



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT

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Submission Cover Sheet

End of Life Choices in the ACT

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The Chair of the ACT Legislative Committee on End of Life Choices in the ACT

To this committee I wish to make a submission which focuses on “current practices utilised in the medical community to assist a person to exercise their preferences in managing the end of their life, including palliative care”.

My name is Tony Di Michiel and since 2011, having retired from the University of Canberra as a Senior Lecturer in Chemistry, I have been a volunteer Pastoral Carer in the two major hospitals in Canberra. Each [REDACTED] I go to the Calvary Hospital, Bruce, and visit patients on the different wards. On [REDACTED] I go to the Canberra Hospital, Woden, and visit only the Oncology and Haematology ward (14B). Over the past seven years of visiting patients I have listened to many terminally ill patients tell their stories as they approach the end of their life journey.

In the early stages of their final journey when the cancer diagnosis has been confirmed and a prognosis of life expectancy postulated, the treatment (chemotherapy and/or radiation therapy) commences. Throughout all this patients experience a diverse range of emotions. Initially there is denial, then comes anger/hostility, “why me?” questioning, determination to beat the illness, frustration, tears, fear of pain and the unknown and concern for loved ones. Then comes the actual experience of the pain and suffering and dealing with it all.

This journey to the end of life can vary from a few weeks or months to many years when patients go in and out of remission. But for many patients there comes a time in this journey when a change comes over the patient. The agitation disappears and a peace/calmness settles over the patient.

I have witnessed this many times and on asking the patient what has happened to cause this change the answer is invariably:

- “I know that I am going to die and it’s time sort out my priorities and I have begun to get my house in order – the will is written and the necessary provisions are being set in place”
- “I have little time left and so I want quality time – to catch up with family members and friends, time to mend bridges, time to enjoy special moments”
- “I can do these things if the pain can be managed and palliative care will really help here”

I want Committee Members to know that from my personal experience what is of most concern to many patients in end stage of life is NOT a desire to kill themselves or to hasten their death but to “get their affairs in order” and this leads to a greater peace and better relationships with their loved ones. This has been confirmed several times for me when family and friends have commented to me how precious was the time they were able to spend with their loved ones and that it was “a good death”.

Tony Di Michiel (Pastoral Carer)

[REDACTED] O’Connor ACT (M) [REDACTED]

Date: 9 Feb 2018