

Better Off Dead

Transcript for season 2, episode 9: The Light Under the Bushel

DISCLAIMER: This program is not about suicide. If you, or someone you know, needs immediate assistance with suicidal ideation or depression, please contact your 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: This episode of *Better Off Dead* is the first of four that provides information about some of the values and assumptions underlying Voluntary Assisted Dying, not just in practice in Victoria, but as it continues to be debated around Australia.

Over these episodes we'll look at:

- Whether palliative care can address all suffering;
- Who gets to decide how much suffering you can handle and pain relief you can be given;
- Different beliefs around dying; in particular, dying as a time of spiritual growth;
- And what it can mean to die in a system whose values you don't share.

These are important public interest issues. You will hear a range of views expressed across these episodes, and we accept that all participants in end-of-life care are sincere in their views and in seeking to provide the best possible care to for the dying.

Wherever you land on these issues, if you plan on dying someday, you may want to think about them. Particularly, you should ask yourself, 'What choices do I want?' and, just as importantly, 'What choices do I have?'

[CHANNEL SEVEN NEWS THEME SONG]

Newsreader: Cancer patients at the Peter MacCallum Centre have been harassed by anti-euthanasia protesters handing them pamphlets describing assisted dying as 'patient-killing by doctors.' It comes ahead of Victoria's Dying with Dignity legislation in June.

Andrew: It's April 2019, two months before Assisted Dying becomes legal in Victoria. The next day, one of the protestors appears on top-rating broadcaster Neil Mitchell's radio program.

Neil Mitchell: On the line is one of the people behind the protest. He's a former Catholic priest from Mill Park parish: Eugene Ahern. Are you handing these things out to again today?

Eugene Ahern: You say, ‘these things.’ We’re giving out leaflets. That’s correct.

Neil Mitchell: To people going into Peter Mac?

Eugene Ahern: To people going into the hospital, that’s correct.

Neil Mitchell: Can you see how that could be cruel and hurtful to people going in for cancer treatment, or visiting relatives who are perhaps even dying?

Eugene Ahern: May I say that we are here because, as a society, we don’t think that suicide is a good thing.

Andrew: Ahern, who’d been close with the Christian activist group Right to Life, had form when it came to picketing hospitals. In the 1990s, he was the subject of a Supreme Court injunction banning him from entering the Royal Women’s Hospital.

Neil Mitchell: There are a lot of people who feel what you’re doing is cruel, distressing.

Eugene Ahern: I can see that some people get upset, that’s true, but we must support people and it’s imperative that we reach out in love and kindness, as I always do.

Andrew: The tactics of the former priest may have been extreme, but they are not an isolated example of how those of deep Christian faith – in particular, the hierarchy of the Catholic Church – have sought to block, disparage, or misrepresent Voluntary Assisted Dying.

I’m Andrew Denton. You’re listening to Better Off Dead.

[OPENING TITLES. VOICES OVERLAPPING]

Andrew: On September the 10th 2020, as Tasmania’s Upper House prepared to debate an Assisted Dying bill put forward by independent MLC Mike Gaffney, an article appeared on the online publication Mercatornet beneath their banner, ‘Navigating modern complexities.’ Above a picture showing a flatlining heartbeat graph superimposed over an elderly hand was a headline in big, bold letters:

‘Grandma took her life yesterday. Her doctors helped her.’

The article described a lonely, elderly woman, seemingly abandoned by her family in a Melbourne nursing home during COVID, encouraged by her doctors to end her life using Victoria’s Assisted Dying law. Within days, it was being promoted by a group called the Australian Family Association. Under an all-caps headline, URGENT ACTION REQUIRED, they wrote that this was a ‘real life example of the reality of Mike Gaffney’s assisted suicide bill, which is to be debated in the Upper House today.’

Beneath that sat a link to the article to copy and paste, and beneath that, a one-click link to the emails of every Tasmanian Upper House MP.

This is the true story behind that story, though, at the family's request, I have changed the names. So, for the purposes of this podcast, the author of the article is now called Bronwyn. While the grandma who was assisted to die under Victoria's law? I'll call her Ruth. This is what Bronwyn wrote about her:

Bronwyn: My husband's grandmother took her life yesterday in a Victorian nursing home. After 87 years of a life well-lived, she swallowed state-sanctioned poison.

Grandma herself said she was not in any physical pain. In fact, only hours before her death, she said she just feared being in pain. Apparently nowadays, fear of what might occur is a form of intolerable suffering, which ticks the criteria of the Voluntary Assisted Dying Act that states: 'the person must be diagnosed with a disease, illness or medical condition that is causing suffering that cannot be relieved in a manner that the person considers tolerable.'

How conveniently subjective and open-ended. So much for tight restrictions.

