

Euthanasia: the right to choose

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From 1995 he has been working full-time on the voluntary euthanasia issue, having worked politically to assist the passage of the Marshall Perron legislation, and then as a practitioner with a number of terminally ill patients.

Since the overturning of the Territory law his time has been divided between campaigning for the euthanasia issue and working with an increasing number of terminally ill patients who wish to have the right to end their life. He is the recipient of the Ranier Humanitarian Award, Washington 1996, Territorian of the Year 1997, and Australian Humanitarian of the Year 1997.

from a doctor to have their life painlessly ended. It was the world's first voluntary euthanasia law and it came in the Northern Territory and everyone said isn't it amazing that you should see a piece of progressive legislation coming out of a place which does not have a reputation for passing bits of progressive legislation. The reason the Northern Territory usually gets itself in the news with monotonous regularity is more the opposite — the draconian and I would say socially regressive pieces of legislation which the conservative governments in the north have passed. But in this unique example we actually saw a progressive piece of legislation passed and people ask why did it happen in the Northern Territory?

First, the leader of the government there, the conservative leader, Marshall Perron, was a very popular leader and a very skilful politician, and he became interested in this issue. As it turned out, he attended a lecture by Helga Kuhse, who will be speaking tomorrow, and he was motivated by that talk. He decided

that as a politician he could do something about it and in fact because he was such an adept politician he **was** able to do something about it. He introduced a law and horse-traded it through that rather hostile political environment and it passed by one vote, 13 votes to 12. So that is a rather important point — it would not have happened without Marshall Perron.

Second, we don't have an upper house in the Territory so you don't have to battle in a senate or a house of review. That helped.

I will start by explaining what I want to cover today. I would like to go over the history of euthanasia, how the issue unfolded over the last five or so years in Australia, have a look at where we are now from a sociological point of view — what is actually happening since the loss of the world's first law concerning euthanasia in the Northern Territory — and explore what can be done — the various strategies and approaches that many people concerned about the current state of the issue are looking at, and ways of changing the situation we have now, which I will of course be arguing is far from satisfactory.

I will start off with a quote. I was doing some reading the other day when I came across an address by the head of the British College of Psychiatry in 1973 in which the head, Peter Sainsbury, made this comment about suicide:

“Suicide also affronts society. Opting out with such apparent scorn sends a vote of no confidence in the social order. Consequently, from social beginnings to the present day, suicide has been hemmed by moral prohibition and cant. Attitudes which continue to obscure the problem and hinder an objective examination of it.”

I think that can be said equally about the related topic of voluntary euthanasia — a very difficult issue to discuss clearly and logically.

The Northern Territory legislation

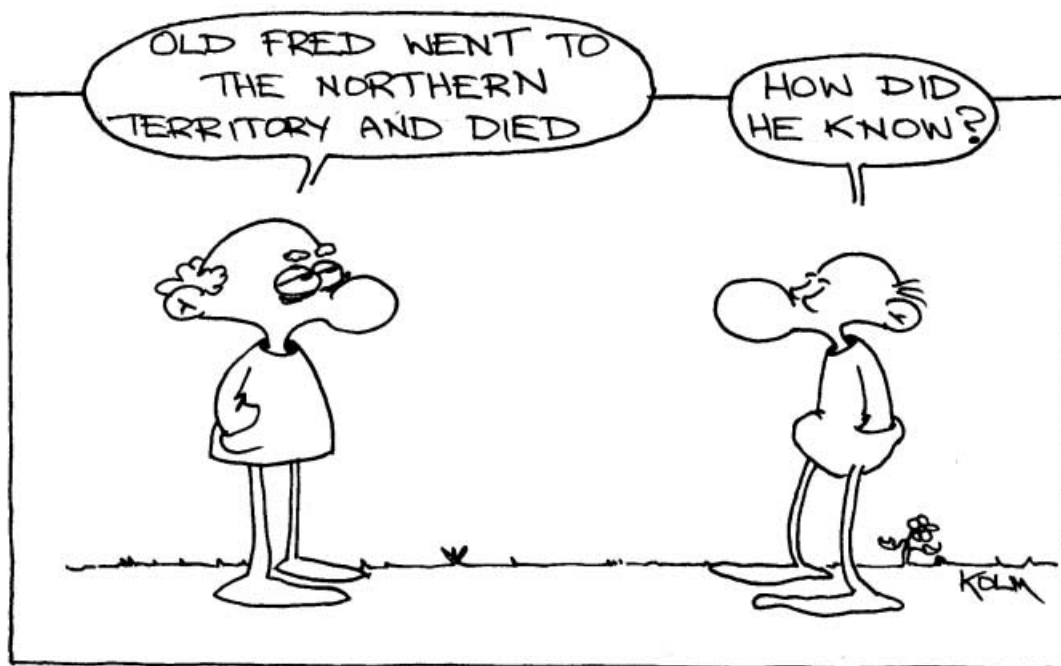
Many of you will be aware of the fact that the Northern Territory was the first place in the world to pass legislation to allow a dying person to seek assistance

But perhaps one of most significant factors about the Territory is that it still sees itself as the last frontier, a place where things can happen. And that is quite interesting because usually it shows itself up as deadly conservative because people of the Territory say we don't care what anybody else does, because we are unique, we are better, we do things as we want to do them and we don't take any notice of anybody else. It doesn't matter what the studies say, we are totally uninterested in what the research says, we will do what we want to do. As I said, that usually leads to deadly conservatism.

I remember that when I was first practising in the north I was involved in the issue of prescribing narcotics or methadone for people who were suffering from intravenous drug addiction. Of course in the north there is a particular hatred for intravenous drug

a good treatment option for people who are affected by narcotics, the reaction from the government and the community was so what! Who gives a stuff what the polls say and the research says? We don't want it. It doesn't matter that methadone is available in every country in the world, the Territory is not having methadone. That policy is popular, very popular.

So it was very interesting to me a few years later when the issue of voluntary euthanasia came up. I tried to argue in favour of Marshall Perron's bill and the AMA came out and said don't go down this path, no one in the world has ever had voluntary euthanasia legislation ever. I sat back and waited and sure enough the Territory community was saying great we'll have it, bring it in because if it is no where else out there we want to give it a try. Because this is the Territory and we try things up here. So it doesn't



users and that hatred shows itself in pieces of legislative initiative that some of you will have heard of — the idea of providing one-way bus tickets for people out of the Northern Territory is the official drug policy. Their attitude is that no one could possibly be a Territorian and be involved in intravenous drugs. They must have come from somewhere else. Territorians drink, by hell we drink, but we do not use intravenous drugs and if we did we would not be a Territorian and we should go back to our families. Hence the idea of providing one-way bus tickets. When it was pointed out by the Australian Medical Association (AMA), acting that day in one of its more progressive roles, that study after study had shown that methadone was actually a very useful treatment option, that it doesn't solve every difficulty, but it is

always lead to a deadly conservatism. Sometimes you see a progressive piece of law come forward and that's what we saw.

The conditions were pretty strict. They were nothing like Marshall Perron had originally envisaged. He wanted a law where you went up to your doctor if you were dying and the doctor said sure I will help you. He didn't want people to have to pass some bizarre examination to qualify, but that's what he really had to agree to get it through, such was the opposition predominantly from the medical associations and also from the church. So he ended up with a pretty medicalised bill, which is not exactly what he wanted. You had to go off and get four doctors to agree and that in a sense spelt the law's undoing, because why would you give the keys of the gate to

this important law to the one group in society who were very hostile to it, the medical profession. But that was the only way he could get it through.

