

I'm 28. And I'm Scheduled to Die in May.



Zoraya ter Beek, 28, together with her partner in the living room of their home in Oldenzaal, the Netherlands, on March 25, 2024. (Ilvy Njiokiktjien for The Free Press)

So, her psychiatrist got sick of her whining and [decided to kill her](#)? What is going on?

Ter Beek, who lives in a little Dutch town near the German border, once had ambitions to become a psychiatrist, but she was never able to muster the will to finish school or start a career. She said she was hobbled by her depression and autism and borderline personality disorder. Now she was tired of living—despite, she said, being in love with her boyfriend, a 40-year-old IT programmer, and living in a nice house with their two cats.

She recalled her psychiatrist telling her that they had tried everything, that “there’s nothing more we can do for you. It’s never gonna get any better.”

At that point, she said, she decided to die. “I was always very clear that if it doesn’t get better, I can’t do this anymore.”

(...)

“I’m seeing euthanasia as some sort of acceptable option brought to the table by physicians, by psychiatrists, when previously it was the ultimate last resort,” Stef Groenewoud, a healthcare ethicist at Theological University Kampen, in the Netherlands, told me. “I see the phenomenon especially in people with psychiatric diseases, and especially young people with psychiatric disorders, where the healthcare professional

seems to give up on them more easily than before."

Theo Boer, a healthcare ethics professor at Protestant Theological University in Groningen, served for a decade on a euthanasia review board in the Netherlands. "I entered the review committee in 2005, and I was there until 2014," Boer told me. "In those years, I saw the Dutch euthanasia practice evolve from death being a last resort to death being a default option." He ultimately resigned.