Was it ever put to Grandma that, with the help of the best palliative care and family support, we could all help to alleviate this dear old woman's fear of pain? Was this discussed on the same playing field as euthanasia?

Andrew: Bronwyn had a vivid turn of phrase: 'medical professionals whispering into the ears of the vulnerable,' that Ruth had been 'thrown into a nursing home before a terminal diagnosis.' The article went on:

Bronwyn: If family members had initially welcomed her into their homes with open arms and cared for her for as long as possible, at least one factor which most likely led to her death would've been eliminated.

But this asks a lot of us all, and character, virtue and selflessness are not things we gain overnight. It's a whole way of life, practised over a lifetime.

So many were forced to play a part in her death, whether they wanted to or not, from pharmacists, to nurses, to the delivery man who dropped off the vial, and even her own son, who was 'uncomfortable' with her request for him to stay and watch her take her life. And it took over an hour for her to breathe her last breath.

Many would insist that the choice for medically assisted suicide is an empowering act of autonomy.

It is this ethical framework that creates the very worst slippery slope where loving grandmothers consume poison to avoid pain that could've been managed and loneliness that could've been avoided by the good palliative care available to her, and real compassion from family members and close friends.

Committing suicide is not courageous. It's an horrendous act of desperation and defeat, brought on by the depression that so many face unnecessarily at the end of their lives.

Andrew: On the Mercatornet website, where Bronwyn's article was published, she was described as a 'high school teacher and full-time mum of four, with one on the way.' But a deeper dig revealed that, more than just a mother of four, Bronwyn was also a member of the now-defunct Catholic Voices Australia, whose stated purpose was 'putting the Church's case in the public square.' In short, she is an advocate for the Church and against Assisted Dying, which is totally legitimate, but why didn't Mercatornet paint the full picture? Perhaps for the same reason it camouflages its own roots. Go to their website and the only identifier beyond its name is that three-word mission statement, 'Navigating modern complexities.'

We'll return to those complexities, but let's continue with the story of Ruth. Here's what her daughter Jane has to say about her. And a reminder: at their request, I have changed all family names.

Jane: She was very hard worker, my mum. She never stopped for one second. Even at the nursing home, she couldn't sit still. She was such a character.

Andrew: Jane is in her 60s, and gentle; you could imagine her selling home-made cakes at a charity cake stall. As we spoke, her husband hovered in support, ready with a glass of water. Jane agreed to being in this podcast on the condition her voice was not identifiable, so her words are being performed by an actor, but the distress you will hear at times in this interview is exactly as it happened.

Jane: She's had one, two, three, four, five operations for cancer.

Andrew: The first thing I was surprised to learn from Jane was how seriously ill Ruth had been, and for how long. Bronwyn's article makes no reference to any specific illness, save that Ruth was 'thrown into a nursing home before a terminal diagnosis.' But there'd been a lot of suffering before that.

Jane: She had her first bowel operation, September 2008. Her second, 2011. After that, it had spread to her liver. The third one, she had to come down to Peter Mac and she had that here. After that she had to have six months of chemo. Then a hysterectomy because she had it in the uterus. That was October 2013. Then her last lot was 2017. That's when Dad was quite sick with Parkinson's and Mum couldn't look after him anymore.

Andrew: The death of Ruth's husband had powerfully influenced her view about dying.

Jane: Mum and Dad had adjoining rooms at the nursing home. He took seven days to die in the bedroom next to Mum. He couldn't eat and drink for seven days. Mum spent that last week praying that Dad would die in his sleep. She'd get up every morning and he'd still be just laying there, you know, getting thinner and looking worse. So, we just had to wait for him to go. And my mum didn't want to do that. She said, 'I don't want to be the way Dad was.'

Andrew: In 2020, three years after her fifth operation, Ruth discovered her cancer was back.

Jane: But she didn't tell us. I didn't find out until the 13th of August, which was three weeks before she passed. Mum's GP rang me and said, 'Mum has cancer. Pancreas, liver and bowel.'

Andrew: Ruth knew that her time had come.

Jane: She just said, 'Well, that's it. I'm not having any more operations.' She goes, 'I've had enough. I'm not going through it again.' She was very forceful, my mum. So, it was her choice, and I knew – 'cause I've been with her for all the last operations – that she hated being in hospital and going through that pain again.

Andrew: Ruth applied and, after a rigorous 3-week assessment, was found eligible for Voluntary Assisted Dying.

Jane: My brother said, 'God, if Mum could have that medicine tomorrow, she would take it.' She was very impatient to get it, and everybody was understanding because we all knew what she'd been through and didn't want her to go through that again. I mean, I didn't know Bronwyn and Phillip's views, of course.

