

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 ELEVEN

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 5.31 pm

Mrs MARGARET ANN BEILBY

Dying With Dignity, Western Australia, private citizen, examined:

Dr GARY MALCOLM BEILBY

Veterinarian, private citizen, examined:

The CHAIR: On behalf of the committee, I would like to thank you for agreeing to appear today to provide evidence to the end-of-life choices inquiry. I am Amber-Jade Sanderson, Chair of the joint standing 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 and Hon Robin Chapple. The purpose of this hearing is to examine the adequacy of the existing laws and resources of end-of-life choices from your perspectives as an individual member of the community who are willing to share your personal experiences. It is important that 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 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 audio recording will be available on the committee's website following the hearing. Do you have any questions about your attendance today?

Mrs BEILBY: No.

The CHAIR: Before we ask any questions, did you want to make a statement for the committee?

Mrs BEILBY: I will start.

You have my submission, and you may have watched the video that my husband made as what he call his living will and was actually it was virtually a suicide note. My husband was a very active and busy person. He had been a teacher for 35 years and a deputy headmaster for 20 years, and sometimes acting principal. He spent his life in his shed. He built boats, he sailed yachts, he built model yachts, he sailed them internationally and nationally. He built model planes and flew them nationally and internationally. He supervised the building of our house and did all the woodwork inside and outside. He lived in his shed to the extent that after he retired, somebody asked me what it was like having him home all day. I said it was no different from when he was teaching, the only difference was he was in the shed, not at school. He had always had asthma all his life, and he gradually got worse and worse until he ended up with COPD—chronic obstructive pulmonary disorder. By 2013 he was down to approximately 20 per cent lung capacity. He had Parkinson's disease, and he was down to shuffling from room to room. He could sit and read and sit and watch TV, sit and do Sudoku, and not much else. If he fell over he could not get up, and I could not lift him. I would have to run across the road and get the bloke across the road to come over and lift him up. He often could not get out of his chair on his own, so I bought him a lift chair. I had to help him dress, I had to help him shower, I had to help him back into bed—he could not get back into bed on his own. One night I had to get up five times to help him back into bed. I could not leave him. A couple of times I had a dentist appointment and I had to have them when Gary had a rostered day off so Gary could come up and look after him. He had been in hospital three times in 2013, and he hated hospital. He did not want to go into hospital because he would lose control of his life, and he was scared that he would get so weak I would not be able to go on looking after him at home. So he

joined Exit International and illegally imported Nembutal from China, and when it came he took it. He mixed it up, he drank it down, he drank a glass of port to take away the taste, because apparently it tastes awful, and to help the action of the drug, and then he sat back in his chair and went to sleep and died.

Dr BEILBY: Within about five minutes.

Mrs BEILBY: Yes. His breathing stopped and the pulse at the corner of his mouth stopped. I was determined not to call a doctor in case they tried to resuscitate him after all that. So I watched, and suddenly all the colour went out of his face as the blood drained back to his heart. I read up on that later and found out that happened; I had not known that that would happen. He died peacefully in his own home, with no doctors and in his own chair in the house that he had built, looking out over the block that he loved with me sitting beside him, holding his hand. He was worried about that. He wanted me to go off shopping and come back and find him dead so that there would be no legal problems for me. I would not do it; I said after 51 years of marriage I was not going to let him die on his own. He should not have had that.

His end was so peaceful and gentle. He died at a time of his own choosing, and he should not have had to break the law to get the Nembutal. I should not have had to risk being charged. I had police in the house all day afterwards, checking up to make sure that I had not killed him. Gary should have been able to have been there, but he could not risk it because he is a vet and Nembutal is a vet drug. He should have been able to go to his doctor and get a prescription for Nembutal; he should have been able to get it legally and die in his own home with his family around him. If people choose to die in hospital and in palliative care without intervention, that is fine, but if they are dying and want to avoid an unpleasant, painful slow ending they should have that choice. Because he was not in pain, but he —

Dr BEILBY: And he was not terminally ill.

Mrs BEILBY: Well, yes, he was.

Dr BEILBY: No, no. The advice was that the end would come at some point when he got pneumonia.

Mrs BEILBY: No. Otherwise, if he did not get pneumonia he would have drowned in his own lung fluids, I have been told.

Dr BEILBY: Yes, but there was no date on that. There was no —

Mrs BEILBY: No, no.

Dr BEILBY: He could have struggled on for years more.

