

**From:** [Tony O'Donnell](#)  
**To:** [LSIC](#)  
**Subject:** End of Life Choices Inquiry - Submission  
**Date:** Thursday, 23 July 2015 11:13:50 AM  
**Attachments:** [Euthanasia, it's for the Birds.pdf](#)

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Dear Sir/Madam,

The Victorian Government is to be congratulated for having the intestinal fortitude and the vision to arrange for a public Inquiry into this contentious but pressing topic.

Late last year I penned the attached PDF document, *Euthanasia, it's for the Birds!* over my pen-name of Fred Alcaire (an anagram of "free radical") and sent copies to the MBA, MMA, Royal College of Surgeons, and other related organisations. My position is that euthanasia **is** for the birds, the cats, the dogs and so on but is too little and often too late for us and that what we oldies need is recognition of our democratic right to choose how and when we die.

I offer my thoughts on the subject to your Inquiry in the attached file.

Thank You,

Sincerely,

Tony O'Donnell

[Redacted signature block]

# **Euthanasia – it's for the Birds!**

**Fred Alcaire**

**“Why do so many people want to stop other people doing things, and how can they be stopped from stopping them?” English Comedian David Mitchell.**

I'm in my 80s and have twice attempted to end my own life. However, I'm not a supporter of the concept of euthanasia for humans. Euthanasia, or mercy-killing as it's sometimes called, is an act of humanity and of kindness, a creditable example of our altruism and unselfishness, when we apply it to end the life of a member of another species which is in severe pain and distress from which it is unlikely to recover.

But if we apply the concept to our own species we are in fact denying ourselves the right to choose the time and circumstances of our death and handing that choice over to someone else. Surely the zenith and ultimately determining definition of the democratic concept is having the choice of how and when to die!

That being so, what right does the Medical Board of Australia, or anyone else, have to interfere with that choice by imposing their views and, more than that, by convincing civil authorities to apply constraints, through legislation intended to prevent access to some substances, on individual choice in the matter?

When I was 18 I volunteered to serve with the British army in Korea. I could have died there! No one tried to stop me. No one challenged my right to do whatever I wanted to do with my life. The rest of my time on earth has been lived on the same basis – my life is mine to live it as I choose, as long as I don't interfere with the rights of others or break the law. I chose to ride motor bikes, to work in the steelworks, to come to Australia to live (with all the attendant risk that implies – poisonous spiders, snakes, melanoma, shark attacks, bushfires, cyclones!) to work in the Pilbara, to buy a business in Kalgoorlie – and so on. So, why can I not make the choice of a sure and peaceful departure now? Why are there laws to prevent that?

The paradox in the present situation is that every day countless people of all ages take extreme risks, with impunity, which frequently result in their own deaths or horrendous injuries, and/or the deaths and injuries of others while we few who plan and think long and carefully about our own lives and decide we've had enough are denied a peaceful exit which, while it can cause emotional pain, sorrow, and grief for family and friends, really hurts no one else in the physical sense.

Some people have access to firearms, or illicit drugs and can make their own choice from whatever they have to hand. Yet I, and those of like mind and

in similar situations to mine, are driven to either act illegally or to take the chance of a messy and perhaps uncertain departure.

We, who no longer want to live, but who want to depart at the time of our choosing, and in a peaceful manner which causes no danger to others, are labelled as depressed, or demented when neither are true. Why do we have to be suffering a terminal illness or to be in acute, chronic pain before it's thought that we may be eligible for some sort of relief?

In this regard the medical profession tends to hide behind the Hippocratic Oath, or whatever the current version of that oath is! Hippocrates lived some 2,500 years ago and medical science has moved on. The oath has been varied but is not up to date and, in my view, is so far behind the times that, perhaps facetiously, I consider it more of a hypocritical oath.

But even granting the oath some currency, given that it's essence is generally said to be "To cause no harm!", by denying the elderly in particular their right to choose, harm, sometimes great harm – in effect through neglect or omission, **is** being done.

Medical science has extended the life span of many of us but has left some of us in great discomfort, in frequent or chronic pain, in states of anxiety and stress but can only see the answers to these conditions as being to prescribe the latest chemical fad for our ingestion!

I made up my mind more than 25 years ago that when I'd had enough I would choose my own time and, to that end, began stockpiling and, from time to time, updating various medications to help me on my way. In due course I also made arrangements for organ donorship and for friends, family, and GP to be aware of my wishes via the WA Voluntary Euthanasia Society (WAVES) which provided little yellow cards recording my wishes.

Accordingly, on the afternoon of Wednesday the 13<sup>th</sup> of February 2013 I took a deliberate overdose of a cocktail of prescription medicines, accompanied by a generous serving of a good whisky saved for some years for the occasion, with the intention of departing the planet at this my own choice of time and circumstance. I drifted off in a beautifully comfortable, fuzzy haze.

Some five days later I awoke in a bed in the high dependency unit in the Royal Perth Hospital. Apparently, on coming back to consciousness I roundly abused one of the nurses. I wonder why!

A stream of people came into my view around the bedside and eventually I learnt that a well-meaning relative had given me CPR. This was closely followed by the ministrations of paramedics in the ambulance which arrived at our home very quickly and then by the doctors, nurses, and support staff in the hospital. So, this traveller did return from,

"The undiscover'd country, from whose bourn

No traveller returns – ..."

There were no bright lights there, no dreams, no angels, neither Satan nor God – Nothing! "... a consummation Devoutly to be wish'd."

