

INQUIRY INTO VOLUNTARY ASSISTED DYING
John ‘Jack’ Gannon

Mr DEPUTY CHAIR: This is a sitting of a parliamentary committee. The transcript of what is recorded here, we would like to use on the public record, that is, on the internet where everyone can see it, so if there is anything you want to say that you do not want on the public record, just let us know.

Mr GANNON: It will all go on, what I say, yeah. It will all go on the bloody public record.

Unidentified speaker: Or if you want your name withheld.

Mr GANNON: That doesn't matter a damn either.

Mrs CARLSON: Let us just confirm your real name; is it Jack or John?

Mr GANNON: It's John by rights, but I have been Jack since I was ...

Mrs CARLSON: Knee high?

Mr GANNON: Yeah. My father was Jack, so they called me Jack straight away.

Mr DEPUTY CHAIR: Do you just want to let us know—you are obviously not well and want ...

Mr GANNON: At the moment they reckon I'm coming good, but that is—I want all options available. As I said to my kids—my daughter has been here; she went yesterday back to Darwin. Sean had to go down and do something; he has been here for two weeks. You know, they are quite good—wipe your bum and all that—but I do not want them all having to do that for the rest of my whatever. I'm bloody 80.

Mrs CARLSON: Jack, can I ask you, and you do not have to answer, what you are in here for? What are you being treated for?

Mr GANNON: I've got two broken ribs. This shoulder, it is just black, and this here—and I'm just starting to walk again. I couldn't walk, couldn't get around.

Mrs CARLSON: Did you have a fall, did you?

Mr GANNON: Yeah, a good one. And yeah, it is not the first, either. This just can't keep going on, you know? I don't balance anywhere anymore. You know, for me to walk over there I've got to have the wheely thing—wheely walker.

Mr DEPUTY CHAIR: Do you have—you do not have cancer or any one of those?

Mr GANNON: No, no, this is probably, you know, if somebody said, 'You can't have it anyhow cos you're not dying'.

Mrs CARLSON: At the moment, in all the other jurisdictions, there are some criteria, and some of them vary from state to state, so there is a diagnosis of a terminal illness; some say you have to suffer intolerably; there are timeframes. This is why we are inquiring as to how much of the—there was a 2024 report done by some ...

Mr DEPUTY CHAIR: By an expert panel.

Mrs CARLSON: An expert panel—but what they did was not really ask some of the remote areas, so that is why we have been tasked with that, to just go and do a bit of a check-in with the remote areas to see what they—and how it would work in some of these remote areas because of the limitations of medical assistance.

Mr GANNON: That's right, you know. We are pretty lucky; we've got a hell of a good hospital here, but there are places that don't have much hospital at all, you know.

Mr DEPUTY CHAIR: For the record, would you say you are for VAD?

Mrs CARLSON: You are fully supportive?

Mr GANNON: Yeah. I think it is—I have been it for probably 20, 30 years. I couldn't see any reason why if I want it or you want it—you should be able to make that decision.

Mr DEPUTY CHAIR: I am really curious about this because it is your personal experience. Do you think that VAD should only be for people with a terminal illness or when you get to a point of old age and frailty, and you do not have a specific terminal illness like cancer or whatever.

Mr GANNON: You just can't do nothin'.

Mr DEPUTY CHAIR: So do you think it should be an option for old age and frailty.

Mr GANNON: Oh yeah. I really do. I've always thought that when you get to a ...

Mrs CARLSON: You have lived your best life already.

Mr GANNON: Yeah. I was still working a few weeks ago.

Mrs CARLSON: What do you do?

Mr DEPUTY CHAIR: A few weeks ago?

Mr GANNON: Yeah—oh, well, it would have been 12 months or now by now. I forget the timing now, but I was still working.

Mr DEPUTY CHAIR: What was your work?

Mr GANNON: Hydraulics fitter.

Mr DEPUTY CHAIR: Really?

Mr GANNON: Yeah, and boilermaker. I've still got a workshop.

Mr DEPUTY CHAIR: Wow. Did you work on the mines out here.

Mr GANNON: Everywhere, yeah. Mines—we used to do a lot of mine work.

Mr DEPUTY CHAIR: Well, the good news is, from what I am hearing, all the mines are starting to kick up again.

Mr GANNON: Yeah. They are started. Hopefully, they'll keep going. I'd like to see it happen again.

Mr DEPUTY CHAIR: Well, we are behind it.

