



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT

Ms Bec Cody MLA (Chair), Mrs Vicki Dunne MLA (Deputy Chair), Ms Tara Cheyne MLA,
Mrs Elizabeth Kikkert MLA, Ms Caroline Le Couteur MLA.

Submission Cover Sheet

End of Life Choices in the ACT

Submission Number: 68

Date Authorised for Publication: 29/3/18

From: Anna Tchernetsov
To: [LA Committee - EOLC](#)
Subject: Voluntary assisted dying.
Date: Monday, 5 February 2018 3:01:52 PM

My Grandmother died from motor neurone disease. She died at home. Not in a nursing home, not in a hospital. She died with minimal medical assistance.

I recently heard a member of parliament speak of his wife dying in a reduced mental state in a medical facility, an early, premature death. A cerebrovascular accident. This educated, dignified man gave his example of a dignified death of his wife. An example of his and his family's experience. He felt her death, whilst in a hospital bed, in a coma, was a perfect reason why a life should be always be spared, until the end.

I cried when he spoke. For a hurt man, but an ignorant man such as him was able to speak and be heard, but others like my family can not. An ignorant man, a man who cannot, for he is not a medical professional or an experienced man in caring for dying, comprehend how vastly different medical conditions and circumstances require vastly different treatments.

A horrific physical effort was required to sustain my grandmother's needs. She was sixty. Her illness had a terrible physical and financial burden not only on her husband, but on her children. The decision to keep her at home was made by a loving, respectful family. As a family, early, at the outset of her diagnosis they decided to give her the support and the dignity a loving and loved mother and wife deserves. It was felt that a loved family member does not deserve to be cared for by strangers in a nursing home.

Despite colossal efforts, very early into her illness not only her dignity nor her quality of life could not be spared.

A feeding tube, unable to speak, in terrible pain, suffering, choking, drooling but sharp of mind, she begged her husband and her children at first in whispers, and later when spelling with her eyes, every day, to end her life. She, her family and her caring GP had no alternatives, but to await the inevitable after the immense undeserved suffering, the horrific end.

Unlike the member's sedated and neurologically impaired spouse, my grandmother was alert and mentally sharp until the last hours of her life. Over days, her organs breaking down and shutting down, unable to sound pain when dying.

My mother still traumatised by that night, her mother died in her care and the care of her brother and father. The blood, the excrement and the helplessness.

Before this, for years I came home from school knowing my mother would not be home after work, providing her father with some reprieve, coming from work directly to take her 'shift' to look after her mother, taking over from him, he who did not sleep, turning his wife at night, so that she would not suffer bedsores.

A choice should have been there for her and for her loving family and her older, experienced, caring doctor. A choice. Perhaps the children and husband would never have taken such a decision upon themselves. A choice nonetheless, a choice should have been there for her - at the outset as the newly diagnosed patient. A choice for her and her good medic to choose or to leave off.