Episode 15: Lawrie's Story

[SUICIDE WARNING]

[PRAYER BELL CHIMES]

[ETHEREAL FEMALE VOICE]: There is no death. There is only me, me, me who is dying.

Andrew Denton: Of all the arguments against assisted dying, the most heartless I've heard is this.

Kevin Yuill: Choice or autonomy. You already have a choice. Suicide is legal. Why do you need assistance to do something that you can do yourself?

Andrew Denton: That's Kevin Yuill, a British academic, effectively saying, "Suicide's legal. What's stopping you?"

This from a man who, like his approving audience at the anti-euthanasia conference he was addressing, claimed to be "protecting the vulnerable".

Every time I heard that thought expressed – and I heard it more than once while making this podcast – I was astonished at the ease with which those who said it managed to completely overlook the suffering of the people they were talking about.

Today we're going to meet one of those people and find out why he hopes for a law that will give him a choice about ending his suffering based on compassion, rather than indifference.

This is Lawrie's story.

[OPENING TITLES]

Andrew Denton: My name is Andrew Denton, and you're listening to *Better Off Dead*.

Every inch of Lawrie and Rebecca Daniels kitchen, from the Bakelite radio to the enamel and chrome 'Supermatic' stove, is lovingly recreated from the 1940s and 50s.

Lawrie Daniels: Becky – her thing is the 1940s and 50s, and so when we had the opportunity to build the house it was just a bit of romantic whimsy I guess.

I had to design all the kitchen cabinetry and we found a cabinet-maker who could actually get his head around building from that era. I found the old 50s press-button catches and just a few elements sort of came together.

Andrew Denton: Rebecca, who Lawrie built the kitchen for, has a 1940s hairstyle and wardrobe to go with it.

Rebecca Daniels: All my clothes are vintage. It never quite feels the same if it isn't the true article. Yes, just something that started when I was a teenager, and it's a phase I never grew out of.

Andrew Denton: From their kitchen window Laurie and Rebecca can see kangaroos in their backyard and the sun hitting the escarpment that marks the western edge of the Blue Mountains. It's the Australian landscape at its most beautiful.

Lawrie Daniels: Well it's funny. When I was a young man I'd seen this exhibition called 'Golden Summers'. And it was the Australian artists - guys like Arthur Streeton and Fred McCubbin, and there were these amazing landscapes and this incredible light. I thought, "Gee, wouldn't it be nice to live in one of those paintings?"

Andrew Denton: Lawrie and Rebecca met 26 years ago as flatmates.

Rebecca Daniels: All I knew was that the man in the house was a biker who smoked cigars, so I thought, "Ooh, I don't know about this". Anyway I met him of course and he was the loveliest person ever, and he wasn't really a biker who smoked cigars. He smoked Gudang Garams, the kretek cigarettes.

Andrew Denton: Oh yeah, the clove cigarettes! Well you were never going to lose him.

Rebecca Daniels: It's a nice smell! I was actually out here from England on a two-year visa, and that was sort of coming up to the end of the two years, and Lawrie I think thought, "Well I think I have to ask her out before she goes". So I thought, "Why do people do that? You're friends, everything's nice and then you get asked out", and I'm glad he did.

Andrew Denton: How long had you been thinking, "I should ask this woman out"?

Lawrie Daniels: For quite a while. You know I'd been waiting for the lady obviously who sets your heart on fire and makes your pulse race, but you know, someone you can admire and respect, and Bec was always just a really admirable person and always has been.

Andrew Denton: What were the chances of that women moving into the house you were in? You got the lottery.

Lawrie Daniels: The thing about share-houses is they generally tend to fall apart once you start labelling things in the fridge. We just got along so well, and I thought if we can live in a share-house together, perhaps we can spend the rest of our lives together.

Andrew Denton: Two years after meeting, Lawrie and Rebecca got married. But in 2009, everything changed.

