

Better Off Dead

Transcript for season 2, episode 8: The Good Samaritan

DISCLAIMER: This program is not about suicide. If you, or someone you know, needs immediate assistance with suicidal ideation or depression, please contact your 24/7 crisis support service. If you're in Australia, try Lifeline on 13 11 14, Kids Helpline on 1800 55 1800, or the other support services listed on our website at wheelercentre.com/betteroffdead.

For legal reasons, the words of Parliamentarians spoken in this episode are being performed by actors.

[PRAYER BELL CHIMES]

Ethereal female voice: Death is the last intimate thing we do.

Andrew: Colin was a 79-year-old Classics lecturer who had lived an inspirational life.

Deb M: He was one of the most honourable people I think I've ever met.

Andrew: But the fates were not kind to him.

Andrea Bendrups: He was surfing and had the accident, then this poor bastard has got bowel cancer.

Andrew: So, Colin made his choice. Under Victorian law, he was eligible for assistance to die. But he lived in a nursing home run by the Catholic Church, and that choice was simply not available under Vatican law, which states:

Male voice: We cannot cooperate with the facilitation of suicide, even when it seems motivated by empathy or kindness.

Andrew: Like much of Victoria in 2020, Colin's nursing home was going into COVID-19 lockdown, so the clock was ticking. Could Colin get the life-ending medication to which he was legally entitled before the doors shut?

John Stanton: He'd made the decision that he wanted to end his life now.

Andrew: Would the nursing home let the pharmacists in?

Andrea Bendrups: He was completely legally within his rights, and then to have those buggers refuse, it was just so not right.

Andrew: When does conscientious objection become obstruction?

I'm Andrew Denton. You're listening to Better Off Dead.

[OPENING TITLES. VOICES OVERLAPPING]

[WAVES LAPPING AT THE SHORE]

Andrew: Roman Emperor and philosopher Marcus Aurelius said, 'The universe is change. Our life is what our thoughts make it.' Nearly two thousand years later, on a beach in Western Australia, his thoughts helped save a man from drowning.

Deb M: It was in April 2008, and Colin, after retirement, he swam competitively, and he was a world record holder in his age group

Andrew: This is Colin's sister, Deb.

Deb M: He was 67, which you think, 'Oh, that sounds like a dodderly old man.' But the times that those athletes do are only like a couple of seconds off the Olympic world records. And the World Championships were being held in Perth, so he was really at his peak athletically, doing incredibly fast times.

Andrew: A couple of days before the championships began, Colin and a friend went to the beach for a quiet swim.

Deb M: And they were just playing in the waves, and he just got dumped in one of those freak accidents, and he knew straight away that he'd had a catastrophic injury.

Andrew: Two vertebrae in his neck: broken. Colin couldn't move. He knew that all he had to do was open his mouth and swallow and he would die. Or he could hold his breath and hope that other swimmers would notice he was in trouble.

Deb M: They just thought he was mucking around, just floating and stuff like that. And he said that he had that moment where he knew he could just let go, or he could try and survive. And he was so tempted to just drift off, except that he thought of Jacqueline who was on the beach.

Andrew: Jacqueline is Colin's wife, already in the early stages of dementia.

Deb M: *[CRYING]* I'm sorry. [It's okay.] And so that was what, um, really made him, and I don't know how he did it because he was so paralysed at that stage. But anyway, his fellow swimmers realised that there was something wrong, so they dragged him to the shore. Yeah, he almost died then because he'd swallowed so much water.

Andrew: Colin was rushed to emergency.

Deb M: And he was just sort of lying there, and he said, 'Oh, I'm just contemplating Marcus and wondering: what would Marcus do in this situation?'

Andrew: Marcus Aurelius: emperor, Stoic philosopher. What would Marcus do?

Deb M: 'Don't get caught up in stuff that you just simply can't change. Just put that to one side.' And he did that, so he never saw himself as a victim

[PENSIVE MUSIC]

Andrew: Stoicism was a philosophical approach to life that flourished in ancient Greece and Rome. At its core lay four virtues: courage, moderation, justice, and wisdom. For Colin, it was more than just a way of thinking.

Deb M: He was a Classics lecturer, so Greek and Roman languages were his main interests. He was one of the most honourable people I've ever met, and partly perhaps that's because of the Stoicism. He wasn't at all materialistic; just a very gentle soul who – I don't think he probably ever had an enemy. He really made a big impression on people because of his view on life.

