

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
MONDAY, 30 APRIL 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 11.19 am**Mr JOHN ROLFE IRELAND****Private citizen, examined:**

The CHAIR: Mr Ireland, thank you for coming in this morning. Thanks for your patience. I apologise for running a little bit late. We were delayed by IT issues. Are you ready, Mr Ireland?

Mr IRELAND: Yes, great.

The CHAIR: On behalf 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 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 the 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 that you 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 also be available on the committee's website following the hearing.

Do you have any questions about your attendance today?

Mr IRELAND: No, none at all.

The CHAIR: Before we ask any questions, would you like to make a statement to the committee?

Mr IRELAND: Yes, I have an opening statement.

In the context of this hearing, and any likely legislative changes, what I am about to say may seem futile. However, I believe it needs to be said. Whilst most of the focus regarding end-of-life choices has been on those people who have severe chronic or terminal illness, I strongly believe that the scope of these hearings needs to be broadened to include those people who, for whatever reason, find that their quality of life is at an intolerable level so much so that they have no desire to continue living in debilitating circumstances and therefor seek a peaceful and dignified end to their lives.

[11.20 am]

Regrettably, my mother did not have this option when, at 80 years of age, her quality of life was so intolerable that she took her own life by placing a plastic bag over her head, tying it tightly and dying from carbon dioxide poisoning. End-of-life choices should not simply be the realm of those suffering from chronic illness and terminal illness, but must include those people who find their mental, physical or lifestyle condition has deteriorated to such an extent that they find living intolerable. Dementia, Alzheimer's and Parkinson's diseases are classic examples of diseases that impact significantly on a person's quality of life. How would you feel if you could not recognise your wife or your children, yet you had the ability to understand that this was a condition that you had? If you want to know the circumstances surrounding my mother's death and the impact it had on my family, I would be happy to share that with you.

The CHAIR: Mr Ireland, we are certainly grateful that you are sharing your experience and it would be helpful for the committee, I think, if you would just talk a bit about the circumstances around her death and the impact that it had on your family. Did she seek assistance from an organisation to assist with her suicide?

Mr IRELAND: No.

The CHAIR: She was not assisted by Exit or any other third party?

Mr IRELAND: No. She did not believe that any of that was available and at the time that she took her life, there was limited palliative care at that stage and she saw there were no other means open to her other than to take her own life.

The CHAIR: Did you say she was not suffering from a terminal illness?

Mr IRELAND: No, she was—let me explain. My mother was a very active woman at age 78. She then had a stroke. She was prior to then she was mentally active, physically active, played a lot of bowls. The stroke left her not totally debilitated, but it impacted on her physical and mental life quite significantly. She could no longer play bowls. Although she was still mentally alert, the physical impact of it had a sufficient impact on her life, so much so that she tried suicide the first time when she was 79 and took an overdose of sleeping tablets, which, unfortunately, did not work and she ended up in hospital. The attending psychiatrist told my wife and I that my mother would try it again. She was determined to end her life. She found living intolerable both in terms of her physical and mental condition, and her relationship with my father had broken down significantly as well. The psychiatrist was right. My mother waited. I think I was taking a sabbatical at the time and had a backpack and took off overseas when I was 50 years of age. I was in India in Calcutta doing some work with Sister Teresa's institute of the destitute and dying at the time, and the first mail I got was from my eldest daughter telling me that my mother had put a plastic bag over her head and committed suicide. I am sure I do not have to tell you how one feels if you are in Calcutta. The next day I walked into the institute of destitute and dying and I saw all of these horrific, maimed people on gurneys and I just burst into tears.

It was the way in which my mother died that I think had the greatest impact on the family. You could imagine my father finding her in her bed in the morning with a plastic bag over her head. That kind of thing must not continue to happen. People should not have to take their own lives. There should be medical opportunities for them to end their lives in a dignified peaceful way, as we heard from Grytsje earlier on. Even today, I am 80 years of age now and the memories of what happened to my mother keep flooding back to me as I contemplate my own death somewhere down the track. I am sure that if my quality of life reaches the stage where my mother was at, and I find it intolerable to live, whether it be through mental or physical illness, I am sure that I will endeavour to do the same thing that my mother did, but I will, hopefully, do it in a more dignified way—and that I can die peacefully with my family around me who can share the experience with me, which my mother did not have the opportunity of doing.

Mr R.R. WHITBY: Mr Ireland, thank you very much for telling us about your story today. It obviously has a big impact on you still 30 years after the event and it is very important we get to hear things like this. You mentioned at the time that palliative care did not exist to the extent that it obviously does today. Do you think your mother may have chosen to continue to live if decent palliative care such that exists today was available to her?

Mr IRELAND: No. I am certain that she would not have. Until you experience that loss of quality of life—palliative care was not going to give her back her quality of life. Palliative care would have merely extended the intolerable existence that she was going through and my mother did not want

that the intolerable existence anymore. So, prolonging her life, given that her quality of life had reached a stage palliative care, would not have helped at all. She would not have accepted it, I can assure you.

