

**VOLUNTARY EUTHANASIA**  
Speech to South Australian Legislative Council  
Wednesday, 30<sup>th</sup> August, 2006

**Hon. Sandra Kanck, MLC**  
**Australian Democrats**

*I move: That this council notes that the lack of legal voluntary euthanasia effectively forces some people to pre-emptive and covert suicide, often by violent or unreliable means.*

This is a simple motion that states the obvious. But in addressing this, I will be doing two things: I will be placing on record some of the dreadful ways that people use to end their lives, and what might be more acceptable alternatives for those who are denied the opportunity to access legal voluntary euthanasia (or for that matter illegal voluntary euthanasia); and I will be challenging federal law.

During this year's state election I made a promise to challenge the "Suicide Related Material Offences Act" which was passed - very sadly - last year by a majority of members of federal parliament.

This Act provides a fine of \$110,000 for an individual and \$550,000 for a body corporate, should they provide information through electronic means about humane ways to end a person's life.

This is a case of the law being an ass. Radio and TV will be able to cover only the early part of my remarks. They will not be able to cover anything I say about the methods. But, on the other hand, newspapers will be able to cover it.

Newspapers will be able to cover the whole speech, but they will not be able to put it on their websites.

Anyone who reads it in *Hansard* will be able to copy and distribute it, but if it is put on parliament's website (as I expect it will be) it will not be able to be copied by anybody or forwarded electronically.

If they do copy it and if they have an intention to put it on a website - even if they never do - they can be breaking the law.

People can read about ways to end their life. For example, Derek Humphry's book "Final Exit" which details humane methods of ending one's life is very commonly available in libraries and bookshops.

I can face to face tell a person about methods that could be used to take one's life, but I cannot do this via the phone.

I can put it in writing in a letter to a friend but I cannot send the same information via e-mail.

And most stupidly, this law applies only to telecommunications providers in Australia.

This is a law that encroaches on our freedom of speech, and its inconsistencies make it a law that deserves ridicule.

I wonder how our law enforcers are going to check all the possible phone calls and the e-mails from people on this subject. Surely they have better things to do with their time such as policing real crime.

This speech will be part of the *Hansard* record and, therefore, should ultimately appear on our parliament's website. It will be very interesting to see how the federal government plans to prevent the South Australian parliament from reporting the proceedings of this parliament via its website.

It will make for a very interesting High Court challenge about the rights, freedoms and privileges of state parliamentarians and state parliaments.

I make abundantly clear that I am not advocating suicide, but I am advocating the right of people to end their lives should they find themselves suffering intolerably.

In the absence of legal voluntary euthanasia, suicide might be the last option available to some, and information about the most benign ways to do this should be readily available to those who seek it.

And we do not have legal voluntary euthanasia, despite numerous attempts.

There have been a number of attempts in this parliament going back to 1994 with the Quirke Bill; Bob Such has introduced the *Dignity in Dying Bill* twice in the House of Assembly; in this chamber I have twice introduced my *Dignity in Dying Bill*, and Anne Levy introduced a *Voluntary Euthanasia Bill*.

If any one of these bills had been passed, a depressed person who went to a doctor and asked for voluntary euthanasia would be diagnosed by that doctor as having depression and would not be able to access legal voluntary euthanasia. In other words, effectively, suicide would be prevented.

However, as it is, many depressed people are often not able to get assistance under our mental health system. Over the years, I have asked questions and written letters to various health ministers about this, and so often it is only after a suicide attempt that intervention occurs with the medication and counselling they were seeking in the first place.

Apart from depression, why do people want to end their lives? The issue is largely not about pain, although this can be part of it. Ultimately, the issue is about quality of life and dignity.

People whose lives have no quality, or who face the prospect that in the near future their life will progress to that point, have few options available.

It has been more than a decade since the first voluntary euthanasia legislation was introduced in South Australia. The Northern Territory's *Rights of the Terminally Ill Act* was banished by the federal parliament.

I did note comments by our Prime Minister on radio this morning suggesting that action was democratic. This does not accord with my idea of democracy when 80 per cent of South Australians and 76 per cent of people nationwide want legal voluntary euthanasia.

A number of activists, such as Dr Philip Nitschke, have given up on us, the lawmakers. He and others in his organisation, Exit International, including doctors, pharmacists and chemists, have been working to develop a "peaceful pill" which they hope will be able to be manufactured by people in their own homes to end their life, so that they will not have to do it by less humane and more violent methods.

There is no doubt that palliative care is very good when people are in the final stages of their lives. I have said that most people will not need voluntary euthanasia, but even the Palliative Care Association says there is a certain point at which palliative care has a limited effect.

