**Better Off Dead**

Transcript for season 2, episode 4: Do No Harm

**DISCLAIMER:** This program is not about suicide. If you, or someone you know, needs immediate assistance with suicidal ideation, or depression, please contact your local 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 wheeler centre.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.

**Mark Yates:** I don't think it's part of medical professional practice. And that view is shared by the World Medical Association, the Federal AMA, the American Medical Association…

**Andrew:** Six months after Voluntary Assisted Dying became legal in Victoria, here's Melbourne geriatrician, Dr Mark Yates, on SBS television's Insight.

**Mark Yates:** Hippocrates, he had to make a very clear admission to his patients: that his intent would never, ever be to kill that patient.

**Jenny Brockie:** Nick, your reaction to Mark's concerns?

**Nick Carr:** Voluntary Assisted Dying is not doctors killing patients …

**Andrew:** And this is Melbourne GP, Nick Carr.

**Nick Carr:** It's about patients making a choice at the end of their lives, and us helping them with a choice.

**Mark Yates:** But it's the intent. So, the intent of that practice is to end a patient's life. And our social contract with our patients is that we should never intend that they be killed by our actions.

**Nick Carr:** My social contract with my patients is to respect their wishes and their autonomy. Not my choice, their choice.

**Andrew:** In its first year of operation, only a small number of Victorian doctors signed up to be part of Voluntary Assisted Dying. How hard was it to be in that small group, to put their dying patient's wishes before the disapproval – and often outright opposition – of their peers? What *does* it mean to help someone die?

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

[OPENING TITLES. VOICES OVERLAPPING]

**Andrew:** The most recent figures show a shade over 100,000 medical practitioners working in Victoria. Of those, just 422 registered for training to assess people for Voluntary Assisted Dying in its first year. 175 of them then registered to take part and, of those, 125 went on to assist someone to die.

What do these numbers tell us? That, like every jurisdiction where Assisted Dying or euthanasia has been made legal, doctors start off reluctant to get involved.

Their reasons range from conscientious objections to busy doctors unwilling to invest the time in training, which is demanding; from fear of the reaction in a small community, to just a general unease with the idea of helping someone die. Some don't have the necessary level of experience; others have never been faced with a request and don't see the need.

But the law couldn't work if no doctor stepped forward.

In this episode, we're going to focus on five who have. They range from VAD true believers, to the hesitant, to an opponent who changed his mind.

[PEACEFUL MUSIC]

**Cam McLaren:** I thought we were all going to do it. I think that was very naive in retrospect.

**Andrew:** This is medical oncologist, Dr Cam McLaren . You met him last episode, unsure of how he would react when a desperate and dying man asked him to help end his life.

**Cam McLaren:** When the legislation came out, I thought, 'Patients wanted this, that's the reason it's put in'. We practice patient-centred care, which means we should be providing the services that they want.

**Andrew:** Cam specialises in the study and treatment of cancer.

**Andrew:** To an outsider, it seems like a grim career. What am I missing?

**Cam McLaren :** It's actually grim only on one side of the desk. The other side of the desk, you're given an opportunity to help people when they're having the worst day of their life. It is… at times it's upsetting, but if you do it well and care about it, it's just an absolute privilege and honour.

**Andrew:** I share the only oncology joke I know. It's pretty dark: 'Why do they put nails in a coffin? To stop the oncologist getting in to give another line of chemotherapy.'

**Cam McLaren:** We have a very similar one about haematologists. 'Why do they put headstones on graves? To keep the haematologists out.'

**Andrew:** When Assisted Dying became legal, Cam needed no encouragement to sign up.

**Cam McLaren:** I didn't want to look after a patient for months and years, for them to ask me about this and then for me to send them off to someone else. I didn't think that that was good care.

[GENTLE MUSIC. BIRDSONG]

**Andrew:** 130 kilometres from where Cam works in Melbourne, in the old coal-mining town of Wonthaggi, GP Dr Nola Maxfield is one of 20 doctors in group practice. Unlike Cam, she didn't immediately step forward once the law was passed.

**Nola Maxfield:** I actually resisted it for a while.

**Andrew:** Nola has been treating her local community for 40 years, and in that time, there's not much she hasn't seen.

**Nola Maxfield:** I recall one of my colleagues saying that he wouldn't want to have any sedation or anything when he was dying. That even if he was in agony, that was part of life for him, and he wanted to experience his death to the fullest. And I've seen people who linger on for quite some time, distressed. You know, we do the best we can with our palliative medicine, but family is sitting there, sometimes for days on end.

