SUBMISSION CONTENT:

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The penalties for acquiring a banned life ending drug such as Nembutal are reported as imprisonment or fines of up to $825,000. Despite this, across Australia people are acquiring Nembutal to give them a choice and an element of control with how their death plays out. Even though the penalties are severe within Australian legislation, it seems the authorities are choosing to ignore these instances. Why are we keeping this law if the authorities are aware of people in possession of the drug and are not enforcing it?

The fear of the penalties of possessing Nembutal and the risk of charges for your loved ones can pressure people into taking Nembutal alone, before they are ready and not with their family due to fear that it will effect their futures legally. A strong statement that they would rather have a comfortable death and die alone than be with their loved ones.

My father Raymond Godbold acquired Nembutal in April this year. My father allowed The Age to publish an article on it as a provocation that this is not as rare as people think it is - it is just not in public knowledge due to the fear related to the laws and penalties that apply. After coming public, there were no repercussions, scrutiny or pressure from the authorities. I am grateful for this but for something that has such severe repercussions reported it seems strange.

If the law is not going to be enforced, which suggests that people are accepting the fact people are taking Nembutal as a method of choice, please allow a law where those who desire a choice can exercise it in a framework that can controlled and enacted with freedom should someone wish to make that choice.


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File1:

File2:
Right to die: Dr Rodney Syme hands patient Ray Godbold life-ending medication

Konrad Marshall
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- Compelling case to enact right to assisted death
- Editorial: Righting a travesty for the terminally ill

A small brown bottle of liquid sits on the table, positioned between the two men.

The glass has no label, but both the patient and the doctor know what it holds.

The sick man calls it "control" and the urologist calls it "medication", but the non-prescription substance has another name.

Nembutal was once a common sedative but is now more often used by vets to put pets to sleep. It is also the drug of choice for those who believe in the "right to die" – when physical pain and emotional misery become too much to bear.

Ray Godbold, 59, wipes his runny nose and explains what has led him from his home in Inverloch to this Philip Island holiday shack, surrounded by chittering birds perched in coastal banksias.

He has come to meet with Dr Rodney Syme, 79, the controversial vice-president of Dying with Dignity Victoria, to discuss the final stage of his life and his control over how those minutes unfold.

They first met here 12 months ago. Godbold had stage four gastroesophageal cancer, which had spread to his liver and lymph nodes. They kept in touch as the disease progressed. Now they are back.

Reasons for concern have been mounting. The cancer is taking more of his metabolism away, along with his appetite and energy. His pain and discomfort are growing, with dizzy spells and a few falls.

"I can tell – in myself – that the cancer will eventually…” he pauses, stopping to gather his thoughts. "I'm not as well as I have been."

Both men know how his disease will progress from here.

Catastrophic events such as a heart attack, pulmonary arrest, embolism or severe bleeding are a risk. Liver failure and jaundice are a concern and, as the cancer spreads, cachexia or "wasting".

"If I was here in my underwear, you would see the ravages of the cancer on my body," says Godbold. "If I took my clothes off, you would say I was already cachetic."
Ray Godbold was once a palliative care nurse - he is now dying from gastroesophageal cancer.

Godbold talks the talk because he spent 34 years as a nurse. As a midwife, he has been in the delivery room for the arrival of so many newborns, and he has also been present in homes and hospices as countless others have died in his specialist palliative care.

Godbold knows what a bad death looks like, and he does not want that for himself or his loved ones. And so he wants that little brown bottle on the table. He wants control.

He does not want to meet any new doctors or nurses in his final days. He does not want a drip of morphine and Midazolam to send him into a coma.

He does not want strangers making decisions about his death while he is unconscious, while his family sits for hours, days or even weeks – waiting for his last breath.

He has been positive up until now, but new metastases have come up and there is a creeping "existential despair" about how the end will come.

"My thoughts are starting to get a little bit darker, about death approaching," he says. "I have had a psychological change."