The following is from a statement they made in 1999. Point five states: *Palliative Care Australia ... acknowledges that while pain and other symptoms can be helped, complete relief of suffering is not always possible, even with optimal palliative care.*

Point six states:

*... recognises and respects the fact that some people rationally and consistently request deliberate ending of life.*

In this chamber I have previously spoken about a South Australian woman, Jo Shearer, but many members here now were not in this chamber at that time, so I will talk again about Jo.

Jo had symptoms which could not be palliated. She was not terminally ill, but she chose to take her own life because she regarded it as untenable. Jo had scoliosis. She had an auto-immune disease, she had Sjogren's Syndrome, which required her to put drops in her eyes every 20 minutes of the day. She had unremitting pain, which the Flinders Medical Centre Pain Management Centre was unable to alleviate. She had chondrocalcinosis in her knees and extensive tenosynovitis.

For those of you who do not know what scoliosis is, you can usually tell because when you walk behind them you can see that there is a curve in the spine: one shoulder will be higher than the other. In more severe cases one hip will protrude and, while one arm will swing loosely, the other cannot because of the protrusion of the hip.

Jo had a very bad case, made worse by the fact she had double scoliosis. As well as having it from side to side, she had it from back to front. If you touched the front of Jo you could touch her spine. That curvature was

putting pressure on her stomach and intestines, making the holding down of food difficult and creating a constant state of nausea.

If you looked at her she looked anorexic. She was able to stand for only very limited periods of time - maybe a couple of minutes at most, so she had to spend most of her time lying down.

Jo made two attempts on her life, the second one being successful. I do not know what method she used on the second occasion, but the first time she took some sort of sedatives, then pulled a plastic bag (which she had purchased from overseas) over her head.

Unfortunately, although she could not recollect doing so, she had pushed the bag off her head, and came to some hours later when an ambulance officer was attempting to put her in an ambulance to take her to hospital.

Despite her protest that she did not want to go, the ambulance officer ignored her pleas, and Jo found herself compulsorily detained under our Mental Health Act for doing what was really one of the sanest things she had done in her life.

She was confined there for two weeks, and although I wrote to the health minister about the legality of that detention, the minister argued it was okay.

I met Jo twice, and had a couple of phone conversations with her. On the second occasion that I met her I knew that it was only a matter of days before she made another attempt to end her life.

Her daughter was overseas, and Jo did not want to suicide at a time to cause her daughter to cut short her holiday, so Jo planned to act a day or two before her daughter arrived back home.

As I left her home I gave her a kiss and said "Good luck Jo" and she rounded on me angrily "You think I'm going to f... it up again, don't you?" I said "No, I don't think you will. You know what went wrong last time and you'll make sure that doesn't happen". I heard about five days later that, mercifully, she had succeeded.

Shirley Nolan is a more celebrated example of someone who took her own life. I spent an afternoon in her company during which she explained why she felt the need to end her life.

She was not terminally ill, but her physical condition had deteriorated to such a state that life for her was unbearable. She had already made one unsuccessful attempt to end her life.

She had Parkinson's Disease. On the afternoon I visited her she had spent two hours of that morning lying on the kitchen floor after her body had gone into spasm.

The spasming was part of her worsening condition, and when it happened, provided she could get to the point in the house where she kept the requisite medication, without falling down, she would inject herself to bring the spasms under control. Frequently she was not able to manage that, so she had an arrangement with a neighbour to call in when he could and, if she had fallen to the floor, he would pick her up and provide the injection.

Her body started to spasm while I was there, and, illustrating the loss of dignity that she had to experience as a matter of course, she whipped down her pants in front of me, and jabbed the needle into her thigh.

She'd had to give up driving her car, so she was effectively confined to home. When she went out with somebody else she felt that people were looking at her like she was a village idiot as she shook, trembled and spasmed.

She feared the deterioration of her body would see her admitted to a nursing home with a mind trapped inside a useless body. She was planning another attempt to take her life, which she did successfully a week or so later.

Most recently, *The Guardian* in the UK ran an article on 9<sup>th</sup> August. The names of those in the article have been altered because I suspect, in this case, they managed to get some medications through nefarious means and the surviving husband would not want people to know how that came about.

For the purpose of this article, the woman was called Elizabeth, and she was diagnosed with Motor Neurone Disease, a disease which leads to complete loss of mobility in the body, ultimately leading to your choking to death as it stops the lungs from functioning.

She had been an active and independent woman and was obviously very unhappy about it, particularly as she found herself increasingly confined to a wheelchair.

