

# **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 FOUR**

## **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**

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**Hearing commenced at 11.42 am****Ms MARCELLE Van SOEST****Private Citizen, examined:**

**The CHAIR:** Thanks very much for joining us this morning. 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. I am the chair of the joint select committee. We have Mr Simon Millman; Hon Dr Sally Talbot; Mr John McGrath; Dr Jeannine Purdy, our principal research officer; Hon Colin Holt; Hon Nick Goiran; Mr Reece Whitby; and Hon Robin Chapple.

The purpose of today's 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 apply to anything you might say outside of 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 about your appearance today?

**Ms Van SOEST:** No.

**The CHAIR:** Ms van Soest, did you want to make an opening statement for the committee?

**Ms Van SOEST:** Just like the other lady did, I suppose I can tell you the story. My husband—ex-husband, but I will say “husband” because it is trying to keep saying “ex”—was diagnosed in 2011 with mesothelioma. He was perfectly all right for a couple of years—independent, going through chemo just to try to slow it down. There is no cure. He knew he would die. He was going backwards and forwards with that. It was affecting him horrifically. The after-effects went on for weeks, until, in the end, he was becoming weaker because of it. In the end, we decided he would stop chemotherapy because it was pointless ruining what time he had left by recovering from it. We stopped that and he had a fairly good innings for a while. He started to deteriorate at one point and I realised that he could not be independent anymore in his own home. We had been divorced for nearly 40 years. I went down to see him one day and he had his oxygen cords near a gas heater, and I knew it was time he had to come and stay with me, so he did. We had Silver Chain coming to the house. Then it deteriorated. A hospital bed was brought in—all that went on. He was on Oxycontin, Oxynorm, Movicol. The morphine he was on had caused bowel loops. The biopsies he had had had caused a secondary cancerous infection. It just went around and around in circles. He was deteriorating. He ended up looking like a Belsen inmate. He wanted to die. He joined Exit. I was already a member. He left it too late, unfortunately. But I have to say if I had had the means to kill him, I would have, in a heartbeat, because his end was hideous and very cruel. Even though we were divorced, he was a human being. When there is no chance of recovery or even a life worth living, what is the point?

I think it is the height of arrogance to keep people alive in that condition if they do not want to be alive. If they choose to be, well, that is all right, but it was hideous. In the end, Silver Chain was wonderful but upping the morphine did no good. It did no good for the pain; it was useless. They put a push-pump in him with the morphine—in a person with no fat under his skin, it was hideously cruel. He would have been better off having injections by me, even though they did not know my

intentions, than to have this thing hanging off a body that could not cope with it. Dragging him around to toilets and holding things, it was just awful; it was so undignified and humiliating for him, especially with an ex-wife helping him. In the end, not long before he died—a couple of days—they put another push-pump in him. It was horrific until he used a few expletives and told them to get away from him. It was awful. They were trying to help him but it was cruel and for what, just so that he could linger in agony? There is just no point to it. I just do not believe in keeping people alive when they are in that condition; it is the height of cruelty. It is awful. As I said, we left it too late to do anything and I could not get the push-pump open to do anything. I admit freely that I would have killed him in a heartbeat, and he wanted me to, but in the end, the last time a Silver Chain nurse came in the early hours of the morning, I called her and said, “You have got to come and do something; this is appalling; nobody should be left in this condition.” She came and gave him his dose of morphine. I had not slept for, oh, God, a couple of days. I remember the morphine calmed him down for a short period of time.

I was sitting by the bed and I had my head on the bed and I thought: I’ll just go and lie down in my own bed. The noise was horrific from the morphine, which affects the respiration. Of course, whatever it is is bouncing off the voice box and all the reverberations are going on. You could hear him out in the street. I was thinking: please die; just die, go. I fell asleep and I could not believe it. It was two hours later and I woke up to silence. At first, I did not realise it. Oh, my God. I went into his room and he was dead. He was still warm. He had only just died. I was so happy that he was dead because it was hideous. I do not think anybody should have to suffer like that. It is just shocking. You would never do it to an animal. I know everyone says that, but it is true. Why do people think life is precious in that condition? It is not; it is not a life worth living. To keep people alive and say, “They might have a couple of years yet”, but in what condition? I do not understand that at all. I believe in euthanasia absolutely.

