

Better Off Dead

Transcript for season 2, episode 3: Lucky Phil

DISCLAIMER: This program is not about suicide. If you, or someone you know, needs immediate assistance with suicidal ideation, or depression, please contact your local 24/7 crisis support service. If you're in Australia, try Lifeline on 13 11 14, Kids Helpline on 1800 55 1800, or the other support services listed on our website at wheelercentre.com/betteroffdead.

For legal reasons, the words of Parliamentarians spoken in this episode are being performed by actors.

[PRAYER BELL CHIMES]

Ethereal female voice: Death is the last intimate thing we do.

Andrew: For many doctors, the idea of ending a patient's life, even at their request, is unthinkable.

Mark Yates Hippocrates made a very important point: that his intent would never, ever be to kill that patient.

Andrew: But in certain circumstances, Victoria's Voluntary Assisted Dying Law allows a doctor to inject a dying patient with lethal medication.

Cam McLaren: I knew that Phil was dying, and I knew he was suffering, and I knew he wanted this dearly.

Andrew: For 18 years, Phil Ferrorotto had been ravaged by cancer.

Katie Harley: I've had three kids, so I know what pain is, but this was complete agony.

Andrew: What does it mean to be asked to end someone else's life?

Katie Harley: Dad looked up at Cam and he goes, 'What are you waiting for?'

Andrew: And what if you were the one being asked to do it?

Cam McLaren: I remember thinking that I honestly don't know how I'm going to react to this.

Andrew: The 6th Commandment says 'thou shalt not kill.' Can breaking it ever be an act of mercy? I'm Andrew Denton. You're listening to Better Off Dead.

[OPENING TITLES. VOICES OVERLAPPING]

Andrew: The year is 1972. Jimmy Osmond's 'Puppy Love' is the most-listened to song in Australia (yes, that's right); after two decades of Liberal rule, Gough Whitlam is elected the country's first Labor Prime Minister since Ben Chifley; and 24-year-old Dorrie Webster from Sydney is on a cruise with her sister, excited to be on her way to the Munich Olympics. But then, something happened. The ship berthed in Melbourne and Dorrie went to a party.

Katie Harley: ... and met this 'Italian Stallion,' she called him. She never made it to the Olympics.

Andrew Denton: [LAUGHS] Oh, really?

Katie Harley: True story.

Andrew Denton: Whoa, that sounds pretty hot and heavy!

Katie Harley: I don't want to know!

Andrew: This is Katie Harley. She runs a plumbing business in Melbourne.

Andrew Denton: Sorry, yes. Kids never want to know that.

Andrew: Dorrie is her mum. And the Italian Stallion? That's her dad, Phil. Phil....

Katie Harley: Ferrarotto. It means broken iron.

Andrew: Phil Ferraroatto.

Katie Harley: He described himself, he got off the boat from Sicily and he was one of the poorer wogs, and they were put in this suburb called Hawthorn, which is how Dad barracked for Hawthorn and I do too. He ended up leaving schooling in Year 10.

Andrew: Actually, Phil was *asked* to leave. 'Bad attitude,' the school said. Eventually, he talked his way back in. Ended up as head prefect and a long-time friend of the principal who kicked him out in the first place. The man had charm. Phil dreamed of being a pilot, but his Nonna and Nonno said no – it was too dangerous. Grounded, he went into finance instead.

Katie Harley: He was just a quintessential Australian immigrant that loved being an Aussie, you know. He was very street smart. He provided incredibly well for us kids. Yeah, like he did really well for his start in life.

Andrew: Phil reached the top of the management tree, a popular, hard-working man, married to Dorrie, with two kids, Katie and Glen.

Katie Harley: And we just consider ourselves a very normal family, no different to anyone else, really.

Andrew: And, sometimes, once he got his light plane license, Phil would take his kids flying on weekends.

[LIGHT PLANE TAKES OFF. PENSIVE MUSIC]

Andrew: Remember that John Lennon line, 'Life is what happens to you when you're busy making other plans?' Katie was 22 when life happened to the Ferrarotto family.