She started writing to a friend to get some advice about how she could end her life. The friend replied, having consulted with medical people, that she would not advise anybody to try some of the drugs Elizabeth had mentioned and that wrist-cutting usually does not work.

In response to the Hon. Gail Gago earlier this afternoon, I am making it very clear that there are things that are simply not going to work, that I would not advocate for anyone to try. Here is this medical advice saying, "Whatever you do, don't slit your wrists".

They managed to get hold of some morphine linctus and ampoules of diamorphine. They also managed to get hold of some anti-emetics. They were told that the amount of morphine and diamorphine they had was enough to kill a horse.

So Elizabeth took it, and about three-quarters of an hour later she was still awake. As she had not fallen asleep, nor was she dying, she asked her

husband to leave, and to come back in the morning when, presumably, she would be dead.

The article states: *At five o'clock - oh, dear God, I still shudder to remember the sound of it - her bell rang. I've never heard anything worse in my life. I rushed through to her. She was retching and heaving and crying, just in a desperate state. She asked for a bowl because she was going to be sick. She begged me to cut her wrists.*

Anyhow, she survived that suicide attempt. I will return to the story of Elizabeth shortly.

One of the consequences of people having to resort to suicide is that it very often means the person has to do so earlier than they would have, had legal voluntary euthanasia been available.

So, someone with Motor-Neurone Disease will need to do it earlier than they might want because they need to be able to pick up, literally, whatever it is they are taking, in their own hands, unless they have a sympathetic doctor who will provide an injection. They need arms and hands that will actually work and allow them to grasp the glass or whatever it is they are taking.

Shirley Nolan took her life earlier than she needed to, compared to when it would have happened if we had legal voluntary euthanasia.

Marshal Perron, former Northern Territory Chief Secretary and the architect of the *Rights of the Terminally Ill Act* said "thanks to advances in medicine we have never lived so long - or died so slowly as we do today". He observed that in 20 years' time we will be able to keep virtually everyone alive indefinitely.

I suspect that for many baby boomers (and I am one of those) there will be much activism as many of us approach that time, because we have learnt to be activists, and we have learnt to lobby, and to change things when it is necessary.

Yesterday I received an e-mail from someone in Queensland who had learnt that I was moving this motion. He sent me quite a detailed letter about his father's death.

He says: *... the disturbing spectra of his tortuous labouring to breath whilst drowning in the infected fluid in his own lungs was just too much and I freely admit having to walk away in disgust at such cruelty. I have heard it said that there is nothing worse than watching a person struggling to live but conversely ... it feels as equally upsetting to watch a terminally ill person fighting to die ... the right to avoid unrelenting suffering should be beyond political debate.*

Walk into any nursing home and you will see people who are bed-ridden, bodies emaciated, people unable to get out of bed, people who are incontinent and wearing oversize nappies.

When Marshall Perron appeared before the Social Development Committee of this parliament, he listed some of the principal suicide methods used by the elderly: over the 3 year period 1995-97, across Australia there were 439 suicides of people over the age of 75, of which 133 used hanging, 95 used firearms, while 56 poisoned themselves with things such as draincleaner. The corresponding figures for South Australia were 35 suicides, of which 15 were hanging, 9 were by firearms and 7 were by poison.

These are not methods anyone would advocate, but let us be clear: appalling suicides occur when people are denied voluntary euthanasia and honest information about the alternatives.

I would like to think we value our over 75s a bit more than that. Fancy turning a blind eye to this and causing them to take their lives in such violent ways. Imagine what it must be like for the friends or relatives to come across the bloated body of that dear friend or relative afterwards.

Hanging, shooting or poisoning yourself are some of the awful ways to attempt suicide. In the absence of legal voluntary euthanasia, knowing that some people will take their lives, we need to get the message out about the awful consequences of some of the methods people use.

To those young people who might access this speech on the web I say: whatever you do, do not take an overdose of paracetamol because you may not die, but instead survive with permanent liver damage. But if you succeed in dying, it will be a long and painful death, probably over at least three of days with progressive organ collapse.

Throwing yourself in front of a train is a nightmare that many train-drivers experience as a witness when desperate people take that awful step. Again, it does not always lead to death but often horrible injuries.

It is a shocking thing for a driver to experience that and to live with that memory forever. I am aware of train drivers who have had that experience and can never again go back to driving trains. Why should those drivers have to live with that nightmare? We force it on them by not allowing legal voluntary euthanasia.

I point out that it is not illegal to commit suicide, although it is illegal to assist in a suicide. Even being present at the time someone takes their own life puts a person at risk of that charge.

Those who stood around Nancy Crick's bedside as she took drugs to end her life have faced stiff questioning from Queensland Police, although, as far as I know, none have been charged as yet.

