

## ARCHIVES - April 03, 2007

### LAST RIGHTS

Should we have the right to choose when we die? According to a recent poll, most of us think so. Throughout Australia there are severe penalties for assisting suicide. Just last month in Sydney, two women were charged with attempted murder in relation to an alleged mercy killing.

**JENNY BROCKIE:** Increasingly, some terminally ill Australians are taking extreme measures to end their lives. Some, who can afford it, are going to Mexico to buy drugs, or to Switzerland WHERE they can legally die with medical help. One such person was Dr John Elliot who in January travelled to Zurich with his wife of 35 years in order to die. A few hours before taking a lethal dose of barbiturates he recorded this statement.

*DR JOHN ELLIOTT: My disease has dictated that I will soon die. I will die in pain. Worse than this, though, I will have no dignity in death. I do not want my wife, Angelika, to see me this way. I've been a burden on her for too long already. I'm not depressed. As one who's medically trained I know depression and this is not me. I'm not even sad. Rather, I am here in Zurich because it's the only legal option available to me as an Australian citizen. So, on 9am on Thursday, 25 January 2007, exactly two months short of my 80th birthday, I will die by drinking the lethal drug Nembutal. My wife will be with me. I'm sharing my story to help our politicians understand why people must be allowed control and responsibility in dying, just like they had in living. My life is my choice.*

**JENNY BROCKIE:** Angelika Elliot, welcome, and welcome to everyone else too tonight. Your husband had cancer. What drove him to go to Zurich to end his life?

*ANGELIKA ELLIOTT: Well, first of all, he was a medical doctor, he knew the cancer he had was terminal. He had multiple myeloma. It was a bone marrow cancer which pressed on his nerves. He couldn't take morphine very well. The pills of morphine he took just did not work, so the only morphine he could take was liquid morphine. He took other pain-killers, he took over 30 pills a day, day and night. But the pain was so strong he said it's like knives going through his body constantly. The pain level from 1 to 10 was constantly level 7. So it was just - he said if he would be fit enough, he would still take his car and just crash it against the wall.*

**JENNY BROCKIE:** Do you think it would have been different if he had effective pain relief, if that had been possible?

*ANGELIKA ELLIOTT: Maybe, but it didn't work for him. He was a medical*

*doctor - he knew there was no more future.*

**JENNY BROCKIE:** So what actually happened? What was the process that he went through?

*ANGELIKA ELLIOTT: This internal medicine doctor, he actually wrote the prescription for Nembutal. So the following morning at 9:00 in the morning, we went to the apartment from Dignitas. We were welcomed, filled the prescription in the meantime of Nembutal. We sat at a lovely round, big table like in a restaurant. It was very positive, very friendly. He sat down at the table. He had a liquid to not be nauseated. He took the liquid. We waited 30 minutes and then we had a little, small bottle of brandy. Then he had a brandy and then we waited another 30 minutes. But then he said, "This is it, we have the Nembutal and everything." I then pulled out the camera for - because for the police department. So they filmed my husband and I gave him the little drink and they said, "Are you sure? Is that what you want?" And he said, "Give it to me - I can't wait." He took the drink and he said, "Mmm, that doesn't taste bad." He died in an instant. And everything was filmed. The police department was called in. The police arrived, the police inspector, the coroner, other police, people from the police department. We had to all leave the apartment. We had to wait outside until everything was examined. The video was looked at...*

**JENNY BROCKIE:** So there was a whole process that went on because it's illegal?

*ANGELIKA ELLIOTT: Oh, yes, the police is involved, everything is filmed.*

**JENNY BROCKIE:** Can I ask how you felt when that actually happened, when he died?

*ANGELIKA ELLIOTT: Look, it was a positive - it was not a negative situation. He just couldn't wait. He was so upset, it was Christmas, there were delays. He said, "Look, my time is up."*

**JENNY BROCKIE:** OK, so it was because what he wanted, you felt at peace with it?

*ANGELIKA ELLIOTT: Exactly, I was so happy to go all the way.*

**JENNY BROCKIE:** Ludwig Minelli in Zurich, you run this business called Dignitas which John Elliot used in order to die. You offer medically assisted suicides. Switzerland is the only country in the world where foreigners can access a service like that. I understand as well as John Elliot four other Australians have used your service, your clinic. What process do people go through before you help them to take their lives, what kind of process do you use to assess them?

*LUDWIG A MINELLI, FOUNDER OF DIGNITAS: Yes, first I would say it's not a business. It's a service which we render to persons which are in difficult situations and to have an assisted suicide offered is a human right covered by the European Convention on Human Rights and the procedure is quite simple. First you will join Dignitas as a member and then you receive information. The member which wants to have an assisted suicide prepared does send us an application telling us what are the reasons for the member to have an assisted suicide. And when we have received all these documents, we transfer photocopies of them to doctor of medicine in order to ask him, "Would you be ready to write a prescription for this person?" And if the doctor tells us 'yes', we call that the provisional green light.*

**JENNY BROCKIE: How many people - how many people change their minds, from that initial contact with you? How many people after they initially contact you then pull back and decide not to go ahead?**

*LUDWIG A MINELLI: Yes, it's quite interesting, 70% of our members which have got the provisional green light did never call again. 70% can live after that without being anxious about what is coming because they know in any time I could ask Dignitas to come to Switzerland in order to make the arrangement of...*

**JENNY BROCKIE: So just knowing that actually gives them a certain reassurance?**

*LUDWIG A MINELLI: They are - they are completely calm afterwards.*

**JENNY BROCKIE: Christopher Pyne, you're the new Minister for the Ageing. Should terminally ill Australians who want to die have to travel overseas to die with that kind of dignity?**

