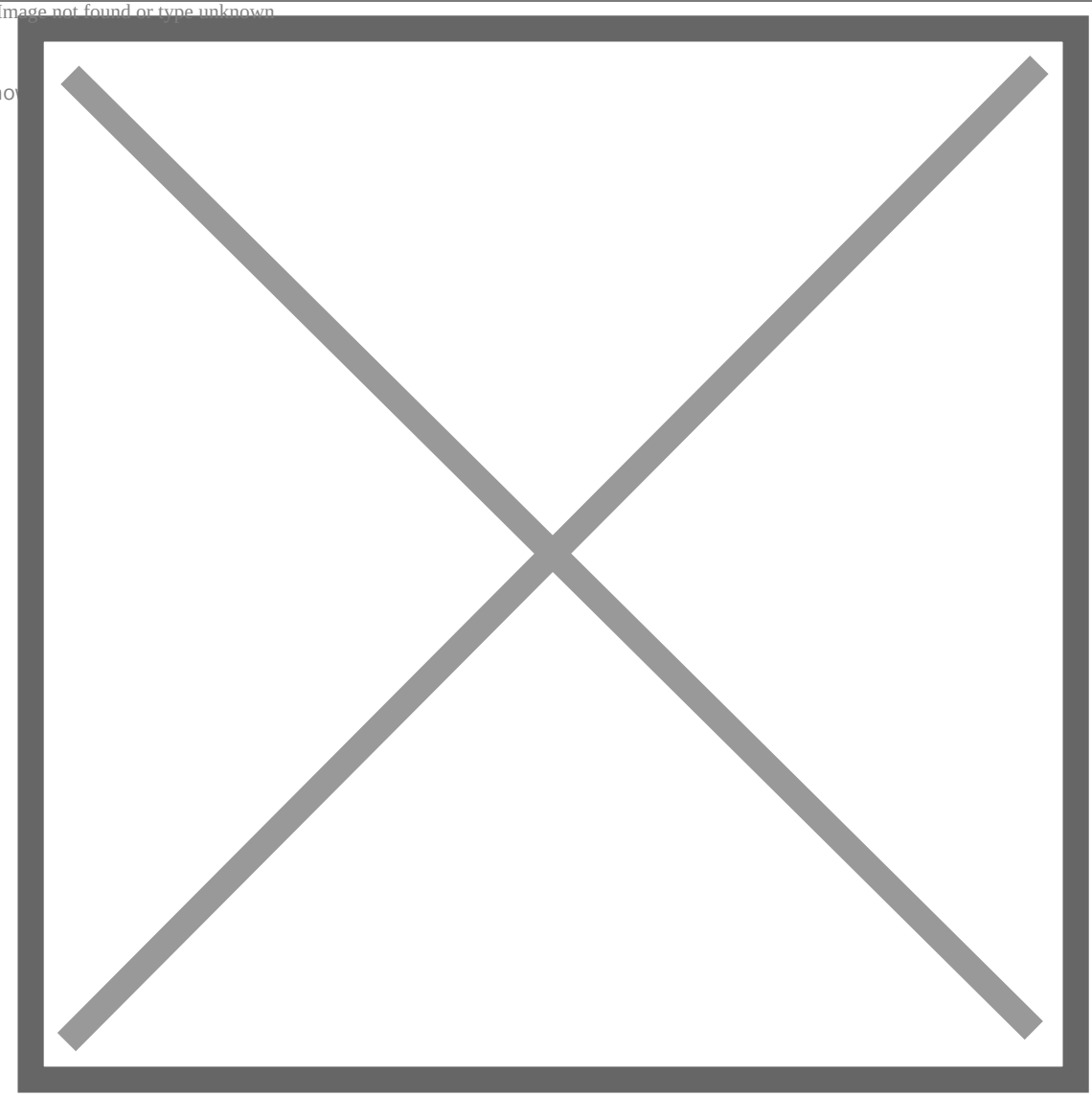

On 7 May, Shanti De Corte, a 23-year-old Flemish girl, died by euthanasia with her parents at her bedside who supported her decision. The news which became public recently, coincided with the European Court of Human Rights, which has endorsed euthanasia for depressed people, lamentation of Belgium's laxity with regard to the retrospective control of euthanasia procedures and conflicts of interest between those who should be in control and “sweet death” activists.

Shanti asked to die not because of an incurable physical illness, but because of a more hidden evil consuming her within, which erupted after the tragic Isis attack at Brussels airport on 22 March 2016, in which she lost schoolmates, in addition to the shock of having experienced the traumatic event itself. The girl had survived, but - already tried by pre-existing problems, also psychological in nature - had not been able to recover since.

