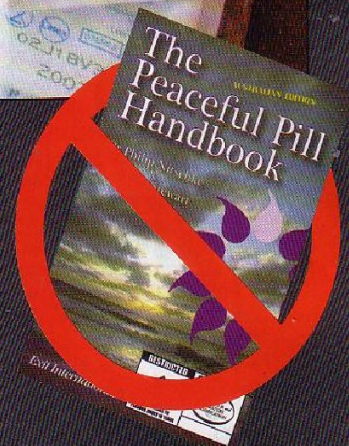




# BROUGHT TO BOOK



In the Supernanny State, the government not only wants to tell you how you should live, but how you should die – preferably with as little dignity as possible. The banning of Philip Nitschke's *The Peaceful Pill Handbook* has deprived us of yet another choice, pre-emptively silenced yet another debate and stripped away yet another human right. Hopefully, the following extracts from this intelligent, reasoned and now totally illegal book will go a small way to redressing the balance

Five minutes with...

# PHILIP NITSCHKE

NEW SERIES!



The Australian doctor, author and long-time euthanasia advocate talks to *Australian Penthouse* about voluntary death, Governmental hush-hushing and that illicit substance known as the “Peaceful Pill” ...

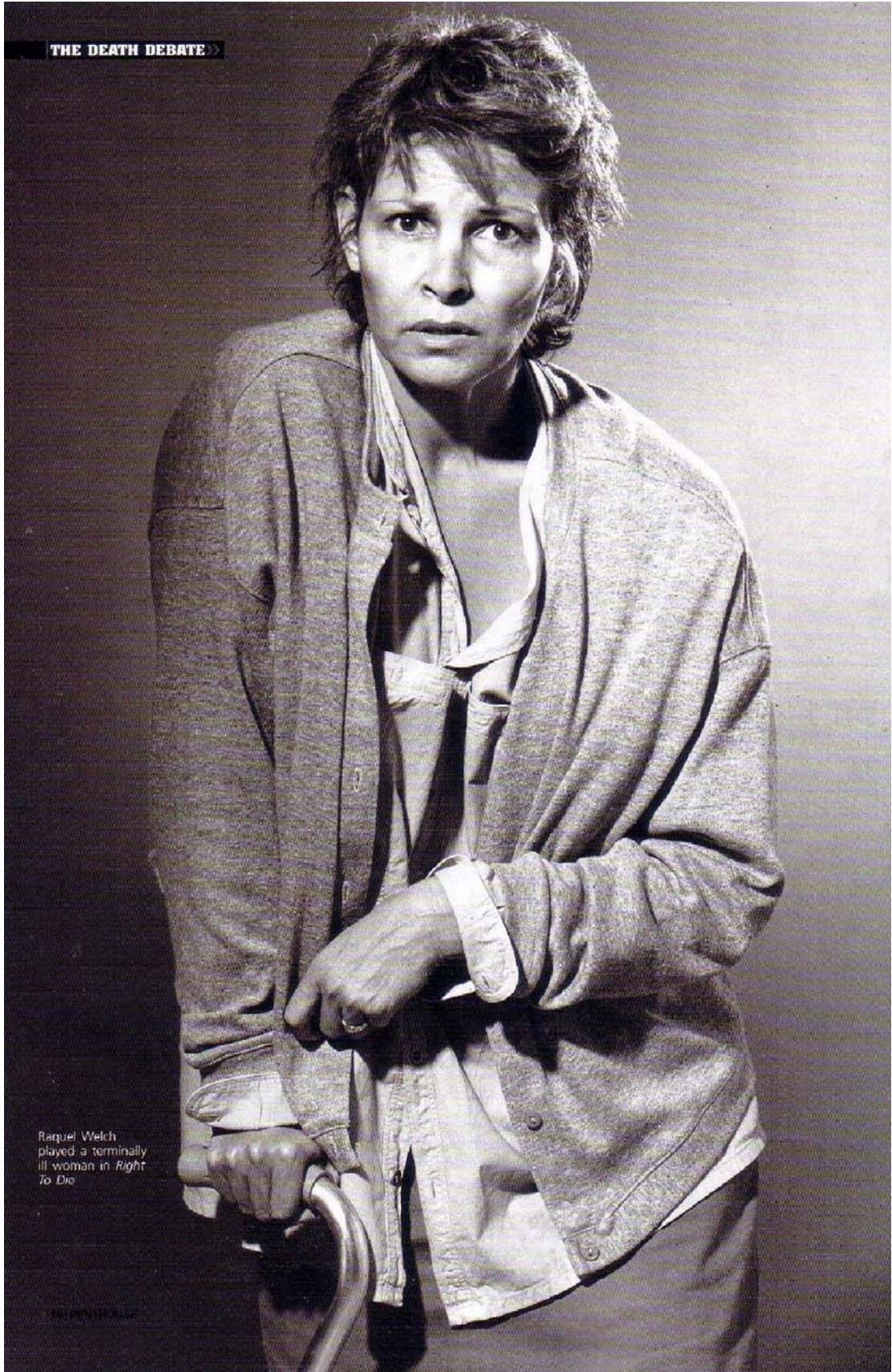


People plan their own passing for all sorts of reasons. Some people are so sick and frail and have such an impaired quality of life that death becomes the preferred option. Others find themselves living longer than their parents' and grandparents' generations and having to face a new set of worries that come from longevity. Some are simply 'tired of life.' The reasons that lead the elderly and seriously ill to seek information about their end-of-life choices are many and varied and are intensely personal. And one thing is certain - this desire for knowledge will not diminish. Rewriting the ways in which society experiences death and dying is the challenge of our time.

In most western countries, suicide is legal, yet assisted suicide is a crime that can attract harsh legal penalties. While a person who takes their own life commits no crime, a person found guilty of assisting another can potentially face a long jail term. Think about it. The law makes it a crime for a person to assist another person to do something that is lawful. How strange that it can be considered a crime to assist a person who is acting lawfully: there is no other example of this type of incongruity in modern western legal systems. Yet, any person who chooses to be involved in the death of another - however tangentially and for whatever reasons - needs to be very careful indeed. This is especially true when friends and family are involved and emotions may cloud one's judgement.

