

*Self Deliverance: Assisted Suicide in Australia.* Video/2001/18 min. Directed, Produced, and Photographed by Michael Lutzky. Distributed by Fanlight Productions, 4196 Washington St. Suite 2, Boston, MA 02131. 800-937-4113. Online: [www.fanlight.com](http://www.fanlight.com). E-mail: [info@fanlight.com](mailto:info@fanlight.com). Rental \$50, Purchase \$125.

There is a revelatory quality to the conclusions of all human endeavors, whether they be musical codas, literary denouements, end-of-term academic exams, or biographical conclusions. The very meaning and value of entire enterprises can pivot on how they end,

hence—in individualistic cultures where self-fulfillment, personal control, and dignity are the primary goals—the concerns of gerontologists with “successful aging” and thanatologists with “good deaths.”

With modernity, ours has reportedly become a death-denying society, and the cultural meaning of death has come to infect the meaning and status of old age. As death has become medicalized (and largely the consequence of chronic, degenerative disease), fears have shifted from dying prematurely to, as in the case of Alzheimer’s disease, dying post-maturely—without dignity or control. Enter Jack Kevorkian, the Hemlock Society, the right-to-die/death-with-dignity movements as well as the opposition movements they spawned. In the mid-1990s, as Oregon voters were affirming their state’s assisted suicide law, Australia enacted the Northern Territory’s Rights of the Terminally Ill Act, the world’s first voluntary euthanasia law: the setting of Michael Lutzsky’s short documentary video, *Self Deliverance: Assisted Suicide in Australia*.

Meet John Graham, 63, first seen standing in line at “Self Care Pharmacy,” fist clinched, waiting for his morphine prescription. We next see him on a motorized three-wheel cart, sporting a triangular safety pennant that bears a skull-and-crossbones symbol over a crudely lettered “John P. G. (Speedy).” As he motors through a residential area he narrates his story: “I don’t think of myself as being an old man. . . . And, of course, the other thing that I don’t do, that I try not to do, I don’t behave like a terminally ill man. I refuse to feel sorry for myself. It doesn’t do any good. I ignore it. And I just do the same as everyone else: I handle life the same way day by day.”

But Mr. Graham is not like everyone else. He is into his fifteenth year against cancer and failing organs; he has reached his “use by date.” He describes how there is no quality of life with the huge doses of morphine his tolerance now requires; while the pain is temporarily deadened he can’t think straight. His chief joy in life is music. In a large empty room he plays Gershwin’s “Summertime.” Graham describes the out-of-body experiences as he performs—“If I’m playing the piano I don’t need the morphine. I’m not even aware that I’ve got a body because I’m not in it. I’m out there somewhere between the tips of my fingers and the music, which is just soaring around in the air.”

The viewer is allowed backstage, to watch Graham’s bouts of vomiting and nausea. Back at the pharmacy, the piercing pain bends him over. He asks for a glass of water so that he can take his pills (which he says he should have taken 3 hours earlier). “It’s getting more and more difficult to control.”

Next to appear are Dr. Philip Nitschke, Australia’s outspoken euthanasia proponent, and his anti-euthanasia counterpart, Dr. Chris Wake. The video switches back and forth between the two, interspersed with graphics. Wake argues that 98% of the terminally ill can die without suffering with good palliative care, with the other 2% normally being sedated. To give the doctor the legal power to kill, he argues, is “absolute madness.” Nitschke notes how the majority of the population favors physician-assisted suicide and that Wake’s argument reveals a greater interest in the

position of doctors instead of patients. A graphic appears: “Like the United States, 78% of Australians support assisted suicide for the terminally ill.” Wake counters, “The general public has no ability to differentiate between the giving of a lethal injection and so-called passive euthanasia, which is the withdrawal of medicines and treatments when life has become futile.” A graphic appears: “28% of doctors who care for terminally ill patients admit to have given a lethal dose.”

But just as the distinction between “active” and “passive” euthanasia has faded with the withholding of antibiotics, food and water, and the practice of the morphine drip, there emerges a curious convergence of these two individuals. Wake goes on to say, “I’ve actually gotten into the habit over the years of guaranteeing my patients that they won’t die in pain. What that means, of course, is that I might occasionally shorten one of their lives. No drama.” Nitschke implies that it is not his role to give a lethal injection and shows a machine to bypass direct physician involvement. A display appears on a computer screen: “Are you certain you understand that if you proceed and press the ‘Yes’ button on the next screen that you will die?”

Following this ethical interlude we return to Graham, who has an unsatisfying meeting with a hospice nurse. Without assurances that he will receive help to die, he stockpiles pills. The viewer learns of a botched suicide attempt, when he consumed 400-500 milligrams of morphine—enough, he said, to kill a dozen persons—and how for him the dosage only produced 36 hours of sleep. Graham does not want to be part of Wake’s other 2%, and fears being “reduced to being a mindless lump of meat that’s being kept alive by machine.”

The Northern Territories Act was overturned by Parliament within a year. Only four people died under the law. Graham was not one of those, having “outlived the law he so believed in.”

The pro-euthanasia slant of this 18-minute, black and white documentary is a tad too obvious. John Graham did not ask for a moral permission slip from the medical establishment to end his life, but simply for control over his existence. He was not a Socrates reflecting on the philosophical significance of his actions; pain, nausea, loneliness, depression, and mind-numbing drugs have a way of smothering intellectualizations into meaninglessness. In a sad and peculiar way, Graham came across as an ideal-type euthanasia candidate: one with no spouse, children, lover, close friends, former co-workers, clergyman, or even a pet. Indeed, as depicted, no living creature depended on this man’s existence except strangers from the service sector of the economy. What life-affirming summative message are we to take from this biographical story, the theme of whose final chapter is only to shorten its pages?

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