

This is a simple motion that states the obvious. But in addressing this, I will be doing two things

- a) placing on record some of the dreadful ways that people use to end their lives, and what might be more acceptable alternatives for those who are denied the opportunity to access legal voluntary euthanasia; and
- b) challenging Federal law

During this year's state election I made a promise to challenge the "Suicide Related Material Offences Act" which was passed last year by a majority of members of the Federal Parliament.

This Act provides a fine of \$110,000 for an individual and \$550,000 for a body corporate should they provide information through electronic means about humane ways to end a person's life.

This is a case of the law being an ass:

- Radio and TV would be able to cover what I'm saying now but would be breaking the law if they attempt to put to air some of remarks I will make later about methods.
- Newspapers can cover the whole speech, but they cannot put it on their websites.
- Anyone who reads it in Hansard can copy and distribute it without breaking the law, but they will not be able to access this parliament's website and forward the details electronically.
- If they copy it and have the intention to put it on their own website, even if they never do it, they break the law
- People can borrow from their library or buy from a bookshop Derek Humphrey's book "Final Exit" which details humane methods of ending one's life
- I can face to face tell a person the methods that might be used to take one's life, but I cannot do this via the telephone
- I can put it in writing in a letter to a friend but I cannot e-mail that same information
- And most stupidly, it can only apply to telecommunications providers in Australia.

This law encroaches on our freedom of speech, and its inconsistencies make this a law that deserves ridicule.

How will our law enforcers check all the phone calls and the e-mails? Surely they have better things to do with their time in policing real crime?

This speech will be part of the Hansard record and therefore should ultimately appear on the Parliament website. It will be most interesting therefore to see how the Federal Government plans to prevent the South Australian Parliament from reporting the proceedings of this parliament via its website.

It should make a very interesting High Court decision about the rights, freedoms and privileges of state parliamentarians and state parliaments.

I make abundantly clear that I am not advocating suicide, but the right of people to end their lives should they find themselves suffering intolerably.

In the absence of legal voluntary euthanasia, suicide might be the last option available to some, and information about the most benign ways to do this should be readily available to those who seek it.

And we do not have legal voluntary euthanasia, despite numerous attempts.

VE legislation has been introduced three times to the House of Assembly, with John Quirke's Voluntary Euthanasia Bill, and Bob Such having twice introduced my Dignity in Dying Bill. In the Legislative Council, I have twice introduced my Dignity in Dying Bill, and Anne Levy introduced her Voluntary Euthanasia Bill.

If any one of these bills had been passed, a depressed person thinking of ending their life, upon visiting the doctor to make that request for assistance in dying would find themselves the subject of medical intervention to address the depression.

But as it is, there are many depressed people who are not able to get assistance in our mental health system, and so often it is only after suicide attempt is made that intervention occurs with the medication and counselling that is required.

Apart from depression, why do people want to end their lives? The issue is not pain although this can be part of it. The issue is about quality of life and dignity.

People whose lives have no quality or who face the prospect that in the near future their life will progress to that point have few options available.

It's been more than a decade since the first VE legislation was introduced in South Australia. The NT Rights of the Terminally Ill Act was banished by the Federal Parliament - so much for democracy.

A number of activists, such as Dr Philip Nitschke, have given up on us, the lawmakers. He and others in his organisation, Exit International, including doctors, pharmacists and chemists, have been working to develop a "peaceful pill" that could be put together from common household substances and used by people who might otherwise be forced to take their lives by less humane and more violent methods.

palliative care is good, but it has its limitations
→ statement from Palliative Care Association

Some symptoms cannot be palliated.

Jo Shearer had such symptoms. She was not terminally ill, but she chose to take her own life because she regarded it as untenable. Jo had scoliosis. She had an auto-immune disease, she had Sjogren's Syndrome, which required her to put drops in her eyes every 10 minutes of the day.

She had unremitting pain, which the Flinders Medical Centre pain management centre was unable to alleviate. She had chondrocalcinosis in her knees and extensive tenosynovitis.

You can usually tell a person with bad scoliosis by walking behind them: one shoulder will be higher than the other, one hip will protrude and while one arm will swing back and forwards, the other will be unable to because of the hip being in the way.

Many people have mild scoliosis, but in Jo's case it was bad and made worse by the fact she had double scoliosis. As well as that bending of the spine from side to side normally observed with scoliosis, Jo had it from her back to her front. If one touched the front of her body you could touch the bones of her spine, and that curvature was pressing on her stomach and intestines, making the holding down of food difficult and creating constant nausea.

She was able to stand for only very limited periods of time - maybe a couple of minutes at most, so she had to spend most of her time lying down.

Jo made two attempts on her life, the second one being successful. I do not know what method she used on the second occasion, but the first time she took some sort of sedatives, then pulled a plastic bag over her head.

Unfortunately, although she could not recollect doing so, she had pushed the bag off her head, and came to some hours later when an ambulance officer was attempting to put her in an ambulance to take her to hospital.