Lawrie Daniels: I was diagnosed on my birthday in 2009. Hell of a birthday present.

Andrew Denton: Laurie was forty-four. The diagnosis was Multiple Sclerosis.

Lawrie Daniels: I knew what it meant because I have an uncle that was lost to MS.

Andrew Denton: Is that a moment that just stops you dead?

Lawrie Daniels: The problem with MS is there's no known cause or cure. You know, it's been identified as a disease for well over a hundred years. There's been billions of dollars spent on research and we're just really no further forward, and that's what's scary. So yeah, it's just a terrifying experience, and you're just an ordinary person with no special qualities, and you've just got to try and deal with it.

Andrew Denton: In 2013 Lawrie's illness began to worsen.

Can you take me inside what it means to your day to day life when a disease like this accelerates?

Lawrie Daniels: Well I'd sort of been battling on, and I was able to get up in the morning and groom myself, put on my clothes, go to work, do a day's work – with enormous difficulty, drive a car, be a husband, be a father. I couldn't do the wonderful things that I'd hoped to do with my kids growing up. So you know Darcy, for example, loves camping. She's a real outdoorsy sort of girl. And I would have loved to have done all that stuff with her, but I just couldn't do it.

Andrew Denton: Why couldn't you do it, because I don't understand the disease very well. Is it physical incapacity?

Lawrie Daniels: It's the physical incapacity. From left foot drop, I then started to develop this incredible fatigue, so after a little bit of walking I would no longer be able to move my muscles. Eventually that fatigue just takes you over more and more. You know sitting at a desk for seven to nine hours a day was just excruciating, and I just thought everyone experienced a little pain doing that kind of work. And I quizzed my friends and they said, "No, we don't feel pain sitting at a desk all day" whereas I was in absolutely agony.

Andrew Denton: Where was the agony?

Lawrie Daniels: It was muscular skeletal, so it felt like my spine was on fire, all the muscles in my neck and head, basically right down to the base of the spine. And then eventually I just couldn't work. I couldn't do a full day's work. And so that was awful. I had to go through this terrible period of separation from work. I was shattered because I couldn't contribute anymore. And it wasn't just contributing by going to work. I couldn't do any of the things that a husband should, you know, to be part of that team. Suddenly Becs was doing everything, and I just felt terrible about all that.

Andrew Denton: When the man you love has lost something so important above and beyond the pain, what is there that you can say?

Lawrie Daniels: I really focused most on trying to stay positive and as happy as possible because that's one thing I could do for Lawrie and for the children and then focus on the small details, which I think often worried Lawrie because I think he didn't see that I was looking ahead to the future catastrophe as it were, and I sort of think, "Well yes I know that's there, but I'm dealing with this right now".

Andrew Denton: What in your head is the future catastrophe? What does that look like?

Lawrie Daniels: Well I'm worried that I'm going to go the way of my poor uncle, you know, who became bedridden. He went off to hospital, and then he got pneumonia and he basically drowned in his lung fluid. You know there's so many dimensions to MS, and it takes things away from you bit by bit - particularly I was a very active man, so you know, my thing is gardening and home development and all that sort of thing. I just can't do that. For example neuropathic pain it's not like normal pain. It's pain that arises in the central nervous system in the brain or the spinal cord peripheral nerves. You can get burning or tingling or numbness. So it's in my fingers and I'm sitting here - and you want to scream inside because of what's happening in your hands but you've got to carry on a normal conversation and you can't be screaming all day long.

Andrew Denton: You're feeling that now?

Lawrie Daniels: Yeah, never lets up, not for one second and the only time it does is when you're asleep. Other things you get – sometime it's like a bruised sensation in your muscles like you've been cooked or you get the sensation like little ants crawling through your skin and muscles, and it's just, it's really horrible. And it doesn't let up and there's nothing you can take for it. They can give you these drugs but often the cure – I mean there's no cure but the medication can be worse than the disease sometimes because there's so many bad side effects to the medications they give you.

Andrew Denton: The pain you were describing, which you're feeling as we speak, how do you keep your equilibrium is that is an absolutely constant drum beat in your day?

Lawrie Daniels: You just have to deal with the unthinkable. You just have to live with it every day.

Andrew Denton: Lawrie and Rebecca have two children under the age of 14, Bert and Darcy.

How do you explain this to the kids? Have you taken them into your confidence or are you trying to protect them from what's happening?

Lawrie Daniels: early on when there was obviously something funny with the way dad was walking and he couldn't do the things that he could before, we just explained to them, you know, that there's no known cause or cure, but we also explained that, at the time, everyone's course of MS is different, like we've said, and we just didn't know how this was going to pan out, so don't worry about it, and no matter what happens we still love you.

Andrew Denton: Becky, what is the hardest time for you with Lawrie's disease?

Rebecca Daniels: Trying to help him at his lowest moments when the pain is just so great and nothing is helping and all the symptoms have just worn him down and there's sort of despair.

Andrew Denton: Because it's right at the centre of his system, isn't it?

Rebecca Daniels: That's right and that's a very, very frightening thing. He doesn't have the light at the end of the tunnel with the ending of these symptoms, you know, the tingling, the numbness, the burning. So I might give him a massage and I can tell he's thinking this is not going to do any good and then if it does this wonderful feeling of 'I did something' which - you can't always get that feeling of achievement because you can't always make a difference but you always hope that whatever you do - even if it takes up just a sliver of the level of pain and discomfort or if I can make him feel that he's not alone.

Andrew Denton: I think that's - if nothing else - just that human presence, another human being - 'I'm here to share what I can - that's what every human being wants, in a crisis.

Lawrie Daniels: You put your finger right on it because I was going to say that often it's just being present. She doesn't turn away. She's got this tremendous courage which I'm sure I wouldn't possess in the same circumstance. She's just present, and you know I have to say Andrew, one of the feelings you have is tremendous guilt. You know this person that I absolutely adore, I've brought this into her life. I'm the cause of so much difficulty for her as well, and I'd give anything to change that.

Andrew Denton: As I looked at Lawrie in his wheelchair, I struggled to shake the image of ants crawling through his skin and muscles. In a life of relentless suffering I asked what was the hardest time.

Lawrie Daniels: Waking up in the morning and it all just hits you. You wake up and you come back out of that oblivion of sleep, and first of all the pain hits you. You remember who you are. You remember the circumstances of your life, and this is another day to face.

Some days are worse than others and that's when you become despairing. And there's no rhyme or reason to MS.

Andrew Denton: Does desperation come with this - a sense that I need to find a way out?

Lawrie Daniels: It's like straws on camel's back. It's like, OK, first of all you can't walk a little bit, then you're walking with a limp, then you're walking with a walking stick, then you're walking painfully with a four-wheeled walker, then you're confined to the wheelchair. That produces in itself different kinds of pain because you're stuck in the same position all the time. Then you're dividing your time between a wheelchair and bed. You've lost so many things. You can't drive any more. You can't go out. You're pretty much housebound. Yeah, you get despairing and there's this overlaid pain and fatigue thing with everything.

Andrew Denton: You don't want to die the way your uncle died, so what are the kind of options you believe are available to you or that you would like to be available to you?

Lawrie Daniels: I would like when the time comes to have a discussion with my family, obtain their understanding of where I'm at, what I'm feeling, why I think I'm ready to go, and if they're comfortable with it, I'd like to be able to end my life at a time of my own choosing and preferably before things got so horrendous that I wasn't able to do it for myself.

Andrew Denton: Do you have a sense of what that time will look like?

Lawrie Daniels: I think it's different for everyone. For me, you know, I feel I've already lost so much and life so difficult, you know, that time might be now, but really can't say. It depends on how bad things get and how you feel about it.