Andrew: And he was a big presence in the lives of Deb and her family.

Deb M: Colin was 15 years older than me, so he was always kind of a protector, and, yeah, very good to my kids. He took a great part in their lives

Elliot D: He was there on the first day of school for me. He helped me get through university. He was there at my university graduation.

Andrew: This is Debra's son and Colin's nephew, Elliot.

Elliot D: He was so academically accomplished and so logical, but underneath all of that the thing that I think made him have such an impact on people's lives is he was a very generous and caring and considerate person. Like, we found out that he'd supported a colleague's daughter for 20 years. We didn't even know because it never came up in conversation.

Andrew: Though ancient, Stoicism has influenced the likes of George Washington and Theodore Roosevelt. For Colin, it went to the core.

Elliot D: He was a Stoic in the same sense that one might identify as a Catholic or as Muslim. He had a very strong sense of virtue and ethic, and he lived by that. You know, he could recite Marcus Aurelius in the way that the most evangelical priests can recite scripture.

Andrew: Aurelius wrote, 'Waste no more time arguing what a good man should be. Be one.' When Colin chose not to succumb to the waves in Perth, he chose for his wife, Jacqueline.

Deb M: He was so driven by his love and care for his wife, from trying to get out of the ocean when he would have been happy to have just floated away and not had to deal with it, to being determined that he would be able to walk because he wanted to be able to be her carer. He was afraid that they might get separated if he couldn't look after her and her dementia got worse, and so that drove him to show that he could not only look after himself, but look after her as well.

Andrew: Colin's path to recovery was tortuous.

Deb M: At that stage, all his limbs were paralysed and he couldn't really breathe properly. He had to have an operation to put a steel pin in his cervical column. Then he eventually ended up in rehab, where he sort of had some really intensive physio, which he sort of attacked as if it was training for the World Masters and, over time, he gradually got some movement. He was right-handed, of course, but he got some movement back in his left hand. They would actually strap a spoon into his hand and then put his arm into a sling, and he would sort of try and flick food up and catch it, almost.

Andrew: Seeing Colin's determination to approach his recovery like an athlete in training, the rehab team set him challenges.

Deb M: They started setting PBs. So, his first PB was that he was able to sit up for five seconds, and then eventually do sets of sitting up for, you know, a minute at a time. And when he finally went for his discharge meeting with the surgeon who had wanted to just write him off, even the surgeon said, 'You're doing ten by 100 metres of walking. That is really impressive.'

Andrew: Yet, as Colin got stronger to care for Jacqueline, she was deteriorating.

Deb M: She just declined so rapidly after the shock of the accident, and she was very unhappy and just wanted to go back to France because she felt that she would feel more comfortable there.

Andrew: In a foreign country, with Jacqueline's dementia deepening, the struggle to care for her became harder.

Deb M: He'd learned to walk with a stick, he still couldn't really use his right arm, and his right leg was also pretty useless. But he could sort of do this hopping along thing where he would walk by using a stick and flicking his leg forward. She would sort of try and leave the flat because she thought she could go home to her parents, and she would get very angry. And because he was not that good on his feet, he had a few falls.

Andrew: And Jacqueline never stopped falling.

Elliot D: Over the next sort of eight years or so, the way that, long after her mind had gone, she was in this state of perpetual fear and uncertainty... it was a shocking thing to see.

Andrew: So, the decision was made for Jacqueline to move into a care facility.

Deb M: They got adjoining rooms, and so they were able to live together. And he would dress her every day and feed her, and for quite a while they were as happy as they could be there. It was very hard for her as well, because dementia's just a horrible, horrible thing.

Andrew: Jacqueline died in August 2017. She was 81; Colin, 77. They had been married 48 years.

Deb M: Once Jacqueline died, he was still always the way he always was – steady and gracious and everything – but the light had really gone out for him.

Andrew: Colin moved back to Australia and into an aged care and nursing home in Melbourne, not far from where Deb lived. The home is part of the Mercy Healthcare Group, founded by the Irish Catholic Order of the Sisters of Mercy in Dublin in the 1830s.

Deb M: It was a really nice facility, and very good care with really lovely carers, who treated people with great respect.

Andrew: According to their website:

Male voice: Mercy Health is built around our Christian beliefs that human life is sacred and must be respected.

