

About two years ago I bought a euthanasia drug online from China. You can get it that way, or you can travel to Mexico or Peru and buy it over the counter from a vet. Apparently you just say you need to put down a sick horse and they'll sell you as much as you want. Then you either drink it in your Lima hotel room, and let your family deal with the details of shipping your remains home, or you smuggle it back in your luggage for later use. I wasn't intending to use mine straightaway, and I wasn't fit to travel all the way to South America, so I chose the China option.

My Chinese drug comes in powdered form. I keep it in a vacuum-sealed bag in a safe and secret place, along with a suicide note. I wrote the note over a year ago, a few days before I was due to have brain surgery. I had

melanoma in the part of my brain that controls the movement of my limbs on the right side—incurable, no guarantee that the cancer wouldn't return after the surgery. By then I had deposits of melanoma elsewhere too, in my right lung, under the skin on my right arm, a big one just below my liver, another pressing on my urethra, which had necessitated the insertion in 2011 of a plastic stent to keep my right kidney functioning.

I had been first diagnosed in 2005, just before my fiftieth birthday, after a biopsy on a mole excised from the back of my right knee came back positive as a stage-four melanoma. Since then the progress of my disease had been mercifully slow. It was three years before it showed up in my pelvic lymph nodes and another couple of years before it began to spread to other parts of my body. I had two rounds of surgery, from which I recovered well, and in between I suffered no debilitating symptoms. In that time I managed to keep my illness a secret from all but my closest friends. Only my husband, Shin, knew the whole story, because he'd accompanied me to my regular scans and specialist appointments. But I had kept the details from our two teenage sons, trying, I suppose, to protect them from pain, because that was my job as their mother. Then, in late December 2014, a seizure left me temporarily helpless as a baby and I could no longer deny the obvious.

So we convened a family meeting in our home in

inner-city Brisbane—Shin, our younger son Dan, his girlfriend Linda, our older son Nat and his wife Asako, who dropped everything and flew home from Kyoto where they'd been living for two years. Over the next few days, I took them through all the paperwork they'd need to access if the worst happened: my will, their Powers of Attorney, my bank accounts, tax, superannuation. It helped me to feel that I was putting my house in order, and I think it helped them because it made them feel useful. I even revealed my interest in euthanasia drugs and evasively said they were on my wish list for Christmas. I called it my Marilyn Monroe gift pack.

'If it was good enough for her, it's good enough for me,' I said. 'Even if I never use it, just knowing it's there would give me a sense of control.'

And, to the extent that they didn't object, I think they understood.

My suicide note was by way of an apology. 'I'm sorry,' I wrote. 'Please forgive me, but if I wake up from the surgery badly impaired, unable to walk, entirely dependent on other people to care for me, I'd prefer to end my own life.' I also repeated what I'd told them a hundred times to their faces: how much I loved them all, and how much joy they had brought me. Thank you, I told them. Talk to me when I'm gone, and I'll be listening. I wasn't

sure that was true, but it was as metaphysical as I was ever going to get, and it did make a kind of sense at the time, given that I was already writing to the living from the point of view of the dead.

As it happened, I came through the surgery, not entirely unimpaired, but not too badly off. The tumour in my brain was successfully removed. My right foot will never fully recover its strength, so I limp, but I have normal movement in the rest of my right side. And, over a year after the operation, I'm still here. Nevertheless, my situation remains dire. There is no cure for melanoma. A few drugs are being trialled, with varying results. I've been involved in three drug trials, and I can't say for certain whether any of them slowed the disease. All I do know is that, despite my oncologist's best efforts, I eventually ran out of treatment options. It was then that I became certain I was coming to the end. I didn't know when, or exactly how, I was going to die, but I knew I wasn't going to make it much beyond my sixtieth birthday.

With my health deteriorating steadily, I started to focus on the question of suicide like never before. After all, in a first for me, I'd gone to the extent of breaking the law and risking prosecution, in order to obtain the means. My stash calls to me day and night, like an illicit lover. *Let me take you away from all this*, it whispers. My drug would go straight to the sleep centre of the brain in the time it takes

to finish a sentence. What could be easier than to swallow a fatal dose and never wake up again? Surely that would be preferable to the alternative, which is a lingering and gruesome demise?