*CHRISTOPHER PYNE, FEDERAL MINISTER FOR AGEING: Well, I don't think they should have to travel overseas and I don't think they should travel overseas and I don't think the law should be changed in Australia to allow them to take their own life.*

**JENNY BROCKIE: Why?**

*CHRISTOPHER PYNE: Because I believe that one of the marks of civilisation is a respect for human life. I don't think that allowing assisted suicide or any other kind of terminally ill person to take their own life sends the right message to people, particularly young people about suicide, and if a civilisation values human life, then it can't, on the one hand, do all those things, and on the other hand, allow people to take their own life. So I don't support euthanasia and I never will.*

**JENNY BROCKIE:** I'd like to talk to some other people here who have had experience of this or who have dealt with some of these issues. Now, Mary Walsh, you didn't go to Switzerland, but you went to Mexico. Why?

*MARY WALSH:* I went to Mexico to acquire the drug Nembutal actually, which I did.

**JENNY BROCKIE:** And why did you want to acquire this drug in order to die?

*MARY WALSH:* I'm in remission with ovarian cancer and I don't want to be brought back from a heart attack to face coming out of remission with ovarian cancer.

**JENNY BROCKIE:** Why did you want the drug? Did you just want it for safekeeping for the future or did you want to use it at the time?

*MARY WALSH:* Not immediately, but I definitely want the security of a good death, and I will have that, one way or the other. I am not going to rely on the Minister for the Aged or the Minister for Health to look after my wellbeing.

**JENNY BROCKIE:** But it is illegal to bring that drug into Australia.

*MARY WALSH:* I think it's illegal to let people die in pain.

**JENNY BROCKIE:** Philip Nitschke, you're an euthanasia activist. Do you encourage people to do what Mary did - to go to Mexico?

*DR PHILIP NITSCHKE, EUTHANASIA ACTIVIST:* No, but I think Mary's story does highlight one of the really important things - you've got to know what you're doing and so to make sure that people don't have those experiences where they find themselves frustrated in their attempts, we make sure that people get access to accurate information, or we try to and of course the recent moves by this federal government to ban our book which gave that detail, show just how extreme the measures are being put in place to try and prevent people getting access to good information.

**JENNY BROCKIE:** But I still want to ask the question - do you encourage people to go to do something like going to Mexico?

*DR PHILIP NITSCHKE:* Well, I wouldn't say giving people factual information doesn't encourage them. It allows them to make a choice and of course, what we are all about is making sure they have a choice.

**JENNY BROCKIE:** Christopher Pyne, a response from you?

*CHRISTOPHER PYNE: Well, the Government doesn't support and I don't support encouraging people or showing people how to commit suicide. Suicide is illegal in Australia.*

*DR PHILIP NITSCHKE: No, it's not. Suicide is legal.*

*CHRISTOPHER PYNE: It's against the law to encourage people and show people how to commit suicide.*

**JENNY BROCKIE: Assisting suicide is illegal.**

*CHRISTOPHER PYNE: Assisting suicide is illegal.*

**JENNY BROCKIE: But suicide isn't illegal.**

*CHRISTOPHER PYNE: Well, that's true. Assisting people, showing people how to commit suicide is illegal, so why would the Government allow a book to be sold in Australia or marketed that did just that? That's why the Government took that action.*

**JENNY BROCKIE: We'll talk about that book in a moment, but, as we have discussed, some elderly Australians are resorting to extreme measures to end their lives. Here's Amanda Collinge with one story.**

**KEITH AND PATRICIA'S STORY:**

**REPORTER: Amanda Collinge**

*PATRICIA WILLIAMS: We attended the meetings and thought about things and thought, well, if we got into that situation we would rather take our own life rather than linger in a nursing home, as my mother did.*

**Keith and Patricia Williams were childhood sweethearts. Keith taught Patricia to dance and proposed to her on the Sydney Manly ferry. They both loved the outdoors and were happily married for 52 years. Then, two years ago, Keith was diagnosed with cancer of the spine.**

*PATRICIA WILLIAMS: We went to a neurosurgeon and he just put the scans up on the wall and said, "A month," and I sort of was very taken aback because I wasn't expecting anything like that.*

**The doctor predicted that in a month or so Keith would start to feel pins and needles in his hands. Then he would lose all mobility and be bedridden. For Keith that diagnosis was devastating. Furthermore, his cancer treatment proved excruciatingly painful.**

*PATRICIA WILLIAMS: They would carry him out and the tears would be pouring down his face. Everybody else I saw come out of treatment walked out, but he came out, he was carried out and he was crying.*

**REPORTER: So the treatment itself made the pain worse?**

*PATRICIA WILLIAMS: Worse, and he never finished the treatment.*

**Almost exactly a month after the diagnosis, the pins and needles started.**

*PATRICIA WILLIAMS: We took the dog for a walk as usual and he was alright. The next day he was shuffling and the third day he said to me, "I have pins and needles," and he could hardly walk. So we knew that it was pretty close. He was going to be a vegetable very shortly.*

**So Keith started making plans. He waited for a weekend when Patricia travelled to a concert and he arranged for their dog to be minded by a friend.**

*PATRICIA WILLIAMS: We left by bus. I was worried about him the whole time I was away, but I thought, "Well, there's not much I can do."*

