Better Off Dead

Transcript for season 2, episode 1: The Belly of The Beast

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.

Jean Caliste: When I finally saw them out, and there was a bag, it's almost like a cloth shopping bag with the two lots of medication and whatever else in there. And I'm standing there holding that, and I'm... It certainly hit me that this is my son's life in my hand, you know it? It did, it did break me. That's powerful, you know, it's very powerful.

Andrew Denton: It is July 2019 and Jean Caliste's son Rob is dying painfully of Motor Neurone Disease. That cloth bag in his hands contains lethal medication, just delivered to his home by two pharmacists. Rob will soon become one of the first people to access the Voluntary Assisted Dying Law passed by the Victorian government. It was – and still is – deeply contentious. 'State-sanctioned killing' is how opponents described it, a betrayal of the sick and the vulnerable. But for Rob and his family, that bag of medications and the law that made it possible represent something very different. Welcome to Better Off Dead.

[OPENING TITLES: VOICES OVERLAPPING]

Andrew: My name is Andrew Denton. I'm a writer and broadcaster who lives in Sydney, Australia. For most of my life, I have made a living out of creating, and often hosting, TV and radio shows.

[ENOUGH ROPE THEME. APPLAUSE. ANDREW INTRODUCES JOHN TRAVOLTA]

Andrew: Thanks very much! Good evening. Welcome to Enough Rope. He sings, he dances, he acts, he flies! He's sexy, he's loaded, he's cool, here's here! Ladies and gentlemen, Mr John Travolta.

[CROWD CHEERS AND CLAPS]

John Travolta: Thank you very – well, if you can't feel good about that, you can't feel good. Thank you very much.

Andrew Denton: I don't want to get the interview off to a bad start, but could you get off? You're making me look bad.

[AUDIENCE LAUGHS]

Andrew: It was fun, but I don't do that much anymore. Now my time is largely spent talking about death, religion, and politics and listening to people like Jean and Michelle Caliste, Rob's parents, as they tell their stories. We'll come back to them shortly. First, I should explain how I got here. I watched my own father die painfully at the age of 67. This is how my sisters and I remember that time.

[SOMBRE MUSIC]

Andrew: Well, Pip, what are your memories of Kit in those last few days?

Pip Denton: Him being wheeled down from the ward down to the palliative, ah, ward, room, um, and being zonked out on drugs but in obvious pain from the movement of the trolley, and distress. Not knowing whether he was still there inside when we spoke to him.

Andrew: Jo, what about you?

Jo Denton: That sense of, 'This is not going how he would've wanted it to.' Um, and feeling helpless and powerless around that to a large degree.

Andrew: And my memory in particular is, you know, because we took it in turns to be there at night, is that all through this time, waves and spasms of pain went through Kit, and he'd moan and groan and twitch. And I remember thinking at the time, 'This doesn't look like sedation to me. He's in real pain.' Have I misremembered that?

Pip Denton: No.

Jo Denton: I don't think so, no. I think there were times when that was clearly what was going on and at that point the drugs weren't enough to cut through all of that.

[BEAT]

Andrew: That memory of Dad's dying never left me, and five years ago I decided to make a podcast looking at the arguments for and against voluntary assisted dying and euthanasia. I called it 'Better Off Dead'. To make it, I spent thousands of hours criss-crossing Australia and travelling the world, talking with doctors, nurses, politicians, ethicists, priests, and lawyers. The most time was spent with the dying and their families. And the more I heard their stories of suffering, the more I realised what my father went through was far, far from the worst.

Spencer Ratcliffe: We walked around the corridors of this hospital for six hours until she was allowed to have more morphine and during those six hours, Andrew – I've probably still got the marks – her nails were clawed into my back through sheer hell.

Shayne Higson: Just seeing Mum so... on the second night, she was thrashing her head from side to side, and the leg was going up and down, up and down, up and down.

Ella Godbold: We were all trying to comfort him, and it was – I had to walk out of the room at one point because it was so hard to see. It was awful! Like, I will never forget the look on his face, ever.

Robyn Godbold: I have seen a lot of people die, in my career and he was the most distressed of anyone I've ever seen.

Heather Bell: I would wake up every two hours to my mother's screaming in pain, and we would rush around finding the one registered nurse in that whole building. She would have to come and bring the morphine. I would spend 15, 20 minutes trying to soothe my mother, stop her screaming, stop her crying, stop her writhing around while the morphine kicked in.