**Andrew:** Her hesitation about Assisted Dying was not ideological; more, she worried about being swamped by paperwork.

**Nola Maxfield:** It's a very bureaucratic process, and you have got to follow all the steps to the letter, and I can understand why you have to do that. So, it is a bit of a strain to comply with.

**Andrew:** So, why say yes?

**Nola Maxfield:** Our local hospital were looking for one of the doctors to sign up and do the training, and everybody else had reasons for not wanting to do it. So, I thought, 'Well, I'm older. If there's any adverse publicity, then it's probably better that I'll wear that than some of the younger ones.'

*[PENSIVE MUSIC. HOSPITAL MACHINES BEEPING. DISTANT ALARMS SOUNDING]*

**Andrew:** Others have more robust views, like geriatrician, Associate Professor, Dr Peter Lange. He heads up Royal Melbourne Hospital's acute medical unit.

**Peter Lange:** It's something which I have always felt was a misunderstood area of medical practice. I recognise that colleagues have some ethical objections to that. And indeed, since practising, I think I've come to understand those more, but I've always thought it should be part of medical practice.

**Andrew:** I asked him about the Hippocratic Oath, 'do no harm,' recited by doctors since the days of ancient Greece, and still today, by opponents of Assisted Dying.

**Peter Lange:** I think things have advanced in two and a half thousand years. 'Do no harm' is a nice principle but it can't stand by itself as the… as the preeminent guiding principle behind all ethical practice. We need to consider a balance of all these obligations that we have towards our patients, rather than simply hang a flag on a single aphorism.

**Andrew:** Because the alternative view, of course, is, 'To leave a patient suffering when there's no more that can be done for them is also to do harm.'

**Peter Lange:** Yeah, I think those are very real harms. And those things must be balanced and it's not easy.

*[GENTLE MUSIC. TRAFFIC. TRAM BELL DINGS]*

**Andrew:** In inner east Melbourne, Nick Carr has been a practicing GP for thirty years. Nick didn't come to this issue philosophically. In 2013, it came to him.

**Nick Carr:** I had no knowledge or interest in Voluntary Assisted Dying until I was dragged into it by a patient of mine: Beverly Broadbent.

**Andrew:** Nick had been Beverley's doctor for many years.

**Nick Carr:** Lovely, feisty, independent woman. She asked me to promise to kill her if she ever had a stroke or something. I said, 'Ah Beverly, I can't do that, y'know; murder.' So, she said, 'Well in that case, I have to die before I need to because I can't risk losing that option of control.' And, indeed, she took her own life very peacefully; she used pentobarbital. And the only complication for me was we had agreed that she died of a heart attack, which of course wasn't true.

**Andrew:** Unknown to Nick, Beverley had decided to go public with her decision in an interview that was played after she died.

**Newsreader:** Beverley Broadbent has decided to take her life. She says she's not depressed but, at 83, her health is failing, and she feels ready to go.

**Beverley Broadbent:** Because of the way I am now, I am afraid I will fall and be taken to a nursing home. So, I would rather go a year early than too late.

**Andrew:** Even though he had not supplied the drug Beverley used to take her life, Nick found himself facing the loss of his medical licence and possible criminal charges.

**Nick Carr:** Falsifying a public document and aiding and abetting suicide.

**Andrew:** A coronial investigation, followed by a hearing from his governing body, The Medical Board of Australia, saw him escape sanction.

**Nick Carr:** In the end, the Medical Board gave me a caution for falsifying the public documents and the coroner didn't report the aiding and abetting suicide to the police.

**Andrew:** If I'm an opponent of these laws, I would hold you up as a poster boy for the kind of person that shouldn't be legally allowed to assist people to die because you falsified documents. What else are you prepared to do?

**Nick Carr:** I'd say if you're an opponent to these laws, that I'm exactly the poster boy for why we should have them so people like me don't have to do that sort of stuff.

*[PENSIVE MUSIC. HOSPITAL MACHINES BEEPING]*

**Andrew:** Professor Phillip Parente was led to Assisted Dying, not by a patient, but by his own conscience. Like Cam McLaren , he's a medical oncologist.

**Phillip Parente:** When I say I'm an oncologist, it's just this complete silence.

**Andrew:** Director of cancer services at Eastern Health in Melbourne, he too sees his work as more than just a job.

**Phillip Parente:** It's a place where I think I can be the complete doctor. I get to see someone at the beginning of their diagnosis, and go through them with the whole journey, through all their successes, their challenges. And when one of my patients die, I don't see it as a failure. If I've made that journey better, painless, and with dignity, I consider that I've done my job.