Mrs BEILBY: Well, possibly. At the rate he was going down and from what I have read in the autopsy —

Dr BEILBY: Yes, possibly it would have been sooner, but, yes.

Mrs BEILBY: But, yes—and there was no cure. The doctors admitted they could not do a thing to help him. Oxygen did not help. We suggested getting an oxygen cylinder. He went into hospital at one stage and they put him on oxygen and it did not help. None of the drugs helped. What made it quicker in 2013 was that he was on a nebuliser four times a day, and one of the drugs that —

Dr BEILBY: [inaudible] he ran out of it.

Mrs BEILBY: Yes. Mucomyst, and it was unavailable in Australia. It came from America —

Dr BEILBY: For six months or something, wasn't it?

Mrs BEILBY: Yes. The doctors kept saying that saline solution works to help some people, and he kept saying, “Well, it’s not helping me.”

[5.40 pm]

The CHAIR: Can you just step back a minute. Was there a drug that could have treated him but was not available?

Mrs BEILBY: No, no. All the Mucomyst could do was make his breathing a bit easier.

The CHAIR: And it was not available at that point?

Dr BEILBY: Yes.

Mrs BEILBY: And it was not available, so in 2013 he went downhill very, very rapidly without that drug.

Dr BEILBY: He was also on very high doses of prednisolone, which has devastating others effects on the rest of the body, weakening connective tissues. He reached a point when he could not even lift his arm up high enough to switch a light switch.

The CHAIR: What was that drug treating?

Dr BEILBY: Treating the coughing.

Mrs BEILBY: Asthma.

Dr BEILBY: Coughing and asthma, yes.

The CHAIR: But the side effect of that was devastating?

Mrs BEILBY: I am a mild asthmatic myself and I have been on prednisolone, and they ask you to sort of cut it down and cut it down until you stop. Every time he cut it down to a certain stage, everything got so much worse he would have to go up. So he was on prednisolone. I looked at his video this morning, and at the end he was unrecognisable. He was all puffy, and that was one of the effects of the prednisolone.

The CHAIR: I think Hon Sally Talbot has a question.

Hon Dr SALLY TALBOT: Thanks for coming in today. It is absolutely invaluable for us to hear this kind of evidence of people who actually have the lived experience of making these decisions and caring for people who are making the decisions. I completely understand the little discussion you just had about the definition of “terminal”. It takes me directly to one of the key questions the committee is grappling with. If this is too personal to answer, then please we will understand but I will give it a try. You will be aware that in Victoria they have grappled with the question about the time remaining to a person when they can access voluntary assisted dying. They have settled in the act on six months, and in some cases for some conditions 12 months. With a disease like COPD, that would come in the category which you have just illustrated beautifully for us, probably unintentionally, where a doctor will often not be able to say, using the surprise test, “I would be surprised if this patient died within 12 months or not.” A doctor often cannot say —

Dr BEILBY: Correct.

Hon Dr SALLY TALBOT: I wondered if you could —

Dr BEILBY: There was no aggressive process that could give any medical professional that sort of —

Hon Dr SALLY TALBOT: Yes. As you said, he was likely to die of something else. It is one of those conditions.

Mrs BEILBY: The last visit he had to his specialist at Charlie's, he said, "What's my prognosis?" The doctor said, "Well, you will slowly get worse and worse", and then talked on and on. Mike said, "So how am I going to die?" The doctor said, "Oh well, yes, if you are lucky you will get pneumonia and die fairly quickly." But he did not give a time frame. Mike had ordered the Nembutal by then anyhow, so he was not going to sit around waiting to catch pneumonia. He decided his life was not worth living, and he wanted out.

Hon Dr SALLY TALBOT: My specific question to you —

Mrs BEILBY: I have no idea how long anybody thought he was going to live for.

Hon Dr SALLY TALBOT: If we were in Victoria and your husband was making that decision now, he may or may not be eligible.

Dr BEILBY: I am pretty sure he would not have been eligible.

Hon Dr SALLY TALBOT: Right. So is it your view that the time period should encompass people with your husband and father's condition?

Dr BEILBY: Absolutely. If you have no quality of life, I could actually cope with knowing I have no quality of life but I have only six months to put up with it. If I knew I had 20 years to put up with it, I would want out. It is almost like it should be an inverse scale, from my appreciation.

Mrs BEILBY: When the drug turned up I said, "Well, you've got it now. It's up to you to decide when and if you're going to take it." He just looked at me and said, "Tomorrow." He was suffering. He was not in any pain but he was suffering.