Hon ROBIN CHAPPLE: Thank you, Mr Ireland. When it comes to quality of life, it can be quite subjective.

Mr IRELAND: Very much so.

Hon ROBIN CHAPPLE: I understand that. So, understanding your mother's situation, obviously, that set of circumstances led to what she perceived and others perceived as being an intolerable situation. From a legislator's perspective, it becomes quite difficult to define what is intolerable, and what might be intolerable to me might not be intolerable to somebody else. Do you have any thoughts around that?

Mr IRELAND: Yes. What I might find intolerable you might not find intolerable. It does not matter what you find intolerable; it is what I feel is intolerable that is important. The more you try to take away a person's right to choose when to die, that is not your—it is my right to choose whether or not my life is intolerable. It is my right to choose whether my quality of life has reached a stage where I no longer want to live. The fact that you do not agree with it, the fact that you do not share the same understanding of an intolerable life or quality of life with me, is inconsequential. It is how I feel that is important. I understand from the legislator's point of view, it is very difficult.

Hon ROBIN CHAPPLE: I want to try to pull that down because a lot of people might say that their lives are intolerable for a whole range of reasons—physical or other situations. Whilst I have genuine sympathy for people who are in such a position as your mother, who find life intolerable, I am trying to work through how we as legislators might be able to provide some compassion to people such as your mother but, at the same time, not open the floodgates to anybody who might be feeling that their situation is intolerable but may not be in the long-term, if you see what I am trying to get to. I know you are not a legislator so I am not expecting you to come up with the answer, but I am putting that question to you because it is one that we will have to face. I do not think we, as legislators, have a good handle on how we might deal with that. Do you think that a person who has intolerable suffering that can be traced back to some medical condition is the definition of what would be intolerable? I want to get your idea of how to narrow that down.

[11.30 am]

Mr IRELAND: It does not necessarily have to be a medical condition. It can be a psychological condition as well. People may be mentally alert and have a physical condition that they find intolerable. People may be physically well but have a mental condition. It is like, as I mentioned before, if one has severe dementia or Alzheimer's, those people may well be physically okay, but mentally their lives are hell. Checks and balances? Yes, there have to be significant checks and balances and that, I think as legislators, is the difficult issue that you will have to grapple with. I do not think it is impossible. You can put in place checks and balances. We have seen it in Holland and we have seen it in these countries where the checks and balances are such that it is almost impossible to abuse the law. The kind of euthanasia that I am suggesting, that my mother went through, is a little trickier because it is not as definitive as terminal illness. It is not as definitive as chronic illness. But nevertheless, you cannot take away that person's right to end their lives just because they are not chronically ill or do not have a terminal illness. Dementia and Alzheimer's, let me repeat, are classic cases where people are living what I would consider to be intolerable lives and, in some cases, are aware of it.

The CHAIR: Mr Ireland, in your opening statement you said the psychiatrist had said to you that it was likely your mother would attempt suicide again.

Mr IRELAND: Yes.

The CHAIR: Would it be fair to say that your mother was depressed?

Mr IRELAND: Again, it depends on your definition of depression, and there are different definitions of depression. The diagnosis of depression as we know it today was nowhere near as clear-cut and definitive back then when my mother died. Depression was rarely spoken of back then. Certainly, she was depressed with life. I do not know that she was clinically depressed, however. In fact, I am pretty sure that she was not clinically depressed.

Mr S.A. MILLMAN: Did the psychiatrist give any diagnosis?

Mr IRELAND: No, other than the fact that he said, “Your mother is determined to end her life and the fact that she failed the first time has made her even more determined to do it the second time.” I think she bought a copy of Kevorkian’s book on death and dying and that is where she read that she could put a plastic bag over her head and die from carbon dioxide poisoning.

Mr S.A. MILLMAN: Mr Ireland, can I also thank you for your contribution to the committee’s deliberations. Presumably, you have taken a bit of interest—from what you have said, you have spoken about other jurisdictions and all the rest of it. Have you had a chance to look at the Victorian legislation?

Mr IRELAND: Not in detail but broadly, yes.

Mr S.A. MILLMAN: Further to the question from my friend Hon Robin Chapple in terms of where one draws the line, you will be aware that under the Victorian legislation, you need a prognosis that includes a terminal illness?

Mr IRELAND: Yes, of course. I am well aware of that.

Mr S.A. MILLMAN: What are your comments in respect of that being where the line is drawn, given that your mother did not have a terminal illness when she did this?

Mr IRELAND: Sorry?

Mr S.A. MILLMAN: What are your comments on the Victorian legislation and the requirement that there be a terminal illness?