**The CHAIR:** Mrs van Soust, thank you very much for sharing your account.

**Ms Van SOEST:** You are welcome.

**The CHAIR:** I want to ask you a few questions around those final days.

**Ms Van SOEST:** Yes.

**The CHAIR:** Particularly around the push-pump. We have heard evidence from palliative care specialists that the pump is a really useful —

**Ms Van SOEST:** Oh, yes.

**The CHAIR:** — mechanism for managing pain. We have not heard evidence yet that it is more hindrance than help. Can you describe to me some of the issues around the push-pump and why it was so unhelpful?

[11.50 am]

**Ms Van SOEST:** Because he was still able. I mean, this man had never been ill in his life. He had minor ailments over the years. He was over 70 at this point and, prior to being diagnosed, was able to run up Cable Beach and beat 20-year-olds. This was a very healthy man, wiry and strong, and he was like that to the end. When he wanted to go to the loo, he would call out to me and I would come and get him. Sometimes he would want to get up. When he was going through strange periods towards the end when he was pointing into the air and hallucinating and all that, he would try to get up off the bed. He was so strong. He was a living skeleton but I had to push his shoulders and I found it really difficult to keep him from getting up. That is how strong he was. I would take him to the loo. He had a little shoulder bag they had given him to put the pump in and he had other tubes and things coming out of him and we were holding these and walking along behind him and all that.

It was so undignified, apart from hurting him, to have to keep dragging this thing around. There has got to be a better way. Having said that, it was the needles going in to put these push-pumps in in the first place. It is so cruel to people who do not have body fat. I would be all right; I am covered in it! In that condition, even having a needle. Most men are terrified of needles. Imagine having a needle when you have not got any body fat and you are in pain and agony and you are having difficulty breathing and all these people are poking and prodding you. It is cruel. It is awful.

**The CHAIR:** Is it fair to say that his pain was not well managed at the end?

**Ms Van SOEST:** I do not think morphine can manage pain in the end. It is useless. It just causes more problems. We did actually get a script for cyclizine. I looked it up on the internet. I thought: "Right, we're getting cyclizine." I left that too late too. It was something like \$650 for a week's supply. I thought: "Right, we'll do that. Who cares; we'll do that." But it was too late. It was the next day that he died.

**The CHAIR:** We have had evidence from a number of people at this committee but also palliative care specialists that people are afraid of the dying process and they want to, I suppose, move past the suffering phase of dying. Do you have an opinion or comment on that?

**Ms Van SOEST:** No, not really. I do not think most people are scared of dying; it is scared of dying in agony. I am not scared of dying at all. I am scared of living in agony. I have my plans in place, absolutely. I just do not understand people who expect other people to linger. I do not get it at all. In palliative care, even at home when I had Van there dealing with his hygiene everyday—Silver Chain did take over—it is the pulling and the pushing. When these people are in that condition, they do not want to be. Again, it is just everything they have to face every day—more pain on top of what they already have. It sounds silly to say that about washing somebody, but when you have to turn people and lift arms up when they can hardly lift their arms up at all at that point, everything is agony.

**Mr J.E. McGRATH:** Further to that, Mrs van Soest, did you at any stage ask the specialists or the clinician to end it?

**Ms Van SOEST:** They knew his wishes. He had an end-of-life thingo. I cannot remember what it is called.

**The CHAIR:** An advance health directive?

**Ms Van SOEST:** Yes, that is it. He had one of those. All his doctors had a copy.

**Mr J.E. McGRATH:** Did you raise it with them personally and say, "Why can't you do something?"

**Ms Van SOEST:** Absolutely. I said, "Why can't you just put him out of his misery?" They probably hated me for it. I put them in a spot by saying it, I know that.

**Mr J.E. McGRATH:** What was their response?

**Ms Van SOEST:** They said, "Oh, no; it's illegal." I said, "I know it is, but it's done all the time." Then I would apologise and do all that because it is not fair to say that to people. But when you have someone in this condition, you think: please, just do it. Why does it matter to people that these people are kept alive; it is just another life that is not worth living. If they had some sort of medication that would take you through that pain, and even though you were deathly ill and were going to die anyway, but you had something that would relieve the pain and it would give you some sort of day-to-day existence that you could tolerate, it would be different. But there does not appear to be anything that does that.