**Andrew:** Professor Parente held very strong views about Assisted Dying.

**Phillip Parente:** I was against it. I'm a Roman Catholic, it's always been integral in my life.

**Andrew:** The Vatican calls Assisted Dying an 'evil act that no end can justify.' Phillip wanted no part of it.

**Phillip Parente:** I'm a Catholic, I can't do it, you know, morally… wrong.

**Andrew:** And, like many doctors, Phillip invoked his legal right to opt out.

**Phillip Parente:** I said, 'Look, I am a conscientious objector.' What I would do, I would refer on to one of my colleagues.

**Andrew:** But his doctor's conscience couldn't rest with this. It asked…

**Phillip Parente:** How can I really offer my patients that complete care that I pride myself in and let them down right at that point in time when they need me the most?

**Andrew:** Who did you first share with the thought that you might go against your initial instincts?

**Phillip Parente:** My wife.

**Andrew:** Tell me about that conversation.

**Phillip Parente:** So, my wife's a devout Catholic.

**Andrew Denton:** What's her name?

**Phillip Parente:** Mary. [LAUGHS] So, as devout Catholic as you could get. And I got a son called Joseph. So, when I started questioning myself, I wanted to find out more about the law, more about ethics. So, I decided to do a Master of Health and Medical Law at Melbourne Uni. And I took six months' long service leave and six months' sabbatical. And when I was doing my ethics rotation, I said, 'Look, I just… does not sit comfortable with me.' The legislation had been enacted about six months prior, and I was starting to get the questions and I was feeling very, very uncomfortable with not providing the care that I think I should have been providing, and I said to Mary, 'Look,' you know, 'I think I was wrong. I feel awful by saying I'm a conscientious objector and referring them on when I've dealt with them for the last five years. This is part of their disease journey, and I need to be there for them as their oncologist and to help them through this, and if they've got the guts to ask for it, then I should have the guts to enable that to happen.'

**Andrew:** Without wishing to put words in Mary's mouth, would it be fair to say that her broad philosophical view is that these are matters for God to decide and not for medical science?

**Phillip Parente:** Correct. And I said, 'You may think that I'm acting like God, but no, there's legislation, it's society's expectations, it's been passed, and I'm just fulfilling another treatment request like chemotherapy, or like palliative care, it's no different. And they may not necessarily take the medication. They just want it there in reserve. I see it as an extension of being an oncologist.'

**Andrew:** In the end, Phillip made up his mind with a simple question.

**Phillip Parente:** Would I have Voluntary Assisted Dying if I had cancer? And if I had two or three months to live, and I had intractable pain, or suffering, then it's something that I would seriously consider. And once I've answered that question, then I knew what I needed to do.

*[GENTLE MUSIC]*

**Andrew:** During the leadup to the passing of the Victorian law there were some extraordinary suggestions made in Parliament as to how doctors might behave, or what their motives might be. From homicidal doctors…

Male MP:I have met with doctors who have said that they are concerned that patients of theirs will not go to the doctor for fear of a doctor taking their lives.

**Andrew:** To venal doctors…

Female MP **:** There is no protection from predatory doctors who will set up death clinics with hostels attached.

**Andrew:** To disturbed doctors…

Male MP **:** Should this Bill get through, I do have concerns for the ongoing mental health of those who have assisted. Some will live with years of regret.

**Andrew:** But nothing the politicians said about doctors could have the sting as what doctors themselves said about their colleagues who believed in the law and signed up to practice under it. Their essential criticism: that opening the door to Assisted Dying would diminish or undermine the only other option a sick and suffering human had which is to put themselves into palliative care Here's GP, Nick Carr.

**Nick Carr:** We in Australia are incredibly fortunate. We have very good palliative care and like nearly everything in medicine, it should be better funded, certainly in the more remote areas.

**Andrew:** I asked each of our five doctors how many of the people they'd assessed for VAD had also been receiving palliative care. Professor Phillip Parente:

**Phillip Parente:** All of them. They're receiving palliative care services at home through palliative care nurses. We have palliative care nurses and physicians who are part of the oncology team.

**Andrew:** Dr Maxfield:

**Nola Maxfield:** They'd all had palliative care. Yes.

**Andrew:** Dr Carr:

**Nick Carr:** Pretty much everybody I've been involved with already had a palliative care organisation involved.

**Andrew:** And oncologist, Dr Cam McLaren

**Cam McLaren:** The cases that I've been involved in, over 95% of them are involved in palliative care and the average time that they've been involved is seven months.

**Andrew:** As part of the assessment process, it is mandatory for doctors to discuss treatment options, in particular palliative care. Geriatrician, Dr Peter Lange:

**Peter Lange:** I ‘ve had some patients who have had perhaps a single consult with palliative care and, and felt it was not to their liking, and I always encourage them to consider that again, and more widely the concept of palliative care rather than specifically symptom relief, those spiritual and psychological aspects, which are also very important.