Assisted suicide is usually defined as 'advising,' 'counselling' or 'assisting' a person to end their life. Sometimes the words 'aid and abet' are also used. In most countries assisting a suicide carries severe legal penalties. In Australia, the penalty ranges from 5 years to life imprisonment, depending upon the jurisdiction. In Britain and Canada the penalty extends to 14 years.

THE DEATH DEBATE



Raquel Welch played a terminally ill woman in *Right To Die*.

CAPTION: Raquel Welch played a terminally ill woman in *Right to Die*

In the USA, assisting a suicide is illegal in slightly more than half of all states, with the remainder treating it the same as the crime of murder or manslaughter. Again the penalties for assisted a suicide vary from state to state. Only in the state of Oregon is there an exception where Physician Assisted Suicide (PAS) is legal in some circumstances. In Michigan, Dr Jack Kevorkian remains in prison for the assisted suicide of his terminally ill patient, Thomas Youk. In assisting Youk to die, Kevorkian was convicted of second degree murder in March 1999 and sentenced to 10 to 25 years jail. With certain caveats, assisted suicide has been legal in Switzerland since the 1950s.



Dr Jack Kevorkian was convicted of second-degree murder for helping a terminally ill patient commit suicide

CAPTION: Dr Jack Kevorkian was convicted of second-degree murder of helping a terminally ill patient commit suicide.

Yet what is assisted suicide? At the current time, argument about what actually constitutes 'assisted suicide' shows no sign of easing. A significant grey area continues to exist at the boundaries, with lawyers unable to give clear and concise answers to many questions about this issue. The dearth of case law leaves it unclear about whether, for example, giving a person the information they need, or even sitting with a person while they take their own life, is assisting with their suicide. On the one hand there is the argument that the mere act of sitting with someone about to suicide provides psychological encouragement? Or does it? Perhaps those present have a duty of care to prevent that person from harming themselves? Perhaps you should leap from your chair and grab the glass of lethal drugs from the person's lips? But wouldn't that be an assault? The law regarding assisted suicide is often ill defined and murky.