Nevertheless, if you satisfied the conditions — if you were terminally ill, if you repeatedly asked for help to end your life, if you were able to find a treating doctor (who in the case of the four patients who used the law was myself), if you were able to find a palliative care doctor to say you had had all your palliative care options explained, if you could find a specialist who could confirm that you were indeed suffering from the disease you claimed to have and if you were able to find a psychiatrist who could look at you and say well you are not clinically depressed — in other words four medical signatures on a piece of paper — and if you then went through your cooling-off period, you were then able to get help to legally die. That law would then enable me to go in, see that person and give them a lethal injection.

It was the first law like it in the world. So when it passed with the narrowest of margins we were thrilled. I had been involved in a political way. I didn't have patients who were dying. I had patients who were intravenously affected by drugs and many said that they were terminally ill, but they weren't terminally ill. I wasn't dealing with an elderly group at all. The reason I became involved really was because the fact that the AMA so strongly tried to wreck this law before it even got into place annoyed me. It seemed to me it was not the role of a medical association to try to dictate to the community. I was annoyed by their arrogance and because they were not listening to the people. If they were listening to people, the correct role of the AMA would have been to say if the people want this how can we make our profession serve the community? And they certainly weren't doing that — they were saying, how can we wreck this law? And they just about succeeded.

The law in operation

But the law did pass. It came into operation on 1 July 1996. The first person who tried to use it was a chap called Max Bell, a taxi driver from Broken Hill who contacted me just before the law came into place and he said can I come to Darwin and make use of this law? I asked him on the phone what the problem was. He told me that he had stomach cancer, that he had serious surgery the year before, that he had almost no stomach left, that he was living on yoghurt and milk and that he was dying. He said he was sick of sitting and waiting. He had good palliative care from the far west area of Broken Hill but he wanted what he described as 'that sweet sleep'. So I said well it sounds to me like you're the sort of person this law was designed to help.

I flew down to Broken Hill and I saw him in his small home and his taxi was outside, it had a cover over it and hadn't been driven for about two years, and I could see from about 20 metres that this was a dying man. I didn't need a specialist to confirm that this person's prognosis wasn't good. He was sick and I said yes this is the sort of person this law was designed to help. And he said that he wanted to drive from Broken Hill to Darwin and I was surprised to hear that because it is 4000 kilometres. He said I don't care, I want to drive, it's important to me, he said, it's my last trip I make in this taxi. And I thought, well I can understand that, and he said if I die on the Stuart Highway, what does it matter and I thought that's fair enough too.

So he put his house on the market, had his two dogs put down, organised himself to drive to Darwin and set out. Much to my surprise, he got there. I didn't think he was well enough to make that trip. It actually took him six days and he was battling to make that trip, but he got there. He got there more or less on the day the law came into place, on the 1st July 1, and we put him into the hospital. Then the real crime started. I couldn't find another doctor in the Territory prepared to visit him. I had to find three and I couldn't find one who would even go into the room, let alone sign a piece of paper. Now that wasn't a lot, when you think about it. The doctors weren't being asked to endorse the concept of voluntary euthanasia, they were being asked to go in there and say yes he does have stomach cancer. Now you wouldn't have thought that it was beyond the average surgeon in the Northern Territory to go in there and look at that case and say yes this man has stomach cancer and sign a piece of paper to that effect. But they wouldn't do it. No surgeon would visit him and no palliative care doctor would visit him for the purpose of signing the piece of paper and of course as far as a psychiatrist was concerned, we were dreaming.

After three weeks this proud man said I can't stand this, I'm humiliated, I don't like sitting here like this, I'm going. And he signed himself out of hospital and he got back in his cab, and we managed to stop the sale of his house. I didn't think he would make it. He was a lot sicker by the time this happened. Those three weeks had taken their toll. Marshall Perron had come to the hospital to visit him but the doctors wouldn't.

So he set off and drove all the way back. It took him longer to get back, he was in very poor shape. I flew down to Broken Hill. He was camping in his own house, because he didn't have any furniture. We brought him a bed, we brought him a plate, we bought him a knife and fork, and he camped there

and I camped there, in the house, and three weeks later he died. Not the way he intended. This shows how the law is failing.

And our opponents, Right to Lifers included, Right to Lifers especially, said this law is not going to work, you have a law fine but it is not going to work. And the AMA said this law is not going to work. But of course it did work and in fact it was the images of this man suffering, television images of this man suffering that went to air on a *Four Corners* show called 'A Road to Nowhere' made by Murray McLaughlin, that prompted the first surgeon in the Northern Territory to cooperate. John Wardell said to me that he saw the images of Max Bell on television and he felt ashamed because he was one of the people who had refused to go and see Max Bell. It was John Wardell who helped the first person to make use of the law, Bob Dent, to end his life. John Wardell was the surgeon who was prepared to sign a paper to say Bob Dent was dying of prostate cancer.

Two months later, on September 21, the day before he died, Bob Dent wrote in a public letter that took him ages to write because he was so ill:

"What right has anyone got to demand that I behave according to their rules until some ... doctor decides that I must have had enough and goes ahead and increases my morphine until I die. If you don't agree with voluntary euthanasia then don't use it, but don't deny me the right to use it if and when I want to."

Bob Dent, thanks to the defection of John Wardell the surgeon and the fact that we were then able to find two other doctors to come on board, was able to be the first person to make use of the law. Now he did die. He actually made use of a machine. The machine is just a little laptop computer with a bit of stuff in one of those pelican boxes. I built it to present a series of statements to people like Bob Dent, who wanted to go down that path. For example:

Are you certain you understand that if you proceed and press the 'Yes' button on the next screen that you will die?

No Yes

The law would have allowed me to come along and sit alongside him and connect a needle into his vein or to give him a needle which would have ended his life and I would have seen that as a reasonable thing to do, an appropriate thing to do. I had no qualms about the ethics of what I was doing. I believe in it. But by the same token I thought that it was better if he ran the show himself, if he was able to initiate the process. So the machine was built, he pressed the button, it started. I am not trying to say that I was

able to slip out from under the responsibility for what happened, of course, I was responsible. I was the one who set it up, I was the one who filled it with the drugs, I was the one who put the needle in the vein. I was the one who built the machine. But it was still important to me. I asked him if he minded using the machine. If he had said no; he didn't mind, which is what he said, that was fine. If he had said yes I mind using the machine I would have wanted to know one thing — I would have wanted to know whether he wanted me to take some responsibility for his decision. And I would have said I'm not doing it. This is your decision. It has to be your total decision.

So the advantage of the machine was that it allowed him to make a statement. There were three screens. They all said things about as blunt as the example above. He pressed the 'yes' button; he pressed the 'yes' button; he pressed the 'yes' button. In fact I got the feeling that if there had been a fast forward button he would have pressed that. Having made the decision; he just wanted to die. So when he got to the last screen he turned to his wife and held her and within a few seconds he was asleep.

It was the same drugs as many of you have had, an anaesthetic. You have been asked to count backwards from 10 and you have gone 10, 9, 8 and you're gone, you're out. Much the same sort of drug as that. You are asleep very fast. He died a few minutes later. The machine first delivered a fast acting barbiturate and then delivered the muscle relaxant which ended his life. And he was holding his wife while that was happening. I was able to be present but not sitting in that immediate space, so that was another advantage of the machine, it got me out of that immediate space.

I don't want to spend too much time on this machine but that was the reason it was done and I think it was a reasonable thing to do. It is now residing in the British Museum, interestingly enough, because it caused such a furore when the Powerhouse Museum in New South Wales tried to acquire it. People didn't want the children of Australia — some of the senators made this comment — they didn't want the children of Australia traumatised by this machine. Interestingly enough it doesn't seem to be traumatising the children of Britain over in the museum there, where they seem quite happy to file past and look at it. Although before one gets too enthusiastic about the liberal attitudes of people in the UK, it was suggested to me that had it been a UK machine it would have had to be displayed here in the Powerhouse Museum — it needs 12,000 kilometres of sanitisation between where it was used area where you can file past. 'Isn't it quaint what they do out in the colonies' or something along those lines.