Deb M: They really went out of their way to create – as best you can – a sort of home-like environment. Mercy was always so clean, and they had some really lovely, lovely staff there who were very kind to Colin, and he was very fond of them.

Andrew: But fate had not finished with Colin. In May 2020, in excruciating pain, he was rushed to Royal Melbourne Hospital. The diagnosis: bowel cancer.

Deb M: He was pretty much, they considered, at death's door, and Colin said, 'No, I don't want any treatment.' He said, 'I'm perfectly happy to die. I'm ready to go.' So, they took him off antibiotics, they moved him to palliative for end-of-life care, and we sat with him, thinking the end was nigh, and he got better. His temperature went away. Finally, they said to us, 'I think it's time for you to go back to the nursing home.' He was cursing his body.

Andrew: He returned to Mercy, now bedridden and in greater pain. Another Stoic, Gaius Rufus, said, 'Choose to die well while you can; wait too long and it might become impossible to do so.' And in Victoria, Colin knew such a choice was available to him.

John Stanton: John Stanton. I'm a GP in West Brunswick. I've been there for 29 years.

Andrew: John Stanton was asked to be Colin's Coordinating Practitioner, the first of two doctors to assess him for eligibility for Voluntary Assisted Dying. It was a choice he had long believed in.

John Stanton: It probably goes back a long time, just a belief in human rights and the right of people to decide their own future and their own time of death. When death is inevitable, as a physician, I don't think it's appropriate to be prolonging that death.

Andrew: To be eligible, Colin had to satisfy both doctors that he had a terminal illness with six months or less to live, and that his request was voluntary and enduring. John saw that Colin met the criteria.

John Stanton: He was bedbound, was fully dependent on everyone else for daily tasks. He had metastatic bowel cancer. The cancer had spread from outside the bowel to other parts

of the body, particularly into his abdomen. If he did nothing, he would have developed metastases elsewhere, whether that be in his brain or whatever, and would have led to his death within a matter of months.

Andrew: John was also convinced Colin's decision was his own.

John Stanton: He was obviously a very intelligent man. There was certainly no problem with his mental state. He was very alert. He knew exactly what he wanted.

Andrew: For as long as possible, Colin wanted, and appreciated, the pain relief through palliative care.

John Stanton: He was receiving narcotics and analgesia, and that was giving reasonable symptom relief.

Andrew: Until it didn't, and the pain became too much.

John Stanton: He wasn't one of those people who was going to go down the path of palliative care until it got intolerable. One thing that strikes me about the people who have applied for Voluntary Assisted Dying, they're all people that have thought about it a lot. No-one comes to this overnight. For him, probably a lot of the pain was an existential pain, rather than a physical pain.

Andrew: I've yet to meet anyone in palliative care – either for or against assisted dying – who doesn't struggle with how best to treat existential pain or suffering. What does it mean? Well, different things to different people. For Dr John Stanton, it describes the pain of Colin's very existence once irreversible suffering made his life unbearable.

John Stanton: He was ready to go. He'd made the decision that he wanted to end his life now.

Andrew: His family saw it too, this existential suffering.

Deb M: I felt that it was a very rational choice because he'd completely lost control over any part of his life. He couldn't feed himself. He had lost control over his washing and continence.

Elliot D: He atrophied to the point where he couldn't even sit up by himself, and he lost the use of his one remaining hand.

Deb M: He said it was like being in solitary confinement because he just had to lie there. I would have been terrified, if it was me, of being so at the mercy of others.

Andrew: But the Catholic Church sees existential suffering quite differently: as a divine mystery. In September 2020, The Vatican issued guidance on the 'care of persons in the terminal phases of life'. They called it *Samaritanus Bonus*: The Good Samaritan.

Male voice: Far from being outside the existential horizon of the person, suffering always raises limitless questions about the meaning of life. Because in suffering there is concealed the immensity of a specific mystery that can only be disclosed by the Revelation of God.

Andrew: In The Vatican's view, as only God can fully understand the mystery of suffering, any requests to end it by human hands are not just wrong and in violation of God's law, but deluded.

Male voice: Experience confirms that the pleas of gravely ill people who sometimes ask for death are not to be understood as implying a true desire for euthanasia; in fact, it is almost always a case of an anguished plea for help and love.