Spencer Ratcliffe: I've been a journalist for 49 years. I've seen people in pain all over the world in wars, and I have never seen anybody in such pain that she was in that night.

Andrew: So, how does one explain this? These accounts of doctors unable or unwilling to intervene, of families traumatised by what they've witnessed, yet at the same time, denials that it's even happening?

Reverend Peter Abetz: Look, I've been working in palliative care since the 1980s, and in my time in palliative care, I never once saw anyone die in agony. This notion that we need to petition assisted suicide because people are dying in agony is simply just not true.

Andrew: That was the Reverend Peter Abetz, Western Australia's State Director of the Australian Christian Lobby on Perth radio. And she wouldn't let us use her voice, but this is what Melbourne doctor Karen Hitchcock said on Australian Story in 2015: 'Physical pain towards the end of life is treatable. We have very, very powerful drugs available to us. I have never, in the 13 years that I've been practising in big hospitals, had a patient die screaming and in pain. Never.' How to square this with these eyewitness accounts?

Rory Godbold: He knew he was dying that morning but because he was so short of breath, I think he was really distressed. He was like, I don't want to die in this way. I don't want to suffocate to death.

Shayne Higson: At one point my older sister, she said to the GP, 'What are we meant to do? Go down to Kings Cross on the street and try and score heroin or something?' We just couldn't believe what was happening at that end stage.

Spencer Ratcliffe: I asked directly one night to the head of palliative care. I took him aside and I said, 'Look, this is crazy. You can see the pain she's in. What can you do to help her?' 'We can do no more than we are doing, Spencer.' And I said, 'Well, you know, what are we supposed to do? Just sit and watch her scream herself to death in pain?' And he said, 'Well we're not allowed to do any more. Euthanasia is not legal.' And you just shake your head and go, 'Well what the hell can you do?'

Andrew: Five days, seven days, sometimes longer. People left to suffer as they died. Still, I heard senior doctors explaining this away.

Stephen Parnis: And, when palliative care is done properly – and I've seen it, I've delivered it – the causes of suffering go away, and those sorts of horror deaths that some of the groups try and paint out need never occur.

Andrew: This is Doctor Stephen Parnis, former Vice President of the AMA – the Australian Medical Association – just one of many powerful voices against Voluntary Assisted Dying. So, too, perhaps the country's most influential unelected institution, responsible for more than half of our palliative care: The Catholic Church.

[CHORAL MUSIC]

Andrew: For decades, this powerful coalition of church and doctors, often with a shared world view, managed to persuade politicians to act against the expressed wishes of the Australian community, more than 70% of whom support assisted dying. They did this with a strategy I first heard spelled out by US legislator Nancy Elliott speaking at an anti-euthanasia convention which I went to in Adelaide in 2015.

Nancy Elliott: We have to be flexible when you have lots of arguments. If one argument gets blown out of the water, you still have more. And each argument will reach somebody else. You only have to convince legislators that they don't want this bill. I mean, you don't have to win their hearts and minds. All you have to do is get them to say, 'Not this bill.' And then you've got your win.

Andrew: The 'not this bill' strategy was clever. Sow one seed of Fear, Uncertainty, and Doubt – let's call it FUD – in a politician's mind, and you can reap a harvest of hesitation. In Australia, it worked like a charm. Despite years of solid evidence from countries where such laws do exist, despite the overwhelming public support, those seeds of FUD found fertile ground. By the time my podcast was released, nearly 50 attempts to pass the law across Australia had been defeated. So, I put my TV career on hold and got into the ring.

[TV AUDIENCE APPLAUDS]

Tony Jones: Thank you. Good evening and welcome to this special edition of Q&A. Here to answer your questions: writer and doctor Karen Hitchcock, who believes we should be helping the elderly to live well; journalist and broadcaster Andrew Denton, who used The Wheeler Centre's Di Gribble Argument to make the case for voluntary assisted dying...

Andrew: It got me into some arguments.

[Q&A AUDIO]

Karen Hitchcock: I guess euthanasia, for me, is more about the right for the State to sanction organised killing. It's about the right to kill and I think that is the problem with euthanasia.

Andrew: Karen, may I just – you know what I'm going to say about killing. I'm going to say that again.

Karen Hitchcock: No, but if I provide you with the drug to die, then that's what that is. I mean we use all of these euphemisms.

Andrew: No, that is not you killing. That is this lady making her choice.

[END Q&A AUDIO]

Andrew: And with the help of volunteers, I gathered more than 70 stories of suffering I'd heard into a book, *The Damage Done*. I launched it at our National Press Club.