So that was the death of Bob Dent which in a sense showed that the law worked. Three other people were able to use that law. So I won't go on much more about that, other than to say we had, by the time it came to the end of its operation, a functioning piece of legislation.

I might say a little bit about the last person who used the law, because her case brought up one of the aspects of euthanasia discussed this morning by Robert Richter — the idea that the issue of pain should be kept out of the legislative models. Certainly the Territory law envisaged the idea of a person who was terminally ill and a person who was suffering, but the last person who came and used the law was a woman who was in her eighties from Sydney. She I think best exemplifies some of the aspects of palliative care that come up time and time again. She rang up and said I'm dying of breast cancer which has spread throughout my body. I asked how are you suffering, what is the problem,

and she said I'm not suffering at all because I have excellent palliative care; I did have a lot of problems with pain, nausea, and incontinence but they have fixed all that. Things are fine now. I feel alright but I'm dying of this cancer that is everywhere and I can't get out of bed. And I said why do you want to come to Darwin and she said what the hell am I supposed to do? She said all I do is sit here in my bed and I hold court, what else can I do, she said that's not my idea of life. A few months ago I was out playing golf but now I can't do anything. I'm not actually suffering, people just file in and people file out every day and the family turns up every day and they do their duty and I talk. But, she said, that's not consistent with my idea of a reasonable living. It may be consistent with other people's idea of a reasonable life but it wasn't hers.

Then of course I had to contact her doctors. I rang up her palliative care doctors and I told them and they got one hell of a shock. This woman wants to come

Should a doctor let a patient die?¹

May 1996 Morgan Poll

Absolute increase in support for euthanasia (%)

Doctor should...	Nov '46	May '55	Oct '62	Nov '78	Sep '83	Apr '86	Apr '87	Apr '89	Jul '90	Jul '91	May '92	May '93	May '94	Jun '95	May '96
Let the patient die	42	53	54	60	65	68	67	66	71	69	73	73	71	71	69
Try to keep the patient alive	41	38	32	23	18	16	21	20	19	21	18	15	13	15	17
Undecided	17	9	14	17	17	16	12	14	10	10	9	12	16	14	14
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

National voting intentions of respondents (%)

Doctor should...	Total	ALP	L-NP	Greens	Ind/Oth	No answer
Let the patient die	69	71	74	71	77	49
Try to keep the patient alive	17	17	14	15	16	26
Undecided	14	12	12	14	7	25
Total	100	100	100	100	100	100

Attitude of respondents by sex and age (%)

Doctor should...	Total	Male	Female	14-24 yrs	25-34 yrs	35-49 yrs	50+ yrs
Let the patient die	69	65	72	60	66	74	72
Try to keep the patient alive	17	19	15	21	17	15	16
Undecided	14	16	13	19	17	11	12
Total	100	100	100	100	100	100	100

¹The question: "Next, a question on people who are hopelessly ill, and experiencing unrelievable suffering. If there's absolutely no chance of a patient recovering, should the doctor let the patient die — or should the doctor try to keep the patient alive as long as possible?"

to Darwin to die? Why her? She's not suffering. We've controlled the pain. Well, yes, that's true. She has acknowledged as much, she says you've done a brilliant job and she did, she said you have a fantastic palliative care service here. But she says that her quality of life was not there. It seemed to me when I was talking to them on the phone that they got quite angry about it. They felt that she was letting the team down, that she was betraying them in a sense, because they thought she should have been more grateful for this fantastic palliative care. And she **was** grateful for this palliative care, she just didn't want to sit there suffering, and not able to end her own life. She wanted to end her life because she didn't feel this was a reasonable life.

Her five adult children managed to organise seats on the plane to Darwin. She was a stretcher patient, which meant six seats on a plane for the stretcher, and all her children went. She went through the cooling-off period in a hotel room because of course you

weren't allowed to die in hospitals. She died when she pressed the button on the machine and she too got the death she wanted. But the interesting thing to me was that it showed so starkly this question about existential suffering. There was no question of pain, she didn't have any pain, and most people would have been happy with that. But she wanted to die, because in her view her quality of life was not something she was prepared to take. And she was lucky that she was able to fit in with the Territory's requirements — the particular piece of legislation we were working under.

The legislation is voted out

So the law records and history records that our friend Kevin Andrews in the seat of Menzies in leafy Doncaster brought forward his private member's bill. An unprecedented amount of time in Federal parliament was devoted to the debate. We had John Howard, Tim Fischer and Kim Beasley all leaping up and down

Should a doctor be allowed to give a lethal dose?²

May 1996 Morgan Poll

Absolute increase in support for euthanasia (%)

Doctor should...	Oct '62	Nov '78	Sep '83	Apr '86	Apr '87	Apr '89	Jul '90	Jul '91	May '92	May '93	May '94	Jun '95	May '96
Give a lethal dose	47	67	67	66	75	71	77	73	76	78	78	78	74
Not give a lethal dose	39	22	21	21	18	20	17	20	18	15	13	14	18
Undecided.	14	11	12	13	7	9	6	7	6	7	9	6	6
Total	100	100	100	100	100	100	100	100	100	100	100	100	100

Federal voting intentions of respondents (%)

Doctor should...	Total	ALP	L-NP	Aust Dem	Greens	Ind/Oth	No answer
Give a lethal dose	74	78	74	74	82	79	66
Not give a lethal dose	18	16	15	15	10	21	20
Undecided.	6	6	11	11	8	0	14
Total	100	100	100	100	100	100	100

Attitude of respondents by sex and age (%)

Doctor should...	Total	Male	Female	14-24 yrs	25-34 yrs	35-49 yrs	50+ yrs
Give a lethal dose	74	75	74	76	73	78	71
Not give a lethal dose	18	18	17	14	18	16	21
Undecided	8	7	9	10	9	6	8
Total	100	100	100	100	100	100	100

¹The question: If a hopelessly ill patient, experiencing unrelievable suffering, with absolutely no chance of recovering, asks for a lethal dose, so as not to wake again, should a doctor be allowed to give a lethal dose, or not?

saying how we wanted to get rid of this offensive law in the Northern Territory.

It didn't matter that they knew what the public thought about. In fact we do know what the public think about euthanasia. Morgan has been asking this question since 1962. It's a pretty straight-forward question. Our opponents always tells us that the people who answer this question don't understand it and that is why we get this strong support for euthanasia. But the question seems pretty straight-forward to me:

If a hopelessly ill patient experiencing unrelievable suffering with absolutely no chance of recovery asks for a lethal dose so as to not wake again, should the doctor be allowed to give the lethal dose or not?

Not that hard to understand really is it? In 1962 just over 50% said 'yes' to that question and it has plateaued for the last 25 years at somewhere between 70–80%. Three quarters of Australians think that the answer to that question is 'yes'. Morgan breaks it into various groups, religious background and the like. For people who identify themselves as being Roman Catholic the percentage drops down to 60%, still well over half. So we know what people think. John Howard, Tim Fischer and Kim Beasley knew what people thought, but it didn't stop them. The legislation overturning the Northern Territory Bill was passed and went through the Australian Senate a few days later, just before Easter. And that was the end of it — the world had seen the arrival and departure of voluntary euthanasia.

Doctors and euthanasia

There was a survey done in Queensland in 1997, when the voluntary euthanasia law was still in place. People were surveyed and asked what they thought about the Northern Territory *Rights of the Terminally Ill Act*, the euthanasia law. And amongst the community 79% thought it was a good thing. But when they looked at doctors and nurses, the survey found only 65% of nurses thought it was a good thing and

this figure plummeted down to 35% of doctors. In fact doctors are the only group that one can identify in society where support for euthanasia is less than half. There is a vast discrepancy between the medical profession and everyone else. This raises the question as to why that is.