And yet I hesitate, because what appears to be a clear-cut solution is anything but. Firstly, there are the practicalities of my taking such a course of action. As the law stands in Australia, I would have to take my drug alone, so as not to implicate anyone else in my death. Even though suicide is not a crime, assisting a person to suicide is illegal and is punishable by a lengthy jail term. Secondly, there are the emotional repercussions for others should I do the deed, be it in a hotel room somewhere, or on a lonely bush track. I ask myself if I have the right to traumatise some hotel cleaner, or some bushwalker, unfortunate enough to discover my corpse. Of paramount concern to me are the repercussions for Shin and the boys of my taking my own life, for as much as I've tried to prepare them for the possibility that I might, I know the reality would shake them to the core. It worries me, for instance, that my death certificate would read 'suicide' as cause of death, with everything that the term implies these days: mental angst, hopelessness, weakness, the lingering whiff of criminality—a far cry from, say, the Japanese tradition of *seppuku*, or suicide for honour's sake. The fact that cancer was actually my killer would be lost to

posterity, as would the fact that I am not, by any fair measure, mad.

Faced with all of these obstacles, I contemplate my bleak future with as much courage as I can muster. I'm lucky to have found an excellent palliative care specialist and an exceptional home nursing service, so, along with my family and friends, I have as much support as I could wish for. If I were, however, to express a wish to end my own life, none of that support would be legally available to me. I would be strictly on my own. Our laws, unlike those in countries such as Belgium and the Netherlands, continue to prohibit any form of assisted dying for people in my situation. It occurs to me to ask why. I wonder, for instance, if our laws reflect some deep aversion amongst medical professionals here towards the idea of relinquishing control of the dying process into the hands of the patient. I wonder if this aversion might stem from a more general belief in the medical profession that death represents a form of failure. And I wonder if this belief hasn't seeped out into the wider world in the form of an aversion to the subject of death *per se*, as if the stark facts of mortality can be banished from our consciousness altogether.

Surely there couldn't be a more futile exercise, for if cancer teaches you one thing, it is that we are dying in our droves, all the time. Just go into the oncology department of any major hospital and sit in the packed waiting room.

All around you are people dying. See most of them on the street, and you'd never know it, but here they are lined up, waiting for the latest results of their scans, to discover if they've beaten the odds this month. It's a shocking sight if you're unused to it. I was as under-prepared as anyone could be. It was as if I had stumbled out of a land of make-believe into the realm of the real.

That is why I started writing this book. Things are not as they should be. For so many of us, death has become the unmentionable thing, a monstrous silence. But this is no help to the dying, who are probably lonelier now than they've ever been. At least that is how it feels to me.



I had never seen anybody die. Until my mother became demented I had never even seen anyone gravely ill. My mother's decline was slow at first, and then very fast. Towards the end she was barely recognisable as the mother I had so loved and admired. I was out of the country when she finally died, but I was there in the months preceding her death and I saw the ravages she suffered, the pain and humiliation, the loss of independence and reason.

She was in a nursing home when she died, a place of such unremitting despair it was a test of my willpower just to walk through the front door. The last time I saw her, I

stood helplessly by while she had her arse wiped clean by a young Japanese nurse. My mother was clinging onto a bathroom basin with all of her meagre strength, while the nurse applied a fresh nappy to her withered behind. The look in my mother's eyes as she turned and saw me watching reminded me of an animal in unspeakable torment. At that moment I wished for death to take her quickly, to stop the torture that had become her daily life. But still it went on, for a dozen more months, her body persisting while her mind had long since vacated the premises. I could not think of anything more cruel and unnecessary. I knew I had cancer by then, and a part of me was grateful. At least I would be spared a death like my mother's, I reasoned. That was something to celebrate.

It was my mother who introduced me to the debate around assisted dying. She first came across the voluntary euthanasia movement, as it was then known, some time in her sixties, and I knew it was a cause she continued to support, because she made a point of telling me. Back then I took far less notice than I should have. My mother was asking me for help, but it wasn't clear what kind of help she wanted. Perhaps just a bit of encouragement to look into the problem more closely, to obtain the necessary means if it came to that. I wasn't very receptive. In those days there was nothing wrong with my mother, or with me, so her arguments in support of the concept of assisted

dying were purely academic. Of course, by the time they were real and urgent, my mother had left it too late to put theory into practice, and her mind had lost its edge, so that even the most well-meaning doctor in the world could not have helped her, despite her years of devotion to the cause.

I wasn't there when my father died either, also in a nursing home, and also from complications arising from dementia. My parents had divorced some thirty-five years previously and I had subsequently become estranged from my father. But one of my abiding memories of him is his fantasy solution to the indignities of old age. He told us—me, my mother, and my older siblings—that he planned to sail out into the Pacific Ocean and drown himself. He repeatedly balked at the first hurdle, however, by never obtaining a boat. He would read boat magazines and circle the For Sale ads in them. He would drive long distances to look over boats he liked the sound of, but he would always find a reason not to buy. Money was short, or he didn't want to sail alone. At one point, he even asked my mother to buy a half share and to crew for him, an offer she declined. Maybe she should have taken him up on it. Maybe they should have sailed off into the sunset never to return; instead they lived on and died badly.

