



DR RODNEY SYME RALLY ADDRESS: PART 2

Given at the Steve Guest Day rally, 20th June 2007

Steve Guest ended his own life, in his own home, in the company of his brothers, with peace, security and dignity.

There is ample evidence of the profound value that having control provided for him. He found a purpose and meaning in the last two weeks of his life as an advocate for dying with dignity. This was an inspiring example that should not be forgotten. But, ultimately, utterly exhausted, he could go no further.

Palliative Care Australia promulgated its policy statement on euthanasia in February 2007. It stated that it recognizes and respects the fact that some people rationally and consistently request deliberate ending of life, and acknowledges that while pain and other symptoms may be helped, complete relief of suffering is not always possible, even with optimal palliative care. Steve was just such a rational person, and it was certainly not possible for palliative care to provide complete relief of his suffering. Where is the compassion in respecting such a person's request—but then ignoring it?

When he died, his GP was quite prepared to sign a death certificate saying he had died of pneumonia secondary to his cancer. There was every likelihood that Steve's death would become part of the quiet acceptance of medically assisted dying—known about by the Parliament, the government, the police, the coroner, the Crown Prosecutor, the judiciary and the leaders of the medical profession, but ignored provided no one made a wave. Steve's public statements and the public's knowledge of Philip Nitschke's and my visits to Steve resulted in his death being referred to the Coroner, and a subsequent police investigation.

In a democracy, the rule of law is paramount, but in relation to the palliation of patient's suffering at the end of life by their doctors, our law is utterly opaque, and more honoured in the breach than the observance. Is it good public policy to have doctors uncertain and fearful about what palliation they may provide to their patients? The consequence is that maximum relief of pain and suffering is quite arbitrary in Victoria, being good for some and awful for others; in fact, most. It depends on where you are dying, your disease, and the courage and compassion of your doctor.

This is not good public policy and should be addressed.

After I first met Steve, I stated publicly that I gave him advice that gave him control over the end of his life, and I repeated that in my police interview. Eighteen months later, nothing has happened. Recently, on both radio and television, I indicated that I gave him advice about barbiturates, and today I am stating that I gave him medication. Some might argue that there is a case that I aided and abetted in Steve's suicide. I disagree. My intention in providing him with advice and medication was to give him the best palliation that I could. I could foresee that he might use that advice and medication to end his life, but, if so, that was his intention, not mine. I did have empathy with him and understanding if he should make such a decision.

For a considerable time it has been thought that a doctor who gives advice and/or medication would be guilty of a serious offence. The fact that no Victorian doctor has been prosecuted in the last 40 years for such an offence might encourage doctors to think that prosecutors turn a blind eye to such events, because such events certainly occur. But should compassionate doctors providing palliation to their patients, in their patient's best interests, have to practice in fear of losing their personal freedom and the ability to continue to practice in their profession?

I don't think so, and that is why I am reporting Steve's death to the Victorian Parliament, to encourage it to address this important matter.

When I was investigated by the police, I was humiliated by being forced to be finger-printed like a common criminal. I will readily admit to being common, but am not a criminal.

The question I ask of the Parliament is this: should doctors who, compassionately, provide maximal palliation for their intensely suffering patients, be regarded as criminals?

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