If you ask doctors why, the classic answer that doctors like to give is that we are the ones who understand it, we are the ones who really know what is going on, and all you people out there think you know what is going on but you don't. We are the ones who show concern and who apprehend the subtleties of the law that you don't see out there as a member of the general public. It is a very patronising, arrogant position but it's one that is pretty commonly expressed by doctors.

I myself favour the explanation as having more to do with power. A piece of legislation like this empowers the patients and the empowering of patients takes power away from doctors and there is a reluctance in doctors to accept, let alone enthuse over this shift in power. Concern about the power shift provides a more reasonable explanation for why the medical profession gives such a low level of support to euthanasia.

There have been some other, more thoughtful comments as to why the medical profession gives such a low level of support. In *The Age* last year a vet called Barbara Blakely said she didn't think the survey showed that the 75% of the general population who support the law were caring but only 65% of the nurses were caring and only 45% of surgeons and only 35% of physicians were caring. She argued that these proportions reflect the distance of a person from the actual known patient and the plunging of the fatal syringe. In other words, the reason the doctors are cool on the idea is that they are the ones who are going to have to push the syringe and everyone else thinks that it is a great idea because they don't have to do it. She was coming from the perspective of a vet — it's all very well saying you wouldn't see your animal suffer like this but the fact is it is still the vets that

Comparison of approval of NT legislation among community, nurse and medical practitioner groups

Sample	Number responding	Responses (%)				
		Strongly approve	Approve	Neither approve nor disapprove	Disapprove	Strongly disapprove
Community	530	46.8	32.5	7.1	6.1	7.6
Nurses	243	33.7	31.7	14.4	4.9	15.2
Doctors	172	14.0	20.9	17.4	19.8	27.9

The Lancet, Volume. 349, February 22, 1997.

Survey of approval of Australia's Northern Territory *Rights of the Terminally Ill Act* (1995).

go around putting animals down and this is not much fun. She was suggesting in her article that if it was the nurses who were giving the injection you might see a reversal in those percentages with the nursing support dropping and the medical support rising. That might be true and this is a reasonable hypothesis.

People out there in general though, 70% or 80% of them, think that there should be euthanasia and that it is a reasonable thing to have legal access to voluntary euthanasia.

So what are people doing now, people who are terminally ill, for example, what do they do? Well, they have lost the chance to get help. If they are dying and want to take control and want to determine the time and the manner of their death, they have to take things into their own hands. Now this is in effect talking about people suiciding.

There are some suicide statistics that came out recently in last year's Australian Bureau of Statistics Report on Suicides in Australia. The thing which is chilling that I want to show you from that survey is the methods that older people use to suicide. In 1994 the commonest method for people over the age of 75 who died by their own hand in Australia, the commonest method by far, was hanging. That usually shocks people when I tell them, it certainly shocked me when I heard it. I cannot believe that, when they contemplate ending their life, people's preferred method

would be hanging. People have the idea that you simply go off to your doctor and get a bottle of sleeping tablets and take them and die. In fact it is not that simple. In fact it is far from simple. In fact, pharmaceuticals are one of the least common methods used, less common than firearms. This is because it is very hard to end your life by taking drugs. You've really got to have access to drugs that are very hard to get

and you have got to know what you are doing, otherwise you will fail. I suggest that if you surveyed methods of **attempted** suicide you would see a different result. What we are seeing here is that anyone can get access to rope and that rope works. We are seeing the final result. What we see in the Bureau of Statistics figures are the people who succeed. People who succeed die by hanging. That is what is happening out there in society now. And that is one of the reasons we can do better at this and why I am spending most of my time working at ways that we can improve the situation out there,

either through legislation or by other means.

‘The thing which is chilling is the commonest method for people over the age of 75 who died by their own hand in Australia was hanging’

The situation overseas

I want to talk a little bit about the situation overseas. Some of you would be aware of the fact that in Holland access to voluntary euthanasia has been decriminalised for over 20 years. In Holland, if you follow the rules, a doctor can help a dying person to die and while it is accepted that a crime had been committed there is no penalty. In two days' time the Holland will be the first country in the world to pass legislation to allow voluntary euthanasia. They will be passing a law not too dissimilar to the law in the Northern Territory.

The difference between legalisation and decriminalisation is quite significant. If voluntary euthanasia is legalised then of course you still follow the rules but you don't have the assumption that you have basically committed the crime of murder and there is no penalty. If it is legalised it is legalised. The Dutch are making quite a thing of the fact that they are the first country in the world. Voluntary euthanasia exists in the state of Oregon in the USA and it existed for a while in the Northern Territory.

People often ask what the situation is in America and people often ask about Dr Kevorkian. Dr Kevorkian is in prison — he's got a sentence of 10 to 20 years. A pretty savage penalty. Some of you

**Suicide by method
Australians 75 years and older
1990–1994**

Method of suicide	Total	Percentage
Pharmaceuticals	93	14.0%
Pesticides, herbicides & solvents	20	3.0%
Gas and carbon monoxide	81	12.2%
Hanging	171	25.7%
Suffocation, drowning, etc	94	14.1%
Firearms	123	18.5%
Jumping from high places	34	5.1%
Lying in front of vehicles	15	2.3%
Burns, fire	10	1.5%
Electrocution	10	1.5%

Source: Australian Bureau of Statistics, 1994.

might have seen the television footage because it was provided to the *60 Minutes* television show. What he did was to provide an illegal but lethal injection to a man dying from motor neurone disease. The motor neurone disease patient asked Kevorkian to help him and Kevorkian provided him with an injection and filmed it and provided the film to authorities. It was a very clear case of assisting in suicide. A very brave act I think because for years he had tried to bring the issue to the attention of the public.

The *British Medical Journal* interestingly, since it isn't known for its progressive stances on many social issues, says in an editorial that:

Jack Kevorkian stands outside of medicine because of actions that most of us find dubious, but he also stands outside of the mainstream in another way — he is a hero.

Consider how rare heroism is in medicine. Conservatism is usually a noble path, especially when we consider the harm we can do. Secrecy too is a virtue that protects the vulnerable patient. But doctors see injustice every day, from patients suffering pain unnecessarily to those who cannot afford doctors care to those who are sick due solely to the ills of society. But only a few doctors have stood up and said enough to their profession and to society and Kevorkian is one of them.

Some would place Che Guevara in this category too. Certainly Copernicus would make the list although he kept his controversial theories of heliocentricity sealed until after his death. So too would be the young Andreas Vesalius, whose disputation with Galen's anatomical theories forced him from his home in Padua. And Semmelweis who was driven from his post in Vienna for requiring his students to wash their hands.

In this editorial the editorial writer looks at history and comes up with four great doctor heroes, and puts Jack Kevorkian in their class. Jack Kevorkian has certainly suffered. He is in jail.

The judge, Judge Jessica Cooper made this comment at his trial:

The trial was not about the political or moral correctness of euthanasia. It was about lawlessness. It was about disrespect for a society that exists because of the strength of the legal system. No one, sir, is above the law. No one.

You had the audacity to go on national television, show the world what you did and dare the legal system to stop you. Well, sir, consider yourself stopped.

A few people, observing Judge Jessica haranguing Kevorkian from the bench, made the point that Judge

Jessica Cooper wouldn't have even had a vote in the US if it wasn't for people who challenged the rule of law a hundred years earlier. So to harangue this man for challenging what he saw, and what I and what many other people see, as an unjust law meant that he paid the highest price. He hasn't been executed, but he got 10 to 20 years and he is not doing well in prison. That's America.