Mr IRELAND: The very fact that I am here—I am asking you to broaden the scope of your legislative decisions, rather than Victoria. I would find the Victorian legislation very constraining in that it revolves around people who have a terminal illness. In my mother’s case, she was not terminally ill. I believe that the focus on terminal illness and chronic illness needs to be broadened to the extent that it encompasses people like my mother, whose life was intolerable but not through terminal illness. My comment would be that I do not think the Victorian legislation goes far enough.

Mr J.E. McGRATH: Do you have any siblings?

Mr IRELAND: Yes, I have a brother.

Mr J.E. McGRATH: What was your brother’s view at the time? Did he have an opinion on your mother’s wishes when she was in that depressed state?

Mr IRELAND: Unfortunately, I was in India. My brother was in Sydney with my mother. I did not have the opportunity of being with him at the time of my mother’s death. In fact, I did not get back to Australia for another six months or nine months later. So I was not aware of the immediate impact that it had on my brother or the immediate impact that it had on my father. I was only able to talk to

them subsequently when I got back to Australia and learned from them. Particularly, my father was absolutely horrified, of course, when he found my mum dead the following morning. I am not saying this in a callous way, but my brother is not an empathic person like myself. I think he just took it in his stride to some extent, knowing that my mother's quality of life was such. To some extent I think he may have seen the death as an extension of that.

Hon COLIN HOLT: Mr Ireland, this might be a difficult question for you to answer, so please answer if you can. Your mother was an active 78-year-old and had a stroke. Can you describe the physical change which caused her to regard it as intolerable.

Mr IRELAND: Yes. As I mentioned to you, she was a very active woman physically. She played bowls. She was the treasurer of her bowling club. The stroke prevented her from playing bowls. It was one of the great joys in her life.

Hon COLIN HOLT: What was it about that that physically meant she could not play bowls anymore? Was she restricted to bed only?

Mr IRELAND: No, she was mobile, but her left side and her left arm were impaired. Although she was mobile, she was not as agile as she was prior to having the stroke and it left her a little wobbly on her feet. I think it affected her mentally a little, the extent of which I do not know. I cannot tell you, but the big physical change was that it impacted on her left side and her left leg and arm and that kind of stuff, which limited the amount of physical activity that she could undertake. I have to say that part of that process was that her life with my father was pretty difficult as well. I half suspect that their relationship had reached a stage—of course, divorce in those days was unheard of. I think that as she deteriorated and her quality of life became intolerable, the relationship with my father also impacted on that whole process as well. It was a combination of the physical breakdown and also the mental breakdown, some of which had been going on with my father for some years.

Mr J.E. McGRATH: Further to that, if someone was in a relationship where they had a relationship that was not working and it was very stressful on one of the partners and it was affecting them mentally and they decided, "I don't think I need to be here anymore", do you think they should be given the right to end it?

Mr IRELAND: If the circumstance was simply what you have articulated, my answer would probably be no. These days, one can remove oneself from a relationship that is not working. As I said to you before, divorce back then was pretty well unheard of, or frowned upon at least. Today, relationships break up more often than they stay together—or as often as they stay together. I can understand someone who is in a relationship and who is being battered, being physically and mentally abused by their partner, wanting to take their own life—yes. But if it was merely a breakdown of the relationship in terms of two people finding it uncomfortable or intolerable to live with one another but there is no physical abuse and no mental abuse, then no, I would not agree with that at all.

[11.40 am]

Hon NICK GOIRAN: But if there is physical abuse, it would be okay?

Mr IRELAND: Sorry?

Hon NICK GOIRAN: If there was physical abuse in a relationship, then it would be okay?

Mr IRELAND: I think if it was severe physical abuse, yes. I can understand women who are being physically abused by their partners, unless they see a way out of the relationship and unless they find opportunities to move out of the relationship without fear, I can understand someone taking their own life if they were being severely physically abused, yes.

Mr R.R. WHITBY: You are not suggesting, though, that the state sanction that?

Mr IRELAND: No, I am not suggesting that at all. All I am suggesting is that I can understand someone taking their life, but I understand it would be impossible to legislate for that. You have to place yourself in the shoes of the individual. Each one of us in that situation—if you are a male or a female, living in a situation where you are being battered or being abused sexually or physically and you found no way out of it, I could understand someone wanting to take their own life. Good grief! I think it would be, in some cases, a natural extension for some people who cannot find their way out of it.

The CHAIR: Is anything else you would like us to consider or know, Mr Ireland?

Mr IRELAND: No. I am very grateful to have had the opportunity to come and share with you that part of my life. I only hope that you come up with some positive outcomes from this. Not only do I hope that you introduce legislation, but also that it is broader than the Victorian legislation.

The CHAIR: Thank you very much for taking the time, Mr Ireland.

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 turned within 10 working days from the date of the email attached the transcript. 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, thank you very much for taking the time to speak with us this afternoon.

Mr IRELAND: Thank you for the opportunity.

Hearing concluded at 11.42 am