Andrew: Phillip was Ruth's grandson and Jane's nephew and, like his wife Bronwyn, had been a member of Catholic Voices Australia. While all the family knew what Ruth was doing, neither Bronwyn nor Phillip were included in the conversation about her decision. Jane's explanation why:

Jane: Well, it was really just my brother and I. And we both agreed that if that's what Mum wanted, it was her choice. And we thought there wasn't really anyone else to discuss it with, because we didn't feel it was anyone else's business.

Andrew: I asked Jane about specific allegations Bronwyn had raised in the article. Quote, 'Grandma herself said she was not in any physical pain. In fact, only hours before her death, she said she just feared being in pain.' So, how would Jane describe her condition?

Jane: Just to get out of bed, you could tell she was in pain, and sitting her on the toilet and she didn't quite make it and gotten it on her nightie. And she was really struggling, sitting on the side of the bed and apologising the whole time. I said, 'Don't apologise, Mum.' And, 'I just want to go to sleep. I just want to lay down.' So, I mean, yeah, the photos, you could just tell it. She was yellow.

Andrew: An 87-year-old woman, diagnosed with cancer of the pancreas, liver and bowel. A woman exhausted from five painful operations and unwilling to put herself through it all again. When Bronwyn so dismissively wrote, 'Apparently nowadays, fear of what might occur is a form of intolerable suffering, which ticks the criteria of the Voluntary Assisted Dying Act,' she managed to highlight exactly who the law is for: people like Ruth, who know that further suffering as they die is inevitable, and who want the choice of bringing an end to it.

Bronwyn also left out another, key, criterion of the Act, which is to access it, Ruth had to have less than six months to live.

Jane: In that three weeks, she just went downhill so quickly. We weren't even sure she'd make it to the last week to do what she requested. So that would have been like Dad, just laying there, not eating or drinking, and waiting.

Andrew: In her article, Bronwyn asked, 'Was it ever put to Grandma that, with the help of the best palliative care and family support, we could all help to alleviate this dear old woman's fear of pain?' Yes, is Jane's answer.

Jane: We did discuss palliative care. But she wasn't going to have a bar of what Dad had, which was palliative care. There was no way. And my cousin said to her, 'Now, are you sure, Ruth, that this is the way you want to go?' 'Oh,' she goes, 'wait till you get to 87. See how you feel.' Yeah, we did discuss it, but she'd made up her mind.

Andrew: To be eligible for Assisted Dying, Ruth had to be independently assessed by two doctors, one a specialist in her cancer. The other was her family GP. I asked Jane how she would describe the level of care exhibited by the medical professionals who looked after her mum in these final weeks.

Jane: Oh, just marvellous, and Stephanie – the nurse who was with Mum till the end – I didn't know until later that it was the first time Steph had ever been through this herself. She was just unbelievable.

Andrew: I asked Jane if there was ever any doubt in her mind that her mum knew what she wanted to do.

Jane: Absolutely no doubt that she knew what she wanted to do. And she was going to do it.

Andrew: Again, Bronwyn's words: 'Medical professionals, who are meant to do no harm, whispered into the ears of the vulnerable to imply that excruciating pain is imminent and painful death is undignified.' So, was Jane concerned that any of the medical professionals in any way encouraged her mother to take the course she did?

Jane: No. Absolutely not. No. Because it was Mum that actually put the question to them. She wanted to know, 'Can I do this? And I want to do this before I can't do it.' They had nothing whatsoever to say about persuading her in any way. Absolutely not.

Andrew: Between them, Jane and her brother had been at all Ruth's assessments. They saw how the doctors were dealing with their mum. Did Jane ever feel Ruth was made to feel anxious about pain, or any other aspects of her illness?

Jane: No, no. There was absolutely nothing that persuaded her. They all just loved Mum and they wanted what Mum wanted.

Andrew: Ruth's final cancer diagnosis coincided with Melbourne's four-month COVID lockdown. I put to Jane Bronwyn's description of Ruth being 'thrown into a nursing home' – that she was just 'over' being locked up. Was this a fair summary of what was driving Ruth's decision?

Jane: No, no, definitely not. That's not true at all, what she said. I mean, she might have said she's 'over being locked up,' but we're all over it. We all just didn't have a choice. But it certainly didn't make her decision to take her own life because she was locked up. Oh, that's just ludicrous. If those doors were thrown open the day after Mum was diagnosed and said, 'Okay, you can get out now,' that wouldn't have changed her mind. There's no way she was having an operation.

Andrew: And what about perhaps the most hurtful of Bronwyn's claims, that, 'if family members had initially welcomed her into their homes with open arms, and cared for as long as possible, at least one factor which most likely led to her death would have been eliminated'? How did Jane respond to the suggestion of not making her mum welcome at her home?

