



Monday, 17 March 2008

Senate Legal and Constitutional Committee
Parliament House

BILL FOR THE TERMINALLY ILL

This submission is intended to illustrate how present legislation affects the lives of terminally ill people. I will draw certain conclusions at the end.

The Story of Dr H, aged 96 years

Until he was 94 Dr H lived alone and cared for his own needs. In his earlier years he had been a well known geriatrician. Now he was mobile and he still drove a car. He had built his present house so as to live near, and to help in the care of, his only daughter who is intellectually retarded and has never spoken.

Then Dr H realised that his osteoporosis would not permit this degree of independence to continue he admitted himself to the Mowle Anglican Village Hostel. One day he phoned me and asked me to come and see him urgently.

He had discovered that the morphine and other pain relieving drugs he had stored at home had been removed from the cupboard and taken to the local pharmacy for disposal. He had also been diagnosed with a type of sarcoma that was terminal and caused painful death. It was the same as the illness of the doctor who in 2006 had travelled to Switzerland for legal euthanasia, as reported in the media

Dr H knew that I had been in touch with Dr P. Nitschke in connection with a chapter in a book I was writing about ageing and dying. Dr H had already approached Nitschke on his own behalf, and wanted me to pursue negotiations for him to be helped to die. This I did, but Dr H was reaching the stage of being too ill to travel.

Was there no other way? Here was an aged man, a doctor himself, not permitted by law to bring an end to a long life of service to thousands of sick people.

But all that I could do was bring forms of Advance Care Directives and Enduing Guardianship in the hope that these would influence his medical carers when he was close to death. In the event he was transferred to a hospital run by a religious foundation who would not approve of any medical assistance to die.

On my very last visit, he said 'It's goodbye and good luck, my old friend. It's time to go.' I told him it was fine to go as soon as he wished.

I had a welcome opportunity to talk to his doctor in the corridor. I told him Dr H wanted to die. He had seen his nearest relative, a second cousin, that same morning. I told the doctor about his daughter's situation. Dr H knew he was being given morphine for the pain so I suggested to his doctor that an increased dose would be a mercy. Dr H had removed the canula from his arm and struggled with the nurse so it could not be replaced. I asked the doctor but to allow Dr H to die without resuscitation as soon as possible. The hospital doctor was sympathetic and seemed to agree with this proposition.

I rang the hospital the next day and was told that Dr H had died in the night.

CONCLUSION

There was no need for Dr H to have endured all the pain and suffering of a long drawn out death. There was no doubt he had a terminal illness. He should have been legally allowed to be assisted to when he himself requested it die by a willing medical practitioner. There is no other humanitarian response this society can make to people with a terminal illness.

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