

# TRANSCRIPT

## STANDING COMMITTEE ON LEGAL AND SOCIAL ISSUES

### Inquiry into end-of-life choices

Traralgon — 9 September 2015

#### Members

Mr Edward O'Donohue — Chair

Ms Nina Springle — Deputy Chair

Ms Margaret Fitzherbert

Mr Cesar Melhem

Mr Daniel Mulino

Ms Fiona Patten

Mrs Inga Peulich

Ms Jaclyn Symes

#### Participating Members

Mr Gordon Rich-Phillips

#### Staff

Secretary: Ms Lilian Topic

#### Witness

Mr Tony Paul.

**The CHAIR** — I invite Mr Paul him to come to the table to make a brief statement.

Mr Paul, you have heard it many times today, but I will just issue the caution. I hereby advise that all evidence taken at this hearing is protected by parliamentary privilege. Therefore you are protected against any action for what you say here today. But if you go outside and repeat the same things, those comments may not be protected by this privilege. Further, all comments from the floor will be recorded and the transcript provided for the correction of obvious errors of fact or grammar. However, substantive changes will not be accepted.

I invite you to make a brief 2 to 3-minute statement.

**Mr PAUL** — Thank you. Listening today has sort of crystallised a lot of the thoughts that I had. I have already put in a submission. It looks to me like an education program through GPs to promote advance planning health care is the starting point that we need to look at. It ought to be compulsory for a doctor to provide a patient with a full and frank disclosure of a terminal diagnosis. I do not see that a doctor has the right to withhold part of the information.

There needs to be an immediate exposure to an education program on end-of-life choices upon receiving a terminal diagnosis. We need to recognise that the relationship between the doctor and patient is acknowledged in law, that undue influence can or does exist in such a relationship, and that relationship calls for mutual respect and two-way trust. The state should legislate to enable a terminally ill individual to formally choose and record how and when they wish to die. That legislation should require a treating doctor to faithfully respect the patient's wishes to the very end.

I say all of that from the point of view that in our own case my wife was a cancer patient for 12 months. She went through a whole process of going in and out of hospital, because they could not get the medications right. She had a host of allergies. But at the very end, with the cancer generating a lot of fluid, she was getting fluid drained from her body; she was getting fluid drained from her lungs — 2.25 litres out of one lung three days before Christmas.

It made a huge difference once they got it out. That is like three bottles of wine out of one lung. She went and had some fluid drained on the Thursday. On the Friday she was due for chemo, but she could not handle it, so we cancelled it. On the Saturday she collapsed, and by this time she had had a gutful of the hospital where she was being treated. At her express instructions we took her down to another hospital, and they were brilliant. They were up-front and said, 'Your lung's three-parts full of water now. It was only drained 36 hours ago. The more frequently it gets drained, the faster it will refill. We can drain your lung tonight, but it will need draining again tomorrow. What you want to do?'. She said, 'I want to go home and die'.

It is a shame that she did not have the facility of having her life terminated when she wanted it terminated. Why did she have to come home on the Saturday night and drown, and drown again on Sunday? She was gasping for breath — I could hear her bubble, bubble, bubble — and on the Monday night she passed away. So there is a lot to it. Basically, a patient should have, especially when death is imminent, that right to say, 'Yes, I have had enough, and my family is around me'. We were lucky we had our two daughters living within a few hundred yards of the house. That was our caring team — the four of us: my son-in-law, two daughters and me. We had a daily roster up at the hospital. It worked well, but it just did not work for my wife, that is all.

**The CHAIR** — Thank you, Mr Paul, for sharing your personal experience with us and for being with us here all day today. Thank you very much.

**Mr PAUL** — Thank you. It is an education process.

**Committee adjourned.**