Jane: Well, that's something she doesn't know. Rob and I actually discussed bringing Mum here during COVID. But I was worried. I said, 'But what if she gets sick? And then she'll have to go to hospital, which she won't want to do. And they won't take her back to the nursing home because of the lockdown.' And I mentioned that to Mum, a few weeks later, and she said to me, 'I wouldn't have gone.'

Andrew: I put it to Jane that this must have been must have been painful to read.

Jane: Yes, it was, because in the three years that Mum and Dad was there, I think Phillip visited three times, and Bronwyn went once – if that.

Andrew: And then there were those allegedly forced to play a part in Ruth's death. Quote, 'from pharmacists, to nurses, to the delivery man who dropped off the vial.' Was that true?

Jane: Well, it didn't get dropped off by delivery man, for starters. Again, she's just so wrong. Like, the pharmacists were lovely. And I don't know how many times they said to Mum, 'You can back out of this. Y'know, there's no pressure,' and she just kept saying 'No, no, no.' If anything, Mum was getting impatient that it was taking so long. She just wanted to get it over with.

Andrew: I suggested to Jane that it sounded like everybody that her mum wanted to know, knew what was happening.

Jane: Yes, yes, Mum was telling everyone, she was ringing up people, saying, 'I'm doing this because that's what I want to do.' So, we couldn't really keep it a secret. And my kids, they'd seen what Grandma had been through, and of course they were very sad. We all were. But it was her choice in the end.

Andrew: I double-checked: did Bronwyn say anything at the time?

Jane: No, I haven't even spoken to Bronwyn. I can't even remember the last time I've seen Bronwyn. Um... it would have been at my daughter's wedding. That's two or three years ago now.

Andrew: Had she been involved in the conversation in any way at all?

Jane: No, no. Or Phillip.

Andrew: So, everything Bronwyn wrote about what happened this was an assumption?

Jane: Oh, yes, definitely. I hadn't seen her for God knows how many years. And poor Fran – Phillip's sister – she was so angry with them. She said, 'Grandma would be so devastated to hear that.' She wrote me a lovely text to say, *[READING]* 'Don't put this on yourself. It's nothing to do with you. I wish I could undo this. *[VOICE BREAKING]* I'm so sad and sorry that this has happened. You are an amazing daughter and did so much for Grandma and Pop. Grandma deserves to rest in peace, as she would hate to see what has happened.' She was so upset at what her brother had done, and Bronwyn.

Andrew: I told Jane how sorry I was that she had to deal with something like this when she was still mourning for her mum. Clearly, I said, her mum was quite a woman.

Jane: *[CRYING]* Yes, she was. Sorry, but my daughter, she used to visit her all the time and take my grandchildren to see her all the time. So how dare she say we didn't go and see her. I'm sorry, I'm okay.

Andrew: The more Jane described the situation, the more perplexing Bronwyn's conduct became. Absent from Ruth's life for years, yet claiming that family conversations about her choice had been 'silenced.' Accusing the family of not showing 'real compassion' towards Ruth, before the distinctly uncompassionate remark, 'But this asks a lot of us all, and character, virtue and selflessness are not things we gain overnight.' I asked Jane, as gently as I could, if she could describe how it ended for Ruth.

Jane: It was time to do it, and Steph and everyone's saying, 'You know, you don't have to take it.' 'Oh, I'm taking it, just give it to me.' So, I sat right next to her, held her hand. When she first took the medicine, she said, 'Oh, it's disgusting. It's burning my throat.' I said 'Mum, I'll get you a toffee.' By the time I stood and turned my back, my sister-in-law said, 'Don't worry, Jane, she's asleep.' So, it was slightly less than two minutes, and she was asleep, sound asleep. Snoring her head off. And she has to sit up for 20 minutes. She looked a little uncomfortable, but then Steph came in and said, 'You can lay her back down now.' So, she laid her down and she looked very comfortable, and she went off. And for Bronwyn to say her last breath took an hour... I know, I was watching the clock, watching Mum, holding her hand, and it was 20 minutes in total.

Andrew: Bronwyn, who wasn't in that room. I asked Jane if her brother was – as Bronwyn wrote – 'uncomfortable' with Ruth's request that he be there at the end.

Jane: At first, when he told me what Mum wanted to do, he said, 'Oh, I don't know if I want to be in the room when Mum does that.' 'Well,' I said, 'that's fine. I want to be with her when she does it. If you don't, that's your choice.' But in the end, we were all in the room with her. He was happy to stay in the room while she drank.

[PENSIVE MUSIC]

Andrew: I wondered if it was fair to say that Ruth sounded as if she was almost happy on that final day.