Andrew Denton: I asked Lawrie if he understood why, sometimes, people in his situation might consider taking matters into their own hands?

Lawrie Daniels: Absolutely, yes. I've thought about that myself many a time, and unfortunately the way the system is, we don't have a nice way of going. If someone has reached that stage where it's preferable in their own mind for them to die rather than to continue living - and that's quite a point to reach because innately we have this fear of death. And I completely understand having lived the experience why people reach that point, either in terminal illness or intolerable chronic psychological or physical distress.

Andrew Denton: I had a senior doctor who works in palliative care say to me the other day that people who suicide are so selfish. What's your view on that?

Lawrie Daniels: This is something I struggled with. Are they being? It depends on people's circumstances. I think in some circumstances perhaps a person is being selfish but we don't know what it's like to walk in that person's moccasins. I don't think it's selfish if particularly people around you are struggling, and you're causing them a lot of grief and trauma with what you're having to go through. I mean I've never heard a word of complaint from Becky and

I'm sure she would nurse me to the bitter end, but I don't know what kind of stress and trauma emotionally I'm putting the family through either, and perhaps it can be a very generous act to terminate your own life.

Rebecca Daniels: Can I just say that I think the word 'selfish' is very interesting, because I'm actually not quite sure exactly what he means, that it's just all you're thinking about is yourself - I'm assuming that's the context. From my point of view I think that the people around you, the family and friends or loved ones who ... I think they're probably the ones who are going to be more likely to have selfish thoughts in - you know basically "I don't want you to go. I want you to stay. I don't want my life without you" and I think that that is probably selfish when you consider that the person who has said "I've had enough, and I can't take it anymore" has reached that point.

Andrew Denton: One of the other words which is thrown into this debate is burden – the vulnerable will be made to feel a burden. They will be pressured to end their lives.

Lawrie Daniels: Well it's a question for the family, and this is where the selfishness comes into it, because I think with voluntary euthanasia there will be a discussion with the family. This is not going to happen without the understanding at least of family members. I think it's going to be something that is going to be decided amongst the team, amongst the tribe, amongst the family.

So the idea that your ordinary GP's going to be put in a terrible moral dilemma is not going to happen. There will be people who work with the dying as they do now, who will be specialists in this field, and they will have a discussion with you about why you want to end your life, and if there is any hint that you are ending your life because you feel you are a burden, I think that would start another chain of events, because it's not that people ending their lives because they're a burden. It's because they've reached end of their rope.

Andrew Denton: What Lawrie has just described is exactly how laws for assisted dying work overseas. There are multiple safeguards, including two doctors working independently of each other, to ensure that the patient's request is based on either terminal illness or unbearable and untreatable suffering. Being a burden, on its own, is not sufficient reason for someone to be helped to die. More than that, all other treatment options have to be canvassed. If the doctors are not satisfied these criteria have been met then they will look for other ways to help the patient. In The Netherlands, for example, two-thirds of all requests for euthanasia are declined. But, in Australia, Lawrie doesn't have that option.

What's more frightening for you right now? Dying or living?

Lawrie Daniels: Probably living. Living is a very frightening experience. Through MS, I've pretty much lost my fear of dying because sometimes I think there are things that are worse than death. Bec, would you mind getting me a blanket off my bed. I'm starting to get the irrits - these uncontrolled tremors.

Andrew Denton: Just explain what you're feeling at the moment.

Lawrie Daniels: I can't therma-regulate, so in the heat my nerves just shut down and in the cold a similar thing, so at the moment I'm just getting these controllable tremors.... 01:20:02 ... And that's the other thing with MS. There's very little that you can do for yourself particularly once you're in a chair.

Andrew Denton: I guess one of the few advantages is if you're a fan of *Dr Strangelove*, you can do impersonations.

Lawrie Daniels: [INDISTINCT] and I should get the white cat too. "Today Little Hartley, tomorrow the world".