Except on rare occasions, the person has to take this action on their own, without discussion with their friends and loved ones, who will often be the ones who stumble upon their body days after. The trauma that is experienced by relatives and friends could be avoided for all if we had legal voluntary euthanasia.

Some people have chosen the plastic bag method, which has its limitations. Members heard about that in regard to Jo Shearer. Federal law now prevents these bags from being imported in a finished form, but they can be easily made. It simply requires a bag made of a reasonably heavy duty plastic with elastic sewn inside a casing on the rim which can be pulled closed around the neck to prevent fresh air getting in.

It is now suggested that use of the plastic bag should be combined with helium which can be purchased in a party balloon kit.

I have one of those party balloon kits. I purchased it at Spotlight and it sits at home. I have not even opened it yet. I hope that the day I open it I will be doing so to have a party to celebrate the passage of voluntary euthanasia legislation.

For those who choose this method, the helium will knock you out quickly, curtailing the sort of movements that occurred with Jo Shearer when she managed to push the plastic bag back off her face.

However, the helium in these cylinders comes out very quickly, and you need it to be released inside the plastic bag over a 5-10 minute period for it to work.

It will take a little bit of technical and mechanical expertise to modify the nozzle. By joining the group Exit International people can obtain information about how to make these modifications.

Nembutal was the substance used by Dr Philip Nitschke with the four people who accessed voluntary euthanasia under the *Rights of the Terminally III Act* in the Northern Territory.

Shortly after their deaths, the Federal Government took this drug off the list of drugs able to be prescribed for human consumption.

However the form of Nembutal used then was the liquid veterinary form, as opposed to the tablets form that was delisted.

If you have a friend who is a vet, you might have an opening to get hold of some of this. But any vet who supplies Nembutal in this way could be charged with assisting a suicide. Not many vets are likely to put themselves at risk in this way.

There is another way, however, of getting liquid Nembutal. Anyone who is visiting the US can hop across the border to Mexico, buy a 100ml bottle of it for about \$US30, and bring it back to Australia.

It is not detectable by sniffer dogs, and it has a long shelf life. An increasing number of elderly Australians are making the trip to California, then going to Mexico for a tourist shopping trip.

It is an expensive method. It is a method that will take time; and again, young people will not have the money to go to the US, buy the nembutal and come back to Australia, as many elderly people are now doing.

When taken in this liquid form, the person goes to sleep within about a minute of drinking it, and a peaceful death results when the lungs stop working.

Another method - and it is available only to those with spare cash - is to join the group Dignitas in Switzerland and fly over there to be provided with the medication that will allow you to take your life.

I turn again to the story of Elizabeth because, ultimately, that is what Elizabeth did. She went to Switzerland - obviously she had joined Dignitas - and her life was ended there.

I will tell a little about what happens. They go to a small flat. The article from the *Guardian* states:

*"There was a little dish of chocolates, which they kept offering to us; Elizabeth had to eat them so she could keep down what she had to drink. We did the admin first. Elizabeth signed away power of attorney, and signed a document which exonerated Dignitas of anything that could possibly be held against them if the procedure failed in any way. We were given some water and though we all had a drink, the real reason was to check that Elizabeth could swallow the necessary volume of liquid. It was explained that she would have to take an anti-emetic half an hour before she took the drug, and repeated, several times, that she could change her mind at any time, up to the point where she took the final glass.*

*She drank the anti-emetic, and we sat there chatting then. Then the officiating member of Dignitas asked our son and me to leave the room for a few minutes. Again this was to make sure that Elizabeth's decision was her own, taken in full control of her senses. Finally he said to her, 'Are you ready?' He asked her if she would like to move to the bed and she said 'Yes' So our son helped her. He adjusted the bed; she wanted it a bit more upright. He said 'If you drink this you will die.' It was her final chance to change her mind. And she said 'That's all right. I'll take it.' It's very bitter stuff, apparently, but she started to drink it quite successfully. She had drunk about nine-tenths of it. And within perhaps 50 seconds of first drinking it she had gone to sleep. And that was it.*

*I don't regret what we did, but I am very angry about the way it had to be done. It seems crazy to me that you must either risk gaol or go to Switzerland to do something you should be able to do provided you do it yourself and nobody else is involved. It seems wrong that while suicide is no longer an offence, finding a way to achieve it is. Surely it is a right, like any other human right, to dispose of your life as you see fit? As for religious objections about the sanctity of life, I respect that point of view, but it does not mean it has to apply to the rest of us. I have decided to tell this story because I don't want anybody to go through what we did,*

*especially that first attempt at home. I'm also hoping to add a bit of pressure to help to change the law.*

*Dignitas is not cheap. It probably cost me about five thousand pounds with all the administration, the flights and hotels and cremation, and while I could afford it, not everyone is able to. More importantly, because the person who wants to die has to be well enough to travel, you end up having to go earlier than you like.*

It has not yet been tested in court in Australia, but it is possible that if you drive to the airport a person who intends to end their life in this way in Switzerland, or even assist them through the airport terminal, you could be charged with assisting a suicide.