**Andrew:** But for all that palliative care offers, some still request help to die. Dr Cam McLaren knows from personal experience.

**Cam McLaren:** This is about something that palliative care cannot provide.

**Andrew:** What palliative care can’t provide lies at the heart of these requests. Here’s oncologist, Professor Phillip Parente

**Phillip Parente:** It has a lot of the answers and it makes people comfortable, but it doesn't have all the answers for all the patients. Palliative Care does not address the feeling that you're losing control. It may address the symptoms, but a lot of the decisions are not made based on pain. In all my patients, it really is loss of autonomy and dignity, and that all they can see is this downward spiral.

**Andrew:** What can loss of dignity mean? Oncologist, Dr Cam McLaren

**Cam McLaren:** The typical case that comes to see me, they will say, ‘I am losing the ability to look after myself and if I am ever in a situation where I am lying in my bed unable to get out, shitting into a nappy, with my wife wiping my arse and looking after me, that is unacceptable to me. I know she’ll do it. She’s told me she’ll do it, and do it happily, but it’s unacceptable for me for her to be doing that.’ And that’s really the loss of dignity that people are talking about.

**Andrew:** Not everything can be treated, as Dr Peter Lange knows.

**Peter Lange:** There are cases that I tend to see as a geriatrician. Their suffering is more the loss of the ability to do the things that they feel gives meaning to their lives, the indignity of the loss of function. I had a patient who needed full time care, and some of those assistants were male and that was just something she found confronting and had never wanted, and very difficult to see how optimal palliative care might be able to relieve that.

**Andrew:** I think back to Lisa Hogg’s description of her mum, Margaret, in a nursing home, dying of a rare neurological disease before she opted for VAD.

**Lisa Hogg:** She was hoisted up in a sling with no pants on, being transferred from her chair into the toilet, in front of staff. There was no drug, no treatment that would make her condition go away. In terms of palliative care, there was really nothing that they could offer her apart from, you know, occasional painkillers. She was unable to do any of the things that gave her joy.

**Andrew:** What happens when quality of life is irretrievably lost? GP, Nick Carr:

**Nick Carr:** One of the biggest distresses is this complete destruction of their sense of self and autonomy that terminal illness gives them, and the distress that comes from not knowing how I'm going to die, when I'm going to die. They want the control and be able to do it at a time and choosing of their own with the people they want to be with, and that's something which only VAD can provide.

**Andrew:** In fact, Professor Parente can attest to the powerful palliative effect simply receiving VAD medication can have.

**Phillip Parente:** It's quite an amazing sight. They feel definitely more at ease, less anxiety, and they feel more in control. It doesn't necessarily mean they take it. Just having the option there gives them control and gives them hope.

**Andrew:** We'll be talking more about palliative care in another episode, but as GP, Nola Maxfield sees it, both it and VAD are valued options at the end of life.

**Nola Maxfield:** It's not an either or. I t's quite valid for people to choose just the palliative care option and it's quite valid for people to add in the VAD as well.

**Andrew:** And here's Nick Carr:

**Nick Carr:** We don't say to someone with heart disease, 'Well you could either have pills or you can have a stent, but you can't have both.' And the same is true of this. Of course, at the end of life people should have palliative care. If they're interested in Voluntary Assisted Dying, look at that as well. Know what your options are. The two go together.

*[PENSIVE MUSIC]*

**Andrew:** At the heart of medical practice lies the relationship of respect and trust between doctor and patient. Yet many doctors argue that this will be irreparably damaged by Assisted Dying. I asked GP, Dr Nola Maxfield, what impact assessing for VAD had had on her relationship with her patients.

**Nola Maxfield:** I think it's improved the relationship I've had with those people because we've been able to have discussions at a deeper level than I would have done with those people otherwise. And I think it's more honest than some of the other treatments we do, knowing that they're futile.

**Andrew:** Fellow GP Nick Carr agrees.

**Nick Carr:** Why would my preparedness to help people go down a path that they might choose have an adverse impact? I have a lot of people with complex illness near the end of their lives. None of them have shied away.

**Andrew:** Oncologist, Dr Phillip Parente, also bristles at suggestions of any lessening of the relationship with patients since the law was passed.

**Phillip Parente:** Voluntary Assisted Dying, it's exceptionally patient-centred. I believe views that doctors are overstepping the mark are incorrect. We're allowing patients to take control when all the appropriate conditions are met in a very controlled way.

**Andrew:** And Dr Cam McLaren:

**Cam McLaren:** I think we just have to remember what we're here for. We're here to support patients and I think if someone asks their doctor about this, and they say no, I think that's an undermining of that trust.