Andrew Denton: Sitting in the kitchen Lawrie built for Rebecca, their love and mutual respect for each other is powerfully clear. For Rebecca, this makes addressing the unthinkable even harder.

Rebecca Daniels: I have to say that the first few times that he would talk about this I actually got - it was just sort of a wave of fear goes through your body and a taste I must say in my mouth. And I suddenly thought there's a phrase, "the taste of fear", that I'd never understood. And that was quite strong at the start because it was that feeling of "No, don't think like that. Don't talk like that. I don't want you to go". But as we've talked about it more and I've understood more.

Andrew Denton: Which must be very hard because you know absolutely what he means when he says that. It's not him giving up. It's a reality – another day.

Rebecca Daniels: Yes exactly, and it's very, very hard to reconnect someone with any elements of joy when they are in that much pain, and the sort of playful, humorous Lawrie that I always knew often disappears and it's wonderful when he resurfaces again. And sort of being the optimist that I am I immediately think, "Oh good, you're feeling a bit better and this is a wonderful sign," but yeah, underneath you are realising that it is a big courageous effort on his part.

Andrew Denton: Lawrie said that when the time comes he wants to have that discussion with the family. I presume you've already had the discussion between you.

Rebecca Daniels: Yes. And like I said you know I wouldn't want it but I would want him to be - I want him to do the right thing for himself and for his particular circumstance, and I think it's better to be able to discuss it with family and friends and really talk it through and say goodbye. If you have the option of doing it peacefully and making it something that actually could be quite beautiful, yes, sad but it could be something that's in your control rather losing all control and having your final months or years in absolute misery.

Andrew Denton: Overseas, I'd spoken with people who had been with their loved ones when they had been assisted to die. They described those deaths – at a time of the patient's choosing, only when the suffering was no longer bearable, and with their families around them – as 'beautiful'. I asked Lawrie if he had a sense of what a beautiful death might be.

Lawrie Daniels: Well I suppose one that's quick and painless and ideally surrounded by your loved ones and just being able to apologise for anything that you may have done wrong - if someone harbours any grudges against you to ask for their forgiveness, to tell people what you mean to them, and have them, if they wish, to say what you mean to them. But mainly just to be able to know that when it's too much you can go. That's beautiful in itself. Being generous enough as a country to say well we're not going to force you to stick around against your will.

Andrew Denton: Opponents of assisted dying are fond of referring to those like Lawrie as people who don't value their own lives; as if, somehow, with the right support and

encouragement, they can rise above their pain and indignity and find meaning in being alive. I asked Rebecca what she thought of the idea that Lawrie doesn't value his own life.

Rebecca Daniels: Yes I think that's missing the point, because I think they valued their past life, who they were previously. I think they value themselves to the degree that they know that they're acutely aware of everything that they can't be. But I think there comes a point of when the realisation is that you are being robbed. You are constantly being eroded - who you are and what you can do. It's hard for me to say, but I... Lawrie absolutely values who he can be and what he can be and what he can contribute. The memory that the children will have of him – he doesn't want to be, as he put it, a broken down decrepit sort of old man who can't manage anything. He doesn't want that to be their experience of him.

Andrew Denton: I put to Lawrie the suggestion that, perhaps, he doesn't value his own life.

Lawrie Daniels: Crikey. No, there's not a suicidal bone in my body. I'm married to the girl of my dreams. I've got two wonderful children. I'm living in that Heidelberg school painting - a house I designed myself. It's like life - it's the best of times, it's the worst of times, but no, that's all I can say.

Andrew Denton: There is a terrible irony that, for a man without a suicidal bone in his body, Lawrie has had to think long and hard about how he might, one day, bring an end to his suffering.

What do you see as your options?