While the past decade has seen several countries legalise assisted suicide or voluntary euthanasia, in Australia, the situation has worsened. Following the overturning of the ROTI Act, the Australian Federal Government amended the Customs Act in 2001 to outlaw the importation or exportation of 'suicide related material,' which even includes the transfer of printed material on suicide technique and methods.

Then, in early 2006, the government went one step further and passed the Suicide Related Material Offences Act (2006). This law prohibits the use of a 'carriage service' such as a telephone, fax, email or the internet to discuss the practicalities of end of life issues and extends legal definitions of assisted suicide to include 'incitement' and 'discussion'.

These legislative initiatives have broadened the crime of assisted suicide, increased the legal uncertainty associated with the practice and made everyday discussion of voluntary euthanasia extremely difficult.

There are many understandable reasons why a seriously ill person (or an elderly person) might plan for their own death. Exit does not accept the proposition that seriously ill people who reflect upon, or plan for, the end of their life are necessarily depressed or mentally ill.

Rather, a person's right to end-of-life information needs to be seen as central, enabling that person to make their own considered decisions and choices, just as they have done all their life. By implementing laws that restrict and withhold this information, the State is behaving in a way that is not only cruel, but fundamentally inequitable and unjust.

Those with money and connections will always be better resourced, better able to bend the rules, better able to get the necessary information and better able to access the restricted drugs, than those who are less well off. In the current climate of restriction, inaccurate and misleading information proliferates.

Bad information is dangerous and serves no one's interest. In the absence of a law that allows voluntary euthanasia, we seek in this book to make reliable and accurate information available to those who want to know they are in control, not only of their lives, but also of their deaths.

## **The Pill**

The barbiturate Nembutal is the drug that comes closest to the concept of the Peaceful Pill. Exit defines the 'Peaceful Pill' as a pill, tablet or mixture that can be taken orally and that is guaranteed to provide a peaceful, dignified death at a time of one's choosing.

Nembutal is an important and historically significant drug. Although Nembutal is one of over 50 barbiturate derivatives to have been used medically, it is the drug of choice when it comes to dignified, peaceful dying.

All Barbiturates are derivatives of barbituric acid which was first synthesized by Adolph von Bayer in 1864. A 'condensation' of malonic acid and urea, barbituric acid is said to have acquired its name after St Barbara's Day (4 December) – the day on which it is believed to have been discovered. Other historians have speculated that the discovery may have been named after the chemist's favourite barmaid, Barbara. Either way, the name stuck and barbituric acid has enjoyed an infamous history ever since.

In the first half of the 20th Century, barbiturates were manufactured around the world, with production peaking in the 1950s. By then there were more than 20 marketed forms of barbiturates, with most sold as sleeping tablets.

While these barbiturates were highly effective sleeping tablets, a significant problem was the very serious side-effect associated with their overdose - death. This was found to be especially true if the pills were taken with alcohol. Many famous people have died - some deliberately, some inadvertently - from an overdose of barbiturates. Marilyn Monroe, Judy Garland and Jimmy Hendrix are a few.

In the 1960s, the image of barbiturates suffered further when they were found to be useful mood-altering drugs. At this time, the depressant effect of the drugs was exploited. By carefully adjusting the dose, a desirable soporific and tranquil state could be achieved and they became known as 'downers.' As downers, barbiturates would often be intermixed with 'uppers' - drugs like amphetamines. This type of usage led to a set of slang street terms for these drugs such as 'Pink Ladies', 'Yellow Bullets', 'Peanuts' and 'Dolls' (from Barbie dolls) (Mendelson, 1980). With only a small margin of safety in dose between the desired sleep, euphoria and death, there was considerable danger associated with the prescription of these drugs. History shows they fell out of favour with the medical profession once newer, safer sleeping tablets became available.