**Andrew:** For geriatrician Dr Peter Lange, the very process of assessing people requesting VAD has made him a better listener.

**Peter Lange:** In the Victorian legislation, you're required to ask of people what is the nature of their suffering, and I was a bit ashamed to see with my practice had unconsciously been to direct people to the suffering that I could relieve. So, I might have talked about suffering, but the next immediate follow-up question might have been, 'How is your pain, how is nausea?' and those kind of things which are more amenable to treatment. So, after starting to assess patients I realised that the nature of their suffering was often not those immediate symptoms but might well be a loss of purpose and dignity. I think it has changed my practice outside VAD.

**Andrew:** Far from a relationship damaged, the doctors I spoke with reflected on exchanges with their patients ranging from the profound, to the confronting, to the unexpectedly humorous. GP, Nick Carr:

**Nick Carr:** I remember a guy that... he had terminal prostate cancer, he was bedridden, he had a lot of pain, well treated with palliative care. But he still had a lot of pain and he was frightened of developing uncontrolled pain. That was one of the reasons for him asking for Voluntary Assisted Dying care. And as I left him after the first assessment, he looked at me, shook my hand and he said, 'Oh, thanks, Doc. You're a lifesaver.' [ANDREW LAUGHS] And then we both just burst out laughing, as he realised what he'd said, but that was his experience: this relief that someone was giving him this option.

**Andrew:** What Phillip Parente sees are people from all walks of life.

**Phillip Parente:** They're everyday Australians, Andrew. I don't think there's a particular type. Usually, they have quite a big extended family who are present during the process, offering their support. And usually they're reconciled with their mortality.

**Andrew:** What he also sees is that this is no easy path.

**Phillip Parente:** They've debated it within themselves for many, many weeks, if not months prior, and have come to this realisation, then they have to discuss it with their relatives. And then they'll ask the doctor. It's probably, I would say, the hardest decision they've made in their lives.

**Andrew:** He speaks of what it meant to him to offer his help for the first time.

**Phillip Parente:** My first patient, young person, younger than myself, with end stage cancer, with an amazing wife, full of courage, and with young children, and who had bad disease. That is, lost a lot of weight, becoming increasingly bed bound, and I felt so good within myself when I said, 'Yes, I am going to help you with this.'

**Andrew:** For Phillip, it had been a long journey from being a conscientious objector.

**Phillip Parente:** It was just a privilege. I learned a lot from that patient about courage, about respect. And that the cancer may have killed them, but they had defeated the cancer in my opinion.

**Andrew:** In the first year of the law, Dr Cam McLaren assisted nearly two dozen people.

**Cam McLaren:** What stays with me is the things that are said by the family. 'It's OK, no more suffering, you can go.' I always talk about this beautiful moment of closure where people know exactly when something's going to happen. There's a lot of times that, particularly when we're in a hospital and we're watching patients die slowly and people want to say things to them but never get that courage, or they think, 'Oh, I'll do that tomorrow,' or, 'Someone else is here,' or… but now, they often spend the day with them and by the time I get there, they've just talked and laughed and listened to music. So that nothing is left unsaid.

**Andrew:** Universally, he sees that people are ready for this.

**Cam McLaren:** No-one is afraid of dying. They're just not. They're afraid of the manner in which they're going to die. I've never seen anyone flinch. They just drink it. I'm in awe of the bravery of people. They are stepping into the unknown.

**Andrew:** And afterwards?

**Cam McLaren:** Afterwards, it's a very weird feeling to have so much appreciation. People hug. Even in COVID times, they hug, and apparently bottles of red wine are the gift to give. I've gotten a lot of bottles of red. I've had one guy that said, 'If you have anyone give you any grief about what you do, call me and they will stop.' [ANDREW CHUCKLES] And this was a guy with no front teeth who works security and I'm sure is well connected.

**Andrew:** It's not always golden. Tolstoy famously wrote, 'Happy families are all alike; every unhappy family is unhappy in its own way.' Dr McLaren has seen this too.

**Cam McLaren:** I've had husbands telling the wife to go for groceries and taking the medicine while she was out, and I've had conflict within families. That, I wasn't expecting.

**Andrew:** Dr Peter Lange has found one element of VAD particularly confronting: practitioner administration. When someone is too ill to drink, or ingest, the lethal draught, the law allows that a doctor may inject it via a tube instead.

**Peter Lange:** So that was a really difficult experience, and I was surprised by the strength of the instinctive prohibition that I'd like to hope most people share against taking human life, even in that circumstance where intellectually I understood it was very much the right thing to do, that experience was quite difficult and it really led me to understand why people may not wish to step forward, why people who may have a complete ethical agreement may find it difficult nevertheless to practice in that fashion.

