

I am not a resident in the state of Victoria, but at the age of nearly 84 I think my views will be similar to many elderly persons anywhere and thus of relevance to the Committee. Hence I urge you to accept my submission and consider my views on End of Life Choices.

My wife of 52 years has recently died after suffering from metastatic malignant melanoma in the lungs. She suffered from intense pain and breathing problems and her last days were very trying and certainly not pleasant.

Her illness progressed very fast and within two months she changed from an extremely fit person to almost an invalid. That in itself, apart from her pain and breathing problems, distressed her immensely where she seemed to lose all desire to live. Apart from keeping her comfortable very little could be done for her and medical personnel and her family could only helplessly watch her wasting away.

Mercifully her suffering and distress was short and she died barely three months after the initial diagnosis. But even in that short time she and we, the members of her immediate family, wished that she had some alternative ways to relieve her distress and suffering. She was frightened and concerned that she will become increasingly reliant on others and will not be able to maintain her dignity and independence.

I was able to discuss and talk to her about her illness and my views may now be considered also her views, particularly important as from a person close to her eventual death.

For an elderly person, particularly one that is suffering from pain and distress, mental and/or physical, the last days and stages can be very worrying and it is not death itself but the way of death that becomes frightening. It would be very comforting to have a choice to put an end to it and one should be able to call on a physician's help that end.

End of Life Choices can not be considered by anyone, particularly those in an advanced age unless it encompasses a peaceful and dignified end. Naturally that end should be at the voluntary wish of the patient concerned. Unfortunately most elderly persons seem to die in hospitals or aged care homes, much to the distress and disappointment of most.

Palliative Care has improved by leaps and bounds and we all hope that it keeps improving, but it is not and never will be the answer to the distress and loss of dignity that the elderly fear and hope to avoid at the last stages of their lives.

At present in most jurisdictions in this country any person, suffering more than he/she wishes to bear can refuse to accept any treatment and virtually commit suicide. It is surprising that we as a community can watch the patient slowly die but can not help to bring a swift end to that life. I find that baffling. To me that is not compassion, it is cruelty. We do not treat our pets like that why should we do that to humans?

The humane action will be to provide a legal framework where medical help will be available to that person to achieve a peaceful and swift death. I submit that the Committee accepts the principle of voluntary choice for a person suffering more than

he/she can bear and that if needed a physician should be able to provide help and medication to bring on a peaceful death without fear of prosecution.

Regards,
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