One of the time-honoured ways that people have suicided has been with carbon monoxide - piping exhaust gases inside a closed car. But this may not be such a good idea. With fuel efficient modern cars producing less carbon monoxide, what may result is survival with serious brain damage.

Again, people looking for simple ways to end their lives by accessing this speech will not find them.

Because pain is subjective, and a doctor has to rely on a patient reporting the degree of pain being experienced, this creates an opportunity. A patient can report increasing levels of pain to one's doctor, each time asking for something stronger until one is being prescribed the morphine or morphine-derivative that is needed.

The body develops a tolerance to morphine, so it would be possible to get the prescriptions filled out but not used until one reaches the point at which the individual feels that the lack of dignity and autonomy has gone too far. Only at that point would the person then take a large dose and, because no tolerance has been developed, it would work quickly. Well that would be the theory, but the experience of Elizabeth, as I have detailed here, leads me to believe that this might not achieve the result intended.

Again, it's why we need legal voluntary euthanasia.

Finally, we in South Australia are lucky enough to have the *Consent to Medical Treatment and Palliative Care Act*.

Under this law a treating doctor can increase the amount of pain relief, even if it accidentally hastens the death of a patient, and some people are lucky enough to have a doctor who will do this for them.

Provided you've filled out an advance directive, and if your condition has you on a life support system (say for instance, you have lung cancer and you need life support to keep you breathing), then having put instructions in writing about the withdrawal of that life support, you may have the chance to die in a humane way.

Of course, if your cancer is ovarian, for instance, it is unlikely that you will be on a life support system so you will not get this opportunity.

If you fill out an advance directive you can, for instance (and I would certainly advocate this), include an instruction that, if you develop pneumonia (which is known in nursing homes as “the old peoples’ friend”), you not be given antibiotics to treat it.

You can instruct that you do not wish to be given food or drink under certain conditions but that you be given just enough moisture to keep your mouth from drying out - too much liquid and the death you are seeking could take many weeks.

I strongly encourage South Australians to fill out an advance directive, and not leave it to their loved ones to guess their intention if they are unconscious.

I know that there are some mischievous people (and I am not putting the Minister in that category) who claim I am promoting suicide. I definitely am not. I am promoting the right for people to die with dignity, and I want people who have that dignity to be able to live as long as they can.

Some will say this will cause an increase in youth suicide. However, if members have listened carefully, they will have heard that there is almost nothing that is readily available.

Everything I have mentioned takes time, money or knowing someone or perhaps a combination of all three. There will not be an increase in suicides as a result of this speech.

I do not advocate people taking their lives, but if we as lawmakers prevent them from going peacefully, if we force them take the situation in their own hands, if we do not want them to die violently by hanging themselves, poisoning themselves or shooting themselves, we must provide them at the very least with information.

If any member of this parliament would prefer that people would poison, shoot or hang themselves, then I think you need to examine your conscience.

On 17<sup>th</sup> August 1935, a woman called Charlotte Perkins Gilman took her life. In her suicide note she said:

*Human life consists in mutual service. No grief, pain, misfortune or 'broken heart' is excuse for cutting off one's life while any power or service remains.*

That is my message too. Unless your life is really untenable, there is no reason to be taking your life. A person can receive counselling, and there are always anti-depressants. Sometimes in our mental health system it is a little hard to access but, eventually, it seems that people can receive that help.

Charlotte Perkins Gilman continues:

*But when all usefulness is over, when one is assured of an unavoidable and imminent death, it is the simplest of human rights to choose a quick and easy death in place of a slow and horrible one.*

That is my view as well. When I feel that I can no longer make a contribution, when I am taking more from the world than I am giving, that will be the time for me to end my life.

I have moved this motion so that some of the information that people seek is accessible, so that such people can find the most gentle, humane way to quietly go.

I have moved this motion to attack a stupid law, an asinine law, one that applies selectively to e-mails and not to books, which applies to TV and not to newspapers, a law that cannot even be properly policed.

I have moved this motion to challenge a disgraceful law, a law that is an attack on freedom of speech and expression.

It is sad that I have had to do so, but necessary because of the intransigence and paternalism of so many politicians in this country.