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My son made him marijuana cookies; he made him marijuana oil. We did all sorts of cooking and that actually did help him. It did. He was swamped in it in the end. We were making marijuana butter and all sorts of stuff. I tasted it only once and it was revolting.

**Hon ROBIN CHAPPLE:** We are privileged, thank goodness.

**Ms Van SOEST:** We were having a marvellous time. In the end, if you have not got the proper stuff, it is got THC or whatever it is called, in it, and that was giving him a bit of a high, but once it wore off, it was back to where he was. It was very transitory, but if we had had medicinal cannabis, it might have been a totally different thing. I agree with that too by the way, whether you need it or not! He did not have those things available to him. In the end, it was just dying. But it was the way he died that was awful. It should be better than that. We should be able to manage much better than we do.

**Hon COLIN HOLT:** Thank you for coming along.

**Ms Van SOEST:** You are welcome.

**Hon COLIN HOLT:** Do you live in metropolitan Perth?

**Ms Van SOEST:** Quinns Rocks, but apparently, we are not metropolitan.

**Hon COLIN HOLT:** What about your late ex-husband?

**Ms Van SOEST:** He lived in Mt Pleasant.

**Hon COLIN HOLT:** I am curious about the level of palliative care that was provided. It sounds like when he was looking after himself, maybe he did not have the system set up for —

**Ms Van SOEST:** I went down there every second day—up and down the freeway. I also have a son who is disabled. I was up and down the freeway like a yoyo and I was exhausted because my son lived 90 kays away and Van lived 60 kays away, doing all that willingly, obviously. But he had Silver Chain coming in to clean at that point and me coming to check on him and take him to appointments if necessary. He often went on his own for quite a while but then I started taking him and, as I said, we stopped chemotherapy because it was not going to do him any good; it was making him worse. That was that. We suggested alternative things but they were not available to him at his stage of his disease. He knew he was going to die but in what way I do not think he was prepared for it.

**Hon COLIN HOLT:** It was about taking him home and making him feel comfortable.

**Ms Van SOEST:** Yes. For a long, long time, once a week, he would go to the pub. He did not drink because it tasted vile. He was not a real drinker anyway; it tasted all metallic, but he would go and meet a couple of his old cronies and he would have an orange juice or something like that just to keep up the social side of things, but then he got past that when the oxygen leads were near the gas heater. He fought. He did not want to come with me, so I let him drive his car up to my place and then he said he would go in a couple of days. I said, “Van, you’re not going anywhere, I’m sorry”, and I had someone take the car away. He was very angry.

**Hon COLIN HOLT:** Who was overseeing all his medical care in those last few days or weeks when he was at your house?

**Ms Van SOEST:** When you say medical care, what?

**Hon COLIN HOLT:** Who was coming to check on his level of pain?

**Ms Van SOEST:** It was Silver Chain and the doctor from Silver Chain.

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**Hon COLIN HOLT:** Do you know if the doctor from Silver Chain was a palliative care specialist or he had access to palliative care specialists?

**Ms Van SOEST:** I was told he was. I do not actually know. He was a lovely man and very kind and very gentle. He seemed to know what he was talking about.

**Hon COLIN HOLT:** They did not quite meet the needs of Van's pain in your opinion?

**Ms Van SOEST:** No. If you are talking about the morphine, morphine does not work after a while; it just does not. You can up and up it all you like. You might go into a state of euphoria but you are still in pain. He told me that. Van and I discussed it. We called him Van. Van and I discussed it all the time. We would sit there for hours talking to each other. It was the only time we ever talked the whole time we had been divorced. He knew he was in my clutches! It is amazing to think that 38 or 40 years later, he is back with me, poor thing.

**The CHAIR:** He was very lucky.

**Hon COLIN HOLT:** Very lucky.

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**Ms Van SOEST:** I suppose he was lucky, but it was justice in a way—"Take that, I am in charge now!" He wanted to be there in the end. I mean, he knew he had to be and he was grateful. It was just the morphine and the nurses coming in and out from Silver Chain and the doctor, I think, once a week or something like that.