Jane: I think she was because she knew she was going to see Dad.

Andrew: What did she reckon they were doing right now? I asked.

Jane: My son put on Facebook, 'Goodbye Grandma. You'll be fighting over the remote control. I can just see it.' Because Dad would watch footy and cricket all the time and Mum would sit there, 'Oh, better watch the bloody cricket again.' But Mum used to fuss over Dad right until the end, as she did everybody.

Andrew: And there was Jane, looking after her mum right to the end.

Jane: I think, yes. She had her locket on that I gave her. I noticed that because the carers had dressed her and washed her hair and made her look beautiful.

Andrew: 'Jane,' I said, 'love creates love creates love.'

Jane: I know. She's happy. She's with Dad.

[PENSIVE MUSIC CONTINUES]

Andrew: We wrote to Bronwyn; to Mercatornet's editor Michael Cook; to Terri Kelleher, the National President of the Australian Family Association. We wanted to know what efforts they had made to establish whether or not the allegations in Bronwyn's article were true. Had they considered, we asked, the impact that circulating the article would have on a grieving family the day after Ruth's funeral?

And in light of the family correcting the record, would they issue an apology to them for the hurt they had caused?

None of them replied. The article has since been taken down.

In the face of this silence, we did some digging of our own into the nature and orientation of the Mercatornet site.

It does not present as a strictly Catholic organ. 'We believe in God,' it says, but adds that 'defending human dignity is a task for people of every religion, or none.'

Yet, of the four directors of the New Media Foundation which owns Mercatornet, two were Joint Chairs of the Australian Catholic Marriage and Family Council, which advises the Australian Catholic Bishops Conference.

A third director was the director of the Confraternity of Christian Doctrine for the Catholic Diocese of Wollongong.

The fourth director is Mercatornet editor Michael Cook, for three decades, a member of the secretive Catholic group Opus Dei, which means, 'Work of God', and which is governed by the Vatican's Congregation for Bishops.

And when it comes to Mercatornet's stated mission of 'navigating modern complexities,' well, when you type the word 'euthanasia' into its search engine, amongst the numerous negative articles dotted throughout the 73 pages that come up are ones entitled 'New euthanasia laws show there will never be an end to killing,' 'Softened up for death,' and 'Peddling death by all means.'

Before Bronwyn's article on Ruth's assisted death was taken down, it was passed on to those Tasmanian Upper House MPs about to debate VAD legislation by another group, the Australian Family Association.

The AFA are a conservative political organisation, the 'family' arm, if you will, of the National Civics Council, founded in the 1940s by B.A. Santamaria, widely regarded as the most powerful Catholic advocate never to sit in an Australian parliament. Amongst their five Defining Principles: full legal protection of the right to life for all human beings from natural conception to natural death.

Like Bronwyn and Mercatornet, they were singing from the same hymn sheet.

[CHORAL MUSIC]

Andrew: If you were to name the single biggest obstacle to Assisted Dying legislation in Australia, it would be The Church, by which I mean chiefly The Catholic Church. While every major denomination stands in opposition to Assisted Dying, it is they who, more than any other, work to influence this debate in Australia.

On the end-of-life battlefield, The Church has many regiments, each flying different colours. Let's go through them.

First, there are the Archbishops and Bishops, of course; appearing officially in the media, and before parliamentary inquiries into end-of-life care. But also, unofficially, in the corridors of power. Representing the largest non-government supplier of health and education in Australia, their access to the highest ranks of government is guaranteed.

Second, the parish priests, who marshal parishioners in letter-writing campaigns to MPs. Sometimes, to make sure they get the anti-Assisted Dying message right, the faithful are handed form letters as they leave the church. The handwritten anxieties that duly flood electorate offices spook many local members.

Third, the political wing. MPs across the spectrum, whose faith helps guide their public policy decisions, sometimes overriding the majority wishes of their electorates, as the same-sex marriage debate showed.

Often, this regiment works out of sight, but not always. Ahead of South Australia's 2016 parliamentary debate, Labor Government whip, Tom Kenyon, who had been in Rome two years earlier, attending a Catholic legislators conference, explained his position on Assisted Dying on breakfast radio. His words are being read by an actor.

Tom Kenyon: There's no example of Christ gently euthanising someone. He didn't do that. So, if we're to follow his example, as Christians we can't support euthanasia.

Andrew: Fourth, there are The Church's academic regiments. These include two universities with campuses across Australia, and multiple Bioethics Institutes.

And fifth? Without question, the Church's most powerful regiment in the War Against Assisted Dying lies within the medical profession itself.

In 2011, then-Cardinal George Pell, speaking at a dinner in Ireland, laid out the medical services provided by the Catholic Church. His words are being read by an actor.

