

## Admin, LACO

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**Subject:** FW: Submission to the Joint Select Committee on End of Life Choices  
**Attachments:** The story of my sister.pdf; ATT00001.htm

**From:** pbeahan  
**Sent:** Monday, 16 October 2017 1:01 PM  
**To:** Joint Select Committee on End of Life Choices <[eolcc@parliament.wa.gov.au](mailto:eolcc@parliament.wa.gov.au)>  
**Subject:** Submission to the Joint Select Committee on End of Life Choices

Joint Select Committee on End of Life Choices  
Legislative Assembly of Western Australia  
Parliament House  
Perth WA 6000

Dear Sir / Madam,

Please accept the attached document for submission to the Joint Select Committee on End of Life choices.

Please note, I have also made this submission by surface mail and provided my signature therein.

Yours faithfully,

Peter Beahan

*Peter G. Beahan*  
*Anaesthetist (Retired)*

## **The story of my sister, Peggie**

Peggie was a lovely, vibrant person who had a grown up family of three daughters, seven grandchildren and two great grandchildren.

In her younger life, she had smoked cigarettes over a period of 35 years partly out of habit that was very common at the time, and partly in denial when many others had stopped. It was not until she had severe breathing difficulty that she gave them up at age 50 years. Unfortunately, the damage was done.

By age 69 years, Peggie had severe emphysema and was prescribed continuous oxygen. Three years later, she lost her husband Donald from bowel cancer. Sadly, Donald did not have a good death. He died at home in great pain and indignity, despite community medical and nursing supervision.

It was soon after that time that Peggie talked about assisted dying. At the time, her family felt this could be influenced by the sadness she felt following Donald's death. However, this was not the simple answer. Peggie had given consideration to the subject of assisted dying for many years and had always been open and supportive of the notion of dying with dignity. She sometimes referred to the 2003 French-Canadian film: *The Barbarian Invasions*, which dealt with this subject in a mature and sympathetic way.

Over the next two years, Peggie had the formidable task of clearing and selling her home with a view to moving closer to family. However, her breathing difficulties had continued to deteriorate. By the time she relocated she had been on continuous oxygen for five years.

Despite the best management that could be offered, Peggie's breathing difficulties were such that the simplest physical activity would make her extremely breathless. Answering the door, or making a cup of tea would be followed by a prolonged period of strained breathing. When taken out to lunch by car and with wheelchair assistance it would take her a full half-day to recover. She would be physically exhausted. She also suffered headaches at night.

Periodically, Peggie was referred for respite care at the local community hospital. This was notably the case during periods of "burning off".

Despite her limitations Peggie was always warm and welcoming to her family and friends. She had a great spirit, a lively mind, a loving nature, and great sympathy and consideration for others.

Over a long period, Peggie went from talking about assisted dying to being quite insistent on seeking help in that regard. She discussed the matter with her four brothers and one of her children. Though supportive of her wishes the matter was not easy for her family. It was not something that could be planned legally and it was not something with which the whole family could be involved. It even had the potential to divide the family. All of those involved in these discussions felt a great sense of helplessness, concern and frustration that there was no one to turn to on the matter.

That anxiety changed on the consultation of a member of Doctors for Assisted Dying Choice who recommended referral for a palliative care assessment. When visited by a Palliative Care Specialist a great burden was lifted from Peggie and from all those she had confided in. For the first time, Peggie's wishes were acknowledged and a clear

pathway outlined. Peggie was admitted to a Palliative Care Unit. She was told she could take her time in coming to a decision to end her life, and that if she wished to change her mind she could return home at any time, and come back at a later date.

Peggie's mind was well made up. Despite not believing in an afterlife she was so happy that she jokingly suggested that there was a heaven after all. The acceptance of the staff of Peggie's wishes made a huge difference to the circumstances surrounding her death. Peggie was able to be visited by all of her family and close friends. This was staged over a week with one day being without visitors because she was exhausted on that day. There was an atmosphere of happiness and resolution. Because it all took place in the care of doctors and nurses no one within or outside of the family raised any question as to the propriety of what was planned.

When the time came, Peggie was fitted with a subcutaneous catheter through which was administered standard sedation. She removed her oxygen and chatted with her daughters during the evening. By midnight she was unconscious and by 11.30 a.m. the next day she took her last breath. There were some tears all round but a lot of happiness also. Peggie had had a good life. To the relief of all of her family, aged 74 years, she also had a good death.

I am very aware that Peggie and her family were lucky that the medical and nursing staff, and the Care Unit she was referred to were sympathetic and willing to carry out her wishes, and did so in an understanding and caring manner. In the end, it was clear that they also were pleased for Peggie and for the family.

Nevertheless, I am also aware that the medical staff felt under a certain tension resulting, I believe, from the tenuous legal and community ambivalence surrounding the subject of assisted dying. They took time out to explain to the family that they could not provide sedation until such time as Peggie had removed her oxygen and sedation had become clinically indicated. They also stated that they could not say how long the process would take, meaning that they were not willing to give a lethal dose. Nevertheless, they also reassured the family that the result would most likely be much the same in Peggie's case.

It is clear then that Peggie, in her wish for assistance, was favoured by the fact that she was very dependent on oxygen. Had she been suffering from a different sort of illness the scenario would quite likely have been different.

I believe Peggie's case demonstrates the legal and community difficulties surrounding the issue of assisted dying. I submit that the Government of Western Australia should review and revise the laws that govern the matter. I am aware that well over 50% of the community supports the availability of assisted dying for patients suffering from severe and terminal illness. As a retired medical practitioner myself, I would like to see the medical profession given greater support and greater clarity for the decisions they make and for the care they are able to offer to those suffering from severe, incapacitating and incurable illness.

Peter G. Beahan  
Anaesthetist (retired)