Although she protested that she did not want to go, the ambulance officer ignored her pleas, and Jo found herself compulsorily detained under our Mental Health Act for doing the sanest thing possible under her circumstances.

I met Jo twice, and had a couple of phone conversations with her. On the second occasion I knew that it was only a matter of days before she made another attempt.

Her daughter was overseas, and Jo did not want to suicide at a time to cause her daughter to cut short her holiday, so planned to act a day or two before her daughter arrived back home.

As I left her home I said "Good luck Jo" and she fired back at me "You think I'm going to f... it up again, don't you?". I told her that I believed she would be successful as a consequence of learning from what she had gone wrong with her first attempt. About five days later I heard that, mercifully, she had succeeded.

Shirley Nolan is a more celebrated example of someone who took her life. I spent an afternoon in her company during which she explained why she felt the need to end her life.

Shirley was not terminally ill, but her physical condition had deteriorated to such a state that her life was unbearable. She had already made one unsuccessful attempt to end her life.

She had Parkinson's Disease, and the afternoon I visited her she had spent two hours of that morning lying on the kitchen floor after her body had gone into spasm.

The spasming was part of her worsening condition, and when it happened, provided she could get to the point in the house where she kept the requisite medication without falling down, she would inject herself to stop the spasm. But frequently she was not able to manage that, and it was then a matter of waiting for a neighbour to call in and pick her up off the floor.

Her body started spasming while I was speaking with her, and, illustrating the loss of dignity that she had to experience as a matter of course, she whipped down her pants in front of me, and jabbed the needle into her thigh.

She'd had to give up driving her car, so she was effectively confined to home. And she feared the deterioration of her body that would see her admitted to a nursing home with a mind trapped inside a useless body. She was planning another attempt to take her life, which she did successfully a week or so later.

-> British woman - Elizabeth Graham

One of the consequences of people having to resort to suicide is that it very often means the person will do so earlier than they would have, had legal voluntary euthanasia been available.

For instance, someone with Motor-Neurone Disease may have to take their life earlier than would be necessary because they will need control of their arms to take something orally.

Shirley Nolan took her life earlier than she needed to, compared to when it would have happened, had there been legal VE.

Marshal Perron, former NT Chief Secretary and the architect of the Rights of the Terminally Ill Act has said "thanks to advances in medicine we have never lived so long - or died so slowly as we do today". He observed that in 20 years' time we will be able to keep virtually everyone alive indefinitely.

-> quote from Ron Bennett

Walk into any nursing home and you will see people who are bed-ridden, bodies emaciated, unable to get out of bed, incontinent and wearing nappies.

When Marshall Perron appeared before the Social Development Committee of this parliament, he listed some of the principal suicide methods used by the elderly: over the 3 year period 1995-97, across Australia there were 439 suicides of people over the age of 75, of which 133 used hanging, 95 firearms and 56 poison. The corresponding figures for South Australia were 35 suicides, 15, 9 and 7.

These are not methods anyone would advocate. But let's be clear, appalling suicides occur when people are denied voluntary euthanasia and honest information about the alternatives.

I'd like to think we value our over 75s a bit more than that. Fancy turning a blind eye to this and causing them to take their lives in such violent ways.

Imagine what it must be like for the friends or relatives to come across the bloated body of that dear relative afterwards.

Hanging, shooting or poisoning yourself are some of the awful ways to attempt suicide. In the absence of legal VE, knowing that some people will take their lives, we need to get the message out about the awful consequences of some of the methods people use.

Whatever you do, don't take an overdose of paracetamol - you may not die, but instead survive with permanent liver damage. But if you succeed in dying, it will be an awful death, painful and over a number of days with progressive organ failure.

Throwing yourself in front of a train is a nightmare that many train-drivers experience as a witness when desperate people take that awful step. It's a shocking thing for a driver, who has to live with that memory for ever, apart from

the fact that he will be interrogated by his employer as if he was the one at fault. For some drivers they never again get back in the cabin, images remain so searing.

Why should those drivers have to live with that nightmare? We force it on them by not having legal voluntary euthanasia.

It is not illegal to commit suicide, although it is illegal to assist in a suicide. Even being present at the time someone takes their own life puts a person at risk of being charged with assisting.

Those who stood around Nancy Crick's bedside as she took drugs to end her life have faced stiff questioning from Queensland Police, although none have been charged as yet.

Except on rare occasions, the person has to take the action on their own, without discussion with their friends and loved ones, who will often be the ones who stumble upon a rotting corpse some days after the suicide, trauma which could be avoided for all if we had legal voluntary euthanasia.

Some people have chosen the plastic bag method, which I've referred to in regard to Jo Shearer. Federal law now prevents these bags from being imported in a finished form, but they can be easily made. It simply requires a bag made of a reasonably heavy duty plastic with elastic sewn inside a casing on the rim which can be pulled closed around the neck to prevent fresh air getting in.

It's now suggested that use of the plastic bag should be combined with helium. That can be purchased in a party balloon kit.

