

JOINT SELECT COMMITTEE ON END OF LIFE CHOICES

**INQUIRY INTO THE NEED FOR LAWS IN WESTERN AUSTRALIA
TO ALLOW CITIZENS TO MAKE INFORMED DECISIONS
REGARDING THEIR OWN END OF LIFE CHOICES**



**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
TUESDAY, 1 MAY 2018**

SESSION THREE

Members

**Ms A. Sanderson, MLA (Chair)
Hon Colin Holt, MLC (Deputy Chair)
Hon Robin Chapple, MLC
Hon Nick Goiran, MLC
Mr J.E. McGrath, MLA
Mr S.A. Millman, MLA
Hon Dr Sally Talbot, MLC
Mr R.R. Whitby, MLA**

Hearing commenced at 11.22 am**Mrs BEVERLEY ANN MACRI****Private citizen, examined:**

The CHAIR: On behalf of the committee, I would like to thank you for agreeing to appear today to provide evidence in relation to the end-of-life choices inquiry. My name is Amber-Jade Sanderson and I am the Chair of the joint select committee. We have Mr Simon Millman, Hon Dr Sally Talbot, Mr John McGrath, Dr Jeannine Purdy, Hon Colin Holt, Hon Nick Goiran, Mr Reece Whitby and Hon Robin Chapple. The purpose of this hearing is to examine the adequacy of the existing laws and resources for end-of-life choices from your perspective as an individual member of our community who is willing to share your personal experience. It is important you understand that any deliberate misleading of this committee may be regarded as a contempt of Parliament. Your evidence is protected by parliamentary privilege. However, this privilege does not extend to anything you say outside today's proceedings. I advise that the proceedings of this hearing will be broadcast live within Parliament House and via the internet. The audiovisual recording will be available on the committee's website following the hearing. Do you have any questions, Mrs Macri, about your appearance today?

Mrs MACRI: No.

The CHAIR: Did you want to make an opening statement for the committee?

Mrs MACRI: Probably not a very formal one, but I would like to say that I consider that the laws that are available now are what I agree with, through my personal experience.

The CHAIR: Do you want to give us some background about that personal experience?

Mrs MACRI: I also will let you know that I have a nursing background—a long time ago. Five years ago, my husband was diagnosed with cancer and it was a diagnosis that they thought could be cured. But anyway, after having lots of chemo and different things, it was one of those facts where you give treatment and something else goes wrong and so on and it just becomes a vicious circle. After 18 months, he had nearly bled to death three times. He had had his stomach removed. I mean, there were so many things and he was a very determined sort of person. But then he contracted—he was sort of like getting—there was nothing. The family could tell there really was no hope and it got to the stage where he was experiencing like having knives dug into him. Anyway, he was rushed back to hospital again and put in intensive care and he just woke up the next morning and said, "I've had enough." He said to the staff, he was in intensive care, "I would like to have my family." He wanted to see his priest, he was religious, and he said, "That is it, I've had enough; I don't want to fight anymore." It was the most beautiful death that I think anybody could have ever had and the doctors even took me into a room and sat me down and said that they were just so pleased that they had a family that were willing to go along with what the patient wanted. That was very important to the medical staff, I think, because they told me, and I have seen it, that lots of the time there is absolutely no hope but the family wants to keep them alive at all costs. Anyway, we had a wonderful day with him—there are lots of things I could say. People say euthanasia does not happen in hospitals, but it does. As soon as he made that decision, every couple of hours or three hours we could tell that he was having more and more morphine. It was for pain, but that, I knew, was what was going to kill him. He died that night, but with all his family around him. We were all laughing and joking and wonderful. I even had a son who said to his father, "I need to tell you something before you die. Myself and a friend when we were at uni bought marijuana and took it down to

Albany to sell.” In the meantime, they hit a roo and their father had to come and get them, so they were terrified the whole time he would find it, but he never ever did. He said to him, “No, I won’t forgive you!”

The CHAIR: The world knows now, Mrs Macri. I am sure your son will thank you very much for that!