**By the time Patricia arrived home, Keith was dead.**

*PATRICIA WILLIAMS: We walked in, called out, nobody was there and the light was on. He was there with a plastic bag over his head and he looked very grey and so we just pulled the plastic bag off his head and called '000'. What else could you do?*

**REPORTER: What a terrible thing to come home to.**

*PATRICIA WILLIAMS: It wasn't good at all. It was horrible. I can't describe it, really - finding somebody like that.*

**Keith left a suicide note on the kitchen bench. Most was indecipherable, but he had managed to clearly print in large letters, "Do not resuscitate."**

*PATRICIA WILLIAMS: Well, I knew he was going to do something, I wasn't absolutely sure when, but he surprised me in the end, because I didn't realise he was as organised as he was.*

**REPORTER: Well, I suppose he wouldn't have wanted to involve you either, given the legal situation.**

*PATRICIA WILLIAMS: No, he didn't want to involve me at all. He just wanted me not to be there when the time came.*

**It was the fact that Keith had to die alone that haunts Patricia. But, had she been with him, she could have faced 14 years jail for assisting suicide.**

*PATRICIA WILLIAMS: Well, I could have been with him, his friends could have been with him. Everybody could have been there supporting him, but, as it was, he had to die a lonely death, and that's very hard.*

**But she understands why her husband took his own life.**

*PATRICIA WILLIAMS: He was going to go anyway. And wasn't it better that he go quickly and easier for him than to be drawn out and lie in bed as a vegetable?*

**REPORTER: So do you think palliative care could have helped Keith at all?**

*PATRICIA WILLIAMS: No. He was going to be in a helpless situation, and he never liked being in a helpless situation - he liked to be in control.*

**Patricia was in shock for 12 months. She has been unable to cry, and for months had difficulty eating and driving.**

*PATRICIA WILLIAMS: It's only now in the second year that it's starting to wear off. I'm starting to make a life for myself, separate.*

**But even today Patricia cannot face the water.**

*PATRICIA WILLIAMS: I look at swimming and think, "Well, I'd love to go for a swim," but I can't bring myself to do it, because we always went together.*

**JENNY BROCKIE: Marshall Perron, you're a former chief minister of the Northern Territory. You introduced Australia's first voluntary euthanasia legislation, which was subsequently overturned by the Federal Government. You know Patricia. How common is the story like that, do you think?**

*MARSHALL PERRON, FORMER NT CHIEF MINISTER: Jenny, in the absence of compassionate legislation, Australians 75 and over are suiciding at the rate of three a week at the present time. They're dying violently and they're dying alone. The fact is that the elderly and the not-so-elderly, but the terminally ill who feel that palliative care doesn't have the options for them - and it's a fact that palliative care can't palliate all patients to their satisfaction - are dying in some of the most horrific ways, and leaving a legacy behind them of awful trauma of the Patricias of the world who are finding people not only with plastic bags over their head, but with blood all over the walls. I mean, what do they have to live with?*

**JENNY BROCKIE: Christopher Pyne, can I get a response from you to that?**

*CHRISTOPHER PYNE: I would say that the Government's position and my position is that we don't allow euthanasia in this country for one particularly good reason - allowing assisted suicide or euthanasia to become part of the norm in the community dramatically changes the very fundamental basis upon which our civilisation has been built.*

**JENNY BROCKIE: So are you fearful it might be overused, that if it was readily available, it might be used by people who really may later have wanted to change their minds or...?**

*CHRISTOPHER PYNE: I think there are many fears, Jenny, associated with this. I think the fact that older people who feel they might be becoming a burden on their family and know that euthanasia is available might feel that it's their family who want them to be euthanased to take their own life, who might feel that pressure. Why should they be placed under that pressure when they are at their most vulnerable because that opportunity is available and they might misinterpret what their family are saying to them.*

*MARSHALL PERRON: What a patronising attitude that is. The Minister just mentioned, because you're old, supposedly your opinion doesn't matter anymore and your decisions are not to be respected.*

*CHRISTOPHER PYNE: That's not what I said, Marshall. I said I don't think older people should be placed in the position where they should face pressure from their families to take their own lives even if they're misinterpreting what their family message was, not that they could make to their own decisions, but they should misinterpret.*

**JENNY BROCKIE: Marshall, do you think that's an issue?**

*MARSHALL PERRON: No, it's not an issue at all.*

**JENNY BROCKIE: That people could find themselves under pressure? That people might want to use legislation like that in order to relieve their own burden of someone who's terminally ill?**

*MARSHALL PERRON: Well, how far behind everyone's decision are we going to go and second judge a competent, terminally ill adult as to why they want to take their own lives?*

*DR NICHOLAS TONTI-FILIPPINI, CATHOLIC BIO-ETHICIST: If you look at the reality in your legislation, when it was applied to the court cases in the Northern Territory, none of those cases actually fitted the legislation.*

*DR PHILIP NITSCHKE: Come on, I was the doctor in those four cases.*

**JENNY BROCKIE:** One at a time, one at a time. I'd like to go to Rodney Syme now because we've heard doctors mentioned. You've admitted to helping people to die as a doctor. How common is it for doctors and nurses to help people to end their lives?

