

## WAVES News

### Media Watch - Week to 11/7/2015

- 6 July. [ABC.net.au](http://ABC.net.au): [Euthanasia advocate Dr Philip Nitschke wins right to keep medical licence for now, but comedy career remains his priority](#). He wins his NT Supreme Court appeal to retain his medical licence, but says he is too busy with his comedy career to practise medicine.
- 6 July. NT News: [Justice overturns Nitschke's suspension](#)
- 6 July. SBS: [APP report on the above](#).
- 6 July. Ch7 News: [Justice overturns Nitschke's suspension](#)
- 7 July. The Australian: [Philip Nitschke wins back medical licence](#)
- 7 July. NT News: Nitschke has suspension ruling lifted. (Scroll to end for scan of this thanks to Judy Dent)
- 7 July. Territory FM104: [Dicing with Doctor Death](#) - from passionate euthanasia advocate to stand-up comedy Philip Nitschke talks with Daryl Manzie about life after medicine.
- 8 July. The Age: [Give death its due in a system focused on life](#). Neil Orford had to identify himself as a clinician before the end-of-life care team rolled into action to help his dying father. Why is it so hard to be heard?
- 10 July. The Age Letters: 5 in response to Neil Orford's story above. (Scroll down for full text.)

Also of Interest:

- 9 July. [Mamma.com.au](http://Mamma.com.au): ["My wife has terminal cancer and her final wish is to die peacefully."](#)

#### Letters:

10 July. *The Age*

#### **Change management' versus patient care**

Neil Orford's story (Comment, 8/7) about the difficulties some families face in ensuring sensitive hospital care for a beloved, elderly relative was touching and sad. He must have a wealth of experience in his intensive care units, and his patience in the face of somewhat unhelpful staff is to be admired. Nobody should be left with the suffering of acute urinary retention for 24 hours. The failure to resolve swallowing problems and introduce palliative care in a timely manner is unsatisfactory. Relatives are entitled to enter into a dialogue about end-of-life options, preferably with an enduring medical power of attorney, or with the assistance of the Office of the Public Advocate. Sadly, hospitals are dealing with "change management and key performance indicators" while, at times, fundamental humanitarian considerations are being lost in the process. **Peter Trembath, consultant physician, Richmond**

#### **Our mother's right to die in peace**

My family recently experienced the death of our elderly mother. The five days that she was in hospital dying were spent in a state of no real consciousness. Even so, we had to advocate for her to not undergo medical imaging procedures, to receive

pain relief and sedation for agitation, to request a consultation from palliative care, to be turned and repositioned in bed regularly, and to have her dignity respected during routine nursing care. Most of the staff were very supportive but the few who were not cast a pall over our remembrance of those days. What we needed was an acknowledgement that our mother was dying, that she did not need unnecessary interventions or investigations, that she deserved a peaceful and private space to be, that pain relief and reduction of anxiety were paramount, and that we should not have to contemplate guilt over futile choices, but rather have the space and time to board the grief train. **Bernadette O'Connor, Moonee Ponds**

### **Controlling my end-of-life treatment**

I feel a profound sympathy for Neil Orford and his family. I, too, have experienced similar difficulties with family members over whom I had a medical power of attorney. Although my experience was not as prolonged and frustrating as his, it left me with feelings of helplessness, anger and guilt. Not wanting my family to go through this distressing experience, I have completed an advance health directive. I have some comfort in the knowledge that my wishes regarding end-of life treatment are known. **Barbara Schutte, Newport**

### **Not "outsiders", but patients and families**

I hope that all members of the Victorian parliamentary committee inquiring into end-of-life choices read Neil Orford's article and consider the issues it raises. Not the least of these is reluctance of some doctors to relinquish control of the dying process to "outsiders" – patients and families. **Kathryn Anthony, Clifton Hill**

### **Neil Orford, feel proud of your colleagues**

Last September my partner was admitted to Geelong Hospital's intensive care unit. Neil Orford's colleagues were everything he sought in the staff who attended his father. I was given every opportunity to ask questions, demand answers, scream and wail. We had several family meetings where sensitive and honest information was provided. We were encouraged to be beside my partner's bedside for as long as we needed. Neil Orford's desired approach to patients and families at such awful times is being provided at his institution. My enduring gratitude is extended to Dr Nick Simpson and the ICU staff. **Lyn Place, Port Melbourne**

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*7 July. NT News:*

**Nitschke has suspension ruling lifted.**

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