Nembutal is the drug of choice in countries where VE and Assisted Suicide are legal and is used in The Netherlands, Belgium, Switzerland and Oregon. When the world's first VE law - The Rights of the Terminally Ill Act - was passed in the Northern Territory, we had to decide which drug or substance would produce the most humane, peaceful reliable death. After much searching and consultation - a process that even saw us seeking information about the drugs used for execution in the US - a decision was made to sanction the use of a large intravenous or oral dose of Nembutal.

The four people who died using the Territory legislation all injected themselves - with the help of the Deliverance Machine - with Nembutal. While these people could also have simply drunk the liquid Nembutal, each preferred intravenous administration. When delivered in this way, loss of consciousness is almost immediate (seconds), with death following a short time later.

In Australia and New Zealand there are now no medically prescribed barbiturate sleeping tablets. What remains in the public consciousness, however, is the belief that an overdose of sleeping tablets - any sleeping tablet - will cause death. This misconception leads to many failed suicide attempts as seriously ill people stockpile, then take, large numbers of modern, non-lethal sleeping tablets.

Let us be clear. There is no point in asking your doctor for sleeping tablets if you plan to end your life. Tablets obtained this way will not be barbiturates and the drugs obtained will be unlikely, even in significant overdose, to cause death.

The only source of life-ending barbiturates in Australia is the veterinary profession, and this supply is likely to diminish in time. There is no legitimate or plausible reason for a vet to provide this drug to any member of the public.

Exit is often asked about buying Nembutal over the Internet. Despite repeated attempts, we have been unsuccessful in making such a purchase.

One person who was able to obtain Nembutal using the Internet was retired barmaid Nancy Crick (who died in May 2002). Nancy was fortunate and able to make use of her unique Internet diary. Her pleas for the drug through her daily Net Diary were heard around the world and Nancy's Nembutal arrived anonymously in the mail at her Queensland home. Nancy was truly one of the lucky ones.

Elderly, and often seriously ill, people [who are able to get hold of Nembutal] draw great comfort from knowing that they are back in control and have the option of a peaceful death, should their health take a turn for the worse.



CAPTION: Despite repeated setbacks, Dr Philip Nitschke remains committed to his cause

### **Concluding Comments**

It is not that long ago that I was sitting at the bedside of a very sick man in Sydney. This was my second visit to this man's small bedsit in this southern beaches suburb. Dying of prostate cancer, Terry was in bed on both occasions.

On the first visit we had discussed the range of options open to him. Like everyone else he wasn't interested in much besides Nembutal. While he didn't know any vets he did have a 'mate in the race horse industry'. He told me he thought that this mate would help him.

On the second visit, Terry was surprisingly happy. He told me that his friend had indeed proved to be a true mate. He'd got him his Nembutal. What a stroke of luck, he told me. He invited me to inspect the prized bottle on a shelf at the back of his refrigerator. But when I found what he was referring to, my heart sank.

I broke this to Terry and his joy turned to absolute despair. We sat for some minutes in silence, digesting this awful news; finally Terry spoke,

"I've got a gun" he said, "I just didn't want to use it. But now I'll have to. Can you tell me how to do it?"

I looked at him stunned. My years as a hospital photographer had left me with gruesome memories of the damage that firearms cause. I couldn't image anyone, other than the most desperate, choosing to do that to themselves. There is no dignity in dying like that, with your body broken and damaged so badly.

Yet Terry was desperate. Given the emotional roller coaster he'd just been through with the news that he'd been tricked and robbed, I did not have the heart to deny him his answer.

I told him the best place to put the muzzle of his rifle was inside his mouth, pointing the barrel slightly upwards, against the hard palate, in the midline.

I was horrified, repulsed and appalled to find myself in the position of having to answer Terry's question. What sort of crazed world do we live in when we force our terminally ill to live on amidst their pain, suffering and utter humiliation, yet go to such lengths to refuse them access to a peaceful exit? And why should advocates like myself have to clean up the mess and confusion left by our politicians; politicians who have neither the honesty nor the courage to face up to and deal with the question of how we die.