## **Inquiry into End of Life Choices - Submission**

from Lorraine Pestell,

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## **Terms of Reference**

Are Victorian laws adequately meeting people's expectations regarding medical options available at the end of their life?

The Legislative Council's Legal and Social Issues Committee is interested in the community's views, insights and experiences in relation to this issue, to inform its recommendations to the Parliament. The Committee will examine:

- How current medical practices and palliative care can assist a person manage their end of life
- How this issue is managed in other Australian and international jurisdictions
- Potential changes to our legislative framework.

## **My Submission**

Thank you for the opportunity to express my views on an issue which is of utmost importance to me. In opening, I'd like to declare that I'm a "paid-up" member of Exit International, Dr Philip Nitschke's organisation. This support extends to contributing to his recent court defence funding and also dedicating my latest book to him. I must also declare that I attempted suicide in 2003, only to be "saved" by a friend who read his e-mails at two o'clock in the morning.

I write to confirm my wholehearted support for a change in legislation surrounding the right to die. Elsewhere around the world, countries are slowly honouring the basic human right of self-determination. Switzerland, Belgium and the Netherlands are leading the way in providing an opportunity for people facing an unbearable deterioration in their quality of life with an alternative. I am a native Briton, where this issue is receiving serious consideration in the Parliament, and fervently wish for the same level of open-minded debate in Australia.

I'm sure the Committee has already come across The Economist's recent article (<a href="http://www.economist.com/news/leaders/21656182-doctors-should-be-allowed-help-suffering-and-terminally-ill-die-when-they-choose">http://www.economist.com/news/leaders/21656182-doctors-should-be-allowed-help-suffering-and-terminally-ill-die-when-they-choose</a>), which provides a compassionate and comprehensive analysis of doctor-assisted suicide, including for those of us with chronic - one might also say terminal - mental illness.

As a fundamental human right, I believe the option to choose when, where and how to end one's life should be available to all people capable of making this decision for valid reasons, whether this be terminal physical illness or lifelong mental disability. Obsessed with suicidal thoughts for as long as I can remember, I have suffered from chronic clinical depression since primary school, initially diagnosed in my early teens. This later escalated to compound Post-Traumatic Stress Disorder after a violent marriage and various other challenging events over the last 40 years.

I am a 53-year-old university-educated, law-abiding, fully-employed and tax-paying woman who is perfectly capable of rational decision-making. I have sought all manner of psychiatric and psychological assistance for many years: anti-depressants, anti-anxiety medication, cognitive therapy which is supposed to lessen the nightly nightmares (but doesn't work), residential psychiatric care, counselling and regular sessions with an eminent psychiatrist who simply became angry every time we met. Despite remaining as open-minded as possible to the hope of a bearable life, nothing has eradicated my deeply embedded desire not to be part of this world. Owning a dog is by far the best therapy, and they don't last very long!

From my personal experience and in discussion with fellow sufferers, people with depression-related illnesses (particularly PTSD) are easy prey for narcissists and sociopaths in all situations, hence increasing the severity of the individual's condition. These people prey on the vulnerable, and our inability to mount a viable resistance renders us serial victims. Consequently, I would make the decision to end my life tomorrow if there were a mechanism to do so without burdening my family with any administrative, financial or legal burden as a result.

When I woke up in the Western General Hospital after my failed suicide attempt, the feelings of abject disappointment and despair were incredibly difficult to come to terms with. It was suggested that taking up golf would help... Laughable really! I married for the third time, only for yet another partner to run for the hills. At least this time he didn't try to do me harm first.

I moved 12,000km from my parents specifically to distance myself and thereby reduce the emotional impact of my demise. Of course, this doesn't work either! I have since promised them that I won't make another attempt on my life until they have passed away, which leaves me in noman's land for the foreseeable future.

Anti-depressants of all varieties have been prescribed, none of which improve my outlook on life. Taking them for a sustained period is like living with one's head wrapped in Gladwrap; I can sleep between nightmares, all sensory input is available yet muted and forced. When I am not medicated, I can taste food and my libido returns, yet I'm left fighting back tears "24 x 7".

In a professional environment, people with low resilience suffer on a daily basis through general interactions and confrontations at work. Not a single journey in my daily PTV commute goes by without an overwhelming desire to drop off the platform in front of an incoming train, but I will never take this option because of the negative effect it would have on the driver and any innocent witnesses.

My whole working and social life feels unbearably "fake", plastering the smile on myself on my way through the revolving doors or when I accept the occasional social invitation and venture out into the big, wide world. I once heard a Canadian sports television personality use the expression, "Just get me out of here!" to describe his overriding frame of mind whenever in a social situation as a successful man with chronic depression.

Also, I am an author of contemporary fiction in my spare time, and this creativity is the only outlet which gives me a form of enjoyment. I have said many times in interviews that writing is the only place I can truly be myself. However, the anti-depressants necessary for me to perform well in my career as an IT professional completely stifle my creative ability, requiring me to "come down" every few months in order to feel the therapeutic benefit that writing delivers.

In response to the argument that people like me are selfish and cowardly, I would rather my exit be seen on the basis of no longer wishing to consume the world's scarce resources. It would be interesting to survey the struggling cohort of Big Issue vendors, to find out how many of them would rather not pretend to be tip-top customer service purveyors on street corners in order to appear integrated in society. I definitely do not relish the prospect of living another 30 or 40 years, becoming physically infirm on top of my debilitating mental health conditions.

While we have largely come to terms with deciding on whether an unborn child should die and are content to allow people in the military or police to take someone else's life if there appears to be a serious threat to others, yet we do not appear collectively to have the appetite to allow a rational, intelligent and considered decision about our own lives.

Australia is quite a few years behind Europe and the US in terms of mainstream understanding of the diversity issue, yet we have made reasonable progress in the 15 years I've been here. Everyone is different, and I'm not naïve enough to expect government to tailor its services and legislation to

cover each and every nuance. However, when a majority of citizens are on record as supporting rational suicide and voluntary euthanasia, surely there is a case for change?

Some people like football, some people don't. Some people like Brussel sprouts, some don't. Some are tall, some are short. Some are left-handed, go bald early or are oriented to people of the same gender. Some are happy, some are sad. And some people want to live and some people don't. These are not temporary conditions, and neither is the in-built desire never to have been born.

We intelligent and highly rational death-wishers would rather not jump off a tall building or crash a plane into a mountain, like those whose mental conditions are temporarily thwarted by circumstances tend to do. Please give us the right to exit gracefully and leave a space in this crowded world for someone else. "Just get me out of here!"