
From: Inquiry into End of Life Choices POV eSubmission Form
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Inquiry Name: Inquiry into End of Life Choices

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SUBMISSION CONTENT:

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My dad was a broad shouldered Aussie farmer, whose skin was weathered from a lifetime on the land. In his early seventies he could still effortlessly swing a sledgehammer or an axe and spend hours happily working his trade. He was a man of strong build and strong character. That was until he came face to face with cancer.

This man, who was my hero, the person I admired the most, was reduced to a tortured fragile shell by a brutal disease and a system that failed him.

Dad's cancer was secondary and located in his lymphatic system, in a sinister chain of tumours linked throughout his lower abdomen. He suffered increasingly horrendous abdominal and spinal pain for the last few months of his battle. After ten months of tumultuous but mostly optimistic fighting, the disease finally took hold.

As his level of pain increased so too did the need for us, his family, to advocate on his behalf. Initially we made polite requests of the medical staff to deliver the dose of relief medication he had been prescribed. On occasion, we requested the dose be increased. As time went by, our requests became more urgent. So too did his requests for one little pill that would end it all.

At the time, I found the seemingly constant battle with individual staff and with the system, to deliver the relief it had promised my father by way of prescription, to be more exhausting than any other aspect of the situation we were faced with.

My father was on such high doses of morphine based medication that he was becoming increasingly confused. I would regularly find this strapping man, whose body had served him through decades of physical toil, curled into himself, sobbing in pain and in fear. At that point, he was not capable of recognising that enough time had elapsed for him to press his buzzer and request further medication.

I quizzed the head staff member of the ward about why, on the rare occasions that no family member happened to be present, the prescribed dose was not routinely administered at the appointed time. Her response? That her hospital could not accommodate martyrs who did not make requests for themselves.

Within twenty four hours we had dad moved to another hospital. The one he never left.

At this point let me say, the staff at that final hospital were unreservedly compassionate and amazing. But still limited in terms of time and human resources, so inevitably, mistakes still happened.

I arrived to visit dad after work one night to find him missing from his room. I was informed that he had been taken for an x-ray of some sort, so I went to that department to find him. Down in the bowels of the hospitals basement levels I eventually sought out my beautiful dad, frail and alone in a room, dozing in and out of consciousness. When he saw me, and his eyes focused and he recognised me, he burst into tears. He reached for my hand and grasped it like he would never let go. How I wished he would never let go.

His intravenous pain relief had been disconnected during the procedure and mistakenly not reconnected afterwards. Dad wept in pain. Alone. For an hour until I found him.

That incident was approximately two weeks before his journey ended.

At around that time we were finally introduced to the option of palliative care. A wonderful white night palliative care professional actually listened to us. He acted on our feedback to increase doses when we recognised that they needed increasing.

But what do suffering people do if they do not have a family member or friend to sit by their bedside twenty four hours a day like we did for dad in his final days?

By that stage, I knew the name of every drug, what dose dad was meant to be on and how often. I could make specific, logical requests for medication increases. And I was heard.

Yet despite the most attentive care we could have hoped for, my precious dad still suffered horrendously. He was essentially unconscious yet every time the staff had to move him he screamed and howled in pain like a scene from a horror movie.

During those last few days, I whispered permission into his ear a number of times. Reassurance that it was ok for him to leave us. That I would look after mum. However I willingly accept that I would not have wanted him to leave us more than a few days earlier than he did, if the option to end his life was available.

But the point is, it would not have been my choice. The right to choose when the suffering would end would have rested squarely in the tool box of the man who was enduring it.

For more than fifty years dad had lived by the principles of the land. By the principle that you did not let an animal suffer. He had taken the life of many an animal, by his own hand, in order to minimise its suffering. Yet my interpretation of the system in this country is that we accept that it is ok for a human being to suffer as much as is necessary for them to pass away unassisted.

My father, my hero, lay silently in the dark less than 24 hours before his suffering finally ceased. The ward was quiet. His loving wife and son slept fitfully on the floor beside his bed. And I, his only daughter sat beside him in the silence with my arm curled into his, feeling the reassuring thud of his pulse. In the dim light of the hospital machines I watched a silent tear trickle down his cheek. Just a girl and her dad and their tears. Tears for the end of a journey. The end of a lifetime. Tears for a system that would allow him to suffer exponentially more than any other animal that had ever had the privilege of being nurtured by him.

To those who have the power to introduce voluntary euthanasia laws I say the following. I understand the

complexity of this issue and potential for misuse. I understand the need for stringent conditions. What I do not understand is why my dad's comfort and dignity was treated as less important than that of a cat or a horse or a guinea pig.

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File1:

File2:

File3: