THE RIGHT TO DIE:

Australia's euthanasia conundrum.

Dr TIM WELBORN

- *Thou shalt not kill. The fifth commandment – Exodus 20: 13*
- *Thou shalt not kill; but needst not strive officiously to keep alive – The Latest Decalogue*

For many years, I practised Endocrinology, which is mostly a curative and preventive specialty in medical practice. My contact with death and with the dying has been infrequent. Like many doctors, I tended to distance myself from the topic of voluntary euthanasia. But the case of David Goodall sparked my interest, and I discovered that Australia has had a substantial role in the area of voluntary assisted dying since 1996. Legislation in Victoria in 2017 will come into force next month, and currently copycat laws will be introduced to the Western Australian Parliament later this year. Recently, the ABC's Vote Compass data indicates that 90% of Australians support assisted dying for the terminally ill, and strong support is seen across all political party and religious lines. The medical profession continues almost unanimous opposition, as indicated in recent headlines in Victoria and WA: "Leading doctors condemn death laws". But the discussion needs to be extended to allow the growing number of well elderly people to have their say.

Last year my wife and I attended the 90th birthday celebration of our friend Marion, a well-known local botanist. Her husband welcomed everyone, and commented that the ages of the guests ranged from 4 to 104 years. The oldest was Professor David Goodall, who sat in a wheelchair. He had a strong, clean-shaven face, combed back white hair, and he was dressed in a coat and colourful shirt. A number of those present went up to him and chatted. Within 2 months, he flew from Perth to Switzerland to end his life. He was not terminally ill, but he did have deteriorating vision and difficulty walking. On his 104th birthday, he said: "I am not happy. I want to die". He had been a member of Exit International, the non-profit organisation advocating voluntary euthanasia and assisted suicide, for 20 years. A spokesman for that group stated that it was "unjust for one of Australia's oldest and most prominent citizens to be forced to travel to the other side of the world, in order to die with dignity". Exit International organised a GoFundMe campaign to assist his travel. On 10th May 2018, in Basel, with family members present, and listening to Beethoven's Ninth Symphony, he pushed a lever that set in motion a lethal injection of Nembutal, also known as pentobarbital. This drug is a barbiturate, and can be given orally as well as intravenously, causing rapid unconsciousness, and in sufficient dosage, cessation of breathing.

David Goodall was an Australian scientist, honoured for his work in mycology, plant ecology and natural resources management. He had survived three wives, and he had 4 children and 12 grandchildren. Working was his life. He retired from the Commonwealth Scientific and Industrial Research Organisation (CSIRO) at the age of 65, but continued active research interests in his latter years, reviewing and editing scientific manuscripts. Our friend Marion told me "he had the most extraordinary brain". He played tennis until he was 90. He was an amateur poet, and he had keenly enjoyed his involvement in a local repertory club as an occasional actor. At the age of 94, he lost his driver's licence, which caused him a profound loss of independence.

After retiring from CSIRO, he was given an honorary position as research associate at the Edith Cowan University in Western Australia, and was provided with an office. In 2016 he was asked to leave by the campus authorities, because his presence was considered a liability and a health risk.

He was living alone in a one room apartment, and he had to use public transport, catching 2 buses and a train to get to the University. He experienced great difficulty crossing roads in the short time allowed pedestrians by the traffic light system. In April 2018, he had a serious fall in his flat, and was found by the cleaner 2 days later, without major injury, but it was very difficult for him to walk. The local doctor advised costly round-the-clock care, or moving into a nursing home. Television clips show that Dr Philip Nitschke, who founded the advocacy group Exit International in 1997, was briefly present and met with Professor Goodall in Switzerland before he died. He stated that Dr Goodall's case was one of the first of its kind, since he was generally healthy and did not have a terminal illness.