Lawrie Daniels: In the absence of voluntary euthanasia, well they're pretty bleak. In order to terminate your life you can't involve anyone else so it's got to be lonely. You've got to go off and do it by itself. And then you need to work out what you have to do to kill yourself. We can't get hold of Nembutal easily. You'd have to go and download eBooks and try and get drugs from overseas, and a lot of people aren't in that position. Then you've got to think, well how do you kill yourself? So either there's the sudden trauma or you have to stop the blood flow to the brain in some way or you have to stop the airflow in some way and unfortunately. To be certain you have to do it generally speaking a pretty violent say.

My brother-in-law works on the motorways in England as an emergency response person and he sees this all the time. These terrible ways that people end their lives. Your mind can go to terrible places and this is the reality. There's no easy way to kill yourself unless there is medical assistance.

Andrew Denton: And in your case even harder because you are physically capable of a very small range of things.

Lawrie Daniels: The single car accident is out. I was lining up gum trees along the side of the road that I thought I might be able to use but I can't even drive a car any more. It becomes even more difficult.

Andrew Denton: Do you have a sense of helplessness about this?

Lawrie Daniels: Yes, and anger too, that still in this day and age this just isn't a regular human right.

Andrew Denton: The life-ending drug Nembutal may offer Lawrie the best prospect of a merciful end at a time of his choosing. But it's illegal. This adds another dimension to an already excruciating dilemma.

Lawrie Daniels: Well you worry about the repercussions. If, for example – you know, you can't involve someone. She can't hand you the pills or she can't help you in any way. But you even wonder, if you were to organise the Nembutal and you gather everyone around and you have the ceremony, is assisting suicide not preventing suicide? Would they be in trouble because they didn't call an ambulance while I was dying? You just don't know the legal ramifications.

It's all right for you. You talk about selfishness – well that would be selfish if you're OK, you're out of your suffering but then you've created a whole range of problem for the family, which is perhaps expensive and traumatic. The whole point is to avoid the trauma, and then when you start thinking about suicide and it's going to be lonely, then you think, 'Well, who's going to find the body. What condition will my body be in when it's found? Who's going to have to go to the morgue to identify it? What other people am I going to traumatise? Is it going to be the policeman who turns up or the fireman or the other emergency services? It's ghastly, thinking through that process.

Andrew Denton: Rebecca, have you thought through this process? The way Lawrie just described it?

Rebecca Daniels: It's very difficult. Yes, I'd be worried about the ramifications because knowing his thoughts and his wishes, that side of me would be saying obviously I must step in, but the part that sort of wants to help and do the right thing would be thinking well, I have to call the ambulance, and then you're thinking, "Well I don't want to then be charged" if he's gone and I'm somehow charged with being an accessory or in any way enabling him, does that mean that I then won't be able to be the mother I have to be to our two children. And then also how do you say to them, "Yes, oh by the way, yes I knew this was going to happen and I didn't do anything. How's that going to affect them? Are they going to blame me for the rest for their lives?"

Andrew Denton: But from what you were saying you would definitely have had the family conversation before anything like that would happen?

Rebecca Daniels: Yes I think this is where if it was a properly sanctioned act that could happen and you're actually allowed to do this you wouldn't have any of these worries. This is the whole point.

Lawrie Daniels: The other thing you've got to think about it is what if it goes wrong, You can have there's this failed suicide attempt that actually leaves you worse off physically with more organ damage or whatever or you could end up in a psych ward being assessed for seven days or whatever it is, and even if you did it in the family home and something went wrong what would be the repercussions then because Becky would have to call the ambulance and then potentially the police are involved. It's just a nightmare.

Andrew Denton: No matter which way you look there's a terrible arithmetic that [INDISTINCT] with the progression of your disease, there's no clear or easy set of options and many of the options that you might take carry great risk.

