

I, **LECRETIA SEALES**, of [REDACTED], Wellington, lawyer, swear:

1. I am the plaintiff in this matter. The purpose of this second affidavit is to:
 - (a) Update the court on my current condition. In short, the further treatment referred to in my first affidavit has proven to be ineffective and was ceased last week. I have been referred to a hospice.
 - (b) Discuss the additional anxiety this recent news is causing me. In short, the prospect of having to suffer unbearably at the end of my life, without dignity or choice, has become an overwhelming concern. The anxiety this is causing me is already, and increasingly, impacting on my ability to make the most of the time I have left with my husband, my family and my friends.

Update on my condition

2. Since my affidavit dated 9 April 2015, my condition has continued to deteriorate. At that time I had started intravenous chemotherapy and was hopeful that it would at least slow the progression of my illness. I received my first intravenous chemotherapy treatment on 1 April 2015. My next treatment was scheduled for 24 April 2015.
3. On 4 April 2015 following my first chemotherapy treatment, I became very unwell. I began suffering severe nausea and constipation (likely related to the anti-nausea medication taken following chemotherapy which causes constipation). I also broke out in a painful rash that covered most of my body. My entire body was red and swollen. I became increasingly unwell and disorientated and was taken to Accident and Emergency where I was put on a drip. I recovered but the experience was a frightening one.
4. Over the following weeks it became apparent to me that the chemotherapy was not working. My condition began to deteriorate more rapidly. My left side is now significantly more paralysed and, while I can walk in the house with assistance from one or two people and with difficulty, I must now use a wheelchair when out of the home. My vision has deteriorated significantly and I now suffer from double vision as well as my inability to see anything on my left side. This vision impairment is impacting on my ability to feel connected with my environment and those around me. Because of my poor mobility my independence is considerably more limited. My physical limitations are also becoming increasingly humiliating for me. For example, sometimes I have difficulty making it to the toilet in time.
5. I saw Dr [REDACTED], the oncologist responsible for my intravenous chemotherapy, on 24 April 2015. He confirmed what I already suspected: that the chemotherapy had not been effective. Dr [REDACTED] recommended that the chemotherapy be discontinued. He also considered the risks of continuing were too high given my reaction following the last chemotherapy (which necessitated a visit to Accident & Emergency as referred to above) and my falling blood platelet count levels. I was told that my blood platelet count had fallen from 119 (the level before the first chemotherapy treatment) to 41, where the accepted minimum level is 100.

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6. Given that the intravenous chemotherapy has been ineffective, my prognosis and life expectancy is less favourable than previously advised. I have now been referred to a hospice.

Impact of the update on me


7. Given these developments, my anxiety about the last stages of my illness and the likely suffering and loss of dignity, is overwhelming. I am not an anxious person but the prospect of the suffering I may face, and the lack of control that I have over how my life ends, is causing me a high level of anxiety and stress.
8. I have been read the affidavits of Dr Michael Ashby and Dr Elizabeth Smales, including in relation to the likely process of a tumour such as mine. I have now been put on a relatively high dose of steroids to address the swelling of my brain which is a result of the tumour growth. Because of the level of the dose, my appetite is insatiable at all times. No matter what I eat, my appetite cannot be satisfied. In addition, the steroids interfere with my ability to sleep. I am already gaining weight as a result of the steroids. I understand from the affidavit of Dr Ashby that I could gain 20% - 50% of my present body weight which will further impact on my mobility and suffering as my illness progresses. I understand that the alternative to steroids is severe headaches which are difficult to control and would require high doses of morphine or other painkillers (which even then might not be effective).
9. Despite this, I am determined to make the most of every day. I am enjoying the time I can spend with my husband who is now on indefinite leave from his job. My mother has also come down from Tauranga to stay with us in Wellington. We still try and go out on a daily basis and I enjoy having visitors. I can no longer read but my husband reads to me.
10. What is impacting on my ability to enjoy this time with my loved ones and my friends is the overwhelming worry about the inevitable progression of my illness and the extent to which I am likely to suffer in a way that does not reflect who I am and the life I have led.
11. It would relieve my anxiety if I knew that my doctor could assist me (legally) in my death, even by writing a prescription for lethal drugs. I believe that simply holding the prescription would go some considerable way to ease the suffering that I am currently experiencing. If I knew that I was able to have some control about the final stages of my life, the relief would be extraordinary and my ability to enjoy the limited time I have left would be greatly improved. In itself it would, from my point view, be one of the most significant things that could improve the quality of my life now and would return to me some of my valued autonomy.
12. As described in my first affidavit, I constantly worry that my death will be slow, unpleasant and undignified. This worry is now much greater. As also described in my last affidavit, my choices to avoid this suffering are limited to killing myself while I still can, in secret and alone. If I were able to obtain a prescription, and assisted dying was available to me, I would be able to have a free and frank discussion with my loved ones about the circumstances of my death, without fear of implicating them under the provisions of the Crimes Act 1961. It would also give me the opportunity to arrange a proper farewell.

13. Given the progress of my illness, I am instead increasingly and more urgently having to consider how I might be able to bring an end to the suffering myself. The fact I have to consider this in secret and without discussion with my family adds another level of unnecessary loneliness and despair.

SWORN at Wellington this 1st day of May
2015 before me:



A solicitor of the High Court of New Zealand



Lecretia Seales

RICHARD DOUGLAS HUTCHISON
Solicitor, Wellington