*DR RODNEY SYME, DYING WITH DIGNITY, VICTORIA:* Well, I've been helping people to die for over 30 years and I can say, without a shadow of a doubt, that I have never, ever come across a person who was being pressured to die by somebody else. There have been many, many surveys done in Australia since 1988 - the first one I know of, in fact, 1984 - which repeatedly show that between 11% and 30% of doctors have at some time or another hastened death with the intention to hasten death. It is not uncommon. Let me give you

**JENNY BROCKIE:** How? How do they do that?

*DR RODNEY SYME:* I don't know how they do that. It may happen in a variety of different ways. Let me give you a brief example, though, what can happen. I'll tell you the story of a man called Steve Guest who was 58 years old. He had oesophageal cancer. He couldn't swallow. He was being fed with a tube into his stomach. Despite that, he lost 35kg in nine months, he was skin and bone. I told him that he could go into palliative care and get terminal sedation if he was lucky and it might relieve his suffering at the end of his life, but he flatly rejected that. The only way he could get control was through information, as Philip Nitschke says. So I gave him information about barbiturates, how much he would need, how he would take them and what the effects of that would be. And I tell you, the effect of that on his life was absolutely dramatic. He was energised, he was relaxed, his fear went and he spent the next two weeks of his life with some purpose of an advocate for choice in dying. And when he did take his life two weeks later, he took it peacefully, with dignity and security in the company of his family in his own home. And I think that's what we would all like to have.

**JENNY BROCKIE:** We are going to look at alternatives to voluntary euthanasia and in particular we'll have a look at palliative care, whether we should have the right to choose when and how we die. So far we've looked at the measures some people are prepared to go to, to end their lives. But what about palliative care? Amanda Collinge has been talking to patients at one hospice in Queensland.

**HOPEWELL HOSPICE STORY:**

**REPORTER:** Amanda Collinge

**Hopewell Hospice on Queensland's Gold Coast specialises in palliative care**

**and pain management.**

*MAN: I can see a fish at the bottom.*

**There are only ever eight residents at a time here, all terminally ill. At the moment there's Victor, one-time classical guitarist who's lost the use of both hands, but can use a finger to do computer art, and Les, who's 89.**

*LES: I think the minute I got into this place I felt relaxed and relieved.*

**Les has discovered the comfort of Reiki, or the laying of the hands.**

*LES: I've never had one scrap of pain anywhere. They wait on you hand and foot almost.*

**And then there's Tony.**

*TONY: I thought Reiki was naked Japanese women walking on your back with grass rakes until I discovered what Reiki therapy was, and I'm a convert. I have it at least three times a week.*

**Tony has incurable liver cancer, but since coming here, he says he has a new lease on life.**

*TONY: Absolutely, I'd almost given up hope. I'd spend 23 hours a day in bed, and now I'm trying to be as active as I possibly can because the medication they've got me on has changed me mentally and physically. And people wrote me off months ago, wrote myself off.*

**Hopewell Hospice is a community organisation, led by Uniting Church reverend Ian Mavor. As well as traditional palliative care, on offer here is a range of therapies, from meditation and massage through to music therapy and counselling. Tony was first diagnosed with cancer 10 years ago. He's had several bouts of treatment, but the cancer is now inoperable, and Tony knows his days are numbered.**

*TONY: There's a cancer in my liver which is growing, and it will get me one day, but I'm told it will be peaceful when it happens. So I'm resolved of that. I'd hate to be in this situation like some others where they go down screaming. I think that would be intolerable.*

**Tony is lucky that he's had no pain with his cancer.**

*TONY: None at all, never had any in my entire cancer period, so I'm very, very fortunate, compared to others. When there's something going on inside of my body which I can't feel or see, so I've been very lucky, and I've had time to get*

*my affairs in order and say goodbye to the family, and that's one blessing, I suppose, if you get terminal cancer - it gives you a bit of time.*

**Tony constantly sets himself goals. This month he made it to his daughter's wedding. That afternoon, staff here threw a party for him.**

*TONY: She came in in her wedding dress to pick me up. There was a little party going on, somebody had left the day before, had a party for him. It's party central.*

**Usually Tony can't walk more than a few steps, but that day he made it down the aisle.**

*TONY: When I made it down the aisle, that was a great blessing. I was so happy about that. Saw the cake being cut, and that's one milestone. Now my son's wedding is the next milestone - a big one.*

**But Tony understands why terminal patients in constant pain may want access to voluntary euthanasia.**

*TONY: I'd hate to spend my dying days in pain with no hope. I'd hate to be fed baby food and I'd hate to be a burden on my family emotionally and physically, so I could sympathise with where they're coming from.*

**Tony has plans too for his own finale.**

*TONY: My funeral's going to be a hoot, and if people aren't laughing at it, they're at the wrong funeral, because I don't want my kids any more grief-stricken than they're going to be, and I've organised all that.*

**REPORTER: What sort of funeral are you going to have?**

*TONY: I'm not going to tell you.*

**REPORTER: Fair enough.**

*TONY: It will be very different, I can assure you, very different.*

**JENNY BROCKIE: Ian Mavor, I wanted to ask you about this question of pain, because we hear a lot about palliative care as the alternative to voluntary euthanasia, or, you know, clearly an alternative not just to voluntary euthanasia, but for people who want to use palliative care anyway, but how much is good palliative care dependent on not being in pain?**

*REV DR IAN MAVOR, DIRECTOR HOPEWELL HOSPICE: Good palliative care has a focus on good pain management, but the pain is often also emotional,*

*social. If someone's alienated from their family at that end stage of life, that heightens their pain.*

**JENNY BROCKIE:** But what about the question of really hopeless physical pain that can't be alleviated by drugs? Does palliative care just fail in those circumstances?

*REV. DR IAN MAVOR:* That's not been our experience at Hopewell. Now, Hopewell was set up because some people are not able to be at home. They live alone or their family just can't provide the support, so we kept it to eight beds, so it's a family type of environment.