Andrew: So, the root of the problem is a person's troubled soul, or their unhealthy state of mind. Here's Brisbane's Archbishop, Mark Coleridge:

Archbishop Coleridge: Very often, people who want to end their own life are in fact suffering from a recognised or unrecognised depression or a sense of loneliness. They want to end the pain of loneliness by being assisted to take their own life. Or that sense of being a burden that, 'I am now useless.' All of those things underlie the push for euthanasia, whatever the talk of dignity and compassion. There are deeper and darker things at work in all of this.

Andrew: These 'deeper and darker things' bedevilling the soul of a person seeking the release of death speak directly to the Catholic mission. The Vatican makes it clear it regards death and dying as a profoundly Christian experience. It also offers an opportunity for deathbed conversions.

Male voice: The Church discerns in these difficulties an occasion for a spiritual purification that allows hope to become truly theological when it is focused on God and only on God. Death, then, must be evangelized: The Gospel must be announced to the dying person.

Andrew: The problem is that, whether or not the Gospel speaks to the dying person, the Catholic Church is the single biggest force in Australia's palliative care system. And Vatican theology is echoed in Catholic Health Australia's Code of Ethical Standards:

Male voice: Even when suffering and death cannot be eliminated, they can nonetheless acquire a positive, life-giving and redemptive value, especially from the perspective of religious faith.

Andrew: Here's what Marcus Aurelius said about dying: 'Accept death in a cheerful spirit, as nothing but the dissolution of the elements from which each living thing is composed.' And here's how Elliot described his uncle Colin's final decision

Elliot D: I think he was happy to leave behind what he had. He had achieved a lot. He'd loved much, he'd influenced people's lives. And so, while I think existential suffering is a useful concept, he was such a logical person that he probably would have put it more in terms of, you know, 'Well, what else is there left to do?'

Andrew: Colin's choice was rational, and legal under Victorian law. But, in the Vatican's eyes, it was doubtful and a violation of God's law. Now, in a Melbourne nursing home, in the middle of a pandemic, these two laws would collide.

[THOUGHTFUL MUSIC]

Andrea Bendrups: He'd faced death already once. He'd stared it in the eye and turned away from it, and now faced again with it and then to have those buggers refuse, it was just so not right.

Andrew: Andrea Bendrups was the second doctor to assess Colin, one of eight people she's deemed eligible for assisted dying. She saw Colin in mid-July 2020. Aware of Mercy Place's Catholic philosophy, she didn't mention why she was there, but she could quickly see that Colin's situation was grim. He knew it too.

Andrea Bendrups: He knew that he was going downhill and was going to have a horrible, painful, obstructed bowel death.

[ABC NEWS THEME MUSIC]

Newsreader: Tonight, the deepening crisis as COVID spreads through Victoria's aged care homes.

Andrew: By late that month, Colin's nursing home was in lockdown after some residents tested positive for COVID-19. When John Stanton returned to get Colin's final, written request for VAD witnessed by two other people – attesting that Colin was mentally competent and making the request of his own free will – only he was allowed in.

John Stanton: I arranged for the witnesses to remain outside. I took my laptop and I set up a Zoom link so they could interact with Colin, ask him any questions, and observe him sign the forms. And then I would come out and they would sign as witnesses.

Andrew: Like Dr Bendrups, John was careful not to offend Mercy's sensibilities.

John Stanton: I just said, 'I need to see Colin so he can sign some medico-legal forms.' I didn't explain to them what the forms were about.

Andrew: On July 30, Colin learnt the assessment process was complete and he was eligible. Leaving just one last step: a visit from the pharmacists, carrying the life-ending medication in a locked box, to verify that Colin's request remained voluntary and enduring. But first, Colin had an important moral question.

Deb M: If there was no COVID, he could have just done it all in his room and seen all the people he had to see without actually telling Mercy what was going on, and he felt that that would have been a really unethical way of doing it. So, he wanted to find out where they stood, because he was hoping he would be able to just do it in his room at Mercy.

Andrew: And what did they tell him?

Deb M: They said that they didn't want him to do it there.

Andrew: Every individual has a right to conscientiously object under this law, as indeed they should. Do you respect that was Mercy's right?

Deb M: I can certainly feel that they had the right to do that, in the same way that Colin had the right to just push ahead if he had been able to, because legally he's allowed to do what he wants in that regard. So, it was a tricky situation because he never wanted to cause harm to people.

Andrew: Mercy's refusal to let Colin take the medication on their premises meant that the care navigators had to start looking for another care facility at the height of the COVID lockdown.