Dr BEILBY: Can I say that he definitely was suffering massively. He was embarrassed and ashamed by his condition. Mum had to actually wipe his bum.

Mrs BEILBY: And, blokes, how would you like to have your wife wipe your bum?

Hon Dr SALLY TALBOT: I am sure he was used to being called Mr Beilby, being a schoolteacher. Maybe I will call him Mike. That is easiest. Did Mike have an advance health directive?

Mrs BEILBY: No.

Hon Dr SALLY TALBOT: Did you consider having an advance health directive?

Mrs BEILBY: I must get one myself, actually. I did not know about them at the time.

Mr J.E. McGRATH: Me too.

Hon Dr SALLY TALBOT: Note to self—go and do it now.

The CHAIR: Gary, did you have a statement for the committee as well?

Dr BEILBY: Yes—a couple of things I would like to add. You are probably all aware, but I am a veterinarian. These days I do a lot of home euthanasia of pets. I have spent many years in the past doing the more old-school approach, where a pet is brought in and restrained and euthanased. I have not done that for many years and will never do it again. I do a two-stage process where I give a painless needle initially just under the skin that allows them to gently fall asleep over about five minutes, then I give the more traditional lethal injection of a barbiturate into a vein. I have been doing this for three or four years now. I absolutely universally have the strongest appreciation from my clients for how gentle and peaceful the whole process is, how respectful it is to them and their pet and how much they wish that they would be able to have the same sort of exit. I have never had a single person suggest in any way that there is anything wrong with this and that they would not want that for themselves.

The only other thing I wanted to add was that one of the most awful things was that I was at work on the day when my father took his peaceful pill and I came straight over when I was called. That was 10 or 11 o'clock in the morning, or something. They left his body in his seat in the middle of the lounge room for over 12 hours because it was essentially like a crime scene. That to me was a crime. It robbed him of all dignity post-mortem.

Mrs BEILBY: I kept saying, "When are you going to take him away?"

Dr BEILBY: It was like 9.30 at night or something, wasn't it, before they finally actually took him away.

Mrs BEILBY: The coroner's cops came out and questioned me and they kept bringing me back into the room where he was and asking me more and more questions. They were nice and understanding, but then they talked to their supervisor on the phone who said, "It's still a suspicious death. We've got to get a detective from major crime to come out and interview you." We sat around and I realised it was tea time. My sort of foster son went off and got fish and chips. We were eating fish and chips when the detective turned up and the detective said, "You finish your fish and chips." He went out on the veranda with the coroner's cops and talked to them. He came in and he only asked three questions. The basic question was, "Could he pick up the glass and drink it himself?" The answer was yes. He did it himself.

Mr J.E. McGRATH: Further to that, Mrs Beilby, you mentioned the autopsy before. What did the autopsy say?

Mrs BEILBY: That he was drowning in his own lung fluids, basically.

Mr J.E. McGRATH: That was the cause of death?

Mrs BEILBY: No. The cause of death was the Nembutal that he drank.

Mr J.E. McGRATH: Did the autopsy say that?

Mrs BEILBY: Yes.

Mr J.E. McGRATH: It said that he had brought about his own death by taking the Nembutal?

Mrs BEILBY: Yes. At one stage the coroner's cops said to me—there were two glasses on this little table in front of him: one that he mixed up the drug in the water and one that had the port in. They said, "Would your fingerprints be on these glasses?" And I said, "My fingerprints are on everything in this house." But I knew that his fingerprints were over mine. They took the glasses away and checked them and made sure that I hadn't killed him. Fair enough. I don't object to that. They had to make sure that I hadn't killed him. The fact that he sat there—we have an open-plan house and he was sitting there in this chair dead for about eight and a half hours. I kept saying, "When are you going to take him away? When are you going to take away?" But Roleystone is a long way out and each time they had to come out through the traffic and all that sort of thing. Gary did say, "He looks like he's asleep." And he did.

[5.50 pm]

The CHAIR: Margo, how long was it after you had realised that Mike had passed and when you called whoever you called first?

Mrs BEILBY: I waited until the colour went out of his face and I thought, "Right. He's dead." But I waited another half hour before I called the doctor because I did not want them to try and resuscitate him. The doctor came out from the medical practice that he went to. Unfortunately, it was not one of his own doctors. It was another one—but still. He checked them and said, "He's dead." He said, "So, how did he die?" I said, "Well, it was suicide." The glasses were still there. And

he said, “Well, I can’t write a death certificate. I’m going to have to contact the coroner.” Fair enough. So he rang the coroner and the coroner’s cops came out. I rang Gary and he came over. I had to be very careful. We decided that we had to be very careful that Gary could not be implicated in any way so we made sure that Gary was working on the day that my husband chose to die. After I called the doctor I called the vet surgery and said, “Will you please tell Gary that his father’s dead”, to give Gary complete —

Dr BEILBY: Separation.