**JENNY BROCKIE:** So how common is that around Australia - a hospice with eight beds?

*REV. DR IAN MAVOR:* Nowhere near common enough. To us it was a Gold Coast community response to a need, and we would like to see a lot more of that, because it serves the whole community.

**JENNY BROCKIE:** So how are you funded? Do you get funded by the Federal Government or State Government?

*REV. DR IAN MAVOR:* We get a bit from the State Government, but that is a bit chancy. So we are certainly not adequately funded, but we do a lot of fundraising and get a lot of community support, and we've been going now since 1994.

**JENNY BROCKIE:** Jody Palmer, your mother went to Hopewell Hospice. How did she cope with her death in the end?

*JODIE PALMER:* When mum first went into Hopewell she was very angry, she didn't want to die, she didn't want to face that she was dying. Her and I were not on speaking terms. We were - we hadn't spoken for three or four months. Um, the fact that she went into Hopewell and with not just the pain - like, the drugs of pain relief, but the whole community of Hopewell, it's the Reiki, there's music therapy, there's just so many - it works on the emotional and spiritual, you know, the mind, the body and the whole lot, and I found when my mother passed away in September last year, she was at peace with herself, me, the world, she was - she was ready to die, she wasn't angry about it, she felt that, you know, her mum was waiting for her, and she was ready to go, and I just...as Ian said, there should be a Hopewell community in every suburb.

**JENNY BROCKIE:** Well, there isn't a Hopewell community in every suburb, Christopher Pyne, and back to you. I mean, you're the Government with the purse string. Why not? Why isn't there more palliative care like that?

*CHRISTOPHER PYNE: Well, we spend about \$300 million since 2003 on palliative care in Australia, and I think we could probably spend a great deal more in terms of the demand that might be there in the future. I'm not particularly responsible for palliative care - that's Tony Abbott.*

**JENNY BROCKIE: But you're in the ministry now, so you've got a lot more power to do something about it.**

*CHRISTOPHER PYNE: I'm the Minister for Ageing. I can assure you that this is an area where I will have quite a bit of involvement, given that a lot of the people who are facing questions about terminal illness, palliative care, residential high care, etc, are of course the ageing, and I'm responsible for the ageing policy, so palliative care is an area that I have a particular interest in, obviously I think if you are a responsible member of parliament who is opposed to euthanasia, then you have to have some kind of focus on palliative care.*

**JENNY BROCKIE: So you would think there's an argument for a big increase in funding in palliative care.**

*CHRISTOPHER PYNE: I think there's always an argument to do more. So far we've done - we've spent about \$300 million since 2003 on palliative care.*

**JENNY BROCKIE: But you said there should be a lot more.**

*CHRISTOPHER PYNE: There are some very good examples of palliative care in Australia. As I said, as a person who is opposed to euthanasia, it's consequent upon me to support and encourage more palliative care because I don't support the other alternatives.*

**JENNY BROCKIE: Mary, would that be an option to you - palliative care?**

*MARY WALSH: No way. I'm sitting here thinking, "What about the people who don't want to be palliated? What about the people who don't want to suffer? What about the people who just want to die?" And I think it's absolutely ridiculous having a young man like you in charge of the aged. You don't know what it's like..these people don't know what pain is.*

**JENNY BROCKIE: Mary, you've gone to extreme lengths to ensure that your life isn't prolonged against your will. Can you show us what you've done?**

*MARY WALSH: Yes, I've had my living well tattooed on my chest, and woe betide anybody that brings me back.*

**JENNY BROCKIE: Mary O'Conner, you're Margaret O'Conner, you're an advocate for palliative care. Now, can you just explain to us, particularly on**

**this issue of pain which seems to come up again and again, it come up in the research. What about the 2%-5% of people for whom pain relief just doesn't work, you know. Drugs don't work, they are left in excruciating pain of the kind that Angelika described with her husband?**

*MARGARET O'CONNOR, PRESIDENT, PALLIATIVE CARE ASSOCIATION: I think that there are many things that can be undertaken to provide comfort and dignity and support for symptoms, for a person who is nearing the end of life. And there are some difficult cases, but I think the vast majority of people are able to die well.*

**JENNY BROCKIE: Nicholas Tonti-Filippini, some people clearly have very good experiences with palliative care, as we've seen, but for others, it just doesn't work. Now, you're opposed to voluntary euthanasia quite passionately. What do you say to those people who say back palliative care doesn't work for them?**

*DR NICHOLAS TONTI-FILIPPINI: There are several questions here that are quite difficult. One is do people have a full understanding of what palliative care is? Do they see it simply in terms of somehow drawing out death? My understanding of palliative care is that it's about maintaining somebody's function through the dying process. In other words, it's assisting somebody to live in the dying process, to live with dying.*

**JENNY BROCKIE: Lesley Martin, you spent just over seven months in jail in New Zealand for the mercy killing of your mother, Joy. Now, you're a nurse. Why wasn't palliative care an option you considered for her?**

*LESLEY MARTIN, DIGNITY NZ TRUST: Well, it was, and we did make use of that at the appropriate time. That was 48 hours before my mother died. Her wish was not to die a slow and prolonged death inch by inch. Because we don't have voluntary euthanasia legislation in New Zealand, she turned to me as her primary care giver and our phenomenally close relationship to fulfil a promise to help her to die.*