Katie Harley: Dad complained that he wasn't swallowing properly. So, we went to the doctor, did all the scans, long story. It was oesophageal cancer and Dad said, you know... he got choked up, and he looked at the doctor and he said, 'Look, how – is this gonna kill me? How long have I got?' And the doctor said, 'If you've got any good wine?' Dad said, 'Yep.' And he goes, 'Drink it. You won't be here in November.'

Andrew: Phil was just 52.

Katie Harley: That's actually how we were told. And so, we were flabbergasted, and in the end, they were able to shrink the tumour enough to operate. It was an absolute massive operation, they took out some oesophagus and stomach and Dad just went on with life.

Andrew: Nobody knew it at the time, but Phil was a walking cancer time bomb.

Katie Harley: Then, two years later we thought Dad was having a heart attack and one of his doctors said, 'Look, let's get him a colonoscopy.' And it turned out he was bleeding internally from bowel cancer.

Andrew: Two cancers, in two years, in two different parts of Phil's body. Each unrelated to the other.

Katie Harley: The doctor said, 'Look, we think there's something genetic going on here.' And so he had a test and Dad was diagnosed with Lynch syndrome.

Andrew: Lynch Syndrome: rare, incurable, inherited. A genetic mutation that predisposes people to cancer. Lots of cancer...

Katie Harley: So, after the bowel cancer, he recovered. And then a couple of years later was diagnosed prostate cancer. So, they did a prostatectomy. He had part of his bowel out. Then he had his prostate out.

... Then he was diagnosed with bladder cancer.

... Then Dad complained of a sore back a couple years later, and it turned out he had ureter cancer, so they had to take out Dad's kidney.

Andrew: Like a grotesque version of the Cheshire Cat, more and more of Phil disappeared. But still, he kept smiling.

Katie Harley: He called himself 'Lucky Phil.' He goes, 'I don't know how I'm getting away with this,' you know, 'they just keep cutting bits out and I just keep going.'

Andrew: Phil's reputation in medical circles, as one of Australia's most survived cancer patients, grew. The 'cancer poster boy,' his family called him.

Katie Harley: So, he went on for probably a good three or four years there with nothing. And then in April last year, he had symptoms again and was found to have the bladder cancer back, but this time it had already spread to his spine. And it was the first time that we got secondary tumours, and I just I had a gut feeling that this time it was going to be different.

Andrew: Lucky Phil was running out of luck.

Katie Harley: Even his own oncologist, you know, five months before dad died had said, 'Well, look, it's in your, in your bones now, it's in your spine.' Then he got tumours in his collarbone and he got tumours— you know, 'You're dying, Phil...'

Andrew: Phil had thought long and hard about how his life might end.

Katie Harley: Dad had followed the path of assisted dying long before last year. He always thought, you know, 'I don't want to go out the same way that my dad did.'

Andrew: As a child, Katie's grandfather seemed to her like a Colossus.

Katie Harley: My Nonno was probably physically the strongest man I've ever met. He was a big Sicilian, and he used to hold his hands out here and us kids used to swing off his arms like monkey bars.

Andrew: But he drew the same genetic short straw as Phil.

Katie Harley: Nonno had bladder cancer, bowel cancer, lung cancer, he'd had lots of body parts removed as well. He lived probably the last few months in so much pain. Nonno was soiling himself in the end and, you know, it wasn't nice. I guess in the end, it was sort peaceful, but it was prolonged. And I don't think, you know, Dad thought that was fair.

Andrew: Having watched this powerful man – his father – waste away slowly and without dignity, Phil resolved not to leave his own family with the same memory. When Voluntary Assisted Dying became legal in June 2019, Katie's phone rang.

Katie Harley: He rang me, he goes, 'It's been passed, it's been passed,' and I said, 'Oh, okay.' So, it took my breath away that he was really rapt. Dad knew that the only way he was going to get out of this situation was through euthanasia.

Andrew: One of the strong arguments made against this ever being legal is that with proper palliative care no one should ever need this as an alternative path.

Katie Harley: No, no, I don't believe that. Even right towards the end, when my brother and I were trained and we had to syringe different medicines in, and there were days when you know, it wasn't working. It wasn't killing his pain. I mean, sometimes it would space him out, sometimes it would make him sick. It was fentanyl that they ended up having Dad on. There were so many different things going into him. And it wasn't keeping him comfortable. No increases of any of the pain meds was doing anything different.

Andrew: Phil's hospital put him in touch with the Voluntary Assisted Dying care navigators who needed to know that Phil's request was genuine before recommending he be medically assessed. Phil was not expecting their level of caution.

Katie Harley: They came in independently so we didn't know from which day to which we would get who, and they would sit with Dad and basically say, 'Well, you know, why did you call us, Phil?' It was a very robotic set of questions that they obviously had to answer, and I know there were times that Dad was just getting quite frustrated, and he goes, 'Well why do you think I called you? You know, I've had enough.' So, they would go through a list of questions and then it would be, 'Well, we've submitted your application.'

Andrew: The care navigators gave the green light for the first of two doctors to come and assess Phil. The law says that, for Phil to be eligible for assisted dying, he must have a disease that is...

Legal voice: Incurable, advanced, and progressive, that is expected to cause death within weeks or months, not exceeding 6 months, and that is causing suffering that cannot be relieved in a manner the person considers tolerable.

Andrew: The law also says that one of the doctors must be a specialist in the disease the person is dying from.

Cam McLaren: It's really hard to open questions with patients like this because the standard, 'How are you?' doesn't seem to be appropriate. But it's usually the first thing that comes out of your mouth.

Andrew: This is Cam McLaren, Phil's oncologist. He specialises in the study and treatment of cancer.

Katie Harley: Something incredible happened between Dad and Cam.

Cam McLaren: So, I think Phil's response was something along the lines of...

Katie Harley: 'Isn't it bloody well obvious? It's, you know, I'm dying and I'm sick of it, I want to die.'

Cam McLaren: He wasn't angry. He was just very straightforward and pragmatic about everything, and very much no bullshit type of person.

Katie Harley: They really built up a fabulous rapport with each other.

Cam McLaren: I think it gave me instant insight into what he knew he was up against.

Andrew: Phil was up against a wall, and it only had one exit.

Cam McLaren: I remember I entered the room, and his back was to me in an armchair. He had a concentrator with oxygen attached. And he was obviously cachectic, so he'd lost a lot of muscle and he had barely any fat on him as well. And breathing with difficulty. He wasn't eating and he wasn't drinking very much, and not moving out of his chair. I thought Phil had probably about three or four weeks left to live.

Andrew: What Cam could see, Phil could feel.

Cam McLaren: He knew he was dying. The only questions left were how, when, and with whom his death was to occur. And that's what he wanted to take control of.

Andrew: Although Phil had a chance to control his final days in a way his father did not, Cam knew the path would not be easy.

Katie Harley: Then he explained to Dad, you know, 'It's a good 10-day process because we can't be seen to be hurrying this process up for you.'

Andrew: To demonstrate that this was his wish and no-one else's, and to give him time to reflect and, even rethink, the Law says that Phil must make three requests: two verbal, one written, and that the last one must be at least 10 days after the first.

Andrew: In the parliamentary debate about assisted dying, some argued that this was not long enough.

Male MP: Ten days is less time than it can take to write a cheque, post it, receive it, bank it and have it honoured. That in itself appears too short a time for an irrevocable and life-ending decision

Katie Harley: 10 days for someone who is in agony with every breath that they take is, it's a long time. And I could see Dad was very deflated about that, so we had to see another doctor. She had to then come in and ascertain that Dad was in his right mind again, ask him the same set of questions. 'You realise that these medicines will cause your death? You realise we need to make sure you're not being coerced into this?'

Andrew: Both doctors assessed that Phil was clearly eligible. Then, four days after Phil's first request, Cam awoke to find an email in his inbox.

Cam McLaren: 'Good morning, Cameron. Sorry to bother you. This gives me no pleasure to be begging you to end my life, but I have no one else to turn to. I'm struggling now with every breath I take, and I can't do it anymore. If this is called dying with dignity, then God help us. My bones are aching. I'm getting bedsores. I think I've got an engrossed liver, which is restricting my breathing. I'm in terrible pain when I cough. I know you're very busy with

your own clients. However, I beg you please help me end my life ASAP.' And that was at 7.30 in the morning.

Andrew: Katie witnessed the terrible state her father was in.

Katie Harley: This was complete agony. And it was with every breath. To breathe hurt, to swallow hurt. It had, unfortunately for Dad, got to the point where my husband Ryan and Glen had to help him up to go to the toilet. He hated every second of it.

Andrew: The law allows that, if in the opinion of both doctors, the person is likely to die within the 10 days required between first and last requests then that timeframe can be shortened. As soon as Cam had finished his morning clinic, he drove to Phil's house. The change in Phil was clear to see.

Cam McLaren: The inability to swallow or drink anything, and his breathing had gotten worse. He was in a great deal of distress from that as well. He was clearly deteriorating very quickly. And complicating that is the business hours, availability of Voluntary Assisted Dying in Victoria. So, leading into the weekend, if we weren't able to get permits approved, we weren't going to be able to get it approved until Monday.

Andrew: This was Wednesday. Monday was four and a half agonizing days away.

Cam McLaren: If we were going to proceed with his wishes, we needed to think fast about it.

Andrew: Cam could see that Phil was not going to last another week. As she looked at her father lying there, after so many operations, and with much of his jaw and neck removed, Katie said he looked 'like a medical experiment.' And Phil's worsening condition presented another problem.

Cam McLaren: I said, 'You need to be able to drink 30 mls of liquid in four minutes. Because four minutes is about the time when the medication starts working. So if you haven't drunk at all by then and you fall asleep, you might not have taken the required dose.' He upfront said, 'I'm not keeping anything down, I don't think I can do this.' And we spoke about the alternative. And he said, 'Okay, let's just get it done.'

Andrew: The alternative: Clause 46 of the legislation: Practitioner Administration. Instead of Phil drinking the lethal medication, Cam would put a canula in his arm and inject him. No longer would Phil's death be the result of his own, voluntary action. As one MP had brutally described it in the parliamentary debate:

Male MP: Clause 46 is actually where the bill turns from a voluntary assisted suicide bill into a euthanasia bill. It's the one where the doctors get to kill the patients.

[SOLEMN MUSIC]

Andrew: While written by parliamentary draughtsmen, and voted for by politicians, much of Victoria's law was designed by doctors, led by the former President of the Australian Medical

Association, professor Brian Owler. They knew intimately why Clause 46 was needed. Five years ago, while making the first season of *Better Off Dead*, I discovered why too.

Ray Godbold: My name's Ray Godbold. I only get called Raymond when I'm in trouble. I'm 59 years of age, turn 60 next January.

Andrew: Ray was a palliative care nurse. 'Velvet Ray,' one of his patients called him, for his gentle way with the dying. Now Ray was dying too. Cancer of the oesophagus.

Ray: If I was to choose a cancer to have, I wouldn't pick this one.

Andrew: Although a palliative care nurse, Ray did not want to die in palliative care.

Ray: I've been there when lots of people have had terrible deaths that – no matter what palliative care people say, the last 24 to 48 hours of somebody's life can be completely unexpected, you know? And the only options you've got is to make that person unconscious and then you've got the family sitting there looking at this person who's been in terrible suffering, is now unconscious, and is going to take hours or days or weeks to die. So that's not acceptable, I don't think.

Andrew: Ray had a plan. His 'back pocket plan,' he called it. A bottle of the lethal – and illegal – substance Nembutal, hidden away where the police couldn't find it. It would provide him with a painless death... if he chose to take it.