Since then Shanti has lived a six-year ordeal, including hospitalisations, medication, and even an attempted rape in hospital. In 2020 she tried to take her own life. She felt "like a ghost unable to feel anything anymore". Her mother recounted that this "was a battle she could not win. She was so restricted by fear that she could no longer do what she wanted. She lived in constant fear and had completely lost her sense of security. Whenever Shanti went out, she was always on the alert. “Am I in danger? Could something happen?".

This led to her extreme decision: “After a serious suicide attempt, she ended up in the emergency room. It was the first time she asked me: why can't I die?”. Her mother replied that she did not want to lose her but that she somehow understood her request. Being there and supporting her “is the only thing you can do as a mother”, she confided, “you keep hoping it will work, but at the same time I felt from the beginning that this is what she really wanted”. Finally, she accepted Shanti's decision: “I realised that Shanti would have to spend her last years surviving, and that it was not possible for her to continue living like that”.

Yet, according to neurologist Paul Deltenre, of the Brugmann Clinic in Brussels, this was a premature decision. He voiced the medical and ethical concerns raised by the affair and, in general, by Belgium's permissive euthanasia law. While the Federal Commission for the Control and Evaluation of Euthanasia entrenched itself behind formal correctness, declaring that “the girl was in such a state of psychic suffering that her request was logically granted”, according to the neurologist Deltenre, the case should not have proceeded, as it was by no means the only choice available. On his request, the Antwerp judiciary has opened an investigation.

The mother had been persuaded that suicide was the only way forward, but for Deltenre there were alternatives: “there was nothing to lose in accepting the offer of treatment made by the therapeutic team in Ostend”. Deltenre refers to a therapist, Nathalie Neyrolles, who had offered to assist the girl and had asked to meet with her at the end of April: “I was informed that Shanti was suffering from complex trauma and that the only solution offered so far was to accept her request for euthanasia. Without excluding this solution a priori, my experience in victimology raises some questions for me”. An offer rejected by the psychiatrist treating Shanti and - through her - by the patient herself.

Shanti's case translates into practice the 'normalisation' of euthanasia, once 'cleared' only for borderline cases of terminal and/or severely physically disabling

illnesses. If anyone dared to say that sooner or later it would also come for depressed people, they were accused of exaggeration, at best. Instead, here it is also applied for psychological traumas - certainly serious and painful ones - for which a way out could probably still be found. Tomorrow - and this is not a joke - the loss of a job or a romantic disappointment will be enough to apply for it. And who will ever be able to objectively interpret whether the patient is 'hopeless' or “their suffering - that is the criterion under Belgian law - on a physical or psychic level is persistent and unbearable”? Shanti experienced terrible things, a kind of 'end of the world'; similarly, one who loses a spouse or child prematurely experiences an 'end of the world'. Given these premises, it is a perilously slippery slope...

If Shanti's 'surrender' was somehow predictable, why did her mother also stop fighting? The parents' surrender is also a disturbing 'normalisation'. “It's what she really wanted”, her mother said. Is it possible that everything is done to divert a child from wrong paths (e.g. drug addiction) and nothing for a child who chooses death? It is a little less surprising perhaps in the light of another 'normalisation' of our times: if nowadays a mother is allowed the choice (painful for herself but considered unquestionable) of killing the child in her womb, what applies in pregnancy must logically also apply afterwards.

Faced with a girl who, at the height of life, gives up on living, all that is needed is the survival instinct (ours and others') that urges us to rescue an injured person or dissuade a stranger who wants to throw themselves off a bridge. Anyone would do this regardless of a religious outlook. But the lack of an afterlife perspective can encourage this surrender, because, after all there is nothing beyond life: neither a place of joy where our tears will be finally wiped away and suffering will acquire meaning; nor a place of perdition, where those who have rejected God (or life itself) to the last will meet their fate. And so, if things get unbearably difficult, all the better to bring the curtain down early on this nothingness.

Although considered 'retrograde', the religious perspective was an incentive to pick oneself up and live. Existence in the past was certainly not easy, yet the phenomenon was almost unknown. But these were the very Christian centuries and the Church was keeping a good watch. It did so by indicating Heaven, but also by preaching on the The Four Last Things (today rarefied and even a little watered down), as well as with some 'medicinal' measures such as the denial of funeral rites to suicides: not to punish the dead (who were interceded for in other ways, cultivating the extreme hope of salvation for everyone to the last), but to admonish the living. If, on the other hand, the

only perspective left is a pale afterlife from a textbook on social norms, together with the sense of sin, the sense of life also fades, and a strong motive for trying to make it through the hardest moments is also lost.

The last aspect called into question by poor Shanti is an attitude typical of our time: the rejection of reality, which our forefathers faced in the midst of materially much worse conditions (including wars and famines), but which is tolerable as long as it only reveals its positive side. But, when it subjects us to too harsh a test, and we cannot change it, we have no choice but to escape from reality itself. Sometimes, sadly, even physically.