George Pell: We have a huge network of services. We operate 24% of hospitals. We provide 55% of palliative care.

Andrew: Across Australia, The Catholic Church runs more than 70 hospitals, both public and private, and some 550 aged care facilities. Employing more than 80,000 people, Catholic Health Australia's Code of Ethics sets out their mission statement:

Female voice: A healthcare organisation bearing the name 'Catholic' has a special responsibility to witness to the presence of Christ and to Catholic teachings about the value of human life and the dignity and destiny of the human person.

Andrew: Not all doctors who work within our Catholic health system oppose Assisted Dying, and not all doctors who do oppose it are Catholic, or even religious. But each time the battle for Assisted Dying is joined in Australia, predominantly it is doctors representing Catholic beliefs and Catholic healthcare – in particular, palliative care – who lead the fight against it.

Here, for example, is Tasmanian GP and palliative care physician, Dr Helen Lord, on her local ABC radio in August 2020. The question: are there any circumstances under which she would support the Assisted Dying law about to be brought before her State parliament?

Dr Helen Lord: I've had a good look at the Victorian bill. I had thought that might be a way to go, but just seeing the outcome and how it's played out, I'm not actually sure.

Andrew: The interviewer then asks her directly:

Leon Compton: Dr. Lord, can I ask, to what extent are your views informed by religious teachings on the sanctity of life?

Andrew: A devout Anglican and committee member of a Cultural Studies centre dedicated to the 'Catholic Intellectual Tradition' initiated by the Catholic Archbishop of Hobart, Dr Lord walks around this fact.

Dr Helen Lord: Well, look, I've been a doctor for nearly 40 years now, I've worked in palliative care for 35. I'm very much guided by our codes of conduct, which are that we are to have a respect for life, and I just feel this bill and the thoughts behind it just are contrary to that.

Andrew: Was it a strategic act of evasion? Dr Lord may not have meant it to be. But in the years since I made the first series of Better Off Dead, I've found that other doctors who represent deeply Christian beliefs rarely speak to them when they discuss Assisted Dying. Often, as with Bronwyn and Mercatornet, efforts are made to avoid or conceal them. This, I've discovered, can be a strategic choice. Here's committed anti-VAD campaigner, Dr Megan Best, speaking in 2019 to her brethren at the Christian Medical and Dental Fellowship of Australia.

Megan Best: So, we need to distinguish between the arguments we understand as grounding our belief and the view that we hold on euthanasia, and which arguments are going to be helpful in assisting members of the general population to understand the essence of what we're trying to say. So, I don't quote Bible verses at politicians. I just don't see that it contributes to what I'm saying in a helpful way.

Andrew: And in Tasmania in 2020, hiding your light under a bushel was not just a strategy; it was a campaign directive. Leading the fight against VAD was a pop-up lobby group called Live and Die Well. Its convenor, Ben Smith, was the Director of Life, Marriage and Family Office of the Catholic Archdiocese of Hobart, though this was not disclosed on its website. In his letter writing guide to fellow campaigners, Smith made two explicit instructions.

1. DO NOT refer to this as 'Assisted Dying.' Say 'Assisted Suicide.'
2. DO NOT use religious arguments.

It would be wrong to suggest that those who hold deeply religious views argue against Assisted Dying purely on these grounds. Their arguments are many: the slippery slope, coercion of the vulnerable, decline of palliative care, to name only three.

That these arguments are sincerely put and the questions they raise, valid, is not in dispute. That there are significant, evidence-based arguments against – arguments increasingly being accepted by Australia's parliaments – is also true. If you'd like to know more about them, you may want to listen to the first series of Better Off Dead or go to the Go Gentle website at gogentleaustralia.org.au.

So why does concealing a strong religious motivation matter? It matters because if you share the Church's fundamental belief that our life must be protected from the moment of conception to the moment of natural death, and if you adhere to Vatican doctrine which says that euthanasia is an 'intrinsically evil act that no end can justify,' then it's fair to ask: what evidence (however widely accepted); what safeguard (however effective); what level of

suffering (however untreatable); and what request for hastened death (however rational); could persuade you that Assisted Dying should ever be made law?

And it matters because those deeply held Christian beliefs not only reject VAD, they can also influence how we die.

Let's return to Dr Best, a bioethicist and palliative care physician who researches spirituality and health for Notre Dame University – one of two Catholic universities in Australia. Here she is in 2014 speaking at the Freedom for Faith Christian Think Tank:

Dr Megan Best: There seems to be a desire for some people to go from a space where they're feeling extremely healthy to a place where they're dead, without having to go through the process of dying at all. In a society which has lost touch with the meaning of suffering, there is also, quite understandably, a loss of the willingness to endure it.