Ray: I'm hoping not to, yeah. But like I said, I don't know. We've got to assess as we go from stage to stage, and I know that I'm slowly getting pushed along the line.

Andrew: I visited Ray several times over his final months as his large frame was whittled away to just 44 kilos. From his years in palliative care, he was able to describe to me exactly what his cancer was doing to him.

Ray: I've got these wounds that are coming from the inside to the outside of my body, which are causing me great pain. There are splits in the creases of my fingers. It's another sign of progression of my disease. And I've got SOBOE, which is Shortness of Breath on Exertion. My voice changes, my nose drips – dah, dah, dah. You know, lots of secretions. They're coming out.

Andrew Denton: So, your body's just falling apart.

Ray: Yeah, it's falling apart. Yeah, I'm dying. I'm falling apart, really. So, it's looking more and more like Nembutal will be an option for me, because I'm just going to starve to death otherwise and be in pain.

Andrew: Having helped others down the same path, Ray knew how his oesophageal cancer would play out: that, at some point, it was likely he would no longer be able to swallow, and his back-pocket plan would be no good. What he couldn't know was when that moment would come. And, for all that he was facing, Ray still did not want to die.

Ray: I deeply love my family and home. Making the decision that I have to permanently leave all this is going to be more difficult than what I imagined.

Andrew: So, Ray held on, and held on, and then it was too late.

Robyn: He woke up at five o'clock in the morning and he was really agitated, and he just kept trying to get up, but he couldn't really walk that far. He was so short of breath. It was just horrendous. Absolutely horrendous.

Andrew: This is Ray's wife, Robyn. She's a nurse too. Two weeks after Ray's death, she and their adult children – Ella, Rory and Tara – told me what had happened.

Robyn: And I was just giving him medication and the kids got up. And I'm, you know, he was... ordered so much and I was giving him double, triple, and nothing seemed to work and that's when he asked for the Nembutal.

Tara: 'Get the Nembutal! Get it! That brown bottle up there.' Oh, it was awful!

Rory: Yeah, it was the moment for him.

Tara: Yeah, he was ready. He wanted to.

Andrew Denton: Was he – do you think he was lucid when he said, "Get the Nembutal"?

[ALL]: Yeah.

Tara: A hundred percent.

Rory: Because I had to explain to him that he wouldn't be able to drink it, and he understood.

Andrew Denton: Because he couldn't swallow?

Robyn: He just kept regurgitating any – he could get a mouthful of water down, but you have to kind of take it when you're in control, and that's why it brings it home about the laws. Because if we could've given him something intravenous or by some other form if it was legal, then we could've relieved that distress.

Ella: But it was very stressful. Like we were all trying to comfort him, and it was – I had to walk out of the room at one point because it was so hard to see. It was awful! Like, I will never forget the look on his face, ever.

[GENTLE MUSIC]

Andrew: It's now October 2019 and, unlike Ray, Phil has a law where a doctor can help him. Seeing his rapid deterioration, Cam and the family act quickly. The second doctor is

consulted. She supports the need for Phil to be injected and for it to happen in less than nine days. Phil now has to write his final request, which has to be witnessed.

Katie Harley: Dad asked a couple of his best friends to come into the room during that meeting and sign a waiver to say that they agree that Phil's in his right mind, that they don't stand to benefit financially from his death. That was a hard one, you know, asking friends to come in, and Dad, you know, he was joking at the time and he said, 'You've got to sign my death warrant.' But I could tell that it was very hard for them because, you know, it was going to be one of the last times that they saw Dad as well.

Andrew: Cam has to submit Phil's final request and his witnessed final declaration to the Department of Health who he has alerted about the changed circumstances. Then he has to put in a request, supported by the second doctor, for a permit for practitioner administration, and for it to happen as quickly as possible.

Katie Harley: Even with the application, there was no guarantee it was going to be approved because they had to rely on both Cam's and the other doctor's medical opinion that Dad was progressed to this situation.

Andrew: Late on the Wednesday, the answer came through.