The state of Oregon does have access to legal voluntary euthanasia. The state of Maine voted on it at the last Presidential election, but Bush got in and turned it down. So it is not as if the presence of euthanasia in one state has led to a domino effect on the places surrounding it.

Euthanasia and the politicians

So what do we do about it? Well, one of the things we should try to do in Australia is convince politicians that we need a decent piece of legislation. I spend a lot of time doing this and the organisation I started up, the Voluntary Euthanasia Research Foundation, spends a lot of time doing this. Although there are the problems that Robert Richter has outlined, I still think we must introduce legislation so that at least the people most seriously affected can be helped. I know there will be people who won't fit the criteria and don't quite qualify and all the rest of it, but the most seriously needy people, those people who are dying and currently can't get help shouldn't be out there hanging themselves. This particular group can be helped if we introduce a piece of decent legislation, so we would like to see some politicians act.

It is always interesting to see how politicians view this issue. I suppose technically they are another group where the support is less than 50%, certainly Federal politicians, because they voted for the Kevin Andrews Bill. But I would like to give you a couple of examples of what politicians think about this issue. I will pick a couple of Labor people today. I could have looked at Peter Reith who is a strong supporter of voluntary euthanasia, or someone like Brendan Nelson. But I will look at a couple of Labor people.

For example, Barry Jones. I would like to go back to Hansard for the debate on the Kevin Andrews Bill and see what you find people like Barry Jones saying, when confronted with this issue. Barry Jones likes to quote the words of Edmund Burke. Edmund Burke is the patron saint of many politicians, because they like Edmund Burke's much quoted and celebrated address to the electors of Bristol in 1774:

Your representative owes you not his industry only but his judgement and he betrays instead of serving you if he sacrifices this to your opinion.

Politicians love that quote, they just love it. They

bring it out all the time. They say look you may think you want this, but I'm going to act in your best interest because I am your elected representative. This is representative democracy in action. So when you start talking about a conscience vote, and of course there was a conscience vote on the Kevin Andrews bill, politicians like Barry Jones said well I am going to act in accordance with my conscience with no concept that he should be perhaps acting in accord with whatever the collective conscience of his electorate, Lalor, was. He just went ahead and said I can see both sides of the euthanasia debate all too clearly, but nevertheless I have a moral obligation to vote. I have to vote, I cannot abstain. He went on to say 'I am formally against the legislation of euthanasia. A well ordered society is a very fragile thing as recent history (Hitler, Pol Pot, Rwanda) shows. I believe there are grave dangers in a society giving to anyone, no matter to how well intentioned, the right to terminate human life.'

Barry voted against euthanasia, as you can well imagine.

There were some other important contributions to the debate. One of them surprised me. Mark Latham, made one of the best speeches in Federal parliament, and I would like to quote this from his speech:

This Parliamentary debate, in the saddest of ways from my perspective, in the saddest of ways, has also taught me something, that is, how hard it can be in spite of our best theories and intent of our system of Government for politicians to establish new sources of liberty. Ultimately liberty and freedom rely on somebody else letting go of authority. Too often through history citizens have been forced to secure their rights through non-democratic means. Now the House of Representatives, by a large majority I fear, is about to take away the rights of terminally ill people in the Northern Territory. In the culture of our Parliament, with its adversarial style, its parties, and its factions, its ambitions and its personal struggles, the exercise of authority has in a large part become a basic instinct. The exercise of power brings with it the cascading emotions of recognition and authority. Within such a culture, it is not easy to give power of authority away. It is not easy to transfer the rights of the parliamentarian to tell people how to live, and how to end their lives, to the rights of the individual, to rely on them to freely make their own choices. It is not easy to give liberty to others. It shifts control, judgement and, at times, the status from the decision-makers of a Parliament to the decisions of each citizen. That is why I have always been interested

in Dandy's Dictum that in public life real power comes from giving power away. I hold this to be true with the powers of the Northern Territory Parliament, with regard to the powers of terminally ill people to decide what is right and what is best for themselves. In the name of democracy, but most of all for the cause of liberty and the rights of citizens in a free society I urge the House and the Committee to reject Kevin Andrews' Bill.

The current situation

But we could be waiting as they say 'until hell freezes over' for voluntary euthanasia legislation, and as I often say, don't hold your breath. If you are terminally ill, don't hold your breath waiting for legislation to come in. There are pieces of legislation on the fringes in Western Australia and South Australia, and probably where it's gone further is with Sandra Cant the Democrat. In Western Australia, the Democrat over there, Norm Kelly, recently lost his seat and the campaign will go forward with one of the Greens.

We have got Ian Kyle in New South Wales who was motivated by the recent death of Norma Hall. I will say a few words about her in a minute.

So there are bits of legislation in the offering but if you count the numbers, it doesn't look good. It could be quite a while. I don't doubt these things can change quite quickly. You may need another Marshall Perron. People often say, look, the Berlin Wall went pretty suddenly when it went. One minute it was there and the next it was gone. Sometimes things can happen quickly. If there is a slow build-up of pressure from within society, sometimes it can suddenly go.

In the meantime one has to work out what one can do to help people right here and now? And that is where our organisation comes in. I have been involved, since the loss of the Territory law, in working out strategies and plans and ways in which people can get some help in the current unhelpful legal environment in which we have to live. And one of the first strategies I set up and tried to initiate was the formation of clinics. I have been running clinics all over Australia for the last three years for terminally ill people. Terminally ill people come along or I go out and see them, usually I go out to their own homes, I meet with them, I look at the nature of their illness and we have a medical examination, I look at their medical records and we try to develop a plan and a strategy as to how they can regain control over

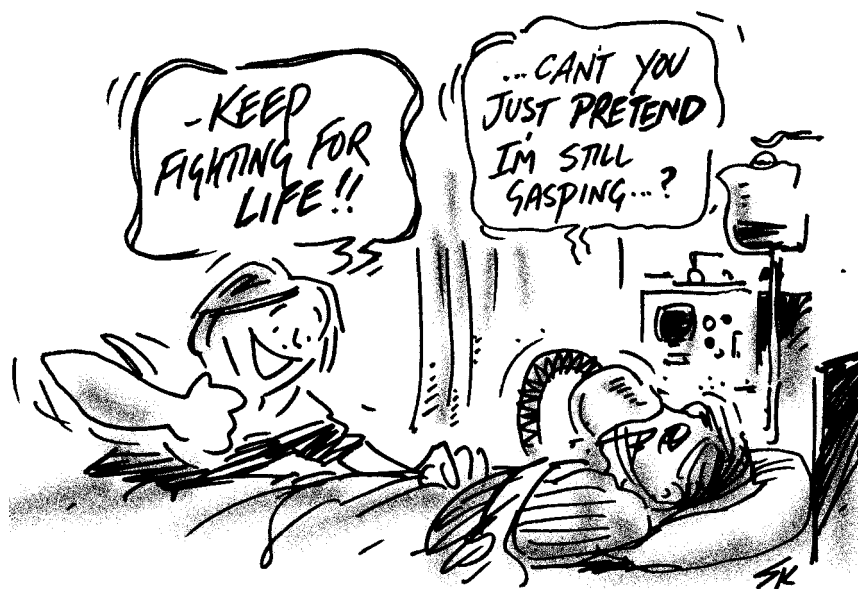
'Politicians say look you may think you want this, but I'm going to act in your best interest'

the last period of their lives so that they know if it gets too difficult they will be able to end their lives. And you would think that talking with people on this issue, communicating with them, would be seen as consistent with good medical practice. In fact the *Ethnics Manual for Consultant Physicians* published in 1999, has this to say about the doctor-patient relationship:

More recently, society has assigned a very high priority to the autonomy of the patient and respect for this principle leads to an altered view to the doctor-patient relationship. That is that the trust that is essen-

I am registered in a lot of States, I was not registered in Western Australia and when I tried to register myself over there to run a Perth clinic I was told that because there was an outstanding investigation in Victoria they would not register me. That has finally been resolved and I have been registered over in the west and I have run clinics over there.