**JENNY BROCKIE: So what happened?**

*LESLEY MARTIN: Gosh, in a nutshell - and I certainly don't minimise this event by condensing it - my mother started - the bowel cancer had spread to her liver, she started bleeding from her mouth and her colostomy bag and her rectum 48 hours before she died. I called in a hospice. They were excellent - they were immediate and they provided morphine and a bed, etc, and then at the point in which my mother became unconscious and was completely unrousable, and bear in mind I'd been a registered nurse in intensive care units for 17 years, in four countries, so, you know, I knew the point at which a person was deeply unconscious and actively dying.*

**JENNY BROCKIE: So what did you do?**

*LESLEY MARTIN: What did I do? I gave my mother two doses of morphine. I had 60mg left. I gave it in two divided doses, and that was trying to reconcile that conflict. Yes, I wanted her to not suffer, but no, I didn't want her to die.*

**JENNY BROCKIE: So did the two doses of morphine..**

*LESLEY MARTIN: No, they didn't - my mother didn't pass away. 24 hours later in the middle of the night, again I was trying to sleep on the floor next to her bed and woke up with a jar to check her and it seemed to me at 3:50 in the morning at the end of this very prolonged ordeal that she was crying and so for me that was the point of no return and I picked her up and held her to my chest until she stopped breathing. Now, hospice and my mother's GP initiated a homicide inquiry against me because the word 'euthanasia' had been used in conversation with the hospice nurse. I was subjected to a 10-month homicide inquiry during which time I profoundly researched the whole issue of end-of-life choices and the psychology of mercy killing and found that there's really nothing out there that really deals with why mercy killing is different to criminal psychology, so I then wrote a book in order to provoke a trial that would illustrate those very differences.*

**JENNY BROCKIE: So you deliberately wrote a book in order to get charged so this issue could come...?**

*LESLEY MARTIN: The trial unfolded as I expected it would.*

**JENNY BROCKIE: So you set out to create a record of your experience, can I ask you how you felt afterwards, after doing it?**

*LESLEY MARTIN: It is devastating because it should never fall to a close family member in the middle of the night, broken, exhausted, despairing that my mother did not have the legal choices that she wanted for herself, so that's the position. I am not putting my case forward as what we should be doing, I'm saying this is what should not be happening.*

**JENNY BROCKIE: This is a very difficult question to ask, and I don't want you to take this the wrong way, but it is an issue that gets raised again and again in relation to this issue, and I wonder whether you thought about whether, how much this might have been about relieving your burden, how much it was about relieving her burden. Was it a combination of the two? How did you feel about that? Was that a sort of tussle you had within yourself trying to work out why you were doing what you were doing?**

*LESLEY MARTIN: Look, I'd be lying if I said that I hadn't had to face that*

*question myself, and that was definitely part of that 10-month period of time when I was writing it all down and looking into it, and I can say without doubt that my priorities fell with my mother. However, what I can bring to this issue as the perspective of the person who was placed in that situation as a mercy killer.*

**JENNY BROCKIE:** And, of course, your mother had indicated what it was that she wanted as well?

*LESLEY MARTIN: That's right.*

**JENNY BROCKIE:** Which puts it in the category of fulfilling her wishes. Well, in a moment we are going to talk about the possible dangers of voluntary euthanasia, and we'll talk about the push for a change to the law. Now, Marshall Perron, can you understand the dangers of making it easier for people to die, especially when it comes to, say, the mentally ill, the emotionally fragile, or the question of families, as has been raised tonight, who might be wanting to ease their own burden?

*MARSHALL PERRON: No, I don't understand the danger because I'm a firm believer that safe voluntary euthanasia can be enacted by parliament. It has been enacted by parliaments elsewhere and I think that the opposition have done a very good job over the years of painting a picture that is summed up in the words of many politicians, and that is that the problem of voluntary euthanasia is no adequate safeguards can be devised that would protect the vulnerable. And that's a fallacy which has enabled politicians to avoid facing the issue for decades now. It's the throwaway line, which means you just don't address the legislation and try and work legislation up that will in fact address all of the concerns that are raised by any party.*

**JENNY BROCKIE:** Ludwig Minelli there have been criticisms by a former employee of yours, that you rush people through the process or that you can rush people through this process, is it true that foreigners arriving in your country can die on the same day that they arrive at the clinic?

*LUDWIG A MINELLI: Well this is a story which is told by our chief prosecutor in order to ease his work load and it is absolutely not true. We need a lot of time in order to prepare an assisted suicide and there is even a study made by a German student telling us that this procedure takes sometimes up to 1000 to 800 days. It is always an individual question.*

**JENNY BROCKIE:** Philip Nitschke, you've accompanied Australians, including John Elliot and Angelika, to the Dignitas clinic. You've also had your book, which you mentioned earlier, banned in Australia, which shows people various ways to take their own life. Now, I wonder if you can see in this argument the potential concerns that some people have, that what about the person who might feel passionately that they want to take their life at the

**time, at a period of time in their life, but they might go on a month or two months or three months later to change their mind, that if voluntary euthanasia was available too readily, it would mean that perhaps those people might not have a chance to live later?**

*DR PHILIP NITSCHKE: Yes, but I mean if we're going to take that argument, what we're effectively saying is no-one should get access to this choice, we should chain everyone to this planet, and say you're going to live out your life whether you want to or not. Now, I think at some stage you have to accept we're talking about rational, elderly adults here, and if they say they want to die, someone has to listen to them. Now, in the case of John Elliot, he had to go to extreme lengths to get the help he wanted - it took him ages. He got good palliative care and that was really to help him make a trip to Switzerland. So I think we can do better than that, and if we start talking about legislation as an answer, you've got to realise that even if with the legislative solutions such as Marshall Perron's bill, you had to be damn near dead before you could access that law before you're eligible, and even that is not good enough, we want better. Every adult rational person should be able to take their life peacefully.*