**Andrew:** I told him about a doctor I had met in the Netherlands, who had described the first time she injected a patient. She said, 'It really costs you.'

**Peter Lange:** Yeah, that's a very accurate description. And as well prepared as I thought I'd been, because I'd spoken with colleagues and sought their support, it takes a real toll. It's a really basic instinct, you know, not to take another person's life.

**Andrew:** I asked him to tell me about the woman who had sought his help.

**Peter Lange:** She had a very severe neurological disorder which had progressed despite treatment. And she was bed bound and had barely any volitional movement at all. Just a spoonful of jelly would be enough to cause her to cough terribly for ten to fifteen minutes. So, she was in a really terrible situation.

**Andrew:** Having been one of the doctors to assess her eligibility, he was in no doubt this was what she wanted.

**Peter Lange:** The only time I had seen that patient smile was on the day of the practitioner administration.

**Andrew:** A feeling only reinforced by the presence of her family.

**Peter Lange:** She was very well supported, and very close family. I think, if anything, brought even closer by the illness and the process. But yeah, I think I've got sweaty palms just thinking about it again.

**Andrew:** Can you describe what that feeling of nervousness was?

**Peter Lange:** Oh, I guess I experienced it very much as a bodily sensation: physically tense and stiff and must be right up there with the most nervous I've ever been in my entire life. Going into the patient's room, I think I called her by her middle name. Just things you would never… never normally do. I just had to keep coming back to the patient and the smile. Just to see that the change in demeanour and clearly how relieved and how thankful, you know, she was what really got me through.

**Andrew:** If the situation comes up again, would you do that again?

**Peter Lange:** Absolutely.

**Andrew:** For GP, Nick Carr, his one experience of practitioner administration was equally profound. Like Dr Lange, he was nervous but, initially, for a more practical reason.

**Nick Carr:** Old people who've had lots of malignancies often have terrible veins. And the thing that kept me up the night before was the anxiety that I wouldn't be able to get the drip into her arm.

**Andrew:** Searching for that vein was when the enormity of what he was about to do hit him.

**Nick Carr:** There were at least a dozen relatives there saying goodbye. I thought, 'Oh my God, I hope my shaking hands can get this drip in the right place.'

**Andrew:** You were shaking?

**Nick Carr:** I... I was nervous. Fortunately, the drip went in.

**Andrew:** And then…

**Nick Carr:** Once you got over that, you got the thing in the right place and gave her the medication, it was so gentle. I always feel slightly odd saying that it was a beautiful thing to be a part of, but this lovely woman who so wanted it to happen this way. And I was able to be there with her and do this for her, with her husband holding her hand, stroking her forehead, and she just went from being someone distraught about this horrible end-stage malignancy to just peacefully getting what she wanted. And I feel quite teary talking about it because I just remember how powerful it was and, at the end, when I went back into the room, and I just held her hand and I kissed her forehead and said goodbye, because it just felt… it just felt right.

*[MOVING MUSIC]*

**Andrew:** The doctors who have helped patients die have been faced with passionate disapproval from some colleagues.

**Female Voice:** Here is no longer the mental health review, no longer the palliative care pathway. Now there is just the simplistic acceptance that a wish to die in a person with life-threatening illness can be taken at face value and acted upon.

**Andrew:** These are the words of Melbourne palliative care specialist, Associate Professor Odette Spruijt. They appeared in an article she wrote for an Australian online medical journal in 2020. It drew lots of responses: some supportive, many not, including one from fellow palliative care physician Dr Greg Mewett who wrote, 'By my own reckoning, I have been able to dissuade as many patients from proceeding down the VAD pathway as those I have assisted with VAD.'

You'll hear more from him later in the season, but here's the crucial point: to suggest that doctors simply 'accept' a person's request to die without proper examination of their mental health or palliative care options is, in effect, to suggest they are breaking the law. Victoria's legislation is crystal clear: doctors must do both. The process they must follow to comply with the law is both demanding and strict. The penalties for failing to do so, harsh. I'll take you through it all in detail in a later episode. Here's GP, Dr Nola Maxfield's response to the suggestion doctors are simply accepting people's requests to die without properly assessing them.

**Nola Maxfield:** It's certainly not been my experience of what's happening. All those other options are there, the ones that are explored first. People have to come and specifically ask for it. They're only going down that track if they really want to go down that track.

**Andrew:** GP Dr Nick Carr is also perplexed by Professor Spruijt's claim.

**Nick Carr:** Well, it's simply not true. Every Voluntary Assisted Dying assessment we do involves an assessment of palliative care. We assess the mental health of every person who comes to us. I've seen people whose mood was low, but on detailed assessments, they did not have clinical depression or required a treatment with a psychiatrist or antidepressants. These are people who are realistically facing the end of their lives and find that a pretty confronting experience. There's nothing simplistic about any of this.