MC: Ladies and Gentlemen, it's my great pleasure to welcome to the lectern Andrew Denton.

[APPLAUSE FROM PRESS CLUB AUDIENCE]

Andrew delivering address: Thank you. I've come here today to try and light a fire and let me strike the first spark by telling you the story of 90-year-old South Australian Eileen Dawe. As she was dying of cancer last year, Eileen kept a diary. Despite her clearly stated wish to die, she was forced to endure 17 painful weeks until the disease finally took her.

Andrew: I talked about the powerful forces that were denying the suffering I now knew was happening every week around Australia, and of those most affected by that denial.

Andrew delivering address: the elderly, the sick, the grief-stricken, the traumatised, those least capable of pushing back.

Andrew: And I announced an ambition.

Andrew delivering address: So, I have formed an organisation to fight for them. It's called Go Gentle Australia. Our aim is to galvanize that 70% and more of public support so that politicians can no longer ignore it.

Andrew: I was far from alone. Dying with Dignity groups who'd battled for law reform for years, doctors, nurses, politicians, and families who'd been through the same hell as mine, were standing up all over the country to be heard. One was a 35-year-old South Australian woman, with metastatic breast cancer, called Kylie Monaghan. In September 2016, as her state's parliament prepared to debate the issue again, Kylie agreed to become the face of our public campaign.

[SOMBRE PIANO MUSIC]

Go Gentle Australia campaign ad: Soon a voluntary euthanasia bill will be voted on in South Australia. To remind voting politicians this is about real people who can't choose a peaceful death, a cancer patient has put her name in the bill.

Kylie Monaghan: My name is Kylie Monaghan, and this is the Kylie Monaghan Voluntary Futhanasia Bill.

Andrew: Kylie spent the last precious months of her life fighting for the rights of others. She died only weeks before the debate.

Newsreader: Terminally ill South Australians say they will continue for the right to die, despite being left shattered with the latest laws failing to pass Parliament.

Andrew: I was in the Chamber that night as the devoutly Christian Speaker of the House cast his deciding vote against. It was the fifteenth time South Australia's Parliament had voted down such a law. The next day, Kylie's mum Shirley said, 'No parent should ever have to watch what Kylie endured in her last days.'

[PENSIVE PIANO MUSIC]

Andrew: In 2017, the debate moved to Victoria.

Chris Morgan: They've suffered so much through invasive treatments and procedures, endless doctors visiting and treating them.

Andrew: Nurse Chris Morgan was one of many to lend her voice to our campaign.

Chris Morgan: They ask for my compassion. For my assistance. Is there anything I can do to make their going quicker? We can do better. Surely, we can do better. Can't we do better?

Andrew: Everybody involved in the debate for and against knew this was a watershed moment. Before, it had been small groups of well-meaning politicians with limited resources, easily swamped by FUD. But this, this was a government bill with all the resources a government can bring to bear.

[ABC TV NEWS THEME MUSIC]

Newsreader: Calls for an Assisted Dying Scheme have been growing in Victoria for years, and last year, a multi-party parliamentary enquiry recommended such a law. But a day before the Andrews Government's bill is set to be debated, a number of doctors gathered outside State Parliament to remind MPs it remains controversial.

Andrew: So much had changed but the battlelines were still familiar. For more than 160 hours in Victoria's Parliament, every possible argument was run.

Male MP: This bill is about the deliberate, premeditated killing of another human being.

Male MP: I cannot think of any other legislation that I have dealt with in 25 years that has had so many safeguards.

Male MP: Advocates say that palliative care cannot relieve all pain and physical distress, but the experts tell us it can.

Female MP: I believe that I do not have the right to tell someone that their suffering is not enough, that their suffering must continue.

Male MP: This is the line Parliament is contemplating crossing: state- sanctioned suicide.

Female MP: This is not killing. The disease is already doing that.

Male MP: So now we have the government deciding whose life is worth living.

Female MP: I am of the view that a dying person should have some say in how and when they die when they are already dying.

Female MP: I do not believe that an individual who is facing such enormous pressure and stress is capable of making a decision to end their own life.

Male MP: This bill presents a choice, not between life and death, but between two ways of dying.

Female MP: I do not consider voluntary assisted dying to be medical treatment. It is a final solution.

[ABC NEWS THEME SONG]

Newsreader: Well, in a historic move, Victoria today becomes the only state in Australia to legalise voluntary assisted dying. The laws, which will be implemented under strict guidelines, have attracted criticism, with some suggesting they're too conservative, while others are opposed to the legislation altogether.