Lawrie Daniels: Yes, and I just want the option. I want the choice. I'm not saying I would avail myself of it immediately. I would just love to know it's there. In terms of - I'm almost in

a palliative care situation now, which - you know, I've only just turned 50. I've got 17 years before I even reach retirement age, and so I'm looking potentially at least 17 years of palliative care just trying to keep on top of the symptoms. And I just like that to be part of my palliative care options, and I think just knowing that it was there would be palliative in itself. It would be such a comfort, Andrew. I can't tell you. And I've even heard that a lot of people with the option don't use it. It's just this wonderful comfort to know it's there.

Andrew Denton: Lawrie is right. In Oregon, for example, I had discovered that more than 30% of terminally ill people prescribed life-ending medicine, ultimately chose not to take it.

I now want to do the impersonation of a very patronising human being and say to you, "Lawrie, are you sure you're not just depressed?"

Lawrie Daniels: This is a funny argument, because what are we saying, that only a happy person can terminate their life? Or are we saying you can't be depressed in order to end your life, but by very definition if you want to end your life you must be depressed so therefore you can't end it.

Andrew Denton: Catch 22.

Lawrie Daniels: To my mind if some one's got a terminal illness or they've got a chronic illness and they're in incredible psychological or physical distress the doctors can't address, and that person was happy and not depressed or anxious, that in itself would be the mental illness. That would be to me what is unusual.

But I think once we have the process up and running, the process will filter out people who are just simply depressed and who could benefit from treatment rather than ending their life, because that's the thing with suicide - a lot of people who suicide are in the moment. They can't see a way out, and they're not being addressed, but if they had somewhere where they could go and say, "Look I'd like to end my life, because I'm in chronic turmoil", then hopefully we'd filter those people out.

Andrew Denton: Again, Lawrie is right. In Belgium, the Netherlands, and Oregon, simply being able to talk openly with your doctor about wanting help to die immediately leads to questions about why. If mental illness is thought to be a significant factor then, by law, psychiatric help must be sought. As a consequence, lives that might have been lost to suicide are saved.

When people like Kevin Yuill say ...

Kevin Yuill: Suicide is legal. Why do you need assistance to do something that you can do yourself?

Andrew Denton: ...what they're really arguing is that, to help Lawrie die, even at Lawrie's request, would be a moral failure by the rest of us to protect society's vulnerable.

Yet who could be more vulnerable than Lawrie? A man with a degenerative and cruel illness, for which there is no cure and no effective treatment, and who seeks the option of a compassionate way out, should he choose?

There are thousands of people like Lawrie in Australia today; chronically and terminally ill people of all ages from whom our politicians continue to turn away. Too many of them

ultimately take Kevin Yuill's advice and end their lives, violently and alone, because they see no end to their suffering under our current laws.

Even so, Lawrie remains hopeful that Australia won't always be like this.

Lawrie Daniels: Australia has led the world in so many socially progressive ways. People from all over the planet want to flock to live here. We've got something special and we had the first voluntary euthanasia laws in the world, in the Northern Territory and it was squashed. And yet the majority of Australians want this. They want to talk about it. There are - Europe has laws, America has laws. I think South American countries have laws. Canada's high court has just determined that it's a basic right. And I feel sad for our country because we used to be the forefront of social progress and we're lagging behind now, but I think it will be inevitable, and why make it so difficult. People are suffering. People can't wait for this. I can, but there's others who are in desperate circumstances who would love to avail themselves of this tomorrow if they could.

Andrew Denton: If you'd like to know more head to the episode page at wheelercentre.com/betteroffdead.

Next episode, after travelling around Australia and overseas seeking the truth about assisted dying, I go back to where this journey began and sit down with Paul Russell, founder and director of the HOPE anti-euthanasia coalition, who had invited me to attend their international convention in Adelaide earlier in the year. I had left the convention armed with all sorts of dark warnings about what is happening in places where laws for assisted dying exist. Now, several months later, I'm keen to take him through what I've learned to hear how he responds.

[SONG 'FORTY EIGHT ANGELS' BY PAUL KELLY]

[CLOSING CREDITS]