Mrs BEILBY: Separation—that he was not there and had nothing to do it.

The CHAIR: That leads me to my question. Gary, it is quite close to home. Not just being your father, but the medication you use. Have there been repercussions for you?

Dr BEILBY: No. I have not had any interrogation on that basis.

Hon ROBIN CHAPPLE: Thank you both, Margo and Gary. At any stage did your husband have palliative care?

Mrs BEILBY: No.

Hon ROBIN CHAPPLE: Silver Chain?

Mrs BEILBY: Silver Chain came—I cannot remember all the details of the three hospital visits, but after one of them at least they came out and injected him with something every couple of days. Silver Chain nurses came. But his doctors, generally, after his third visit to hospital when they realised there was nothing they could do to help, actually said, “Look, he’s better off at home with you looking after him than he would be in hospital.”

Hon ROBIN CHAPPLE: When Silver Chain came, they helped bathe him?

Mrs BEILBY: No.

Hon ROBIN CHAPPLE: It was just a basic visit, and the application of medication?

Dr BEILBY: I think they were giving him intravenous antibiotic injections, I think. He had a catheter in, did he not? They had him on IV antibiotics at one stage.

Hon ROBIN CHAPPLE: So it was antibiotics and not pain medication?

Mrs BEILBY: No.

Dr BEILBY: He was endlessly battling chest infections. That is another thing that I think is kind of significant that we only realised afterwards when we were looking through his plethora of medications. He was on so many different medications. I suddenly realised that while he had basically been on antibiotics continuously for some time, of all the current medications he was on, he actually was not on any antibiotics. It struck me that quite possibly without even saying anything they had realised where he was at and had decided not to keep him on antibiotics to help him in some sort of an unspoken advance health care directive.

Mrs BEILBY: The cops said, “Can we have all his medications?”, so I brought out this pile.

Dr BEILBY: A bag of stuff.

Mrs BEILBY: I think he was on nine tablets, three puffers, and something up his nose, and all the stuff in the nebuliser. There were three different things that were pumped into his lungs by the nebuliser four times a day—a pile of stuff. Gary was standing behind me and he said, “There’s no antibiotics.” I said, “Oh, no.” He had been on antibiotics for years.

Hon ROBIN CHAPPLE: Going back through the history, you both obviously have had some discussions around the end of life.

Mrs BEILBY: Yes.

Hon ROBIN CHAPPLE: It was sort of a mutual thing? If you got into a bad way, you were going to use voluntary assisted dying, in the sense that you would have chosen to go the same way as your husband did?

Mrs BEILBY: Yes.

Hon ROBIN CHAPPLE: How far out were those discussions from the eventual aspect of your husband taking the Nembutal?

Mrs BEILBY: The third time he had been in the hospital, when he came out of hospital he said, “I think I’m going to take your mother’s way out.” My mother broke her hip and was in a hospice and she stopped eating. Finally, when that was not working fast enough she stopped drinking. He said, “I think I’m going to take your mother’s way out.” And I said, “I think you could probably do better than that.” So he joined what was then WAVES, and they said, “We’re trying to change the law. We can’t help you. We suggest you join Exit International.” So he joined Exit International and got the *Peaceful Pill Handbook*. We read through that and he decided that Nembutal was the way to go so he emailed one of the contacts in China and got it imported into Australia illegally.

Hon ROBIN CHAPPLE: At the time that he got it imported, would he have known that it was illegal to import it?

Mrs BEILBY: Yes. That is why we could not tell anybody. We told our sons but we did not tell anybody else. We did tell friends and relatives that he was very sick and did not have much longer to live, so people came and visited him and talked to him but we did not tell anybody else that he was planning suicide.

Hon ROBIN CHAPPLE: Could I now ask you an extremely personal question, if I may? When Mike took the Nembutal, you say he had a glass of port to wash away the taste. Was there any indication at that time that the drug or the port, for that matter, caused any trauma? What then happened as far as you were aware?

Mrs BEILBY: He drank the Nembutal, then he drank the port and he lay back in his chair and went to sleep.

Hon ROBIN CHAPPLE: And that took?