Andrew: The date was November 29, 2017. Eighteen months were allowed to set up the systems required by the law. Four weeks after it came into effect, in June 2019, the death of Kerry Robertson, who'd endured years of treatment for metastatic breast cancer, was announced.

[NEWS THEME MUSIC]

Newsreader: Kerry Robertson died peacefully in a Bendigo nursing home. She made Australian medical history as the first person to utilise Victoria's new Voluntary Assisted Dying Law.

Andrew: Now, one year into the law's operation, how is it working? 124 people have sought assistance to die, including nurse Margaret Bradmore, who said it all in the simplest words: 'I choose not to suffer.' Yet some doctors and church leaders continue to speak of a law with dark repercussions.

One: lack of scrutiny.

: What we've seen in Victoria is that there is very little scrutiny of what is
happening.
Andrew: Two: inadequate safeguards.
: There's no adequate safeguard when it comes to mental illness. People that are profoundly depressed and demoralised can actually hide that.
Andrew: Three: insufficient palliative care.
: Listen, I don't know yet if patients are receiving enough palliative care advice so that we can treat depression and work through other issues like loneliness.
Andrew: Four: people's fitness to decide.
: My fear is that people make a decision before they reach the point where clear thinking can take over.
Andrew: Five: People being coerced into dying.
: I would argue that the existence of these laws are a form of coercion.
Andrew: Six: Dying people monopolising the healthcare system.
: People who want this get priority and that's at the expense of other people.

Andrew: Still, it seems, the seeds of fear, uncertainty, and doubt are being sown. Which is why this second season of Better Off Dead to cast light on the first year of Victoria's law. I'm going to look at the issues raised in the parliamentary debate and the accusations made since to see how true they are. You'll hear from those with direct experience of how the law works, the families, the doctors, the keepers of the safeguards, the deliverers of the medication, the people who've actually made the decision and are going through the process. All are linked by the one word that underpins this whole debate: suffering. To help you understand, come with me into the belly of the beast.

[PENSIVE MUSIC. SEA BREAKING ON THE SHORE]

Andrew: Your surname, it's pronounced 'Caleeste,' yes?

Jean Caliste: That's right, very good. Caliste. It's Mauritian, French Mauritian.

Andrew: The Caliste family are pretty tight. The 'Caliste bubble,' they call themselves – Dad Jean, mum Michelle, their son, Robbie, and his younger brother Paul. They share a love of St Kilda Football Club and holidays in Queensland.

Jean Caliste: We just enjoy, you know, enjoy life. Nothing too exotic.

Andrew: This is Jean. He remembers exactly what day the Caliste bubble burst.

Jean Caliste: Well, that was the funniest day. It was 2017, Thursday before Good Friday. I got a phone call from one of his friends. They'd been out for the night and said that Robbie had had a fall and had hit his head fairly severely on some sort of a bollard or something in a car park. So, he said, 'We're taking him to the hospital.' They couldn't work out what happened.

Andrew: Robbie told them this wasn't the first strange fall he'd had.

Jean Caliste: And suddenly my sort of ... I watch too many movies. My spider senses started tingling. I said, 'Geeze, that doesn't sound too good, you know. So, the neurologist said, 'Look, let's organise an MRI, which will be in about a week's time.' And, but he did say, 'If you have another fall, get yourself to emergency ASAP, you know.'

Andrew: Days later, another fall. This time in St Kilda Road, in front of a tram. It was a close call.

Jean Caliste: And then the penny sort of dropped with me, and I'd read a bit, and I thought, 'Jesus,' my whole world just stopped, you know.

Andrew: More appointments. More tests. Jean's fears were confirmed. Robbie had Motor Neurone Disease.

Jean Caliste: And Michelle looked up Dr. Google, but the thing that hit her between the eyes was the, in big bold letters, your life expectancy, two to five, you know?

Michelle Caliste: I can remember my words to Jean was that, 'Can't they just take my blood and give it to him? And I'll take his and then I've got it.' You know.

Jean Caliste: Well, I'm usually pretty, pretty resilient sort of guy, but it knocked me, you know, I... but ... the funny thing is, in our family, you know, even in adversity, once things happen we just look at each other say, 'Alright, let's try and beat this – what they call that – this beast,' and then the journey started.

[SOMBRE PIANO MUSIC]

Andrew: Robbie Caliste was just 34 when the beast took hold of him. For a while, he tried to keep his independence. Bought a big V8, hit the town. But more falls, and life became impossible to navigate, so Robbie moved home.