Andrew: In 2019, Dr Best and Andrew Sloane, formerly a medical doctor, now Baptist Minister, addressed the Christian Medical and Dental Fellowship of Australia.

Megan Best: We are presenting the picture of human flourishing from which everyone would benefit, whether they're Christian or not.

Andrew Sloane: We start with Genesis. It speaks of us being made in the image of God in order that, as creatures in relationship with God, they might be about God's business in the world.

Andrew: It's a fascinating presentation. You can find it linked on our episode page at wheelercentre.com/betteroffdead. Titled 'A Medical and Biblical Response to Euthanasia,' it gave me the deepest insight I've had yet into why those of fundamental Christian faith must oppose Assisted Dying, no matter what evidence supports it.

Andrew Sloane: We recognise that irreducible dignity is grounded in the God who made us and the kind of creatures that God has made us to be.

Andrew: According to their beliefs, calls for choice at the end of life are driven by a fear of death.

Dr Megan Best: The whole euthanasia debate is the expression of a society that feels vulnerable and scared by the prospect of being aware of mortality.

Andrew: A fear that is completely unfounded.

Andrew Sloane: One of the things that concerns me about euthanasia is that death is here being embraced as both a means and an end. But it is also worth noting that it is a defeated enemy, that defeat will be demonstrated when Jesus returns, and death is no more when death is swallowed up in victory. And so, death need not terrify us, and nor need it be avoided at all costs.

Andrew: It is our failure to understand death as a 'defeated enemy' that leads us to try and assert ourselves over it.

Andrew Sloane: Fear generates a desire to control. One of the great draws of euthanasia, you've got control, yes?

Megan Best: Or perceived control.

Andrew: And that – not illness, or the suffering it brings – is what's really driving those who support Assisted Dying.

Dr Megan Best: There's a lot of talk about suffering, but the real kernel is this desire for autonomy, for a sense of control at the end of life.

Andrew: But we can't have this control, the argument runs, because everything is God's will, part of His plan. And, regardless of our suffering, we must wait for Him to call us to His side.

Dr Andrew Sloane: While it's appropriate to fight suffering and evil as God's enemies, sometimes it's a fight where we just have to now await the final victory of the Lord Jesus.

Andrew: However, we need not despair because:

Dr Andrew Sloane: When death is swallowed up in victory, there'll be no more tears.

Andrew: So, seeking to run from death is the wrong way to act, as is helping someone to die.

Andrew Sloane: My major problem with euthanasia is that, whatever people might say, it is the ultimate act of abandonment. It is abandoning someone to their death rather than sitting with someone while they die.

Andrew: Instead – as the Vatican advises – a request for help to die should be understood as meaning something else.

Dr Megan Best: One thing we know about euthanasia requests is that they're usually a cry for help. So, we need to find out what's behind that request and see what we can do about helping that person feel less despair in their situations.

Andrew: So much in the Christian mission is beautiful and well meant: to relieve others of their burden; not to turn away from suffering; to comfort the dying in their hour of need.

But for those of us who don't share the beliefs driving this mission, their absolute nature can have the effect of denying us agency, particularly in an institution where we are dying, and vulnerable, and largely disempowered.

We cannot determine our own dignity for it has been 'irreducibly' handed to us by God. We may not decide when illness has stripped our life of all value because God values all lives

equally. We may not act autonomously because our life is God's 'business.' And we must not hasten death, because God alone has the last word in our lives.

[SOMBRE MUSIC]

Andrew: Like most things to do with dying, the relationship between people of faith, and death, is complicated. When researching the first season of *Better Off Dead*, I spoke with a man steeped in the Catholic tradition; a former seminarian and one of Australia's deepest thinkers, author Tom Keneally.

Tom Keneally: I think that increasingly in our society we're being told that we're scared of death, and by Jesus we are, but, God bless that man, he'd be horrified to hear some of the people who dare speak in his name. I think families are seeing more death and they're seeing in some new ways death is being made more negotiable, and they're also seeing the ways in which death has been made harder, dependant on which hospital you're unlucky enough to turn up in. If you run into doctors of particular views who just believe in maintaining life for the sake of maintaining life, who have that godlike power due to new technologies and new pharmacopoeia.

Andrew: I asked him if, when he was at the seminary, the theological idea of suffering had been drummed into him.

Tom Keneally: It was something sacred. You know, it made you closer to God.

Andrew: Tom sees something of that reflected in The Church's advocacy for a natural death, as intended by God.

Tom Keneally: The Church always prohibits the new technologies, the pill and the new technologies of palliative care, as if it's soft and as if it prevents us drinking the chalice to the end.

Andrew: Does it go back to Jesus on the cross? Is this where this comes from?

