

***Rights of the Terminally Ill (Euthanasia Laws Repeal)
Bill 2008***

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Department of the Senate
PO Box 6100,
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Dear Sirs,

I write in support of Senator Brown's Bill as an Medical Practitioner with 18 years of experience in three continents. Prior to specializing in Emergency Medicine, I was a country General Practitioner in NSW and cared for all my terminally ill patients myself. I was able to share the workload with my small community hospital where I was a VMO and with a group of palliative care nurses. These nurses were employed and trained by a catholic hospital in the nearest major city, Newcastle, seventy kilometres away.

During my ten years in this position, at any one time I would have at least one if not two patients in the final stages of terminal disease, usually cancer. It was my sad duty to witness the descent of these people I had usually known for many years (and their families) into what must be the most frightening, painful and undignified abyss. Their reactions when told of the prognosis were many and varied. Some inspiring and some pitiful. The most I could ever offer was support within the law and within my own capabilities as a clinician. That was frequently simply not enough.

When Kevin Andrews introduced his bill, there was sad resignation amongst my group of dying patients at the time. I remember a 55 year old man named Don who had a particularly aggressive Prostate cancer saying to me in my office- "Oh well, that's it then, a painful slow death for me". He was sadly proven correct. The local Palliative Care doctors from the catholic hospital told me that there was no need for a patient to die in pain. That with modern hospital care, this can be avoided. I found that this was an arrogant over-simplification of usually complex circumstances. I feel that it is needlessly paternalistic and outdated. I speculated why Palliative Care had been based at the local catholic hospital for the Hunter Valley - a very secular part of Australia.

In a country where it is currently legal for a woman to decide whether or not to proceed with a pregnancy before twenty weeks and thereby dictate what happens to her own body in health, it is illegal for her to end her own life with the assistance of trained doctors when she faces certain painful death.

I would like to illustrate these points using two tragic examples from 2003. The first was a patient of mine named Ian who was 52 when I diagnosed him with Mesothelioma of the lung. This is a vicious and incurable cancer derived from exposure to asbestos. Ian knew this as he had nursed his father who died of the same thing twenty years before. He was a bright intelligent businessman with teenage children. He knew what lay in store. Upon telling him the news, he calmly said to me “You will need to help me die because I do not want to suffer like my father”. He was not in shock, depressed or angry. He was realistic. I told him that I had to obey the current law in NSW but that I would guarantee I would be there for him.

His cancer progressed quickly and spread from his lung to his ribs and breathing muscles along a track created by a lung biopsy. It infiltrated itself along his intercostal nerves so that each time he breathed there was an agonizing jolt of pain. He failed radiotherapy and the local pain specialists were unable to help him. It was left to me to control his pain with increasing doses of morphine.

On ANZAC day that year, the catholic nurses told me that he was “out of pain”. I was elated as he had been so difficult to control for three months. Upon my arrival at his house, he told me that the nurses had refused to administer a larger dose of morphine that I had prescribed as it may “kill him” He was in agony and begged me to get the nurses to adhere to my dosing schedule. They told me that they could give no further dosing. I was able to resolve the situation by employing a private nursing service who gave the doses I requested. At these doses he was comfortable and lucid for a further three weeks before he died.

This man suffered unnecessarily for three months with what I would say was the worst pain I have witnessed in my career. Had his initial requests been met, the terrors he experienced would not have occurred.

The second patient, Klaus was in his 60s and had advanced prostate cancer. By the time it killed him in the local hospital, it had created a tumour in front of his anus the size of a rockmelon. This communicated with the skin via a hole the size of a tennis ball. It was pressing on his bladder, bowel, spine and nerves to his legs. His legs had swollen to three times their usual size – but he was lucid and terrified. His pain was not able to be controlled by normal medication and he required sedation to keep him calm. Eventually, he could not speak but it was plain to see that he was still in pain as he sweated, grimaced and had a fast heart and breathing rate. There had been no prospect of curative treatment for some three month prior to this point. Despite ”specialist” palliative care input , this man died in agony, witnessed by his distraught family.

In a country as progressive and civilised as this, the Andrews Bill left these men bereft of the choice to avoid a diabolical death. Their families will never forget the depravity of their last months. And I will feel forever the powerlessness of being unable to help these men in their darkest days.

I see my role as a doctor, to maintain health when I can and to reduce or abolish suffering where needed. The Andrews bill stops me doing my job for those who, upon calm and competent reflection, decide that the one thing they truly own outright is their own life. I request as a professional that doctors and their patients be given the sensible right to choose when, where and how they die as they face certain prolonged and incurable suffering.

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