Katie Harley: As I was driving home, I got the phone call from Cam and he said, 'Look, the drugs have all been approved and we're good to go tomorrow.' And I had to pull over, I was like... [DEEP BREATH] And you know it's gonna happen, that when you're told at 2.30 tomorrow is when we're going to push the button, it just, it takes your breath away. So I did a U-ee and I drove back to Mum and Dad's and I went in next to Dad and I said, 'Oh, you know, it's good news. The drugs have been approved and the drugs will be here at 2. And then Cam will be here at 2.30.' And he looked at me and he said, 'How many hours is that?' He didn't want to wait another minute.

[SAD MUSIC]

Andrew: As Cam drove to Phil's place the next day, his mind was whirling.

Cam McLaren: I remember thinking that I honestly don't know how I'm going to react to this. And so, it was very cautious, wary, open mindedness. And I guess the awareness that if I react quite fully to this, that's going to have significant impact on me. So, it was, I guess, the complete unknown.

Mark Yates: I don't think it's part of medical professional practice and that view would be shared by the World Medical Association, the Federal AMA, the American Medical Association...

Andrew: Many times, he had heard doctors, like geriatrician Mark Yates, argue passionately against what he was about to do.

Mark Yates: And when Hippocrates was around in his day, he made a very important point: that his intent would never, ever be to kill that patient.

Andrew: Where others see black and white, Cam also sees grey.

Cam McLaren: That's the reason that I decided not to speak the words, that I would never administer life-ending treatment when I took our version of the Hippocratic Oath when we graduated Medical School, because tarring all the cases with the same brush just did not seem intelligent. You have to look at individual cases and figure out what is harm and what is benefit for that person. And it's far more complex than being able to say, 'This is right, and that is wrong.' In Phil's case, harm was to turn my back on him and not allow him to access this.

[CLOCK TICKING]

Andrew: It's 2pm on Hallowe'en, 2019.

[PENSIVE MUSIC]

Katie Harley: At 2 o'clock on the dot, the pharmacist rocked up on the doorstep. And he was a lovely bloke, and he came in and he had to say again before it would release the meds, 'You know, do you understand what these meds are capable of?' And Dad sort of snapped at him and said, 'Of course I bloody do,' you know? And then on the dot of 2.30, Cam came in and my brother had poured a couple of whiskies.

Cam McLaren: So they're in the front room, they'd been with Phil all day. He was ready. And they've had all the discussions and, and then you walk in, and they're ready to go, but you're not.

Katie Harley: And we were sort of all sitting by the bed and there's just so many funny little things that I remember, and so much I can't remember but, um, Cam found a vein in Dad, which was a miracle in itself, because Dad's veins were shot to pieces over the last 18 years.

Cam McLaren: I always had this thought in my mind that I hope I miss. I hope that there's a problem here that I can't go through with this. Not for my own... you know, not because of my choice, but because I hope this is logistically impossible in some way. And so, I think that's just a wish for the Deus ex Machina to intervene. But um, yeah it was a very easy cannulation you know, unfortunately, fortunately.

Katie Harley: And, ah... one of the things I remember is the cord that the drugs were going to flow in was the longest cord I'd ever seen, and I couldn't understand why on earth... why does it need to be so long and then I thought, 'Gosh, they've even thought this through.'

Cam McLaren: So that was the plan: use a long line, make it not about the procedure, you know, I didn't want to be using a needle this long, in a hand and towering over him and administering – you know, I think that the imagery that the family can take away from that is very, you know, that could almost predispose to PTSD, that kind of imaging,

Katie Harley: Cam was able to take a few steps back and put all the medicines on the ensuite so that he wasn't standing over Dad. So that the medicines would very gently go into Dad and it was only the family that needed to be in the room, which was just such a lovely thing.

Cam McLaren: Then I organised the medication and it's a bit complex.

Katie Harley: Cam explained that there was four vials. The first one was a general anaesthetic. I think one of them stopped Dad's heart, one of them stopped Dad's brain, and I'm not really sure what all the other bits were.

Cam McLaren: So, it took a bit of figuring out the kits, making sure that I was doing things in the right order.