Jean Caliste: It was 24/7, you know. There was no getting away from it. We basically had to wipe his backside.

Michelle Caliste: His biggest fear, he used to say to me, is, 'Mum, I don't want to be to the point where I can't tell you, "I don't want you to do that." So, in his eyes, he's trying to tell me, 'I don't want you to do it,' but he knows I have to do it.

Jean Caliste: When it grabs hold, you have no functions and you're really literally a prisoner in a body, you know?

Andrew: MND is a progressive, incurable disease. Because it attacks the nerves it can take a life apart in unpredictable ways. For Robbie, sometimes it was cramps.

Michelle Caliste: So, it's not like just in your calf and you push their foot back. I mean, he'd get them under the rib cage, he could get them in the face, stomach.

Andrew: Sometimes it was suffocation.

Michelle Caliste: They choke too. They can't... he couldn't cough. So, his lungs... The mucus wouldn't work its way into his mouth.

Andrew: Once, Robbie got caught on the hoist that he used to pull himself up in bed and nearly hanged himself. Jean and Michelle put a baby monitor in his room and began to sleep with one eye open. Still, the beast kept shifting shape.

Michelle Caliste: You'd have something new bringing in to make life a bit easier for us. And a week later it was useless.

Andrew: Robbie had a lot of good people on his side helping him fight.

Jean Caliste: The Bethlehem hospital, which is where the specialists were for neurological problems, MND Victoria were just out of this world.

Michelle Caliste: He was under palliative care. I would only have to ring them, and they would come.

Jean Caliste: Whether it was a hospital, a palliative care nurse, an OT, or whoever... just care and love was everywhere. It does restore your faith in human beings, you know.

Andrew: But even the best, most scrupulous care could not reverse the tide of Robbie's life.

Michelle Caliste: When you're reading literature about MND, it always refers to people that are 50 and over. Rob was 34 when he got it. He used to say to me, 'I'll never be a dad, Mum. I'm never going to have children.' And he always used to say to me, 'I've let you down, Mum,' and I said you've never let me down. Even if they did find... say they did find a cure, it was never going to make him back to what he was.

Jean Caliste: What he'd lost was gone.

Andrew: Robbie's life began to fall apart during the 18-month moratorium between the law passing in late 2017 and coming into effect in June 2019.

Jean Caliste: So, when June came, he called his bubble in and said, 'Look, I want to access that,' you know, so, and we didn't try to talk him out of it. We didn't say, 'Yes, you should do

it.' We just said, 'Look, totally your decision. It's going to break our heart, but we support you the whole way.'

Michelle Caliste: He didn't want MND to win. Robert just didn't want MND to totally rob him completely of what his life was like.

Jean Caliste: He just didn't want to be looking at you with his eyes, literally that prisoner in the body.

Andrew: But the law was brand new, designed so that only the most critically ill and most determined could use it. Robbie's determination would be tested.

Jean Caliste: You had to have two approvals: a medical practitioner – ideally your own GP – and then you need a second opinion, basically a specialist in that particular field. So, we approached our GP, a lovely doctor, she'd been our family doctor for nearly 10 years.

Andrew: Two weeks later, the GP told them she couldn't do it because of her personal beliefs.

Jean Caliste: We did say, 'Why didn't you tell us that in the first place so we could have explored other options?' There's a bit of a despair and we said, 'Where do we go now?'

Andrew: Jean did some research and found the voluntary assisted dying website. There was a number and he left a message.

Jean Caliste: One of the care navigators rang me up and we had a chat and suddenly the whole door just opened.

Andrew: The care navigators are a small team of trained nurses and social workers funded by State Government. Their job is to guide people through this very strict, tightly supervised process. They helped Rob find a qualified doctor who referred him on to a specialist in MND. We'll go through the details of that process later in the series, but essentially, voluntary assisted dying is available only to terminally ill Victorians who can demonstrate throughout this intense assessment process that they have decision-making capacity, their request is voluntary, and there's been no coercion. Only after all this can the pharmacist be called in with the life-ending medication.

Jean Caliste: They came to our place on Monday, the 11th of November, and look, they were fantastic.

Michelle Caliste: A list a mile long.

Jean Caliste: I can't believe that that's sort of the compassion you get, you know. These people are handling very, very heavy stuff but just they came to the house. There was a lot of questions, whether there were people with psychological problems, whether there was firearms in the place or anything like that. And they did all that. And then when you have the medication, you don't have to take it straight away or...