**Andrew:** In the same article, Professor Spruijt wrote about the 'deep moral distress' among many of her colleagues, caused by a law which she described as 'anathema to the very core of our sense of what it is to be a doctor.' Four days later, Tasmanian palliative care specialist Dr Helen Lord echoed this concern on ABC radio, Hobart.

**Helen Lord:** I'm hearing from palliative care specialists their moral distress, having to work through this. It's much more stressful than anything else that they are likely to deal with in their life.

**Andrew:** Dr Peter Lange acknowledges that many doctors experience moral distress, and in many situations.

**Peter Lange:** Every time a patient discharges from hospital against medical advice, people who are consuming alcohol when they have cirrhosis, a patient who chooses not to engage in in any kind of palliative chemotherapy, we experience some degree of moral distress. it is part and parcel of being a doctor.

**Andrew:** But he fails to see moral distress felt by doctors as an adequate argument against VAD.

**Peter Lange:** People have their own values. They have their own decisions about what is important to them, and we need to respect that. Any distress that we feel is internal and our responsibility.

**Andrew:** Dr Carr believes any emphasis placed on a doctor's sense of distress is missing the point.

**Nick Carr:** I'm sorry if she has moral distress, but this law isn't about us doctors. This is for individuals at the end of their lives. That's who we should be thinking about. It's their experience that matters, not ours.

**Andrew:** In that same ABC radio interview, Dr Lord went on to make a claim about the impact Assisted Dying had had on the work of her colleagues.

**Helen Lord:** They're not able to look after the needs of the majority. So, in a way, people who want this get priority and it's at the expense of other people.

**Andrew:** It's a serious claim: that the demands of those seeking VAD means others are missing out on treatment. Yet, on the numbers alone, it's a claim that's difficult to understand. 124 people used Victoria's VAD law in its first year. In that same period, according to official Government statistics, 42,115 Victorians died. Of those, VAD deaths made up less than half of 1%.

To respond to Dr Lord's claim, a different voice; here's Dr David Speakman, Chief Medical Officer of one of Melbourne's most respected institutions, the Peter MacCallum Cancer Centre:

**David Speakman:** I totally challenge and reject that assertion. I'm privileged to run a hospital. There's a handful of people who have accessed the programme as inpatients. That has not impacted our ability to look after anybody at all, at any time. I know I could speak for many of the oncologists across Victoria. They work long and extended hours to do whatever they need to do for all of their patients, and if that means that some of us have spent some more time doing Voluntary Assisted Dying work, then that clinical care has expanded like it does for anything else. I strongly reject that Voluntary Assisted Dying has had any negative impact on any of the other people that we are charged with looking after.

*[GENTLE MUSIC]*

**Andrew:** For that relatively small number of doctors who've chosen to assist terminally ill Victorians seeking an end to suffering, how hard was it to sign on? What were their doubts and fears?

**Cam McLaren:** I thought that people would accuse me of being a serial killer.

**Andrew:** That was Cam McLaren's view. While Dr Nick Carr…

**Nick Carr:** I've had a number of GPs say, 'Thank God you're doing it and I don't have to.' Interestingly, absolutely nothing negative, bar one psychiatrist who was fairly vocally opposed. But other than that, supportive.

**Andrew:** Do you get any pushback from treating doctors who are aware why you're consulting with them?

**Nick Carr:** Oh, yes, yeah. I remember ringing one oncologist and getting fairly short shrift. And the patient said to me, 'Well, he said to me, "I've spent three years trying to keep you alive. You don't think I'm going to help you die now?"' As if what matters was what he was doing, not what the patient was doing.

**Andrew:** Nick is now a board member of VAD advocacy group, Dying with Dignity. When he finds a fellow GP who supports Assisted Dying, he encourages them to do the training so they can be part of the assessment process.

**Nick Carr:** And every single one of them says, 'Ooh, ah, not quite ready to go there yet.' I think even for people who are positive, it feels like a very large bridge to cross.

**Andrew:** For those who don't have a conscientious objection but who are hesitant, how would you encourage them to do that?

**Nick Carr:** Death is something we deal with as doctors and most of us have seen lousy deaths. If you've been involved in VAD, you've seen some very, very good deaths. That's something that I believe all doctors, bar those who are conscientiously objecting, should be prepared to be a part of and see your patients through right to the end, the way they want to be seen.

**Andrew:** Wonthaggi GP Nola Maxfield, was, you'll remember, the only doctor in her practice to put up her hand for training. She also has had mostly positive feedback.