[12.00 noon]

**Hon COLIN HOLT:** You may not be able to answer this, but you said the nurse came and you had one last discussion with her and she gave a dose of something.

**Ms Van SOEST:** Yes, the night he died. They came morning and night, and sometimes three times a day, if he was having a really bad time. I would ring them and say, "Please, please, come and do something", and they would. I had all the paraphernalia there of course; it was left in my dining room, and they would access it there. It was early hours of the morning and that was the last time she ever came.

**Hon COLIN HOLT:** And she just gave the normal dosage prescribed?

**Ms Van SOEST:** Yes, whatever the dosage was. I think she gave it about an hour early or something like that.

**Mr R.R. WHITBY:** Did you try to get Van into a palliative care institution?

**Ms Van SOEST:** No.

**Mr R.R. WHITBY:** Why not?

**Ms Van SOEST:** He did not want to and I did not want him to. I thought that he should die at home with his family or what he had of it. He did not want to be poked and prodded, and people coming and going, and a regimented existence. It was regimented anyway in a way, but with people coming and going and saying, "How are you?", you are trying to lie there and die and they are all waking you up. We joked about a lot of things, because you have to in such a situation, but he would have preferred to die in his own home, but he could not. It was not convenient for me or our son looking after him, so my house it was, but in the end he was glad. He did not care where he was in the end. He was just glad it was at home and not in a hospital. About five days prior to dying, we took him to Charlie Gairdner for a procedure we hoped he might be strong enough to be able to have just to relieve pain in his abdomen, because he was in really serious—I think it was the bowel rather than mesothelioma at that point and he was just in excruciating pain. I do not know quite what they were

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going to do—I have forgotten—but they said they might be able to perform a procedure to help him in some way. When he got there, he was just so weak that they knew he would not stand anaesthetic. I hoped they would go ahead with it because of that very thing, but they did not. Although they had been very efficient looking after him up to that point, the minute it was decided that he was too weak, he did not seem to exist and not one single person came near him for hours and hours until 11 o'clock at night when the ambulance took him home. No-one asked him whether he needed a drink, whether he was hungry—nothing. They left him there with me sitting there and when the ambulance lady came, she was really angry and told the nurse off. They expected me to drive him home in my car with his arms waving around—you know how they get at the end—uncontrollably and me trying to go up the freeway with this man. I think it was the coldest night of the winter of 2013. So, the ambulance people took him in hand and they were absolutely marvellous, but we had been there 13 hours waiting to get that.

**Mr R.R. WHITBY:** Which part of the hospital were you waiting in, sorry?

**Ms Van SOEST:** I do not know whether it was oncology or what. He was still in a bed. He was only allowed to go to the toilet with an attendant with him and blah, blah, blah, but when they decided he was not able to be helped, then it did not matter whether he got out of bed or not without an attendant. No-one came near him and I was really furious. So, anyway, that is all beside the point. He came home. The ambulance people are wonderful; they bundled him into the house, heated up the bed, turned the pump on for the mattress and helped me put into the bed and that was that. He died, I think, four days later.

**Mr R.R. WHITBY:** We have had evidence from some witnesses that palliative care, when people have access to it, is of very high standard —

**Ms Van SOEST:** Yes, I believe it is.

**Mr R.R. WHITBY:** — and it can almost always treat pain and that it is only a very small fraction of people they cannot assist.

**Ms Van SOEST:** Why is that not available in the home then via Silver Chain if they can relieve it in palliative care?

**Hon COLIN HOLT:** I think it is meant to be.

**Ms Van SOEST:** Well, hearing this, yes. I do not know.

**Hon ROBIN CHAPPLE:** I think we are finding out that although there is good palliative care, it is very limited in the amount that can be provided generally across the board.

**Ms Van SOEST:** Yes, but there has got to be a better way.

**Hon ROBIN CHAPPLE:** I have listened to you very intently, Marcelle, and I am very pleased you are here. Palliative care as an organisation, other than through the Silver Chain doctor, was he a palliative care specialist do you know?