**JENNY BROCKIE: Margaret.**

*MARGARET O'CONNOR: I wonder why these discussions are limited to the one right at the end of life and that is to end life when there are many other rights that also deserve attention - the right to access good care, the right to be treated, the right not to be treated, the right to be treated in the place of choice and the right to die in the place of choice.*

*DR RODNEY SYME: Those rights are protected and they exist now. The one right that does not exist is the right to take the decision to choose to die when WHERE and how you want to. All Margaret's rights are validated at the present time.*

**JENNY BROCKIE: Nicholas, you say those rights aren't protected. Why?**

*DR NICHOLAS TONTI-FILIPPINI: People can't always die in the place they want to do. If you look at the provisions of nursing homes, you see married couples split up at the end of life because there isn't a nursing home that will take them both. You see people dying in nursing homes, young people dying in nursing homes who should never be in a nursing home. I mean, it's ridiculous to say those rights are protected.*

*DR RODNEY SYME: That's lack of resources, not legislative decisions.*

*Dr NICHOLAS TONTI-FILIPPINI: Well, the lack of resources takes people's right away also.*

**JENNY BROCKIE: OK, Lesley.**

*LESLEY MARTIN: In New Zealand I'm the co-founder of Dignity New Zealand Trust, and we see the way forward being very clearly a provision of both. We have a long-term vision for dignity havens in New Zealand which under voluntary euthanasia legislation will provide optimum palliative care with a legalised and safe environment for voluntary euthanasia under robust and safeguarded legislation.*

**JENNY BROCKIE: Philip Nitschke now operates in New Zealand WHERE you're from. I wonder how you feel about his approach and about his book WHERE it's been banned here.**

*Dr PHILIP NITSCHKE: Not banned in New Zealand, thankfully.*

**JENNY BROCKIE: Not banned in New Zealand. How do you feel about it, Lesley? How do you feel about Philip's approach?**

*LESLEY MARTIN: Well, initially when I came into this environment in 1999, I approached Mr Nitschke and he indeed contributed a chapter to my first book and in it he wrote that he was drawn to this issue because he felt that it was unjust, that people who could have connections with certain people or who had the money to access the dignified death could do so. Now, as I have evolved in my journey in this field, so has Dr Nitschke. He is very much a product of the failed legislation in Australia. He is now part of the problem, not the solution.*

**JENNY BROCKIE: Why is he part of the problem?**

*LESLEY MARTIN: What we're seeing now in New Zealand is many people find his methods cumbersome and unworkable and, in fact, they actually call me in New Zealand, and I'm constantly in a position to clean up after*

*DR PHILIP NITSCHKE: But as cumbersome and unworkable as legislation*

**JENNY BROCKIE: Can we let her finish? Then I'll hear your response, Philip.**

*LESLEY MARTIN: The important thing is to firstly acknowledge that this euthanasia underground does exist and then to go into the legislative table unapologetically wanting to deal with every aspect of this problem because it's clearly multifaceted.*

**JENNY BROCKIE: OK, so the fundamental difference you have with Philip Nitschke is that you favour going to the legislative table on the issue and he's favouring Well, Philip, you explain.**

*DR PHILIP NITSCHKE: We don't have time for that because most of our*

*members are 70, 80 years old, they've been sitting here for 30 years waiting for a law to change, and it's not happening. Now, you can sit here and say "Let's wait another 30 years," until politicians like Chris Pyne here changes his mind. He's already said he's not going to. So the politicians are not going to alter, they're not going to allow law to come in, you can bash your head against a brick wall for years. What I'm saying is let's get some practical options out there. You can go to Switzerland and do it if you want to, you can go to Mexico, you can do other things, but you'll give yourself choice, and politicians won't allow that.*

**JENNY BROCKIE:** Lesley Martin you said that you were concerned about Philip's methods being cumbersome, I think was the word.

*LESLEY MARTIN: Cumberse and unworkable, what we're finding is that in the end stages people really aren't interested in hacksawing pieces of plumbing together to create a carbon monoxide generator or working out how to mix formic acid with other solutions and get intravenous tubing and create options like that. Also I met with Dr Nitschke two days after my release from prison and he made it clear that, regardless of legislation anywhere, he's going to continue to provide methods like this, now that to me is parallel to a doctor in the abortion debate saying regardless of legislation, I am going to continue to provide amateurish, illegal, dangerous backyard abortions, we find that unacceptable and until Philip is prepared to actually go to prison himself, he should not be sitting up people to do that.*

**JENNY BROCKIE:** OK, Philip, a response quickly.

*DR PHILIP NITSCHKE: OK I see, apparently it's because I haven't been to prison, look there's nothing cumbersome about pouring Nembutal into a glass and drinking it - it doesn't fail. So get that straight, Lesley - it doesn't fail.*

**JENNY BROCKIE:** That's not the only method in your book you describe. I mean, you describe any number of methods in your book.