The helium will knock you out quickly, curtailing the sort of movements that occurred with Jo Shearer when she somehow pushed the plastic bag back off her face.

However, to ensure this method works the nozzle of the helium cylinder will need to be modified. In its original form the helium is released quickly, and a slow release of the helium over 5-10 minutes is more effective.

People wanting details of how to modify the nozzle can obtain them here in Australia if they are members of the group Exit International which has moved its base to New Zealand because of the Federal laws I am condemning in this speech.

Nembutal was the substance used by Dr Philip Nitschke with the four people who accessed voluntary euthanasia under the Rights of the Terminally III Act in the NT. Shortly after their deaths, the Federal Government took this drug off the list of drugs able to be prescribed for human consumption.

However the form of Nembutal used then was the liquid veterinary form, as opposed to the tablets form that was delisted.

If you have a friend who is a vet, then you might have an opening. However, any vet who supplies Nembutal in this way could be charged with assisting a suicide, so there are not likely to be too many vets who will help in this way.

There is another way of getting liquid Nembutal. Anyone who is visiting the US can hop across the border to Mexico, buy a 100ml bottle of it for about \$US30, and bring it back to Australia.

It isn't detectable by sniffer dogs, and it has a long shelf life, so an increasing number of Australians are making the trip to California, then going to Mexico for a tourist shopping trip. But of course, that requires a certain amount of cash to make the trip to the US.

When taken in this liquid form, the person goes to sleep within about a minute of drinking it, and a peaceful death results when the lungs stop working.

Another method, but one only available for those with spare cash, is to join the group Dignitas in Switzerland and travel there to be provided with the medication that will allow you to take your life.

-> part 2 of Elizabeth Richardson's story

It hasn't yet been tested in court here in Australia, but it is possible that if you drive to the airport a person who intends to end their life in that way, or assist them through the airport terminal, you could be charged with assisting a suicide.

One of the time-honoured ways that people have suicided has been with carbon monoxide - piping exhaust gases inside closed cars. But this may not be such a good idea. With fuel efficient modern cars producing less carbon monoxide, what may result is survival with serious brain damage.

Because pain is subjective, and a doctor has to rely on a patient reporting the degree of pain being experienced, this creates an opportunity: report increasing levels of pain to one's doctor, each time asking for something stronger until one is being prescribed the morphine or morphine-derivative that is needed.

The body develops a tolerance to morphine, so it would be possible to get the prescriptions filled out but not used until one reaches the point at which the individual feels that the lack of dignity and autonomy has gone too far. Only at that point would the person then take a large dose and, because no tolerance has been developed it would work quickly.

But the experience of Elizabeth Richardson leads me to believe that this might not achieve the result intended. Again, it's why we need legal voluntary euthanasia.

Finally, we in South Australia are lucky enough to have the "Consent to Medical Treatment and Palliative Care Act".

Under this law a treating doctor can increase the amount of pain relief, even if it accidentally hastens the death of a patient.

And some people are lucky enough to have a doctor who will do this for them.

Provided you've filled out an advanced directive, and if your condition has you on a life support system, then having put instructions in writing about withdrawal of that life support under certain conditions, you may have that chance to die in a humane way.

You can, for instance, and I advocate that you should, include an instruction that, if you develop pneumonia - what has been known for many years in nursing homes as "the old peoples' friend" - you are not to be given antibiotics.

You can instruct that you do not wish to be given food or drink under certain conditions but that you be given enough moisture to keep your mouth from drying out - too much liquid and you can stay alive for a couple of weeks.

I strongly encourage South Australians to fill out an advanced directive, and not leave it to their loved ones to guess their intention if they are unconscious.

I know that some mischievous people will claim I am promoting suicide. I am not. I am promoting the right for people to die with dignity.

Some will say this will cause an increase in youth suicide but, if members have listened carefully, they will have heard that there is almost nothing that is readily available.

Everything I've mentioned takes time, money or knowing someone. There will not be an increase in suicides as a result of this speech.

I do not advocate people taking their lives, but if we as lawmakers prevent them from going peacefully, if we force them take the situation in their own hands, then I don't want them to die violently by hanging themselves, poisoning themselves, shooting themselves.

If any members of this parliament prefers that option, then you will have to live with your own consciences.

Charlotte Perkins Gilman - suicide note, 17th August 1935:

"Human life consists in mutual service. No grief, pain, misfortune or 'broken heart' is excuse for cutting off one's life while any power or service remains"

"But when all usefulness is over, when one is assured of an unavoidable and imminent death, it is the simplest of human rights to choose a quick and easy death in place of a slow and horrible one".

I have moved this motion so that some of the information that people seek is accessible, so that such people can find the most gentle, humane way to quietly go.

I have moved this motion to attack a stupid law, an asinine law, one that applies selectively to e-mails and not to books, a law that cannot even be properly policed.

I have moved this motion to challenge a disgraceful law, a law that is an attack on freedom of speech and expression.

It is sad that I have had to do so, but necessary because of the intransigence and paternalism of so many politicians in this country.