Katie Harley: And he looked at Dad and he said, 'Well, you know, Phil, we're on.'

Cam McLaren: 'I'm not going to push this on you. Do you want this, do you not?'

Katie Harley: And Dad looked up at Cam and he goes, 'What are you waiting for?'

Cam McLaren: There was no question in his mind about wanting to go through it or not, which I took great confidence from. And then it was just medication after medication, and I believe it was his wife on one arm, and his... Katie on the other.

Katie Harley: It was like Dad designed those last few moments and it was exactly the way he wanted it. And then as the medicines went in, we, oh... we even had a bit of a laugh, to be honest, because Mum and Dad always used to argue about who was the snorer in the relationship and once the very first vial went in – it was the general anaesthetic – and the last two breaths that Dad took were these two massive snores, and we, we all sort of had a bit of a laugh.

Cam McLaren: It just lets everyone know that everything's going to be okay. You laugh and you go, 'It's okay. It will be okay.' I think it's a really important first step in healing.

Katie Harley: And we were crying and laughing and then Dad just sort of... before he did that, he just looked at us and he said, 'Be happy.' And that was it.

Cam McLaren: And he fell asleep peacefully

Katie Harley: It really was, it was beautiful.

[BIRDS CALLING. PEACEFUL MUSIC]

Andrew: The experience of Victoria's new law was profound: Not only for the people who were dying, and their families, but also for the doctors called to help them. It's a story the same the world over.

Mariska Koster: I still see it. I can recall everything that happened as if it happened yesterday.

Andrew: Dr Mariska Koster was one of the doctors I met when I went to the Netherlands five years earlier to find out about their euthanasia laws. She told me about the first time she ended a patient's life – an elderly woman with cancer she had known for years.

Mariska Koster: I was standing in the corridor and I was shaking and sobbing, and the nurse took me away, gave me tea and sympathy and everything, and I was so grateful. That she supported me meant so very much.

Andrew: What she said next has never left me.

Mariska Koster: I really felt I am doing something that's huge, that's grand. I am going beyond what is normal medical care.

Andrew: And then, this:

Mariska Koster: You don't do this lightly. It's not something doctors like to do; they don't. If you can get around euthanasia as a doctor, you will do it, because it costs you.

Andrew: I wondered what Cam was thinking as he drove away from Phil's house.

Cam McLaren: I remember driving away and I honestly thought, you know, 'That was very surreal. I don't know if that's... did that actually happen?' I don't use those medications often in practice, and so I remember actually thinking, 'I'm sure he was he was actually dead. Or was he?' You know, it actually even occurred to me to turn back around and go and double check. Since then I realised that it's actually an astronomical dose of that medication, and there's no way of surviving that, so. And then I just remember waiting for the hammer to fall and just thinking, you know, 'Not sure,' you know, 'Am I going to process this differently, in tomorrow or a week or...' and it never actually happened, it wasn't a case of actually actively dealing with it, being okay with it, it was a case of, 'Wait and see,' and then realising that it never actually hit. And then it was a question of, 'Why?' you know, what I'd done was something that should have been very confronting, but I didn't feel confronted or conflicted in any way by it.

Andrew: A question began to form in Cam's mind.

Cam McLaren: So then, you know, I started wondering, 'Am I actually a sociopath? I should be reacting to this differently. I should be affected by this. And I don't seem to be. Why not?' But I think from then on, it just became a case of, 'Well, the reason I didn't have any conflict internally about it, is because I wasn't conflicted about his case.' I knew that Phil was dying, and I knew he was suffering. And I knew he wanted this dearly.

Andrew: I've spent many hours over the last five years talking with politicians about the need for this law. I remember one telling me that he could never support it because who knew what doctors might do if given the right to kill? Smiling at me darkly, he said, 'Dead

men tell no tales, Andrew.' 'Oh,' I replied, handing him a book of stories about people who had died in distress like Ray Godbold, 'But they do...'

Before he died, Phil wrote a book too.