*DR PHILIP NITSCHKE: I know, and they don't fail, and you were talking about a plastic bag in your earlier example and how extreme this measure is. It's a very common, peaceful method. It doesn't fail.*

*LESLEY MARTIN: Before Dr Nitschke came on the scene he's now in a position of repackaging death and dying like a cheap McDonald's chain.*

**JENNY BROCKIE:** Marshall Perron, what do you think about this argument?

*MARSHALL PERRON: Well, I'm a supporter, as Philip well knows, of the legislative option. But I'm a realist, and I realise that even when we get voluntary euthanasia legislation, which I'm absolutely convinced we will, when we get*

*some compassionate politicians in parliament, there will still be - there will still be a number of people in our community who will never make the grade through the voluntary euthanasia safeguards, through the gauntlet to prove that you are a competent terminally ill adult, close to death who is harbouring a genuine desire to shorten your life. That - a lot of people will find great comfort in that process and that will come to pass as we had in the Northern Territory. But there will still be a vast number of people in our community who can't get through that process who will take the law, they won't take the law into their own hands - They will exercise their right to suicide, and I think that in an enlightened society..*

**JENNY BROCKIE: So you're arguing for both, are you?**

*MARSHALL PERRON: I'm trying to say you can't stop information. You can't - everybody knows how to go out to the hardware store and get a piece of rope. So to suggest that people don't know how to kill themselves is absurd, just absurd.*

**JENNY BROCKIE: Christopher Pyne.**

*CHRISTERPHER PYNE: Just two quick points, Jenny. I think the fact now that the epithet is being thrown around if you don't agree with voluntary euthanasia you lack compassion. Apparently if you support human life and put a value on that beyond euthanasia you are somehow a hard-faced, dangerous and difficult person who doesn't have compassion for the sick and dying. That is not the case. That is not the case. Can I say this? There's a reason why every piece of legislation that has been put into parliament, other than the Northern Territory, to bring in voluntary euthanasia has failed. It's because it's a bad idea. The politicians - politicians around the Australia*

**JENNY BROCKIE: Let him finish.**

*CHRISTOPHER PYNE: Politicians around Australia have voted in every parliament where this has been brought in, except in the Northern Territory, in some States on a number of times, against voluntary euthanasia. There is good reason for that.*

**JENNY BROCKIE: That's politicians.**

*CHRISTOPHER PYNE: And the politicians represent the public.*

**JENNY BROCKIE: But we've seen a poll lately that says 80% of people - hang on, I haven't even said anything about the poll yet - that's the politicians.**

*CHRISTOPHER PYNE: But the politicians represent the public.*

**JENNY BROCKIE:** We've seen a poll of the public recently that shows that 80% of Australians favour voluntary euthanasia, and that's been fairly consistent, hovering around 70% or 80% for a long time.

*CHRISTOPHER PYNE: If we governed ourselves by polls, Jenny, we would have capital punishment in this country.*

*MARY WALSH: It's called democracy.*

**JENNY BROCKIE:** Rodney Syme, what would you like to see?

*DR RODNEY SYME: There's very, very good legislation which has been passed in the state of Oregon in the United States. It's been in place now for nine years. What it allows is for a doctor under strict circumstances for a terminally ill patient, somebody who won't survive more than six months, to be prescribed, given a prescription by the doctor that will allow them to end their life. That's a prescription for barbiturates. Now, it's very interesting that has not led to a flood of people ending their own lives. In fact, up to 40% of the people who get that medication don't use it.*

**JENNY BROCKIE:** Nicholas, a final comment from you.

*DR NICHOLAS TONTI-FILIPPINI: I'll make it very simple. I'd much rather be terminally ill in Australia than in Oregon.*

**JENNY BROCKIE:** Why?

*DR NICHOLAS TONTI-FILIPPINI: I'd feel a lot safer..*

**JENNY BROCKIE:** Why?

*DR NICHOLAS TONTI-FILIPPINI: ..than in circumstances where the capacity for someone to take my life sits there in the bathroom cabinet.*

*DR RODNEY SYME: They don't take your life - you take your own life, Nicholas, you know that, and you're just being difficult.*

**JENNY BROCKIE:** Angelika, having seen your husband die in Switzerland, would you do the same thing if you found yourself in those circumstances?

*ANGELIKA ELLIOTT: Absolutely, absolutely, 100% - I wouldn't wait. That's the only way to die if you're suffering, if the morphine doesn't work, if you want to die with dignity, it's the only way. We are civilised. This is supposed to be the 21st century. I want to die with dignity no matter how far it is to go. But I think it's unfair for the people who cannot afford to fly to Switzerland and that's why my husband wanted to give the final message, he wants to help the people who*

*cannot afford flying halfway around the world to die with dignity.*

**JENNY BROCKIE:** Christopher Pyne do you believe that the politicians are representatives of the public on this issue, do you believe that given those polls, given the fact that we see consistently that a majority of Australians do want voluntary euthanasia, do you really believe the politicians are reflecting the public's will?

*CHRISTOPHER PYNE: Having been in politics for fourteen years, I think that you can construct polls to say virtually anything you want them to say, I don't think that we should govern by polls, I think we should govern on what the politicians or the parliamentarians think is best in their judgement and that is why the public elect them.*

**JENNY BROCKIE:** Can we just let him finish please.

*CHRISTOPHER PYNE: If we wanted to just govern by polls, really we wouldn't need any parliamentarians at all, so we re-elect parliamentarians to use their judgment to make their best decisions and I think the proof of the pudding has been in the fact that over and over again parliamentarians around Australia have voted against voluntary euthanasia because, when presented with all the facts and all the arguments, they think, in their judgment, it's the wrong way to go.*

**JENNY BROCKIE:** I'm sorry, we do have to leave it there. No, Marshall, we're out of time. I'm sorry, but we are out of time. Think we've all had a good go.

*MARSHALL PERRON: What is democracy?*

**JENNY BROCKIE:** this is going to keep going well after the program ends. You have to stop, everybody. It's over. We've finished.