Dr Nitschke's history, and that of his organisation, is a microcosm of the conflict, angst, and turmoil that can surround the topic of voluntary assisted dying. Philip Nitschke was born in South Australia in 1947. He studied physics and completed a PhD in laser science in 1972. But after graduating, he went to the Northern Territory, and he became a Parks and Wildlife ranger, until he sustained a severe foot injury. Then he decided to study medicine, and at the same time to overcome a lifelong problem of hypochondria. He graduated in 1989. He worked for aboriginal rights there, and became a general practitioner. He was vocal in opposing the local Medical Association's objections to legislation that would approve legal euthanasia. The Rights of the Terminally Ill Act (ROTI) was introduced by Marshall Perron, then Chief Minister of the Northern Territory. His bill was passed by the Territorial Government and came into force in 1996. This was the first successful passage of legislation in the world to enact such end-of-life laws, allowing someone in the last months of life to apply for medically assisted death. Dr Nitschke then personally assisted four terminally ill patients to end their lives, and he designed a machine for that purpose. He was the first physician in the world to deliver a legal, lethal voluntary injection. But the Northern Territory laws were soon over-ruled by the Australian Parliament, when it passed the Euthanasia Laws Act that rescinded ROTI in 1997. Marshall Perron considered this federal intervention "incomprehensible", describing it as a complete cross-party religious movement led by the Liberal Coalition Government's member of Parliament Kevin Andrews.

As a result, Nitschke founded Exit International, an advocacy group supporting patient's rights and choices at the end-of-life, in 1997. Similar organisations in the United States include the Hemlock Society, The Final Exit Network, and the group Compassion & Choices. The Death with Dignity National Centre was established 1994, and is based in Portland, Oregon. It has the motto "respect the will of the people", and it had a major role in achieving the first assisted dying laws in the USA. Dignitas is a Swiss based member's society, and liaises with Exit International, providing assistance and advocacy to those with a terminal illness.

Philip Nitschke has become a prominent authority in this field, giving public lectures around the world. He gives support for those people with good reasons to wish to die, and he advises using oral or intravenous barbiturates. He stood for the Australian Federal Parliament in 2007 against Kevin Andrews, the prime mover in overriding the Northern Territory legislation, but he was not elected. In 2014, his views were challenged by the Medical Board of Australia, after the suicide of a man who had attended an Exit International workshop, and his medical licence was suspended. A successful appeal to the Supreme Court allowed him to return to medical practice, but with a long list of very strict conditions including an absolute prohibition on advising or lecturing about euthanasia. Nitschke openly castigated the Medical Board's actions as heavy-handed and clumsy, and for restricting the flow of information about end-of-life issues. He publicly renounced the practice of medicine and burnt his medical certificate. He now lives in the Netherlands.

"The Last Cab to Darwin" was a stage play based on the story of Max Bell, a terminally ill taxi driver who had been diagnosed with stomach cancer in the 1990s. It was subsequently made into a film which was distributed nationally and also shows on Netflix. He lived in the mining town of Broken Hill in New South Wales. He drove 3000 km to Darwin hoping to achieve a merciful death. In the film he has a colourful and eventful journey through the Australian countryside, before meeting with the doctor in Darwin assigned to oversee assisted suicide. But the last minute intervention of close friends, and a phone call achieving reconciliation with a long estranged aboriginal neighbour, made him reconsider. So the film had a "feel good" happy ending. But in

truth, he was admitted to Darwin Hospital for 3 weeks, while the doctors deliberated on what to do. He only needed one doctor to confirm that he had terminal illness, and one psychiatrist to state that he was of sound mind. But none in Darwin had the courage to take responsibility for assisting his death. He drove back home and had a slow and unpleasant demise.

There had been a well-publicised precedent in Western Australia about a healthy elderly person electing to die. Mademoiselle Lisette Nigot, an academic, had made contact with Exit International in 1999, at a workshop run by Dr Nitschke in Perth, and met with him on several occasions. She stated that after 80 years of a good life, she had had enough and "wanted to stop it before it gets too bad". He expected her to change her mind before her 80th birthday, but he did give her some advice. Born in France, she had worked in America as promotions manager of the Waldorf Astoria in New York. She settled in Western Australia in 1967, and became a lecturer in the University of Western Australia's Department of French Studies until she retired in 1987. In 1995 she was awarded the Order of the Palmes Academiques from her country of birth. The Australian Broadcasting Company interviewed her and made a documentary for the program "Compass". She discussed methods of self-destruction … "I would never be able to put a gun to my head, nor jump from a ten story building". She did not want a violent death. She considered the plastic bag option, and demonstrated how she could do it in the television program. The documentary caused an outcry, with the expression of fears that copycat suicides would occur. Eventually Lisette Nigot took an overdose of oral barbiturates, just before her 80th birthday in 2002. She had acquired the medication some years before in the United States, and she left a suicide note acknowledging Dr Nitschke, whom she described as a crusader for a worthwhile humane cause. Part of the TV documentary was included in the film "Mademoiselle and the Doctor". As an aftermath of the program and the release of the film in 2005, the Australian Federal Government clamped down on public dissemination of euthanasia information, with a maximum penalty of $120,000.

Suicide is, of course, self-killing without medical intervention. The term euthanasia arises from the Greek eu-thanatos, or "a good death", and is now interpreted to mean the administration of a lethal drug by a doctor to end a patient's life. But it is also recognised that in addition to euthanasia, patient assisted suicide, also known as voluntary assisted dying, where the patient self-administers a drug provided by a doctor, must be included in any proposed legislation. The topic of voluntary euthanasia laws, or the lack of them, was highlighted in 2017 by the suicide of a well-known Western Australian health worker, Clive Deverall. He had been head of the Cancer Council of WA, a former president of Palliative Care WA, and he was known as a fearless and irrepressible advocate for improving services for cancer sufferers. He believed that terminally ill patients should be offered voluntary euthanasia. He was slowly dying from end-stage non-Hodgkin's Lymphoma and he suicided on the day of a general election, attracting headlines that competed with the political news. He shot himself in the Catholic section of Perth's Karrakatta Cemetery, leaving a note that said: "suicide is legal, euthanasia is not". His widow stated that the timing of his death was no accident: "… if legislation to allow voluntary euthanasia had been in place, I do not think he would have taken his life".

The challenging subject of medically assisted euthanasia was anticipated in the USA in the 1980s, by the controversy-prone pathologist Dr Jack Kevorkian. He wrote widely about his views of the ethics of euthanasia at that time, and put these into practice between 1990 and 1998. His first patient, Janet Adkins, was a 54-year-old patient with Alzheimer's disease. He assisted the deaths of more than 130 patients, helping them to use an intravenous device known as the Thanatron machine, or by inhaling carbon monoxide with a "Mercitron". Like Philip Nitschke in future years, he was hounded by the courts, and eventually deregistered by the medical board. Such was his commitment to his cause that he allowed CBS in 1998 to broadcast a videotape of the voluntary euthanasia of Thomas Youk, who was dying of Lou Gehrig's disease. Full informed consent was provided, but Kevorkian himself administered the lethal injection. This was a manifestly illegal act, since his licence to practice medicine had been revoked. He was charged with second-degree murder, sentenced to prison, and after many applications for clemency, he was eventually released after 7 years in 2007.

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In the ongoing debate about voluntary assisted dying, the protagonists are regularly and vigorously challenged by three powerful groups – religious leaders, medical authorities, and political organisations. Religious views are prominent. "Thou shalt not kill" is a moral imperative, engrained in Jewish and Christian doctrines, and it is assumed to include the prohibition of suicide and merciful killing. In Jewish law, physician-assisted euthanasia and all other forms of suicide are condemned as the taking of life, which has been given by God, and should only be taken back by God. Killing oneself is forbidden as being a denial of God's goodness in the world. Jewish suicide victims used to be buried in separate parts of Jewish cemeteries, unless the deceased was considered of unstable mind. Even in ancient times, suicide was considered a sin, although there were extreme circumstances, such as the mass deaths in Masada in the year ~ 67 BC. One historical version about the 960 escapees from Roman enslavement in Masada suggests that it was highly organised. It was agreed that each man should kill his wife and children. The men then drew lots to achieve an orderly consecutive killing, so that only one man, the last survivor, committed the ultimate sin of suicide. Jewish law now condones suicide in war to prevent a soldier being taken into captivity or slavery.

Catholic and all Christian teaching condemns all such deaths as obvious violations of the New Testament's Fifth Commandment, and equivalent to murder. Murder is a mortal sin, and with suicide, violates the sanctity of life. But the sin is forgivable if the perpetrator repents (which is just fine for murderers, but somewhat difficult for those who suicide). The Catholic Church catechism states that the Church prays for those who have committed suicide, knowing that Christ shall judge the deceased fairly and justly. Many branches of the Church now allow a Christian burial for suicide victims, but some require the need to acknowledge psychological disease or suffering as a precedent. Suicide is forbidden in classical Islam, and this includes suicide bombing. It is a sin, and will be punished by God, but not if it occurs before the age of reason. The Koran states "do not kill yourself (even though) God is merciful". Hindus also equate suicide to murder, since both break the code of non-violence. But Hinduism acknowledges the right to die peacefully by starvation, although recognising that this is generally reserved for the elderly, or those who have no desire, no ambition, and no responsibilities remaining. Buddhists are taught that destroying any life, including one's own, will prevent the attainment of enlightenment, and this is negative "Karma". Our housecleaner Tensing, a migrant from Bhutan, told me that his lamas taught him that taking human life would cause a person to re-live their present life very many times before advancing towards enlightenment. *As an aside* – once when I asked him to get rid of the summer flies in the house, he stated "I will not kill them, but I will scold them". The flies had gone the next day!

Medical views have long had a powerful influence in challenging an individual's right to die. The Hippocratic Oath was written around the 4th century BC, and has been the basis for the ethical standards of the practice of medicine in the civilised world. The original text, which opens with the words "I swear by Apollo the Healer, by Asclepius, by Panacea and by all of the gods and goddesses" … includes the exhortation "I will neither give a deathly drug to anybody if asked, nor will I make a suggestion to this effect" (as translated from the Greek by Ludwig Edelstein), thus prohibiting physician-assisted suicide and euthanasia. Modern versions have substantially edited the original text, and are traditionally used in most medical graduation ceremonies. In 1964, the Hippocratic Oath was rewritten by the Dean of the School of Medicine at Tufts University. It is retained by most medical schools in the United States: "I swear to fulfil … this covenant. I am asked to tread with care in the matters of life and death. If it is given to me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all I must not play at being God". As of 1993, in the United States, only 14% of medical oaths prohibited euthanasia, and only 8% prohibited abortion. Australia has adopted the World Medical Association's Declaration of Geneva as the contemporary version of the Hippocratic Oath, and includes the words "I will maintain the utmost respect for human life. I will give no deadly medicine to anyone, nor suggest such a course". A doctor who commits euthanasia in any Australian state rather than Victoria is likely to be de-registered, and thus lose right to practice medicine.

In 2016 the Australian Human Rights Commission published a lengthy and exhaustively researched paper exploring "Euthanasia, Human Rights, and the Law". This scholarly legal document includes

a general acceptance of an individual's right to have pain and suffering reduced, and to choose the timing of his or her own death. It deals with passive voluntary euthanasia, which is described as ceasing medical treatment at the patient's request in order to end life. It cites the Australian and New Zealand Society of Palliative Medicine, which states that prolonging life by treatment is not a duty, and withdrawing such treatment does not constitute euthanasia. This concept is largely accepted within medical practice in Australia. A competent adult can make a written Advance Health Directive, in the event that a future illness causes loss of decision-making capacity. Such directives can specify withholding or ceasing life-sustaining treatment, and is considered legally binding for health professionals, but its effective implementation cannot be guaranteed.

The Commission's paper acknowledges the contemporary shift in social attitudes towards supporting active voluntary euthanasia, but that an individual's moral and religious beliefs must prevail. It reviewed "slippery slope" arguments by religious spokespersons that future laws will inevitably lead to inappropriate deaths in non-terminal cases, and in patients who do not have pain. This was considered unlikely, but allowed the possible introduction of safeguards, such as having a "Certificate of Request", requiring detailed procedural validation by responsible authorities. The European Commission of Human Rights was quoted extensively and included the consideration that in addition to the right to life, there is the right to freedom from cruel, inhumane, or degrading treatment (*comment* – as may occur in many heavily populated and understaffed nursing homes). Both Commissions confirmed a person's right to privacy, and his or her right to decide by what means, and when, life will end.

The Commission concludes that active voluntary euthanasia will remain illegal in Australia's States and Territories until local legislation allows it. Well-drafted proactive laws regulating active voluntary euthanasia should deliver certainty, transparency, and protection for individuals. The groundswell of public support compels a definitive legal response.

Euthanasia is legalised in Switzerland, Belgium, the Netherlands and Luxembourg. Physician-assisted suicide was legalised in the United States by passage of the Oregon Death with Dignity Act in 1997, followed by the State of Washington's Initiative 1000, which became law in 2009. Also in 2009, the Montana Supreme Court ruled that physicians may assist patients in ending their lives by prescribing lethal medications (to be self-administered by the patient), citing the State's Rights of the Terminally Ill Act. Medical assistance in dying (known as MAID), and assisted suicide, became legal in Canada in 2016. Previously it was considered culpable homicide under the Criminal Code. Only residents who are covered by Canadian health care are entitled to MAID, to prevent "suicide tourism" (!). Advance directives are not allowed, thus excluding potential cases of dementia and Alzheimer's Disease. The safeguards include the submission of a written request from the patient, with 2 independent witnesses to confirm lack of coercion, and 2 independent medical opinions. Information about palliative care must be given, and further final consent just before death.

Recently, the Australian state of Victoria's Labor Government introduced the Voluntary Assistant Dying Act 2017. After more than 100 hours of debate, including two all-night sittings, the bill was passed and received royal assent at the hands of the Governor of Victoria. Said to be the most conservative legislation of this sort in the world, it contains 68 safeguards to protect vulnerable people. The Victorian model specifies that to access assisted dying in Victoria, a person must be 18 years or more of age, permanently resident in the state, have decision-making capacity, and be diagnosed with an incurable disease, illness or medical condition, that is advanced and will cause death within 12 months. There must be suffering that cannot be relieved in any tolerable manner. 3 separate requests have to be made by the person, each assessed by 2 independent medical practitioners, before the prescription of a lethal drug, which the person can self-administer. The Premier of Victoria described the successful passage of legislation as a day of reform, and of compassion, giving control to those who are terminally ill. Response to the legislation in Australia was immediate and furious. Former Prime Minister Paul Keating warned that "once termination of life is authorised, a threshold is crossed, and the law will be liberalised". He invoked the "slippery slope" argument, stating that the experience of overseas jurisdictions had indicated that the pressures for further relaxation of such laws are irresistible. But careful medical papers from the

Netherlands, and from Oregon, tend to deny this. Victorian Premier Daniel Andrews claimed: “ours is the safest, and the most conservative model in the world”. Similar legislation is being drafted in Western Australia, and is likely to follow the Victorian model. A parliamentary Select Committee on end-of-life choices has canvassed multiple submissions from professionals and the general public, to provide a comprehensive report, entitled “My Life, My Choice”. Population mortality trends are considered, and advance health care planning including the use of Advance Health Directives, which has had a low uptake in Australia.

The increasing prevalence of dementia in the ageing population was noted in the report, now the second leading cause of death in Australia. The provision of palliative care was assessed and thought to be generally effective but sometimes difficult in the dispersed rural communities and indigenous populations of Western Australia. The Select Committee reviewed the lack of options available to those with grievous and irremediable suffering, and considered that health professionals would benefit from increased education about the right of a competent patient to refuse treatment and to refuse food and water. Some 10% of suicides in Western Australia occur with people who have irremediable suffering, often using violent means. The practice of terminal sedation, also known as palliative sedation, together with the withdrawal of hydration and nutrition, when the patient becomes drowsy or comatose prior to dying, was considered lawful. The report recommended that assisted dying must be removed from the realm of criminal law.

Dementia cases were described by the Select Committee as “a bridge too far to cross” at this time, as they represent an insoluble problem. The challenge that must confront today’s physicians is providing guidelines that can define when a patient with dementia passes from a pre-terminal to a terminal state, thus qualifying for compassionate passive euthanasia or more active assisted sedation (when legal). The area requires intensive research to allow better prognostication and planning, and eventually law enactment. A recent Governor of Western Australia, Malcolm McCusker, former Queen’s Counsel, heads up the 13-member expert panel currently advising the WA government. He laments that giving dementia patients an end-of-life choice will all but be ruled out by the current legislation.

Some people, anticipating the risk of dementia because of their family history, and/or because they recognise the early stages of the condition themselves, hope to employ an Advance Directive to define their wishes in the event of becoming mentally incapacitated. Advanced health care directives, also known as “living wills” are an extension of the previous DNR (“do not resuscitate”) concept that has long been used in hospitals, authorised by a doctor in charge, and instructing medical staff to withhold cardio-pulmonary resuscitation, or intravenous therapy or intubation. Some suggest that it should be renamed “allow natural death”. Advanced health directives are quasi-legal documents specifying a person’s desires or decisions about medical treatment, if the author is unable to give a reasoned judgement. They are written in the hope that they will be legally binding, but their scope is limited in view of the ever-changing advances in medical treatment that may not be known to the author at the time of initiating the directive.

Intense medical debate continues in Australia. The Australian Medical Association maintains a firm stance against its members being involved in euthanasia. Many recommend improved governmental support for palliative care and terminal facilities for the dying. A minority have the courage to be outspoken about voluntary assisted dying. A recent comment in the Medical Journal of Australia states “if a medical association declares neutrality on this important issue, it squanders the precious role such associations have in providing guidance to the public and to the political sphere”.

Dr Philip Nitschke recently provided a video submission from Amsterdam for the Western Australian parliamentary enquiry, expressing disappointment in the proposals as drafted. He feels that the laws will follow those of the Northern Territory and Victoria, being a “beg and grovel” enactment forcing very sick people to jump through the hoops of multiple medical and psychiatric reviews. He states that in the Netherlands, the first major challenge to the general medical model about voluntary assisted dying is being introduced by Pia Dijkstra, a Democrat in the Dutch House of Representatives (previously she was a TV news anchor). The proposal is that end of life drugs

should be made available for aged people who no longer wish to live, even if they are not ill. Dijkstra told the Dutch current affairs program Nieuwsuur that there were many examples of aged people who no longer have role in the lives of their children and grandchildren, and with free will wish to end their existence before any serious deterioration in their health occurs. The age to qualify has yet to be determined. Safeguards are to be included in the legislation, including two month gap between the first and second requests, and an independent commission must review. This 'rights' model will relieve elderly people who are tired of living of the prescribed onerous medical pre-requisites. If passed in Holland, it could pave the way for more widespread acceptance of a de-medicalised approach. Philip Nitschke comments that had the 1997 legislation in the Northern Territory persisted, a similar debate would be now be apparent in Australia.

It is a very elegant solution to the voluntary assisted dying conundrum, and would provide much needed peace of mind for those with the natural anxieties surrounding the ageing process. They could make a reasoned decision and would not have to "jump through hoops". I discussed this breakthrough concept with our gardener Michael, who is a genius with flowers and shrubs, a dog lover, and is worldly-wise. He responded "I'll be all right, I have a surplus stock of Lethobarb in my medication cupboard!" (Lethobarb is veterinary pentobarbital).

Ageing, or the process of growing old, is not a disease, but it is the greatest risk factor for almost all common chronic diseases. In the absence of neurodegenerative disease, it can bring wisdom and tolerance. Some people take up religion, as death approaches. Ageing has all of the uncertainties of a chronic condition with an inevitable outcome. Even the "aged well" have fears about the future, and its potential effects on cognition, memory, vision and hearing. The loss of strength and mobility, with the increased risk of injuries such as fractures, are obviously an area for taking preventive measures. But overall, it is the loss of dignity, and of the respect of family and loved ones that causes most concern. The majority do not wish to lose their self-determination, independence, and autonomy. Because the prediction of life expectation and/or death is notoriously inaccurate, the medical and public health focus has always been on saving or preserving life. There is very little evidence-based research on the end-of-life care in the general community. It is not surprising that the healthcare expenditure in the last year of life is enormous. For example it was 25% of the Medicare budget in the United States in 2009. It is important to identify how much of this is low value, or futile care, including unnecessary dialysis, invasive surgery, transfusions, and extended antibiotic therapy.

It is a basic human right to die with dignity, and at the time of ones choosing. Older people do not wish to be a burden on their near and dear ones and the community. Professor Peter Singer, an Australian philosopher who currently holds the Ira W DeCamp Chair of Bioethics at Princeton University, passionately supports the right to choose to die, and argues that it is indefensible that we can put our pet animals out of misery, yet we deny our fellow human beings the same consideration. In his books and his interviews about animal and human rights, he argues that taboos against the compassionate killing of humans is a manifestation of a morally objectionable "speciesism". He has many vocal critics.

Spirited discussion about voluntary assisted dying will inevitably continue in Australia and in the civilised world. Some will consider that the absence of effective legislation actually supports the concept of "officiously keeping alive". Meanwhile palliative care and end-of-life management will improve. And yet … *"To everything there is a season, and time for every purpose under the heaven. A time to be born, and time to die … A time to kill and a time to heal" (Ecclesiastes 3: 1-8).* I suspect that it will be a very long time before the likes of Professor David Goodall, or Mademoiselle Lisette Nigot will have the benefit of Australian legislation to help people of advanced age, not sick or depressed, wishing to die with dignity.

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