Deb M: That time was just awful, because every day COVID was getting worse. And I thought, 'It's going to get to the point where the whole place is just going to be quarantined, and so there's going to be no chance of anyone getting out.' And so that was super stressful for him.

Elliot D: I know that she wanted to yell and scream and tell them what she thought of them, but Colin wouldn't have liked that, and it also would have been counterproductive. You know, we're in the middle of the pandemic, one of our closest family members is on the verge of a painful death. There's so much to stress about. Why would you add to that stress?

Andrew: Although blocked from taking the medication on the premises, Colin sought a COVID exemption for the pharmacists to visit him at Mercy to give him the comfort of knowing the locked box was close by once he could find another facility.

John Stanton: The staff was supportive of Colin, but obviously they felt they needed to get permission from higher up for the pharmacists to visit.

Deb M: They put it to their ethics committee about whether the pharmacists would be able to come and visit him.

Andrew: Time was of the essence. The pharmacists' first request went in on August the 3rd, and on August the 6th they learned senior members of the ethics committee would conduct an emergency meeting the following day to discuss Colin's request. Three days passed. No news. Colin's situation became perilous.

Deb M: The reason that he recovered in hospital was because somehow his body had managed to seal off the tumour, and that was why the infection stopped, but they said, 'It's likely to burst through again at any moment.' So, he had this kind of ticking time bomb in his abdomen.

Andrew: And if the bomb went off?

John Stanton: He would have had severe pain. He wouldn't have been able to pass any bowel motions. He would have eventually started vomiting because everything in his bowel couldn't get out except by vomiting it up.

Andrea Bendrups: There were forcing him down the pathway of a painful terminal phase.

Deb M: It was extremely distressing.

Andrew: On August the 10th – seven days after their first approach – the pharmacists again contacted Mercy, and, again, no word from the ethics committee. The next day, another five residents of Mercy tested positive for COVID-19.

Deb M: I felt they dragged it out much more slowly than they needed to. Every time they said that we would get an answer about some particular thing the next day, it was never the next day, and usually be a few days, and the Navigator would have to follow up to get any answer.

Andrew: As you say, every day with the ticking time bomb?

Deb M: Yeah. Yeah.

Andrew: Were you made to feel, in some ways, guilty about this choice?

Deb M: Yes, I think so, and particularly because he was cut off from having some discussions that he would have liked to have had with the nursing staff. He was only really able to talk to the manager. And the other thing was that he was told that he wasn't allowed to tell any of his friends in the nursing home what he was doing, and he wasn't allowed to say goodbye to them. And that really hurt him because he had made some quite close friends in the time that he'd been there. And it distressed him that he was just going to disappear and that was that.

Andrew: By what rights does any institution tell somebody they're not allowed to talk about anything in their life, let alone something significant?

Deb M: I don't think that they do have the right to do that, especially not to tell someone they can't say goodbye. And he could have just said, 'Well, I don't care. I'm going to tell them,' but because of the sort of person he was, he wasn't going to do that, because he didn't want it to be, you know, sort of a fuss. But that was very distressing for him.

Andrew: On August the 12th, nine days after the initial request for the pharmacist to visit Colin, the ethics committee gave their answer.

Deb M: They said no.

[SOMBRE MUSIC]

Andrea Bendrups: He was completely legally within his rights, and then to have those buggers refuse, it was just so not right.

Andrew: Instead, Mercy said they had secured an exemption for Colin so he could leave.

Peter Lange: What I did was quite behind the scenes, really.

Andrew: Dr Peter Lange is a geriatrician and head of Royal Melbourne Hospital's Acute Medical Unit. He's been assessing patients for Voluntary Assisted Dying since the law came into effect, and he could see that Colin's situation was bleak.

Peter Lange: He had metastatic colorectal cancer with metastases to his bones and liver. With the permission of my colleagues, we admitted him to hospital so that he was able to access VAD.

Andrew: It's now August the 17th, and Colin had been bedridden and largely isolated since April. Then the nine-day wait at Mercy, only to be told the pharmacists had been barred entry. Royal Melbourne told him the pharmacists would see him the next day.

