On too many occasions as a Division One Registered Nurse off duty, and on duty I have been overcome with inner distress with prolonged inhumane, unrelieved suffering, particularly the incurable patients known to be terminally ill, and in their final stages of life.

Even more sadly, several of my friends have become such patients. The law would penalise owners, or even take the animals from them if they allowed animals in their care to suffer much less than these unrelieved suffering humans.

One friend was diagnosed with end stages of asbestosis and in an acute general hospital, for around 6 weeks then transferred to a nursing home where he died within weeks. Before he became ill he had much pride in his appearance. For the above period he suffered terribly. He never got relief from the constant cough that sounded like he was choking, no relief or way of removing the huge ribbons of yellow-green-brown tenacious mucous accumulating and dripping from his mouth, throat, and nose and constantly soiling his pyjamas and bed. He had no energy. Continuous oxygen via nasal tubes seemed to add discomfort and annoy him with his unbearable, unrelieved dreadful pain. Loudly he yelled out with the pain, and for staff who rarely responded to him, perhaps knowing they couldn’t help him.

After being transferred to the nursing home he continued to thrash around the bed so much that his leg nearest the wall was bleeding from deep abrasions, caused by him desperately, and repeatedly hitting it (like natural besser-brick) !. He did a lot of screaming out with the pain, and can’t someone help me?” My asking staff made little difference. Repeatedly when he got enough energy he begged me to try and get the law changed to prevent others like him suffering—thus this personal letter to you. It was near six weeks before the palliative doctor was contacted when it was realised by a visitor that he had used palliative care in the past. The medication was changed immediately and dramatically. Then relief for my friend after many months of utter torture, or hell on earth. The sad reality in a community that could not help him.

Too often pain breakthrough occurs in the suffering, terminal patients already receiving analgesia. This could occur for many reasons, including prescribed analgesia not strong enough in the first place, or not given frequently enough, or if the order says as required, those administering the drug withhold it for reasons best known to themselves. With disbelief I observed the above situations also in acute public and private hospitals-some also under palliative care, and in “modern” aged care facilities.

Each friend had terminal medical conditions, and incurable. In the care of professional medical staff they felt mostly unheard, and that they didn’t matter. Perhaps unsatisfactory responses when begged through tears of pain and desperation calling out “please can’t you do something for my pain” or “please end my life” I can’t bare it anymore, Now they are all dead, but I have nightmares about their end of life tragedies, and my broken It was so. So wrong and inhumane. It seemed to me that the law was kinder for suffering animals than my unrelieved suffering friends.

A few patients I know have been lucky and had a good palliative care with a dignified death in institutions. A few lucky ones amongst the masses., and luck of the draw by getting a good doctor with end of life choices is not good enough for everyone. Poor government, outdated law, pathetic systems, need realistic and urgent updating reflecting the majority voice of voters. Politicians need to be honest, not ego based, instrumental in delivering the peoples needs.

Why does the current law NOT reflect the Australian Bureau of Statistics report that over 86% of ALL VOTERS WANT THE RIGHT TO CHOOSE ASSISTED DYING?

The Medical Treatment Act should be appropriately amended as soon as possible, to allow the incurable, and unrelieved suffering, the right to choose terminal medication.

Yours sincerely, Flora Metcalf, 23 July 2015