Under the Freedom of Information Act I asked for all the documents that they have reviewed which showed I was not fit to practice medicine. A few weeks ago they sent me a huge list of documents, over two thirds of which are exempt from release.



tial for the effective consultation be based not on the traditional paternalistic model but on a requirement for honest and effective communication between doctor and patient, motivated by recognition of the requirement for all people to make informed decisions about their own lives, including their medical management.

Seems pretty straightforward I thought. Talk to people; allow them to be involved in their own medical management, give them the information that they require. That's the whole purpose of the clinics — empowering people through information.

The day we announced the clinic program in Melbourne about two years ago, the Victorian AMA put in a complaint to the Medical Board of Victoria saying I was behaving in a medically unprofessional way and asking for disciplinary action to be taken against me. And they used these clinics as the evidence for that complaint.

Now that particular incident has been festering on for about a year and a half, nearly two years. It has caused me a little bit of difficulty because, although

Presumably I can't have them. You would have to ask yourself what can be so dangerous for the national interest but I am not likely to find out. The Freedom of Information legislation seems to be totally unworkable. I will probably want to take this further although finally they made a decision that I can practice.

What the clinics discuss

People have got the idea that it is a fairly straightforward matter to simply end a life, so why to come to a clinic. Well, it is not that straightforward, as the hanging statistic shows. People ask what drug they can get and I explain to them that there is only one barbiturate left in Australia now as a sleeping tablet — Neur-Amyl. The comment was made today that you simply go and ask your doctor to prescribe you some sleeping tablets and then you have solved the problem. No, you haven't solved the problem because while there are hundreds of sleeping tablets out there, there is only one barbiturate. Of the hundreds of sleeping tablets out there, take any amount and you would not die. They are not lethal drugs. There is no 'sleep death'. You don't go to sleep and

die. They are different paths, they are a different pathway. So Neur-Amyl is the one we talk about and I say to people that is the only barbiturate that it is prescribed in Australia.

The main issue that comes up at the clinics is people asking which drugs do people use to end life. I reply that in countries where voluntary euthanasia is legal Nembutel is the archetypal euthanasia drug and in Australia that drug is only available as a veterinary product. People also ask what do you do if they can't get drugs and I say well when you can't get drugs people use plastic bags. And people say 'This is dreadful. Why would people do this?'. People do this because we don't have a law. Fay Girsch, head of the Hemlock Society in the US, a major voluntary euthanasia group, said recently: 'A plastic bag has become to physician-assisted suicide or voluntary euthanasia what the coat-hanger was to abortion activists — the symbol of illegality.'

For those who are not aware of what I am talking about, people put a plastic bag over their heads to die. It is a manufactured item in America. It has got a little velcro collar and a set of instructions and people die this way in large numbers. Anyone can get a plastic bag, you can get one from Woolworths. You don't need special drugs and people obtain from them an effective and peaceful death.

The point that I am making here is that there are better ways of dealing with this issue. People are forced down this path because we don't have a decent piece of legislation.

As Robert Richter explained this morning, to advise, counsel or assist someone to end their lives is a serious crime. The problem I've got when I'm running my clinics across Australia is that what I am doing there could well be construed as advising, counselling, assisting. I'm arguing of course that giving people accurate information does not advise them to do anything, it simply gives them the power they need to make choices in their best interest. Many will move away from the suicide option when they have that information at their fingertips.

What we find is that, while Nembutel is hard to get, when people get a bottle of Nembutel they put it in the cupboard, they feel relieved that they have got it when they want it. We find people who are dying feel so much better when they have access to that drug because they know that they can pull the pin at any time. Anecdotally, people who have access

to those drugs and keep them in the cupboard live longer. Much as my opponents would like to believe that people can't wait to get access to this information, they can't wait to get these drugs, they can't wait to walk outside and swill down the bottle and die in the gutter, that is not what we see happening. It is quite the opposite.

Trying to quantify this information is quite difficult. I have some anecdotal evidence. People phone up all the time and say "Look I've got a bottle of that Nem-

butel, because so-and-so has died and what do we do with it?" because, of course, so-and-so didn't take the drug. That is not too surprising. It is referred to commonly as the 'paradoxical euthanasia effect', I suppose because it is a paradox that when you empower people they are less likely to use it.

It has the same effect as having a decent piece of law. We saw it in the Northern Territory. The mere fact that the law existed in the Northern Territory meant

that people felt they could speak openly about it with their doctors. And because they could speak openly, they were able to talk about it, doctors were able to discuss it and people weren't forced down the path of taking desperate steps, desperate measures in desperate ways.

Our organisation publishes a newsletter and in that newsletter we try to be as accurate as we can about drugs like Nembutel. These are the sorts of things we are doing as an organisation in a difficult political environment and the organisation is growing very rapidly.

What are the choices?

When people come to see me at the clinic they ask what their choices are. That is the usual question. You have a spectrum here. People ask how much involvement can I have in determining the time and manner of my own death. At one end of the spectrum you take no steps whatsoever and let the natural disease process take its course, on other words no involvement.

Further along the spectrum you can have good palliative care and, although the argument goes that palliative care should not affect the timing of death, that is clearly ludicrous, because having the access to the sorts of drugs that are used in palliative care has some effect on the time you die. That may not be the prime concern. The prime concern of palliative care is to remove the symptoms, not to affect the time of your

'A plastic bag has become to voluntary euthanasia what the coat-hanger was to abortion'

own death, but nevertheless it has some effect. If you have access to very strong narcotics for pain this is very likely to speed up the death. Sometimes people are given things like blood transfusions to help with breathlessness and this helps a person to live longer. So palliative care does alter the time of a person's death.

On the other end of the spectrum are the people who come along to the clinic and say: 'I want to have total control here. I have always been in control of my life and I want to know what I can take when life gets too difficult and know I am going to go to sleep and die.'

Somewhere in the middle there is this question of slow euthanasia, which I will talk about next.

You could also plot on that spectrum the degree of difficulty with the law. At the total control end you are likely to have a lot of trouble with the law because you may need some help to get access to the sort of drugs that will give you that peaceful death, and that exposes that person who helps you to great risk. Obviously at the other end where you have no control it is a legally safe process — letting the disease take you away.

Slow Euthanasia

Now to the question of so-called terminal sedation or slow euthanasia. Some of you would be aware of the recent incident Robert referred to this morning concerning Norma Hall up in Sydney. I will say a few words about Norma Hall. Before doing that I will first outline what slow euthanasia is.

You can legally end your life and you can do that in a number of ways, unless you are very sick and don't have access to anything to do it with. In that case you can simply stop eating and drinking. That is your right. Any one of you can go home tonight and stop eating and drinking and you will die. It might take a while, but if you are strict, it won't take all that long, although it can be pretty uncomfortable. You can legally take that step to stop eating and drinking to end your life — the law gives you that degree of power.

Now the question is, is it reasonable for a doctor to come along and say well you are suffering so I am going to give you some drugs which will allow you to sleep and you can stay asleep until you die. It might take five days but you'll be asleep so does it matter? However people often object: 'It mightn't matter to you but it matters to me. I don't want to be hung there between life and death for five days.' the doctor could say 'But you'll be asleep' and they'll say, 'So what, I don't want to be asleep, I don't want to be half dead. I want to be either alive or dead. So what I want is something to drink to make me die. I don't want to

spend six days dying when I can die in six minutes'. That is the usual reaction I get.

