

I, Phillipa Malpas, of Auckland, New Zealand, Senior Lecturer in Clinical Medical Ethics in the department of Psychological Medicine, sincerely and solemnly affirm:

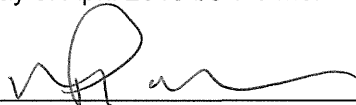
Introduction

1. I have been asked to give evidence concerning my experience with people who bring their life to an end earlier than they otherwise would if some form of aid in dying was available to them. I am able to describe one such case concerning a woman to whom I shall refer to as Gloria.
2. I have not used Gloria's real name in this affidavit out of respect for her privacy. I have told her story because I believe it is something she would have wanted. I confirmed this verbally with a close friend of Gloria's who agreed she would have been supportive.
3. I first met Gloria more than ten years ago when she attended a course I was running through the university. The course I taught focused on ethical issues in contemporary medicine. A number of topics were discussed, one of which was physician-assisted death. We explored this from different perspectives – the patient, the physician, as well as looking at the broader social and legal context. The topic of physician-assisted death proved contentious and polarised people in my class.
4. Gloria was one of those people you immediately warm to. She was friendly, approachable, down to earth, and intelligent. She was able to diffuse potential conflicts in the class by presenting different arguments, running sound analogies, and gently pushing people out of their comfort zones to think beyond the status quo.
5. When the course finished, Gloria and I stayed in touch and would contact each other about things that were happening internationally within the context of physician-assisted dying. We spoke over the phone, or at her house, about what was happening overseas, as well as about people we knew who were ill and what we would want for ourselves were we ever in a situation where our lives had become unbearable for us. Many a lunch was shared discussing the ethical arguments supporting and opposing physician-assisted dying.
6. When you are comfortable talking about assisted dying, it's not strange or unusual to consider what you would want (and not want) for yourself at the very end of life. Gloria and I spoke of different scenarios, planning what we might do were we ever to find ourselves in such situations. She was clear that she would not want her life to be maintained if there was no possibility of a return to a reasonable quality of life. We discussed an article in a journal that showed people's understanding of the success rates of CPR were strongly influenced by TV shows and that they were unrealistic. Gloria spoke of her advance care directive that included a statement that she refused CPR.
7. In early January 2015, I received an email from Gloria saying goodbye. I had known she had been unwell with cardiovascular disease but I hadn't realised things had advanced quite as far as they had. In her email, she wrote, *"a lot has been happening over quite some time in terms of my health. Unfortunately the new painkillers in terms of patches work brilliantly as such but I just reacted badly and produced all the side effects you can think of. They have taken trials to get under control. Since I have been unable to keep any food down since last Saturday, I decided*

to put forward the plan I had for finally using 'Death by dehydration' so started on the evening of the 13th".

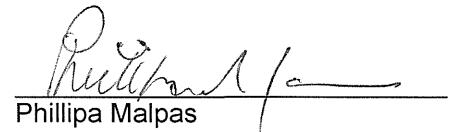
8. Over the next few days, I emailed and spoke with Gloria. We spoke of what was happening physically for her ("*I'm sleeping well and not having to get up to pee. Little saliva left in my mouth*"), and emotionally ("*It's a long process. I'm so humbled by this loving support from everyone*"). Her sense of humour was always present ("*sugar free gum is marvellous*". "*I can't die before I finish this book*").
9. In those last days she was surrounded by caring people who didn't leave her side. She spoke to me about the value of hospice – "*get as much out of life as you can*". She said, "*The process is much more difficult than you'd think. It's not an easy alternative*".
10. I didn't need to ask Gloria if she had access to her own supply of Nembutal because it was clear that if she had it, she would not have gone through death by dehydration. Instead, she said to me, "*If I'd had Nembutal in my cupboard, it may have given me a little more time. That is the key. If you know there is a way out, you can focus on what life has to offer. You can balance the pain and suffering because if it gets to that point, you can end it*".
11. Gloria died nine days after she stopped drinking.
12. I believe that if Gloria could have accessed physician-assisted dying, she would not have chosen to end her life so soon, and would not have chosen to die by dehydration.

AFFIRMED at Auckland, New Zealand this
24th day of April 2015 before me:



A Solicitor of the High Court of New Zealand

MASOOD PARKER
Barrister & Solicitor
Auckland



Phillipa Malpas