[PEACEFUL MUSIC]

Deb M: Everything changed the moment we went to Royal Melbourne. It was just so good, and I couldn't believe that in such a short space of time... *[SOBS]* I'm sorry. *[SNIFFS]* I couldn't believe that in such a short space of time, things could be turned around for him, because he was only there for 24 hours. And from the moment he arrived, he was just welcomed and treated with such respect and such care, and I could just see... I could see the effect that it had on him, because he just stopped looking so broken, and he was finally in control. He was treated like a person who was an equal making the decisions. They asked him about everything, and they told him it was a privilege for him to be there, and he just got so much positive feedback about the decision he'd made. And it was such a change, and to see the effect that it had on him and how he was so relaxed, and just in a very peaceful state.

Andrew: As night fell, Elliot farewelled his uncle for the last time.

Elliot D: Being able to say, 'I love you. Thank you for having the influence on my life that you've had,' and walking out of a room with that sense of closure and completeness. I left thinking, 'Yeah, this is a good death for someone that has had such a hard time.'

Andrew: That night – his final night – Colin slept well.

Deb M: Which is probably the first decent sleep that he'd had for a couple of months.

Andrew: The next morning, Elliot drove Deb to the hospital.

Elliot D: All of us were fairly anxious. She's never seen anyone die in her life and she's going to hand him a chemical that's going to end his life. I hope this doesn't scar her for life. Then

my sister and I went home. And it was a strange day, because we knew at some point today, Colin's going to die.

Andrew: For Colin, the end of a long and punishing road was in sight.

Deb M: The pharmacists came to see him, and they were fabulous as well. And he was very relaxed. And when the pharmacists had walked us through what had to happen, and finished and he said, 'Oh, should we get on with it now?' I said, 'Oh, don't you want to have a bit of lunch? Because you're supposed to have something in your stomach.' And he said, 'Oh, okay.' And then Michelle Obama's speech came on, so we watched that, because he was very interested in watching that right through. And he had lunch, and then he just had a sleep because he always had a nap after lunch.

Elliot D: And that just blows my mind, right. I can't sleep if I've got an exam the next day. To think that you could be so at peace with your own mortality that you can just drift off and have a nap for an hour, and then wake up.

Deb M: It was just unbelievable after the sadness and pain and discomfort and humiliation that he'd gone through over the last few months. And I'm just so glad that his last day was so peaceful, and he actually enjoyed that day, and I'm eternally grateful to them for that. He just sort of slept peacefully for about an hour and a half, and then woke up and said, 'Okay, now it's time.'

[PEACEFUL MUSIC CONTINUES. DEEP BREATHING]

Andrew: 'Time is a sort of river of passing events. No sooner is a thing brought to sight than it is swept by and another takes its place, and this too will be swept away.' – Marcus Aurelius.

[SILENCE]

Deb M: He took the medication, and they'd warned him that it was bitter. And he said, 'Oh, my God, that is bitter. It's taking my breath away.' So, I gave him some water. And he took a sip of water and said, 'Oh, that's better.' And then just shut his eyes. And I thought that he was just resting, and he wasn't. That was it.

Andrew: It sounds like he was given his dignity, as he deserved.

Deb M: I had two nurses who were there to sort of support us all day, and they were waiting outside, and by the time they came in, his pulse was gone. And they were just so nice. Like, they talked to him because his pyjama collar was sort of bent a little, and they said, 'Oh, Colin, I'm just going to straighten your collar.' *[CHOKED UP]* And they just sort of straightened it, even, you know, so... they still had that respect, and it was just it, was just so lovely. I just can't speak highly enough of them.

Andrew: Late that afternoon, Elliot picked his mum up from the hospital.

Elliot D: One of the first things she said was how profound it was to be there when he died, because she knew that he didn't suffer. And I think that whatever concern I had for her long-term mental health fell away and, after being deprived and robbed of so much, for him to be able to be given this one little gift was actually such a beautiful thing.

[PEACEFUL MUSIC]

Andrew: At the commencement of Victoria's law, the Catholic Bishops of Melbourne, led by Archbishop Peter Comensoli, issued a statement saying that assisted dying diminishes the 'love that can be given and received in the last days of our loved ones.' They said:

Male voice: We cannot cooperate with the facilitation of suicide, even when it seems motivated by empathy or kindness.

Andrew: One year into the law's operation, in a second public statement, they asserted that Catholic healthcare providers:

Male voice: Will not abandon their patients, and believe they have a right to be loved from the beginning to the end of their life.