**Ms Van SOEST:** I honestly do not know. It never occurred to me. I assumed he was and it did not occur to me to ask, because he was with Silver Chain at Sunderland Street, is it? It is something like that. I just assumed he was. When he came, he was instructing the nurses and doing the usual thing that a doctor would do and I assumed he was, and perhaps I was wrong.

**Hon ROBIN CHAPPLE:** Palliative care doctors usually try to do different things to alleviate pain and suffering; anyway, we are not sure. Which hospital was he going to for his chemo?

**Ms Van SOEST:** Sir Charles Gairdner.

**Hon ROBIN CHAPPLE:** So, all his hospital visits were at Sir Charlie's?

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**Ms Van SOEST:** Yes.

**Hon ROBIN CHAPPLE:** Did he have his own GP as well?

**Ms Van SOEST:** He did, yes, a chap in Mt Pleasant or close by.

**Hon ROBIN CHAPPLE:** Did he have visits from that GP occasionally?

**Ms Van SOEST:** No.

**Hon ROBIN CHAPPLE:** So, it was just basically down to the palliative care doctor?

**Ms Van SOEST:** Yes, and because he had moved so far away, I was 45 to 60 kilometres away from his doctor, so I would not have expected the doctor to turn up.

**Hon ROBIN CHAPPLE:** From 2011 to eventually 2013?

**Ms Van SOEST:** Yes.

**Hon ROBIN CHAPPLE:** So that was two years. The prognosis over that period 2011 was still pretty bad and it got worse?

**Ms Van SOEST:** Yes. I will say he was a typical male. He would not go to a doctor and he rang me and said he had this terrible pain in his lower right above the waist. I said, "You know, have you got a cough; have you had a cold?" "No." I said, "It sounds like it could be pneumonia of some description. Go to a doctor immediately." He said, "I will go on Monday." By Sunday he rang me again and I said, "Right, I am coming down", and I did. I took him to Charlie's and he was really, really ill. He was in the bed there and they came and did all the usual things and checked his blood pressure and everything, and they did not do much at all. At one point a young doctor was standing on the other side of the bed—I was sitting here and he was over there—and I thought I would let it go, because my husband was a very bombastic man and if I said anything to contribute to the conversation, he would get very angry. So, I thought, "I will let it go; he is a grown man. He has got a deal with his own situation." I was looking down and just thinking and I heard "outpatients", and I said, "Pardon, what did you just say?" And the doctor said, "Come back tomorrow to outpatients." I got up and I was so angry. I went round and poked him in the chest and said, "We're not leaving this hospital. We've never been on the public purse and this time we're going to be." He was terrified of me and I thought, "Good." He scurried away—poor guy, young man!—and back they came a trolley full of equipment and syringes and all sorts of things. They took a sample out of his lung and it was pink and I knew it was cancer. I thought, "Right, okay." I said to them, "Is this going to cytology?" And he said, "Yes." I said, "Okay." I said to Van, "You've got cancer. You know that, don't you?" He said, "Yes." So that was that, but the mesothelioma was not diagnosed for months. It was just cancer at that point and they did admit him. That was the beginning of the downhill slide; so it went.

**Hon ROBIN CHAPPLE:** Thank you for that. Mesothelioma is interesting—I do not mean interesting in an exciting way, but an interesting disease.

**Ms Van SOEST:** It is interesting, yes.

**Hon ROBIN CHAPPLE:** Did he work at Wittenoom?

**Ms Van SOEST:** No, he did not. He lived in Whyalla, South Australia, and he worked for his father, who was a builder. They had an argument. He was 19 and he wanted to be a rock star. He said he was going to work for BHP and his father could keep his building job. Typical 19-year-old, off he went and he did a temporary job. They used to build all the big ships in Whyalla in those days and he was put in the bowels of the *John Adams*, I think, a new ship being built, lagging steam pipes. They use crocidolite asbestos in the lagging, winding it around the pipes. He said he could not see a



foot in front of him—no respiration gear, nothing. He did not know about anything like that. He was just doing a job. He was a young man and he was getting good money, so he earned that and off he went and he became a rock star in New Zealand. He had a very healthy adult life—never sick, never colds, flu, nothing; healthy as a horse. You hated him almost for being so healthy, and everyone dropping like flies around him. It was only as an older man that things started to happen and then this thing happened. We sued BHP and we won in the High Court of Australia and it set a precedent for those —

[12.10 pm]

**Hon ROBIN CHAPPLE:** I am going to give you high-five for that!

**Ms Van SOEST:** I was determined. He died before the High Court decision, but he knew he had won in the Supreme Court and it set a precedent, because now people—thousands of thousands of them who are coming down with this hideous disease—will not feel so intimidated to at least try to get something for their families, but with Van, you know, it was just on principle in the end. After he died, I took over. I instigated the case in the first place, but it was his case and it was a big victory for him, poor thing, and we won.