**Nola Maxfield:** Some have said, 'Well done,' some are happy for me to do it. And the ones who have philosophical, religious objections, I haven't had any backlash from them.

**Andrew:** She hopes that, in time, she won't be the only doctor in town people can turn to for VAD. I asked what she would say to encourage others.

**Nola Maxfield:** I think it certainly added an extra dimension to my practice and to the people that I've been involved with, because they've seen it as a very worthwhile process, and have been very grateful for the fact that somebody local was providing it.

**Andrew:** Like the others, Dr Philip Parente feels sure of his decision.

**Phillip Parente:** Apart from a few negative comments, I've reconciled it within myself, and if I feel comfortable with it, and I believe it's the right thing to do, and the response is, 'Good on you,' really.

**Andrew:** No doctor has been more public in their advocacy for legal Voluntary Assisted Dying than Cam McLaren. Like Nick Carr, he is also on the board of Dying with Dignity. As well, he's made multiple television and radio appearances and featured in newspaper

articles, including one with the headline, ‘Death doctor reveals what it's really like inside Australian suicide clinics.’ I asked him why he wanted to be so vocal on the issue.

**Cam McLaren:** I don’t think it’s right that someone has a legal right to access something, and the systems are not in place for them. That’s unethical to me, and I’m currently involved in 20% of the cases, so if something happens to myself it’s going to put a lot of strain on the system, so we need… we need more doctors to take this up so that they can step in if required.

**Andrew:** And then there’s the impact on Cam’s family. His wife, Emma, a nurse, is supportive of what Cam does, but…

**Cam McLaren:** She’s just very annoyed that there aren’t more doctors doing this, because driving all across Melbourne and Victoria to see patients, that is a very labour-intensive thing at a time when I have a young family. If we’re about to go out to the park and I get a call with a patient who says they want to take their medication and they want me there, I can’t then say, ‘Oh, today’s not very good for me.’

**Andrew:** It’s a heavy load and, yes, at times, Cam feels the weight.

**Cam McLaren:** If you do things right, you really do leave a piece of yourself in that room.

**Andrew:** As for his colleagues…

**Cam McLaren:** There hasn’t been as much professional backlash as I would have expected. The vast majority is very much, ‘I’m really glad that there’s someone out there providing this for patients and I’m happy to send patients your way who want it. It’s not something that I want to provide.’

**Andrew:** So, he continues to speak up.

**Cam McLaren:** I just need to keep reminding people that this is a good thing that we’re doing. So, it’s mainly to encourage doctors to sign up and train, and know that they won’t be ostracised for doing so.

**Lisa Hogg:** I think we have to be really careful to take care of the health practitioners that do choose to be involved.

**Andrew:** People like Lisa Hogg clearly see the need to support doctors who help patients, like they helped her mother, Margaret.

**Lisa Hogg:** As a family, we wrote to all the health professionals who were involved in Mum's circumstance and thanked them, because we understand that, for them, there is some resistance and some people who feel very strongly against Assisted Dying, and that they put themselves out there, perhaps in some way that a lot of people wouldn't be prepared to do.

**Andrew:** Katie Harley sees this too. Her father Phil, who was dying of multiple metastatic cancers, was one of the people Dr McLaren assisted at the end.

**Katie Harley:** Medicine isn't just about curing people. it's about helping them right to their very last breath. You know, we're asking the doctors to be brave right to the end, because their patients are being brave.

**Andrew:** Having listened to the complaints and criticisms of some of his peers, Cam McLaren is in no doubt that he is acting as he believes a doctor should.

**Cam McLaren:** I've heard someone say that this is like tearing up the last page of the book. And so much can be found on that last page of the book, and we're robbing people of that. But it's actually not tearing up the page. It's giving the patient the pen to finish it the way that they think suits them and their life and does honour to them. And I think that it's an expression of love for someone else, to allow them the honour of choosing what happens on that last page.

*[MUSIC: LOYDIE'S ANGEL]*

**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*: so much was said in Victoria's parliamentary debate about the people who would choose Voluntary Assisted Dying, were it to be made legal.

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

**Andrew:** So, who are the people who make that decision?

**Ron Poole:** And the thing that got me was people saying how brave I am! I'm not being brave. Bravery doesn't come into it.

**Andrew:** What does it meant to them to have a legal choice about they die?

**Fiona McClure:** I'd like to go out in a pretty dress, with a pretty pink lipstick, and having just had a latte with a girlfriend.

**Andrew:** And how does someone face the end when they know exactly what day it will come?

**Peter Jones:** My daughter's going to lose someone she loves very much, as I am. That's my biggest fear.

*[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]*