Andrew: The Catholic Church are the most fierce opponents of these laws, and have done a great deal to stop them in Australia. And one of the things Archbishops always say is, 'We will never abandon a patient.' In other words, to assist someone to die is to abandon them. How does that rhetoric sound to you after what you've been through?

Deb M: It sounds unbelievable. It just sounds the opposite, and I don't understand how people can think that that's a good or an ethical thing to do to someone. Like, physically and emotionally, to put people through that suffering.

Elliot D: If you see your role as a caregiver to minimise suffering, and to do everything you can in your power to satisfy the wishes and the well-being of your patient, then how could you possibly consider this as any form of abandonment?

Andrew: Dr Peter Lange feels it was Mercy which left Colin feeling abandoned.

Peter Lange: I think he certainly felt abandoned. And in that circumstance, and a man at the end of his life experiencing very difficult symptoms, I don't think that in any way fulfilled their mission, which is to provide relief.

Andrew: But yet, he also acknowledges they were in a bind.

Peter Lange: I have sympathy that Mercy has a mission in accordance with their spiritual precepts, and VAD isn't encompassed by that.

Andrew: Dr Andrea Bendrups acknowledges that difficulty, too. But she sees a distinction between conscientious objection and obstruction.

Andrea Bendrups: We all have to be comfortable, and we've got our own set of values that we've got to bring to this. So, no, I'm absolutely not judgmental of either a patient or of a

doctor who chooses not to go down that pathway. But what I am judgmental about is if a patient expresses a desire to go down that pathway, and they are obstructed from doing it. That's what really gets my goat. I don't think that is sustainable.

Andrew: If you scroll down the Mercy Health website and click on 'Our Mission,' you will find the following:

Male voice: To bring God's mercy to those in need is our reason for being; why we exist.

Andrew: How, then, should Mercy have reconciled that mission, and the right of an individual to conscientiously object, with Colin's very real and pressing need? Here's GP Dr John Stanton:

John Stanton: I would have preferred them to have some discussion with him about what his options were. And I can certainly understand they're making the decision, 'We don't want you taking this medication on our premises.' But I think they could have helped him in some other way to do what he wanted to do, which, after all, was legal. And I guess the problem for them is if they provide assistance in any way, they say, 'Well, am I supporting Voluntary Assisted Dying when I object to it?' And I can see that's a dilemma for them. But I would have thought that patient rights override that.

Andrew: Peter Lange thinks the fact Colin was at Mercy not as an in-patient, but as a resident, meant the transfer shouldn't even have been necessary.

Peter Lange: I think an alternate viewpoint might be were Colin to have been renting a room from a landlord, I don't think the landlord should have felt that they had a moment's ability to restrict what Colin did that was legal in that room that he had rented from them.

Andrew: For Deb, the person closest to Colin, this would have been a kind solution.

Deb M: I would have liked for him to be able to just quietly do it in his room. And I could have just been there with him and we could have had our GP come and take care of things. None of the staff would have needed to even... to see anything or be involved in any way, and we could have just got an ambulance to come and take him away.

Andrew: In September 2020, the Vatican's decree, *Samaritanus Bonus*, spelt out the responsibilities of its healthcare providers.

Male voice: Institutional collaboration with other hospital systems is not morally permissible when it involves referrals for persons who request euthanasia, even if they are legally admissible.

Andrew: And even if, like Colin, the patient under treatment is not a Catholic. For Dr Peter Lange, as for many of us, this raises questions about the capacity of those who work under such instructions to fulfil their stated mission of caring for people to the end of life.

Peter Lange: They need to have an open and honest debate amongst themselves and with the community that they serve about the limits of the care that they provide, and what they

feel those limits are. To obstruct a legal venue of healthcare in which people choose to relieve their suffering, for me personally, it just brings into question the ability to provide care where that may arise

Andrew: I wrote to Mercy Health, laying out the details of Colin's case, and asking a number of questions. Amongst them:

- Government Care Facilities Directions, in force at the time, allowed two legitimate visitors to enter an aged care facility if they were providing end-of-life support to a resident. On what grounds did Mercy Ethics Committee refuse access to the pharmacists?
- According to Victoria's Health Minister, the Government Directions were an effort to 'balance compassion and safety.' Given Colin's medical condition and his clearly expressed desire to bring an end to his suffering, do Mercy think they got this balance right?
- Why, despite repeated requests emphasising the urgent nature of the visit – and assurances that an answer would be forthcoming – did Mercy Ethics Committee take nine days to respond in the negative?
- As it did not compromise or involve any Mercy staff, why was Colin not allowed to use the room that he was paying to live in to pursue his legal right to VAD?
- Was he informed that he was not to speak to anyone about his decision, and then on what authority?
- And finally, what is your response to the feelings of Colin's family that, by its actions, Mercy did abandon him to fear, distress and uncertainty for nine days, and that Colin felt abandoned?