Tom Keneally: I think there is the feeling that we have to go through this crucifixion and that Christ is with us. I mean, this is an institution that used to burn Jews and heretics, and it wants to save 36 hours on the life of a 96-year-old. It's not my policy to get cranky about the Church, because there are noble people in it, but it's the apparatchiks who wield the axe from birth control to gays to discrimination against women. When doctrine is wielded like an axe, it is an enemy of humankind.

Andrew: Tom spoke of his younger brother John, who died of cancer in 2012. John was a devout Catholic who attended Mass every week, and an internationally known anaesthetist and palliative care expert.

Tom Keneally: He said to me that he knew enough about palliative care that he hoped to get out of life peacefully. And he was obviously comfortable with the proposition that his days might be culled by a few days in the name of pain relief.

Andrew: Which, in the end, quietly and without fuss, is what happened.

Tom Keneally: He went into a very heavy palliative care process, died with the sacraments and all. And the aim was very much to save him suffering, given that he was not going to last.

Andrew: Tom rejects the argument that a death that is not as God intended is, in some way, the easy way out.

Tom Keneally: The idea that suffering is good for us is rendered fatuous, I think, by the idea that suffering is inescapable. We all go through it. We're not escaping anything by dying easily. You still go through hell. You don't escape.

[CALM MUSIC]

Andrew: Before we go any further, let me lay my own faith cards on the table: like Tom, I'm a Catholic, though an enormously lapsed Catholic. So lapsed as to be unrecognizable, but 'Catholic' is what it says on my rego papers.

Better than that, I've had the Last Sacrament. I was born strangled by my umbilical cord. The doctors didn't think I was going to make it, so the priest was called. It's a nice feeling to know I've been pre-absolved of all sin, and I'm still here!

Dad came from a Polish Jewish family but, as far as I could see, renounced their faith altogether. 'God doesn't believe in me,' he used to say.

Mum was Irish Catholic all the way. Her auntie Rita was an actual nun. Once, she ate dinner with us, wimple, habit, and all – a transfixing sight for a seven-year-old.

Growing up, there was semi-regular church for my sisters and I. I can still see my older sister, Jo, in her white veil and confirmation dress like a pretend bride. I remember taking confession, the sound of the little wooden door sliding back. 'Bless me father, for I have sinned.'

My education was almost all Church schools, C of E mostly, but also Catholic. Got a couple of Divinity prizes, too. By our teens, church only happened on Christmas Day, just Mum and we kids. Then, one year, we stopped going. I never did ask why.

Keeping vigil one night, as Mum lay on her deathbed, I asked her if she would like me to get a priest. She thought about that for a while, then said quietly, 'No, I'm not that much of a hypocrite.' I've always admired her for that: the courage to know her own soul.

So, I describe myself as 'Irish-Catholic-Polish-Jewish – guilty of everything.' I have zero sense of God in the universe. But no, I don't have an answer to what happened before the Big Bang. I like the way author Julian Barnes puts it: 'I don't believe in God, but I miss him.'

So, this episode – and the three that follow – are not about people’s faith. I respect others’ search for meaning and the good works done by many people of faith, every day, around Australia.

This includes the doctors you’ll hear from and about in coming episodes. Rather, they are about politics: the politics of Assisted Dying, as practiced by the Church hierarchy and their fellow travellers in the medical profession.

And they’re about the impact of those politics on people’s lives, starting with this claim on ABC radio made by the former Vice-President of the Australian Medical Association and committed Catholic, Dr Stephen Parnis, on the very day that Victoria’s Parliament began debating Assisted Dying.

Steven: when palliative care is done properly – and I’ve seen it, I’ve delivered it – the causes of suffering go away, and those sorts of horror deaths that some of the groups try and paint out need never occur.

Andrew: It was a big claim: that palliative care can make the causes of suffering go away. That they have the tools to stop horror deaths ever occurring.

If this were true were true, of course, then it’s possible to argue there is no need for Voluntary Assisted Dying.

If it were true.

[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.

In the next episode of Better Off Dead: we’ll examine the truth of the claim that palliative care can make the causes of suffering go away, and we’ll hear voices from within palliative care who know the beauty of its mission.

Roger Hunt: People who are entering into that time of their lives are often very anxious. Palliative clinicians can be a reassuring guide over that terrifying territory.

Andrew: The limits of its abilities:

Dr Greg Mewett: I’ve seen bad deaths. And I’ve heard of bad deaths in in specialist palliative care units.

Andrew: And the need for their mantra of ‘person-led care’ to be more than just a phrase.

Molly Carlile: How can we say, ‘Yes, you can make your choices, so long as it’s not voluntary Assisted Dying’? You can’t say you’re providing person-led care if you only do it with the things you agree with.

[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]