THE VICTORIAN SENATE

Submission of Marie Gleeson

The intent of this submission is to provide a brief overview of two personal experiences in Queensland. They sit at opposite ends of the spectrum. When looked at in tandem they highlight several important factors that should be considered before making legislation on end of life decision making.

The first relates to my mother's death and the second to the death of my mother-in-law which occurred just weeks ago. My mother committed suicide 10 years ago with the assistance of an Australian euthanasia political advocacy group that also provides information, guidance and assistance to its members to facilitate suicide plans. The group openly describes itself as an "assisted suicide" organisation.

I've studied the euthanasia issue and its links to assisted suicide intensively, firstly for the purpose of understanding what exactly happened to my mother, and secondly to understand why this phenomenon has existed in Australia for so long in spite of the apparent prohibition in the state criminal codes against such practice. That responsible authorities like state coroners, police and medical regulators have not brought this to an end is evidence of the complexity of the issue. None the less, the evidence I found leads me to confidently state that unregulated and unlawful assisted suicides in numbers sufficient to distort Australia's annual suicide data have been occurring in this country for at least the last 15 years. (I do not refer to the hospital environment.)

Gloria Irene Lindberg killed herself in 2005 using a method specific to an assisted suicide organisation. She suffered from depression and panic attacks. She was not terminally ill. Police were not interested in this death. According to one senior police officer they'd seen similar deaths before and prosecutors believed it was impossible to sustain charges against the organisation and its medical officer. One coroner told me the matter is political and made no remark about the fact that this lady was not terminally ill but was, according to her suicide notes, afraid of going into a nursing home.

Coroners in New Zealand and Australia have discussed this type of suicide at annual conference meetings. They are aware of the issue and some of them have attempted to refer the matter to government ministers. I don't believe they are aware of just how many of these deaths are masquerading under the wrong "cause of death" and potentially skewing Australia's suicide data but they certainly are aware that euthanasia/assisted suicide groups are impacting on the suicide rate of older persons. Young people use this same group's information to commit suicide.

The coroners no doubt abide by World Health Organisation guidelines and refrain from publicising methods of suicide, i.e. holding inquests, so as to protect vulnerable members of the public from the Werther effect (risk of copycat suicides). So we have an absurd situation whereby euthanasia and assisted suicide advocates disperse information and help to prepare individual tailor-made suicide plans with impunity while the coroners keep it quiet.

In contrast, my mother-in-law died recently of aggressive bladder cancer and received high quality care aimed at meeting her end of life wishes. The service provided by the palliative care team based at the Robina Hospital on the Gold Coast was excellent. We were able to look after her at home right

up to the last two weeks and even then we had a general practitioner who conducted visits to a comfortable care facility so she could stay out of a hospital environment until the last two days of her life. There are some improvements that could be made to this “palliative care team” approach but overall we were impressed with the assistance our mother was given and the manner in which we were supported to keep her at home for as long as possible in accordance with her wishes. The process was initiated by the Gold Coast Hospital when diagnosis occurred and specialists were part of the planning. The team consisted of non-government service providers, a hospital team led by the palliative care specialist who conducted at least one home visit, the general practitioner, local pharmacy and nursing service provider. We, the family members, were considered part of the team and were consulted at team meetings when home care was being planned. We were loaned a fully automated hospital bed to use at home once she became bed-ridden. It was a positive experience at a difficult time and we are comfortable knowing that our mother died without unnecessary trauma.

Distinguishing suicide for the mentally ill from euthanasia for those with terminal illness won’t be a simple thing particularly if one considers the effect of privacy laws in Australia which cocoon the mentally ill from their families, those who know and understand them best. This phenomenon was highlighted by several submissions to the Federal Senate Enquiry into Suicide in 2009/2010. My mother was an expert in doctor shopping. She’d been doing it for many years. Like many who suffer from chronic mental health issues she knew how to manipulate the system. She was still sick nevertheless and had I been consulted more during her life the heartache for myself and my brothers would have been less. We might have even found out that she was secretly planning this suicide. She was using techniques shown to her by the assisted suicide organisation which included instructions on what to say to her general practitioner to obtain a stockpile of particular drugs that the organisation’s medical officer advised her to use as part of the planned method of death.

Both cases highlight the importance of family and the ways in which things can go wrong. Family members provide support and protection for their vulnerable and frail elderly members when dealing with the medical profession. My mother-in-law could not have used the palliative care team so successfully without our help. Elder abuse laws focus on the capacity of family to abuse but this is equally possible for anyone in a position of power and particularly possible for members of the medical profession. Most of us tend to think doctors are beyond reproach and have high ethical and moral standards. My experience tells me that there are doctors with high ethical standards and those with less. How will legislators ensure vulnerable members of the public are protected? My mother was not protected 10 years ago under an existing criminal code.

I can provide more detail including published references and will appear in person if required by the committee.