Cam McLaren: He wrote a book to me. It's a blue filigree notebook that Katie gave me after he died, and it made me cry.

Andrew: In it was a message especially for Cam.

Cam McLaren: It says: 'To Dear Cam, I struggle to think of a way to say thank you for what you have done for me. I chose to write it down so that you can never forget. Thank you for your bravery in administering the medication for me today so that I can finally be at peace.'

Katie Harley: 'Thank you for making me a priority in your schedule when I'm sure you have other patients to attend to and a family of your own. Thank you for being so kind to my family, putting their minds at rest and answering their questions.'

Cam McLaren: 'Thank you for spending many years of your life studying and working hard in order that you can help people like me. I'm pleased and honoured to have known you for what feels like a fleeting moment. '

Katie Harley: 'I'm so proud of the job that you have done, and I'm eternally thankful. Best wishes for your future, mate. Phil Ferrarotto.'

Cam McLaren: And he signed it and put his name below it with his birth date and the 31st of October 2019 as his death date.

Andrew: And the fact that you responded emotionally, must have also answered that question you'd asked yourself: 'Why aren't I feeling anything?' You were.

Cam McLaren: Yeah, I think I was. Yeah. And that... that really helps. It really reinforced to me that the only person whose opinion matters is the person in the chair or the bed. And that's who I'm here for. And it's not, not for my colleagues who think I'm doing the wrong thing, and it's not for people in Rome who think I'm doing the wrong thing. It's for the people who are fighting for something that they want that does not affect anyone else.

[BIRDS CALLING. MOVING MUSIC]

Katie Harley: Till the day I die, it'll be the most courageous thing I've ever seen anyone do. To look a man in the eye and to know that he's about to end your life, but not just to do that, then to write him a letter and say, 'Thank you,' that's courage beyond measure.

[BIRDS CALLING. MUSIC CONTINUES]

Katie Harley: I try to say to people, 'Dad didn't choose death. Dad chose life. Over and over again, he chose it when he knew he would have his insides ripped out. He chose it when he

knew he would have chemotherapy that would make him sick for another six months, he chose life, he chose life, he chose life. And when life was no longer a choice, he decided to die on his own terms. It had nothing to do with anyone else. It was because life was no longer a choice.'

Andrew: The grief of losing someone we love never leaves. It ebbs and it flows. For Katie, hers has been made easier by the memories of the long conversations she had with Phil as he was dying.

Katie Harley: And he said, 'Kate, you won't understand until you're the one lying there. You know, you just won't get it.' And he goes, 'I don't expect you to. I just want you to hold my hand and I want you to tell me it's okay. I want you to give me a kiss, and then I'll want you to wake up the next day and just get on with it.'

Andrew: What a great Dad.

Katie Harley: He was the best. Yeah.

[MUSIC: 'LOYDIE'S ANGEL' BY JORDAN LASER]

Andrew: If you'd like to support the work of Go Gentle or find out more about us, go to our website at gogentleaustralia.org.au.

Andrew: Next episode of Better Off Dead: In its first year of operation, only a small number of Victorian doctors signed up to be part of Voluntary Assisted Dying. Those who did have attracted fierce criticism from their colleagues.

Mark Yates: Our social contract with our patients is that we should never intend that they be killed by our actions.

Nick Carr: Voluntary assisted dying is not doctors killing patients. It's about patients making a choice at their end of their lives.

Andrew: What leads a doctor to risk the disapproval of his or her peers? Is there a cost to helping someone die? And what of their oath, 'To do no harm'?

[CLOSING CREDITS]

VO: Season two of Better Off Dead is created, written, and presented by Andrew Denton, with Beth Atkinson-Quinton, Martin Peralta, Kiki Paul, Steve Offner, and production assistance from Alex Gow. It is a co-production of Go Gentle Australia and The Wheeler Centre. Follow wheelercentre.com/betteroffdead to learn more about the people and ideas from each episode.

['LOYDIE'S ANGEL' CONTINUES]

Music: Aaron Gleeson