Esther Wilde

Sometimes you get exceptions and Esther Wilde is an example of an exception. Esther Wilde was a nursing sister from Darwin. She qualified to use the Territory law, that is, she got four medical signatures on a piece of paper to allow her to go forward with voluntary euthanasia. She was dying of carcinoid syndrome and she was a nurse with a lot of experience with medical processes. And she said, as was her right, that having qualified to use the law she was going to wait and watch her garden grow through the wet season. You didn't have to use the law on the day you qualified. In fact once you had passed the test to use the law you were entitled to use it any time. You could simply ring up and have the lethal injection and she thought that was fine. She felt a lot better when she had qualified. Now she thought she would let things go for a month or two and take advantage of that interesting period when the wet was easing off in 1997.

I warned her that the law was about to be debated in Federal Parliament, the Kevin Andrews Bill, and that she might lose her chance and she said she shouldn't be stampeded to use the law, and of course she shouldn't have been. She knew the risks. I went down to Canberra, and I sat there, and watched in the public gallery as the Kevin Andrews Bill was debated and it was a pretty unedifying spectacle. I watched Bob Brown, the Green Senator, try to introduce an amendment which said okay so you are going to vote down the Territory law but at least allow the person who has qualified to use it, to do so. In other words an amendment, which would have exempted Esther Wilde, because they knew about Esther Wilde's existence. I watched as those callous bastards thought about that and voted it down. Senator Herron said he knew of two Catholic hospices where this woman could go to straight away and they would look after her. And they voted down that amendment.

So she had chopped out from under her the ground which would have allowed her access to the law that she had qualified for. I had to ring her up and tell her that. It wasn't a good phone call. She said 'When does it come into place?' and I said 'Well it comes into place when Sir William Dean signs the paper and that will be straight away'. And she said 'Well it's Tuesday now and it's Good Friday coming up, maybe they won't sign it in until after Easter'. And I said 'Well that is probably true, you've only got two days, you know how long it takes to get these things out from Canberra to wherever he lives.' So she wrote him a

letter and said 'Dear Sir William, please don't sign this Bill into place because I want to use it over Easter'. Which was nice. It was a nice thing to petition the Governor General. Everyone loves Sir William Dean, but I don't much, because he thought about it and signed the Bill into law at four o'clock on the Thursday before Good Friday and pissed off for the weekend.

Anyway the point was that she lost her chance to use the law and one of her few options left was this slow euthanasia process, because by that stage everyone in Australia knew what was going on, as she had been the subject of quite a lot of documentary interest. So she said How long is this going to take? And I said I don't know. You are very sick. You are dying of your characinoid syndrome, but my intention has to be not to end your life. I can't use drugs that will end your life. I will be using morphine. I will be using a sedative like Medazelan that will keep you asleep. But I cannot and I will not be saying that these drugs are killing you. I'm going to be alleviating the pain. She said Okay, I will stop eating and drinking, can this take only a couple of days, no longer? And I said It may or may not, I just don't know. I can't know that.

She had a lot of friends who were nurses and she had a roster so someone could be with her, so on the day appointed, she said goodbye to her partner, we put the needle into her arm, she started the tap and let the drugs run into her body and then she went off to sleep. Now we settled down for the long haul, because it could take days with these drugs running in. She was using a huge amount of morphine; I mean a huge amount of morphine. And this is one of the problems. People mentioned morphine this morning too. Morphine is a difficult, difficult drug to use in voluntary euthanasia because people vary so hugely in their sensitivity. She had a lot of exposure to morphine for the pain with her cancer. Anyway ampoule after ampoule of morphine was run through her body intravenously, a huge amount, which would kill everyone in this room probably, but she was very resistant, tolerant to it.

After about six hours I felt I had to go home — I lived not far away — to get some more morphine, because we had used so much. I drove off and I said I'll be back as soon as I can. When I got back she was sitting up in bed smoking. She'd woken up while I was away. She'd been blocked. I came very cautiously to the bed feeling very embarrassed and she said You

stuffed it up, didn't you! She still had a sense of humour. The drip had blocked and she had woken up. I managed to re-site the drip and she said goodbye again and she went back to sleep again when the drug started flowing, with the intention of staying asleep until she died. Now this is bizarre and this passes as decent medicine.

The next time she woke up wasn't funny at all. It was day three and she woke up in the middle of the night and the alarm didn't wake anyone. Her friend was sleeping alongside her, another nurse, and she woke up and came out of that drug induced haze and became conscious and looked at her friend and she said 'Cathy, Cathy wake up.' And Cathy woke up and she said 'Cathy, Cathy am I dead?' She was confused. Cathy gestured to me. I was camped on a swag outside and I managed to get the drip going again. This is a bizarre and macabre process.

She died the day after that. And it was of interest to me that Kevin Andrews said that he felt that at last I was prepared to accept reasonable medical principles in my practice. It is bizarre that this obscenity passes for what is supposed to be good medicine.

The DPP couldn't decide if I had committed a crime or not, because of the greyness in that particular area. Was I assisting a suicide? Or was I providing good palliation for her symptoms. This is one of those questions that will have to be resolved in a courtroom. It tends to be quite popular, increasingly popular, with doctors because it tends to blur cause and effect. If I give someone an injection and they die, clearly I cause the effect, which is the death. If someone in an institution, where it usually happens, starts up some infusion which keeps you asleep and four days later you die and in the meantime five medical teams have been through and changed the rate of infusion and no one remembers who started the infusion, it is not clear who caused what. So that blurring between the drug provision and the consequence has been well established and it is safe for doctors. It is used a lot in institutions, sometimes, commonly, without the patient's consent. If a person in a hospice is having a very difficult time the family might say for god's sake, can't you do something? and the doctor says of course we can do something, we will give something to make the person go to sleep. So, sometimes the family ask for this step, not always the patient. But in the case of Esther Wilde she was in control. She asked for it and no criminal charges flowed from that.

'It is bizarre that this obscenity passes for what is supposed to be good medicine'

Norma Hall

The recent case mentioned earlier concerns, Norma Hall. She made a statement on television and signed a letter that said she was going to stop eating and drinking. She was a 70–72 year old woman from Coogee in Sydney. She had been to my clinic and I had told her about slow euthanasia — stopping eating and drinking, being sedated and dying over six days. Most people say why the hell would I want anything to do with that? but Norma was different. She said Look, that sounds reasonable, but I don't want my family involved. I would like to get drugs that I could take if my lung cancer spreads but if I can't I guess I can take this legal step. She rang me up in Darwin in December, just on Christmas of this last year, and asked me to come to Sydney, and go through this process of slow euthanasia. The cancer had spread. She thought the pain in her hip was the pain of arthritis but it was the spread of cancer into the bone and during the test she found that it was in the liver and she said this is not consistent with the life I want to lead, I want to die now. She said I don't want to get somebody into trouble by trying to get hold of barbiturates. Can you come down and can you start one of these infusions.

So I came down to Sydney and I lived there in the house in Coogee. I met the family, her husband and her two adult daughters, one a lawyer, one a nurse and a son and we decided that we would take that particular step of stopping eating and drinking. It didn't work out too well. One of the notes that she wrote is a bit hard to read and I will read it out to you. It's one that she signed in front of the media, witnessed by Peter Bowman, who is of course the former Federal Minister for Health and a strong supporter of voluntary euthanasia, and it found its way onto television through the 7.30 Report:

I, Norma Hall, suffering from lung cancer that has spread through my body, intend to end my life by stopping eating and drinking. I ask my doctors to take away some of the suffering I may have to endure with appropriate sedatives. This is my own decision made freely and without any pressure from family, friends or treating doctors.

Signed, Norma Hall

Well, that was on December 11. Between December 11 and December 18, she didn't receive the sedation she wanted from the Prince of Wales palliative care doctors, who remained her treating doctors. I did not become her treating doctor. They kept on providing her with sedation but not the sort of sedation that would allow her to go into complete unconsciousness. I tried to find a way around that. Peter Bowman and myself tried to find a number of doctors

prepared to co-sign a prescription, because there was a feeling that this was a dangerous thing to get involved in. We wanted at least five doctors to sign the prescription for the full sedation. She could not get it from the Prince of Wales. The palliative care doctors were sympathetic in some ways, they understood what she was doing but they were not prepared to provide that level of sedation.

We were prepared to provide it, provided we could find enough doctors to sign the script to spread responsibility to stop one doctor being hung out to dry on this particular instance. We got four doctors and we were just about ready to get the fifth when Norma decided that she had had enough. She had spent a week sucking on ice blocks, spitting them out, taking her tablets with almost no liquid to try and cut down the amount of fluid she was taking. She wanted to speed up death by dehydration. It's a hell of a path to go through when you are conscious and she had had enough of it.

She was worried about taking too much morphine liquid and she said that if I drink that it'll have too much water in it. The liquid stuff does. She said that'll keep me going. So she asked her doctors, her palliative care doctors, if they would give her stronger morphine and they did, they gave her a stronger morphine. And that was in recognition that they thought that she was under-medicating, because she was trying to restrict her fluids. So they gave her the strongest liquid morphine you could get. And what she did, it would seem, was drink the entire bottle. They prescribed it, she drank it and she died. And the note she left said:

I would like the end of my life to come by drinking my morphine. Being off food and fluid is much too slow. It has been something over a week already.

Best wishes, Norma Hall.

She drank 2 grams of morphine and she was still alive in the morning when I went in to see her. She died about an hour later.

Normally when a person is terminally ill and they take measures to end their life it doesn't attract a great deal of attention but we had the place crawling with police about half an hour after because of the very public stance that she had taken. So a family that was trying to come to terms with death had police tramping through the house dressed in overalls with police printed all over their back, putting yellow tape everywhere, fingerprinting the entire room and taking away most of the bedroom in plastic bags. They said we have reason to believe that a crime has been committed. That was an example of slow euthanasia that didn't work very well at all.

A recent case

We have recently been confronted with another situation. I don't know what I am going to do about this one. A person who is a high quadriplegic has just contacted us. Paralysed from the neck, high paralysis, a young woman who can do nothing but move her head from left to right slightly and can breathe, swallow and speak. And that is it. And she said 'I have been like this for nine months and I am not taking another minute of this. I want to end my life. I said she will need help. She asked how? I said anyone who helps you runs extreme legal risks. Because she can't get out of bed and organise her barbiturates, what is she going to do? Her husband was asking what can we do? I said she can stop eating and drinking, and she said that's going to be awful and I said well you can stop eating and drinking and we can get some medical assistance to sedate you'.

I thought to myself, all I have got to do now is go out and find five doctors who will sign the script to provide the sedation she needs to sleep. What are we going to do? Are we going to sit here and say to this woman Ok you are not eating and you are not drinking, that must be awful, but we are not going to give you anything to help you? Are we going to sit here and let her die that way? Or are we going to give her what I would say would be a very humane and reasonable medical reaction and give her some sedation? However, simple though it would seem, I am battling to find the other three signatures. I have got one.

This magic number of five doctors is a Peter Bowman constant. He says it is too dangerous unless you have five doctors. I don't know whether it is too dangerous or not but I guess five sounds like a reasonable number. But the idea of slow euthanasia, as you can see, comes up and comes up and comes up. And in this instance the problems I am having with doctors is that this woman is not terminally ill. She is a quadriplegic, a high quadriplegic, but she is not terminally ill. Again I see a reason for saying we do need a shift. She wouldn't have been covered by the Territory's law. You need something like Robert Richter was talking about — you need to decriminalise it. None of the models I have seen would have helped her.

Workshops

I want to finish by talking about running workshops. Workshops are the new concept for people who are well but who want to find out more. We had more and more people trying to get into our euthanasia clinics who weren't actually sick. In the past I would drive all the way out to a person's house and they would say I've got a little bit of this and a little bit of that and I would say but are you terminally ill? and they would say No and I would say but you've got an appointment for the clinic and they would say that is because I want to talk about the issue.

I thought there must be a better way of doing this, because I haven't got time to run all over the place and see people who are actually well. They can travel to me, I don't have to travel to them. So we have started up workshops. They started up in Melbourne in December and they run in every state now. I have just come out of the west in Perth where 80 people attended workshops and I will see 40 people on Tuesday in the Downtowner here

in Lygon Street in Carlton. These workshops are very popular. People who are well come along and they just want to talk about the issues. They want to know what they can do. We produce a handbook, which we give out to people who come along and it allows them to go through the issues: palliative care, psychiatric illness, how it can interfere with a person's decision, where the law stands, what you can do legally, what you can't do legally, what risks you take, what it means to have a coronial, when an autopsy is required and all those issues. People are very keen to know how they can take control in this current unhelpful legal climate. Again, the AMA didn't much like it. Their media release over in Western Australia few days ago really upset the 80 people who came along to the workshop.

Dr Towler said 'Mr Nitschke's patients are likely to be fragile and vulnerable members of our community and they should not be exploited' I have been giving the people coming to the workshops a copy of this media release. They don't appreciate being called fragile and vulnerable members of our community. The AMA went on to say that Nitschke should get out of the west. That was one of the statements they made and there have been quite a few

'because of the public stance she had taken ... a family that was trying to come to terms with death had police tramping through the house putting yellow tape everywhere'

letters to the West Australian in the past few days, which I am heartened to see and which say things like it would be a damned sight better if the AMA get out of the west. So that's been quite good.

Conclusion

The workshops are the sort of thing we are doing as we try to deal with this rather unhelpful legal climate that we find ourselves confronted with. We are running a conference in Broken Hill, in August chaired by Marshall Perin. It will be the fifth anniversary of the burial of Max Bell the taxi driver. When he died in Broken Hill I organised the burial and three of us stood outside that grave in Broken Hill cemetery, which is a huge cemetery. It's bigger than Broken Hill I think, it's just massive. Acre after acre of gravestones. All the people who died aged 24 in a mining disaster in such a such year. Just a huge cemetery and in the middle of that in an unmarked grave is Max Bell.

Now Max Bell, because of his trip north and the images that came out of that prompted the first surgeon to break rank and I don't think Bob Dent would ever have been able to use the law if it weren't for Max Bell. Max Bell has never been acknowledged. Hero and martyr — Max Bell. In an unmarked grave. So the Voluntary Euthanasia Research Foundation went up there and asked them to give us access to the grave. Broken Hill Council was only too pleased to flog off the grave and we bought it for \$350, because

then you can get a building permit. Now we can put a slab on it, which we can and we will put a gravestone on it, which we're allowed to do and on that gravestone we will say "Max Bell, hero and martyr" and I think it's probably a first, but it may not be by that stage. We will also have on his gravestone, chipped in granite *www.maxbell.net*. People who take that bit of information home to their computers will get the full story of the significance of Max Bell. We couldn't use our website, *euthanasia.net*, because they said that was advertising. However, they are much keener on having *www.maxbell.net* — they think that's fair enough. So, there will be a graveside ceremony.

The main thrust of the conference in Broken Hill in August, despite the fact that there will be a smattering of politicians, will be what you can do to help to take control in this climate, while we wait for a good law. We will discuss such important initiatives as a humanist hospice, which is one of the proposals. We want to start a hospice with a massive outreach service where questions such as slow euthanasia are dealt with with a great deal of enthusiasm. The philosophy of that hospice would be is to push the envelope of the legislation as far as it can be pushed and as hard as it can be pushed. We really want to have a national body; there isn't one at present. Our organisation has become one I suppose and we are starting to bring this about so we can be a really effective political force leading into the next election.