Since then I've been incarcerated in a succession of "aged care facilities". Now permanently in a wheelchair (an inevitable result of radiation treatment in the 1970s), my life reduced to 14 or 15 hours of discomfort in that chair followed by 9 or 10 hours in an equally uncomfortable bed, my choice to die has been denied.

I'm not terminally ill, nor am I in great pain although I do have unpredictable episodes of a variety of pains for which I take medication as well as anti-biotics for keeping a chronic infection at bay. I've taken four grammes of those a day for the last three years. I really don't want any more chemicals pumped into my body, thank you! I have no life; I can't go anywhere if I wanted to – which I don't; I'm not interested in organised activities such as bingo, bean bag tossing, or bus-trips. But I've had a good and fortunate life and now it's time to go!

Late last year I contacted an overseas supplier of Nembutal (sodium pentobarbital) and the required amount was duly sent to me by registered post which I was able to track to some extent. I'd asked the supplier to mail the package in late November and to wrap it in Christmas paper – which he did. I never received the package and presume it was identified and confiscated by Customs. Why this interference?

Following my most recent suicide attempt which was self-aborted for technical reasons (I'd had doubts about the efficacy of the process which proved to be correct) I've been examined by an eminent professor who specialises in geriatric psychiatry and separately by a similarly qualified colleague. Both have concluded that I am neither depressed nor demented.

**In an ever more-crazy world it's somewhat comforting to know that I, at least, am sane!**

And I suspect that the many of my generation who think the same way as I do about our right to choose our demise are equally mentally viable.

An interesting finding by Exit International, the Nitschke organisation promoting death by choice and with dignity, is that when some of their supporters obtain the means to make their own decision and have whatever it is to hand in the kitchen cupboard, or wherever, they immediately relax and get on with their lives in a contented manner ... until D-Day!

In the last few days I've taken part in an extensive study into an understanding of self-harm and suicide risk in older adults being held by Curtin University here in WA under the auspices of the National Drug Research Institute (NDRI), in conjunction with the University of Western Australia, and Royal Perth Hospital (RPH), and with the investigation overseen by several experts in geriatric psychiatry and related fields.

The very fact of the existence of this study is encouraging even though the designers in their questions adopt a pre-conceived view that suicide equates to self-harm and therefore indicates some form of mental illness. This may well be so for other age groups and for those with addictions or genuine mental

problems but is not necessarily true *en masse* for the over-60s – unless, of course, old age itself is regarded as an illness or as a disease which is how it sometimes appears to be when one converses with some members of the medical profession!

In order to help to ascertain the true picture as well as the ongoing trends I have suggested that the Department of Veterans' Affairs is also well placed to garner some meaningful data from veterans via their newsletter *Vetaffairs*, and online, which might also assist clinicians reach some understanding of this emerging phenomenon – the burgeoning desire by older adults to die peacefully when they are ready.

I've recently been re-reading the fascinating Millennium Trilogy, which starts with *The Girl with the Dragon Tattoo!* written some 15 years ago by Swedish writer Stieg Larsson and noted the following, spoken by a man (Henrik Vanger) in his 80s:

"I have pain in my hip and long walks are a thing of the past. One day you'll discover for yourself how strength seeps away, but I'm neither morbid nor senile. I'm not obsessed by death, but I'm at an age when I have to accept that my time is about up. You want to close the accounts and take care of unfinished business. Do you understand what I mean?" Blomkvist nodded. Vanger spoke in a steady voice, and Blomkvist had already decided that the old man was neither senile nor irrational.

**Larsson, Stieg (2009-10-01). *The Girl with the Dragon Tattoo* (p. 76). Quercus. Kindle Edition.**

So, it's neither a new nor exclusively an Aussie problem!

To end one's own life is a relatively easy matter once the decision is made. There are lots of ways it can be done but amongst the drawbacks to some of these is the problem that in their execution there are varying degrees of uncertainty. There is a chance of leaving a nasty mess behind for loved ones or others to deal with, or that the attempt will backfire to the extent that instead of dying one is doomed to live on in a vegetative state thus being a long-term burden on family and State.

I contend that with an aging population and longer life-expectation, the question of those citizens who wish to end their lives when they choose being able to do so without intervention will become ever more pressing. Society will have to come to terms with it.

We don't want doctors to act humanely, as vets do with distressed animals, and give us a lethal injection, although I'm sure that some of them would like to be able to do that – and perhaps on occasion they do, but nor do we want them to place barriers and roadblocks in our way to fulfilling our own choice in the matter. **But, since they are the only ones who can prescribe certain controlled substances which could be used to cause a peaceful death I contend that it is incumbent upon them to do so when requested by one of their competent, cognitive elderly patients for self-administration when they so choose.**

My own experience and resulting discussions with medical professionals indicate that while many may not agree completely with my views they are ambivalent about some aspects and would be happy if a solution could be found which, while leaving ethical considerations intact for individual consideration, would at least resolve the legal aspects – as has been done in Georgia, USA with specific legislation providing immunity from prosecution for medicos giving lethal injections to prisoners on death row.

Other jurisdictions in both the USA and Europe have embraced various types of “dying with dignity” or physician assisted suicide (PAS) legislation some of which while not in step with the views I’ve expressed above is at least slowly moving in that direction. The topic of euthanasia is also being debated in many parts of the world.

**So, from my perspective, I die in hope!**

BENTLEY  
WESTERN AUSTRALIA  
October/November 2014

**“Euthanasia – it’s for the Birds!”  
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