Hon COLIN HOLT: Parliamentary privilege, anyway; he is protected.

Mrs MACRI: It was quite funny. That was my experience and I just thought it was lovely. It happened in a hospital; there was no need. I think I would have liked to have nursed him at home with palliative care, but because we lived 100 kilometres north—and that is something that I think, that rural areas do not get enough access to palliative care. To get even a bed delivered where you lived, up near Moore River, took a couple of months. So, that did not happen, which was a bit sad.

Mr J.E. McGRATH: Mrs Macri, thanks for coming along and giving evidence to us today. Did the doctors indicate to you that if your husband had not made that decision, how much longer he might have lived with further treatment?

Mrs MACRI: No.

Mr J.E. McGRATH: You did not discuss that with them?

Mrs MACRI: No, they did not discuss it. I just felt that he was given more and more treatment to be, sort of, kept alive. He had a stem cell transplant. He had all these sorts of things. I just noticed that you are given this thing, but then lots of other organs start to fail and so on and it becomes a vicious circle. That is what I found.

Hon Dr SALLY TALBOT: Mrs Macri, I read your submission, and you talk about what you call “home-style euthanasia”. This is a very personal question, so please do not answer it if you are uncomfortable with it. Would you be afraid that if we had that sort of system, your husband might have asked for that before the moment when he did say that he wanted to stop treatment?

Mrs MACRI: No; he was not the sort of person who would have asked for that.

Hon Dr SALLY TALBOT: Who is it that you are fearful for if we had that kind of —

Mrs MACRI: I am fearful for just people—even myself, you have bad days and you have good days. When you are not feeling well, you could just say, “I don’t feel like”—you know. In the very early stages with anything you could just say, “I really don’t feel like going on today.” I have worked in palliative care and I have seen what can happen when people extend their life. There is quite often a lot of issues with families that can be resolved. That is why I feel that.

Hon COLIN HOLT: Thanks, Mrs Macri, for coming in. I was interested in your comment about how euthanasia does happen in hospitals and it was clear to you that the morphine treatment for your husband brought about a peaceful end. Is that how you would describe it?

Mrs MACRI: Yes.

Hon COLIN HOLT: Because we have actually heard evidence that morphine given in the right dosage does not hasten the end of life, and in fact if doctors were doing a treatment that went above the recommended titrated levels, they should actually be reported for misconduct—which creates a dilemma, I think, in terms of the laws. Have you got any thoughts on that?

Mrs MACRI: I could see that over a period of time and regularly, he was going down, down, down, and that is what—you know. I personally know that morphine does inhibit your breathing, so you could see that was what happened.

Hon COLIN HOLT: Just some commentary: I think the risk is that if the doctors potentially treating your husband were put under the microscope on how they titrated morphine for him, it would create a dilemma for them and their treatment.

Mrs MACRI: Yes, I could quite see that, but is it not if they have been given it for pain?

Hon COLIN HOLT: Indeed, which is the doctrine of double effect, which we have talked about and received evidence on that as well. Thank you.

Mr R.R. WHITBY: When your husband was first diagnosed, and I guess having worked in palliative care some time ago as a nurse—is that correct?

Mrs MACRI: Yes, a long time ago.

Mr R.R. WHITBY: Did you have that chat about end of life and what his views were and whether he would have wanted that option? Did you discuss anything along those lines?

[11.30 am]

Mrs MACRI: I tried to, but he would not. He was that sort of a person. He was quite determined. He did not want to talk about dying, really. That is why I was surprised at the end. He said, “Right; that’s it. I’ve had enough.”

Mr R.R. WHITBY: I think in your submission you mention you have a concern that if there was a change of law, you would have some people who were in a vulnerable spot with a condition like that or other conditions who might feel pressured to take that course. Can you explain that a bit more?

Mrs MACRI: It is probably not when they are really—you can tell when there really is not hope; you are just going around in a vicious circle. My concern about that is people might still have two years to live. They have been diagnosed. He had 18 months to two years. You are diagnosed and you say you have got cancer and people could just turn around and say, “That’s it. I want to end my life now.”