Michelle Caliste: You don't even have to take it at all.

Jean Caliste: And the doctors and the specialist and the care navigator had also stressed that so many times, you do not have to, you're not bound by this, you know.

Michelle Caliste: Nothing was rushed.

Andrew: As the pharmacists left, the enormity of Robbie's choice sunk in.

Jean Caliste: When I finally saw them out, and there was a bag, it's almost like a cloth shopping bag with two lots of medication, and I'm standing there holding that. It certainly hit me that this is my son's life in in my hand, you know?

[PENSIVE PIANO MUSIC]

Andrew: Even though Robbie's time was running out, the long, careful process had given the Caliste family an unexpected gift.

Michelle Caliste: Robert was able to plan things.

Jean Caliste: Every one of his friends came and saw him, you know. My family, Michelle's family, everyone was able to see him to wish him the best, you know, to give that love, you know, it wasn't it was that sudden death for you. You always say, 'Geeze, I wish I'd said that' or, 'We could've said that.'

Michelle Caliste: Everyone got a chance that wanted to speak to him. Robert planned his funeral. The last words at the funeral were from him. The music that was chosen, he chose that. He also made recordings for the three of us. How many people don't get that opportunity?

Jean Caliste: When I was doing all that chasing up for him and all that, he said, 'Dad, you're doing that because you love me, don't you?' I said, 'Yes, son. You know, it's breaking my heart. But my love for you and doing the right thing by you is why I'm doing this, you know.'

Michelle Caliste: He knew what his coffin was going to look like: half St Kilda and half Melbourne Victory. He... originally, he wanted to be buried and then I had this, this thought: what if we move away? I can't take you with me. So, he said to me, 'That's easy fixed, mum: just have me cremated. When you go, you just put me in your arms and I'll go with you.'

[SEA BREAKING ON THE SHORE, GENTLE PIANO MUSIC]

Andrew: What must it be like to know that this is the day you are going to farewell your beautiful boy?

Michelle Caliste: I didn't know how I was going to say goodbye. Because parents don't bury their children, but I went in to him and I said, 'I have to say these words. I couldn't say

goodbye to you,' and he went, 'No, mum, it's not goodbye, it's till we meet again.' I had a photo made that I handed out, and I wrote those words on there, because it is till we meet again. Robert's last actual last words after he had the drink... I was just rubbing his face and he smiled at me and then his last words were, 'Mum, can you scratch my nose?' I hang on to the 'Mum,' you know, because he actually acknowledged 'Mum,' but they were his last words because he couldn't do that, he couldn't scratch. You know?

Jean Caliste: So, the moment he had it...

Michelle Caliste: I think it took about half an hour.

Jean Caliste: Yeah, for him to pass, but to fall asleep straight away was within, you know, a matter of seconds, you know, and so there was no suffering. And you know, the look on his face, you know, it's like suddenly there was no pained look on his face. It just disappeared. It was the Rob that we knew. Just...

Michelle Caliste: Just looked like a baby asleep. It was just all gone. He was just...

Jean Caliste: It's like a veil was lifted.

Michelle Caliste: It was, it was beautiful.

Andrew: At the end of the first year of Victoria's voluntary assisted dying law, the five Catholic bishops of Melbourne issued a statement. They described Robbie's choice, and that of the other 123 terminally ill people who'd sought an end to their suffering, as 'assisted suicide.' It was not a celebration of good healthcare, they said, but a sad story of the loss of hope and care for vulnerable people. Then added,

Bishops: Catholic healthcare providers will not abandon their patients, and believe they have a right to be loved from the beginning to the end of their life.

Andrew: Jean and Michelle Caliste did love their son from the beginning to the end of his life.

Jean Caliste: Men, you know, we tend not to say that we love each other or whatever, but I could do that with him, you know, and oh, you know, give him a kiss on the lips or whatever. It doesn't matter, you know? And if nothing, I am grateful for that.

Michelle Caliste: I feel if that's the way your loved one wants to go, it's your chance then to do those things that you want to do with them and say what you want to say, and make those memories, you know? Because what if Robert had died when he fell in front of that tram? We had another two and a half years that we were able to make wonderful memories with Rob.

[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:

Throughout the parliamentary debate to legalise voluntary assisted dying, opponents repeatedly used the word 'suicide' as a line of attack.

VO: We do not want Victoria to become the suicide capital of the nation.

Andrew: But is offering a person who is clearly dying a choice about how they die the same as suicide? And what does having that choice mean when it comes to facing the end?

Credits: : 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]