Rodney Syme nods. He points out that doctors cannot measure pain, breathlessness or tiredness. They cannot quantify despair and therefore must accept that only the patient can judge when suffering becomes insufferable.

He has been helping people in this situation for 25 years, by doing what he is about to do.

He hands the bottle over.

"That's medication for you – some Nembutal," he says. "You need to take that by mouth, and you will have total control of that. It's not my intention that you take it. I hope you don't need to take it. But if you run into a brick wall, then that is what I sometimes call the key to the fire escape."
If needed, this small bottle of Nembutal will be enough to end Ray Godbold's life.

The two men shake hands and begin discussing the efficacy of what is, in effect, a black market substance. Nembutal is a "border controlled drug", possession of which is a breach of law. Penalties range from imprisonment to fines of up to $825,000.

"If you take it," says Dr Syme, "you will go to sleep relatively quickly and peacefully, and you will not wake up."

If Godbold ingests the powerful barbiturate, he will be able to talk to his family for a few minutes, but the conversation will slow. He might yawn deeply, lying there in his bedroom. He will close his eyes at times, and drift into sleep.

In unconsciousness, the drug will slow his brain activity and nervous system. His heart rate will weaken. His breathing will become shallow. He will be dead in perhaps 20 minutes.

"Thank you," he says. "It gives me great peace of mind to know that I've got it in my possession. I very much appreciate what you're doing for me."

What both men are doing is taking a stand. They are mounting a public challenge to current laws that deny people the right to take their own life with the help of a doctor, through medication that can assist their passing in a peaceful and reliable way.

Ray Godbold and Dr Rodney Syme are making a public stand on the "right to die" issue. They expect a reaction. They want a debate – about what Dr Syme has already done for decades.
Paul Russell, director of HOPE, an organisation devoted to preventing euthanasia and assisted suicide, said it was "frustrating" that any doctor would supply patients with life-ending medication. "Euthanasia is never safe."

One of his main arguments against "right to die" legislation is the inevitable "incremental extension" of those laws. In the Netherlands and Belgium, he says, people have been euthanised after psychiatric illnesses, botched sex change operations, or fear of going into a nursing home.

The story of Ray Godbold creates an "impetus for change", he says, but equally there are other stories that should create "cause for pause or thought".

In Victoria, it is a criminal offence to incite, aid or abet a suicide, with a maximum penalty of five years' jail, yet no Victorian doctor has been charged with assisting suicide in the past 50 years.
Ray Godbold with his wife, Robyn. Both are nurses, and know what suffering looks like.

Dr Syme says he has been "frightened" to publicly reveal his work as it might get him into "deep trouble", but says the time for hiding has passed.

State Parliament has rejected 16 euthanasia bills over the past 20 years, and although a new inquiry into end of life choices has been launched, Dr Syme feels the issue needs a push.

He is happy to make his actions known, and is even delivering an address on the subject to the annual conference of the Royal Australasian College of Physicians later this month.

Offering people this kind of control, he says, helps relieve angst and potentially extends life by removing anxiety about death. Then finally, as a last resort, medication can be a way out of a protracted and gruesome passing.

"I've set out to challenge whether what I am doing here publicly is a criminal offence," he says. "I believe I can argue that it's not – that it's good palliative medicine."

Ray Godbold at home in Inverloch, tending the garden in readiness for winter.

Ray Godbold is a believer in palliative care. He knows it may be enough for him, as it was for right to die campaigner Peter Short.

But he does not want to be forced to rely on their restrictive processes when the end of his "mortal cycle" is near – when he believes he should have a choice.

"When it comes to the end of my life," Godbold says, "my trust is with myself."

In the meantime, he is painting the house, bedding down the garden for winter, and making sure there are no odd jobs left behind when he is gone.

He wants to be ready for that moment, in every way.

"I want to gather my family around me and just say goodbye, and go my way – not your way," he says. "Now's the time."

Konrad Marshall is a senior writer at The Age