Dr BEILBY: About five minutes, you said.

Mrs BEILBY: Yes, to go to sleep. Then I watched and the breathing stopped. I was holding his hand and I thought, “I’ll take his pulse so I can be sure when he’s dead.” And I could not find his pulse. Then I noticed that there was a little bit of a pulse in the corner of his mouth. I watched that and that stopped. I thought, “I’ll give it another half hour to be absolutely sure.” As I said, suddenly all the colour disappeared from his face.

Dr BEILBY: Because his heart stopped.

Mrs BEILBY: Because his heart had stopped and all the blood drains back to the heart, apparently.

Dr BEILBY: It stops being pushed out by the heart.

Mrs BEILBY: Yes.

Hon ROBIN CHAPPLE: Thank you for that. I think it is important that we actually hear how the issue plays out.

Mrs BEILBY: I can testify that Nembutal is so peaceful and gentle. You could not think of a better way to die than to just go to sleep and not wake up.

Dr BEILBY: He must have kind of had a bit of lemon face, though, after drinking it down. No?

Mrs BEILBY: No, he did not, actually. The book had said that it was horrible and I think you had mentioned that you had got it on your lips occasionally and that it tastes horrible.

Hon Dr SALLY TALBOT: The port is probably the solution!

Mrs BEILBY: Yes! That was the idea—a very nice port that Gary had given him for Christmas.

Hon NICK GOIRAN: Dr Beilby, I just want to ask you a couple of questions with your professional hat on. You mentioned earlier that you have had to perform euthanasia the old way for a period of time and you have not done that for a number of years. The old way involved the client bringing the animal in, restraining and then the injection taking place, and the new way is a double injection, two-phase process, by my elaboration on your words. Is the restraining in the old method in lieu of the first injection in the second method?

Dr BEILBY: Yes.

Hon ROBIN CHAPPLE: So just following on from that, if I may, in the old way was the trauma with the injection?

Dr BEILBY: Yes. Sometimes the cat or dog will not feel that needle, but sometimes they will, and —

Hon ROBIN CHAPPLE: So it is more the actual feeling of the needle as opposed to the drugs —

Dr BEILBY: It is different with different patients. A lot of dogs are quite happy to have somebody hold them, particularly if it is with an experienced nurse, but there are a lot of animals, particularly older cats, that get quite grumpy; they have sore legs and so on, and the moment you try to restrain them, they try desperately to stop being restrained.

Hon ROBIN CHAPPLE: The drug that is used in that case?

Dr BEILBY: Almost exactly the same as —

Hon ROBIN CHAPPLE: Exactly the same? Okay. But it is in a liquid —

Hon NICK GOIRAN: I think you said almost exactly the same?

Dr BEILBY: Yes, there is —

Mrs BEILBY: It is coloured green, is it not?

Dr BEILBY: Yes, but that is simply a colour that is put in it to allow it to be identified if somebody consumes it. Nembutal is the same drug. The preparation we use is Thiopentone, but it is at a much higher concentration than Nembutal, which we can also get hold of. It used to be used as an anaesthetic agent at that strength, but it is about seven times stronger than Lethobarb or Thiobarb as purely for use as a euthanasia solution.

Hon NICK GOIRAN: So whether under the old system or the new system, you would not use Nembutal to perform a euthanasia—or you would?

Dr BEILBY: Well, yes, but it is a different preparation of it. It is a much stronger preparation, so the volume you are injecting is smaller.

Hon NICK GOIRAN: The volume is smaller? Okay.

Dr BEILBY: Yes, with a more concentrated drug, you obviously need less volume to achieve the same clinical effect, because we tend to prefer to make it an absolutely massive overdose so that there is no risk of the patient having particularly high tolerance and therefore not passing on fairly rapidly.

Hon NICK GOIRAN: Okay. Has that ever happened in your experience?

Dr BEILBY: Yes, there are occasional dogs. They will become unconscious very reliably, but sometimes their heart will go on beating for as much as a minute or two afterwards, whereas successfully that heart should stop within 10 seconds or so of that IV injection.

Hon NICK GOIRAN: But there is not a situation where you then have to have an additional injection because the first injection did not work?

Dr BEILBY: I will have a stethoscope and I will listen immediately after I have given the injection, and, yes, if it takes more than 15 or 20 seconds for the heart to stop, I will draw up more drug and attempt to give it. I often find that by the time I have got that extra injection and got my vein patent again, that by then the heart has stopped.

Hon NICK GOIRAN: What would have been the maximum amount of injections you would have used on a patient.