**Hon Dr SALLY TALBOT:** It is a remarkable story, Mrs van Soest and I really appreciate you coming out and talking to the committee.

**Ms Van SOEST:** I never thought I would be in this position.

**Hon Dr SALLY TALBOT:** No, I can imagine that, especially during the 40 years when you were separated!

**Ms Van SOEST:** I know, it is amazing.

**Hon Dr SALLY TALBOT:** You tell a great story! I wonder whether I could just take you to the Victorian legislation. You probably know that in Victoria they now have a new law that covers this kind of situation. I just want to talk you through what might have been the case had we had those laws in Western Australia. One of the issues is about your proximity to death—how soon you are going to die, and in Victoria it is six months or 12 months. Did Van know that he was dying within a certain period of time?

**Ms Van SOEST:** Yes, he did. He lived a lot longer than they said.

**Hon Dr SALLY TALBOT:** What sort of prognosis was he given? Can you just give a number?

**Ms Van SOEST:** It was 12 to 18 months, and he lived over two years.

**Hon Dr SALLY TALBOT:** Around about three or four months before he died, because this is the other question about the decision-making capacity, would Van still have had the capacity to make a decision to opt for voluntary assisted dying in three or four months —

**Ms Van SOEST:** He had it until the day he died. He was perfectly lucid, except when he was high on morphine. He knew exactly what was going on. He knew what was happening to him. I do not believe that because you are demented with pain that you actually have an addled brain. Most people are able to make a decision right up to the end unless they are drugged to the hilt. I do not believe in the Victorian laws. I think they have not gone far enough. You have got to go through too much for a sick person to cope with. If you want to die, you should be allowed to die. It does not matter what other people think—family, friends, nobody. It is your life. If you have come to the end of the road and you feel that you do not want to be here anymore, you should not be, and that is how I feel.

**Hon Dr SALLY TALBOT:** That is a very clear statement and it has a lot of resonance in this room, I can tell you.

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**Ms Van SOEST:** Thank you.

**Hon Dr SALLY TALBOT:** Just one more question. Do you think that Van would have opted for that if you had lived in Victoria?

**Ms Van SOEST:** Definitely. We were actually going to fly to Switzerland, but it was too late.

**The CHAIR:** Mrs van Soest, thank you very much for your evidence today. It was very powerful evidence.

**Ms Van SOEST:** You are welcome.

**The CHAIR:** I think your ex-husband was very lucky to have you.

**Ms Van SOEST:** So they keep telling me! I do not think he thought that!

**The CHAIR:** Maybe at times he did not, but he was.

**Ms Van SOEST:** He was my son's father, so —

**Hon NICK GOIRAN:** Just one question: Did Silver Chain come to you after your ex-husband passed away and ask you about your experience?

**Ms Van SOEST:** No, they did not ask about that. They only came to collect things. They rang me a couple of times to see whether I was all right. Sorry, someone did come. They did, because I was demented and crying and carrying on. Because I did not have anyone close by, they sat with me for a couple of hours, so that was nice. But, no, they did not ask me about Van. When the lady came to prepare him to be taken away, never in my wildest dreams did I think I would ever be doing what I did, but we had to attend to his body. It is amazing how you can switch off and just do it and attend to nappies and whatever they tell you you have to do. I thought to myself, if he knew that I was doing this, he would probably punch me, you know, with the humiliation of the body being treated that way, but it has to be. I was amazed that I could do it. I think you sort of just switch off and do it—do what has to be done.

**The CHAIR:** 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 to the transcript. If it 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 transcript.

Again, Mrs van Soest, thank you very much for appearing today.

**Hearing concluded at 12.15 pm**

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