No doubt my horror at how my parents ended their days influenced me to look into ways I might improve things when it came to my turn. With this in mind, soon

after I was diagnosed with cancer, I followed my mother's lead and joined Exit International, wanting to get up to speed on the latest developments in the assisted dying field. I also joined Dignitas in Switzerland, where it is legal for foreigners to obtain assistance to die, provided they are suffering from a terminal illness. This was an information-gathering exercise to explore the choices available to me, other than those offered by my doctors. I don't wish to disparage the doctors who have cared for me over time. Individually they've been extraordinary, and of course I owe them a debt of gratitude. Apart from the palliative care specialists I've spoken to, however, none of my doctors ever raised the subject of death with me, a fact I still find mystifying.

So another motive for joining Exit was to find a forum for simply broaching the topic, challenging the taboo that I felt was preventing my doctors from speaking openly to me about something so pertinent. Despite the ubiquity of death, it seems strange that there are so few opportunities to publicly discuss dying. Exit meetings are the only occasions when I've found it is possible for people to speak about death as a fact of life. The mood of the meetings is upbeat. My local chapter meetings are usually attended by about forty members, many of them elderly, but with a sprinkling of younger people eager, for whatever reason, to exchange information about ways and

means to die. There is an inevitable cloak-and-dagger element to these gatherings, given that mere advice regarding suicide has the potential to be construed as a criminal offence. But this only adds to the atmosphere of bravado and high spirits. And of course there is humour. Did we all hear about Tom, nudging ninety, who decided to take his helium bottle up to his local cemetery and gas himself there? Apparently he figured the dead are unshockable. And, by the way, anyone who is interested in a refresher course on helium, please sign on for the upcoming workshop as soon as possible as numbers are limited. It might be any meeting of any common interest group, a bowls club, or a bird-watching fraternity, except that, after the tea-break, it's back to rating cyanide and nitrogen gas according to ease of use, and speed.

The chief benefit of these meetings to me is their spirit of camaraderie. It takes courage to contemplate one's own death, and, as I said before, it is inexpressibly lonely. To find companions who share your desire to know more, to take the initiative, and to laugh in the face of our shared mortality, is a gift. How different from the experience of the hospital waiting room, where you sit in a glum herd with the overhead televisions blaring, guarding your dirty little secret until such time as your name is called. Whether it's good news or bad, the message is the same. In hospitals we don't talk about death, we talk about treatment. I

would come out of consultations feeling as if my humanity had been diminished by the encounter, as if I'd been reduced to my disease alone, as if everything else that defines me had fallen away. By contrast, I came home from my Exit meetings emboldened, convinced that Camus was right: suicide *is* the only serious philosophical question.

Exit encourages its members to keep the conversation going by forming smaller coffee-and-chat groups with friends. Ours is chaired by Jean, a sprightly widow in her early eighties, who lives not far from me, in Kangaroo Point. There's a cafe near her flat where we can sit outside at a secluded corner table. We like to avoid being overheard. Counting myself, we are six regulars. I get a lift to meetings with Andrew, who has kidney cancer, and Colin, who has early stage Alzheimer's disease. Tony arrives on the bike he manages to ride despite his Parkinson's shakes. And Carol drives an hour and a half from the suburbs of the Sunshine Coast. There is nothing physically the matter with Carol, but after years of abuse, both emotional and physical, from her husband, she survives on a cocktail of anti-depressants and anti-anxiety medications. Her mental suffering makes her question the value of going on. The talk is remarkably intimate. Everyone knows why we're there. It's to comfort one another, to offer companionship. We're like the last survivors on a sinking ship, huddled together for warmth.

I don't mean to give the impression that my companions are all hell-bent on doing themselves in at the first opportunity. In my experience, our meeting to discuss suicide does not imply that we're all firmly committed to ending our own lives. It is more that we wish to contemplate what it would be like if that option was available to us within the same type of regulatory framework that exists in countries where assisted dying is legal. But this is not to say that anyone I've talked to about choosing to end one's own life takes the matter lightly. We talk about this in the car driving home from our coffee-and-chat meeting. Even if they had the means, Andrew and Colin doubt they could ever go through with it.

'It's too selfish,' says Andrew, and I agree, thinking of the lonely hotel room and the traumatised housemaid. 'It's like you're just saying "fuck you" to all your family and friends.'

Which is why my drug remains unused, because of some moral qualm I share with Andrew about the harm one can inadvertently do to others, by going rogue and acting alone.

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It surprises me that I have any qualms at all, since I have never thought of myself as a person of particularly high