Dr BEILBY: As in volume?

Hon NICK GOIRAN: Occasions.

Dr BEILBY: Never more than twice.

Hon NICK GOIRAN: Okay.

Dr BEILBY: Except in the case—this is not really relevant—of very small patients where it can be hard to find a vein and you end up either giving an intracardiac injection or trying to find different sites to get access to the circulation. I find it quite interesting that the Nembutal works so quickly orally. I actually would not have thought that that would be the case—that it would work within five minutes, but there you go.

The CHAIR: Mrs Beilby—Margot—you said that Mike was not accessing palliative care. Was he aware of palliative care and the palliative care options available to him?

Mrs BEILBY: Yes, he was, because a cousin of mine died in palliative care, but he just did not want to go into hospital. He did not want to lose control of his own life. He wanted to take his own way out.

The CHAIR: We have heard evidence from people to this committee that when people have access to palliative care or understand what palliative care can provide, then they would not request voluntary assisted dying. Do either or both of you have an opinion on that?

Dr BEILBY: Yes, I have an opinion on that. The term “palliative care” is reasonably flexible. I would say he really was receiving palliative care because he was receiving a whole lot of therapy to assist with his conditions, with no hope of curing them. That is what palliative care is, but it was not in a hospice facility. He was occasionally in hospital, but he did not want to be in hospital and he did not want to be in a hospice facility. He wanted to be at home. That was by far the most important thing to him. There was no palliation for what ailed him.

The CHAIR: So he was not under the care of any particular palliative care service, but he was in essence receiving palliative care because he was not receiving active treatment.

Dr BEILBY: That is right.

Mrs BEILBY: He had a medical clinic in Kelmscott that he went to—two particular GPs who looked after him there—and then after I took him in to Charlie’s when he was in a very bad condition, he was put under a specialist at Sir Charles Gairdner. Most of the time he stayed in pyjamas because there was no point in getting dressed, but when he had to go to a doctor, he would say, “Help me get dressed, because I don’t want them putting me in hospital.” So I would help him get dressed and I bought a little wheelchair because walking to the car was as much as he could manage. I got

this little folding wheelchair that I could put in the boot and I would get the wheelchair out and I would put him in the wheelchair and wheel him in to various doctors because they were checking for his prostate cancer and osteoporosis—once a month he had to have an injection for osteoporosis—and going to Charlie's. I would put him into the wheelchair and push him in. One time at St John of God I was pushing him up a slight incline and he was saying, "Mush! Mush!" I said, "Behave yourself, or I'll tip you into a garden bed!"

Dr BEILBY: Then you did that later!

Mrs BEILBY: No, he tipped himself into it! When I first got this wheelchair, I took him to the Karragullen Field Day and when we got there there was a ramp with slots in and I said, "The wheels of the wheelchair will get caught in that", and he said, "Oh, I'll step over the ramp and you can lift the wheelchair over." There were straps on the footplates and he caught his foot in the strap and went down, whack, full-length onto the bitumen and ended up bleeding; he was on Warfarin. He was bleeding all over the place and his eye was cut because he hit his glasses as he landed. They called an ambulance and took him down to Armadale Hospital and he spent several hours lying on a gurney there, saying, "Bloody Karragullen Field Day! Bloody wheelchair! All your fault!" So we took the straps off the footplates so that did not happen again.

Hon ROBIN CHAPPLE: Margot, you just mentioned in passing that he was being checked for prostate cancer. Did he actually have prostate cancer?

Mrs BEILBY: Yes, he had prostate cancer in 1995 and had radiotherapy for that. He had to be checked every so often to make sure —

Hon ROBIN CHAPPLE: So he had got over that?

Dr BEILBY: Yes, he was in remission.

Mrs BEILBY: He was in remission and they checked to make sure the antibodies did not rise too high, but that really was not a problem.

The CHAIR: Does anyone have any further questions?

Hon ROBIN CHAPPLE: No, I think it has been very enlightening.

The CHAIR: Yes. Thank you both very much for coming to give evidence and sharing your story and your experience of your dad and husband. It is not easy to come and relive some of those times, so we really appreciate it.

Dr BEILBY: If it helps some effective legislation being passed, it will be well worth it.

The CHAIR: Thank you. I will just read the closing statement to close off the hearing. A transcript of this hearing will be forwarded to you for correction of transcribing errors. 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 the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added by 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 of evidence. Again, thank you both very much for your time today.

Hearing concluded at 6.00 pm