Their full letter of response can be seen on our episode page. Explaining that 'Mercy Health doesn't comment publicly on residents, patients, or clients,' here is the core of what they had to say:

Female Voice: Mercy Health has put considerable thought and effort into the way we respond to and engage in requests for Voluntary Assisted Dying. At the heart of that approach has been a desire to meet all questions with a compassionate focus on the person as we find them. This means listening compassionately and taking a courageous approach to those conversations.

As one of the many organisations who elected not to provide direct support for VAD, consistent with our moral position on euthanasia, it was important to us to establish a policy and approach that continued to provide compassionate care and accompaniment to people at the end of their life.

We do not assert that our response is perfect. Recognising this, we have designed training and support for staff to ensure that our conversations and actions are compassionate and caring, open and non-judgmental.

Andrew: Along with this, Mercy sent a brochure titled 'End-of-Life Conversations.' In it, they state:

Female Voice: Mercy Health cannot participate in Voluntary Assisted Dying. However, we will continue to care for a person in every other way before and after death.

Andrew: It makes you wonder why the pharmacists' visit was referred to the ethics committee at all.

[THOUGHTFUL MUSIC]

Andrew: There is no question that the staff at Mercy cared deeply for Colin, and that he was grateful for that care. Both his family and his doctors believe that many of them privately supported his choice. It's also true that Colin's situation presented Mercy with real challenges: a new law, raising significant ethical issues; one which potentially involved new protocols involving the storage of lethal drugs; all in the middle of a lockdown brought on by a pandemic. But, even if you give the institution every benefit of the doubt, the bottom line is, the inaction of the ethics committee in taking nine days to say 'no' caused deep distress to a dying man pursuing his legal right to medication.

Deb M: I felt like that was very unfair for someone who was such an honourable person. I felt that he was somewhat broken down by their approach.

Elliot D: To think that we came so close to someone so kind and loving and considered basically dying a torturous death alone, rather than being surrounded by his family peacefully.

Andrew: Victoria's law, which enabled Colin to choose an end to suffering, sets those who practice care according to Vatican law a difficult challenge: if the dictates of Rome mean their only path is to turn away from vulnerable people whose legal choice offends their conscience, can the Church still rightly claim that they will never leave a patient abandoned? For Deb, who saw the difference it made to her brother, when he – not God – was put at the centre of his care, it was a challenge they failed.

Deb M: I feel really disappointed, especially since they knew him, and they'd seen his decline, and were intimately aware of how difficult it was for him, and the impact that it had had on his mental health. I couldn't understand why it is better for someone to suffer and have a horrible death. It just seemed to make no sense to me at all.

[MUSIC: 'LOYDIE'S ANGEL' BY JORDAN LASER]

Andrew: If you'd like to support the work of Go Gentle or find out more about us, go to our website at gogentleaustralia.org.au.

In the next episode of Better Off Dead: a shocking story about an elderly woman abandoned in a nursing home and encouraged to die using Victoria's VAD law is circulated to Tasmanian politicians.

Female voice: Was it ever put to Grandma that with the help of the best palliative care and family support, we could help to alleviate this dear old woman's fear of pain?

Andrew: The story was written by a member of the woman's family, but how true was it?

Jane: We did discuss palliative care, but there was no way. She'd made up her mind.

Andrew: Why would anyone circulate such a story on the day after their grandmother's funeral?

Jane: How dare she say we didn't go and see her?

Andrew: And was there a reason the author concealed her deep religious convictions?

[CLOSING CREDITS]

VO: Season two of Better Off Dead is created, written, and presented by Andrew Denton, with Beth Atkinson-Quinton, Martin Peralta, Kiki Paul, Steve Offner, and production assistance from Alex Gow. It is a co-production of Go Gentle Australia and The Wheeler Centre. Follow wheelercentre.com/betteroffdead to learn more about the people and ideas from each episode.

['LOYDIE'S ANGEL' CONTINUES]