Mr R.R. WHITBY: In your husband’s case, he did not feel vulnerable, do you think; he had just reached a stage where it was time to go?

Mrs MACRI: He just felt that it was too painful and everything was going wrong. I felt that he knew he was not going to get better.

Hon ROBIN CHAPPLE: Thank you very much indeed. I really appreciate you coming in, because you are obviously talking about something that was emotional and very important to you and your family at that time. You indicate that you thought that the extra doses that were given were more morphine to alleviate pain and suffering and to create breathlessness and eventually asphyxiation. I am being fairly brutal here. Are you sure that it was morphine that was given? Could it have been another drug?

Mrs MACRI: Maybe I was wrong; yes.

Hon ROBIN CHAPPLE: No. I am not cross-examining you in any way, shape or form. I am just trying to find out some of the information.

Mrs MACRI: Yes. I know what you mean.

Hon ROBIN CHAPPLE: We keep on hearing that morphine on its own basically will not lead to death. We have just had a hearing where that was articulated again. Mind you, and I have to say, we have heard a lot of evidence all over the place around this issue and some of it from medical specialists. You were not actually aware necessarily what was being given that led to, I am assuming, just general unconsciousness and then a passing at the end?

Mrs MACRI: I was told that it was pain relief.

Hon ROBIN CHAPPLE: Thank you for that. I apologise if I am delving too much.

Mrs MACRI: No. I do not mind.

Mr J.E. McGRATH: Further to that, that is a very interesting point. We have had other evidence about people whose loved ones have passed away in similar circumstances where they said, “I don’t want to do this anymore.” Was he conscious?

Mrs MACRI: Yes.

Mr J.E. McGRATH: Or did he just drift away in those last —

Mrs MACRI: When he made the decision?

Mr J.E. McGRATH: When he made that decision.

Mrs MACRI: He was as normal as anything.

Mr J.E. McGRATH: And then gradually he just drifted away. Did he lose consciousness?

Mrs MACRI: Yes.

Mr J.E. McGRATH: Did that happen quickly?

Mrs MACRI: That probably would have been about 10 o’clock in the morning. He died at 11 that night.

Mr J.E. McGRATH: So he made that decision in the morning?

Mrs MACRI: Yes.

Mr J.E. McGRATH: And it was that evening that he passed away?

Mrs MACRI: Yes.

Mr J.E. McGRATH: And you had time to get all the family in?

Mrs MACRI: Yes. We even had a son-in-law who flew down from the north—fly in, fly out.

The CHAIR: Mrs Macri, it sounds as though your husband and yourself had a fairly positive experience with palliative care. Would that be accurate?

Mrs MACRI: He never had any palliative care nursing, no. Going home, I would look after him, but it was not really palliative care nursing. He just spent so much time in hospital. He would come home for a couple of weeks, he would go back and so on.

The CHAIR: But he passed away in hospital?

Mrs MACRI: Yes, definitely.

The CHAIR: Did he have an advance health directive?

Mrs MACRI: No, he did not.

The CHAIR: Do you have an advance health directive?

Mrs MACRI: I do and I think it is very important.

The CHAIR: Do you think they are well understood in the community?

Mrs MACRI: I think they are beginning to now. I have noticed lately in the last month a lot of my friends are all talking about this and saying, “I’ve done it” or “I must do it” and so on. I think it is very important, yes.

The CHAIR: Thank you very much, Mrs Macri, for talking to us today. It is very important that we hear from people directly who have had personal experience. Thank you for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of transcribing errors only. Any such corrections must be made and the transcript returned within 10 working days from the date of the email attached. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered. If you wish to provide clarifying information or elaborate on your evidence, please provide this in an email for consideration by the committee when you return your corrected transcript. Again, Mrs Macri, thank you very much for taking the time to speak to us today.

Mrs MACRI: Thank you.

Hearing concluded at 11.38 am