Mr GANNON: That is another thing; we used to do a bit of contract mining and—god! The rules they put in front of you. It is just bull.

Mr DEPUTY CHAIR: Just on the VAD topic, if it was expanded to people who do not have a terminal illness, what kind of safeguards and protections do you think should be in place to make sure only the right people can use it and it is not used on people who should not?

[REDACTED]

[REDACTED]

[REDACTED]

Mr DEPUTY CHAIR: Pain medication—like palliative care and managing pain, we have heard that is a big thing.

Mr GANNON: Yeah, that has got to be thrown into the show, you know? Because pain—looking after yourself. What good are you if you're locked in a room like this for the rest of your bloody life? No good whatsoever.

Mrs CARLSON: Jack, would your preference—if you were able to use VAD, if it was law in the Territory, would you like to use it at home? Do you have any preference of a place?

Mr GANNON: Hopefully at home, yes. But if they really want a proper doctor to assist, that can be some rule they want to make, as long as it's not a doctor that's against it.

Mr DEPUTY CHAIR: So they should be able to conscientiously object if they do not want to.

[REDACTED]

Mrs CARLSON: Now, Jack, there is another option as well. If there are no medical doctors available and stuff, and you want to pass away at home, there is also a recommendation to self-administer the medication.

Mr GANNON: Yeah, that could be done.

Mrs CARLSON: Would you be comfortable in doing that?

Mr GANNON: Yeah. I have been poking bloody needles into myself for 12 months.

Mrs CARLSON: It would be a little mixture.

Mr GANNON: I was wondering what they got me to go to the toilet with today!

Mr DEPUTY CHAIR: Yeah. So our job is to write a report, and that will go back to the government, and from there, if the government picks it up, they can legislate and make it law. Our job is to listen to people like you and make some recommendations that will go in the report. So you would say a good way to finish up would be at home?

Mr GANNON: Yeah. At home in your own bed or whatever the hell ...

Mr DEPUTY CHAIR: Friends and family?

Mr GANNON: Yeah. But I think it's really got to be looked at now.

Mr DEPUTY CHAIR: That is what we are doing.

Mr GANNON: You know, a mate of mine, he had a reason—they opened him up and he had enormous cancer. It only took him three days and he was—choofed off. He was in Queensland. He told everybody, so everybody went down to see him off, you know?

Mr DEPUTY CHAIR: That's good. Have you lived in Tennant Creek most of your life?

Mr GANNON: I spent about 18 years in Wyndham, and I've been here ever since now. I was in the transport game for years and years—cattle transport.

Mr DEPUTY CHAIR: Good stuff. Keeps the Territory going.

Mr GANNON: Yeah. But I mean, it's good you mob are having a bit of a look around because, as I always say, in the parliament, the one that controls health, he's a very good boilermaker—can't do no health, though. I think that is how they pick them. Don't put anybody in charge of what he can do, or she can do.

Mr DEPUTY CHAIR: So do not put anyone in charge of—interesting.

Mr GANNON: Yeah, if you can have a minister who can do this, don't give them the job; give it to somebody else. That is the way I see it, and especially what I see down there now. But anyhow, I think you're on a good thing and you should really ...

Mr DEPUTY CHAIR: We are looking to submit a report by the end of September, and then that will go to government, and if they want to pick it up—I do not want to get in front of what we will recommend, but the consensus of the evidence so far has been that there are a lot of people who support it and the people who oppose it, by and large, do not mind. They do not want it for themselves, but they are happy if other people use it.

Mr GANNON: I can't really see anybody who would like to live in pain for the rest of their life, really. And the pain, some of the pain you get it not too good when you get old.

Mr DEPUTY CHAIR: I have a question for you. In other states and territories—not the ACT but other states, sorry—they have time limits. They say you are not eligible unless a doctor says you are going to die within six months or 12 months, which basically means you are end stage anyway. What do you think about that?

Mr GANNON: I think that is stupid. Why keep him alive when you know he's not going to be any good—not going to do anything, can't think for himself, can't do nothin'.

Mrs CARLSON: Give them the option earlier?

Mr GANNON: Yeah, I reckon it is stupid, you know?

Mr DEPUTY CHAIR: And say someone goes through the process and gets all the permission so the prescription is sitting there, they can choose when to take it.

Mr GANNON: Yeah.

Mr DEPUTY CHAIR: Would you say that you do not think it is a good idea to have a hard-and-fast timeline of, you know, someone having to die from their illness within 12 months or six months in order to access it?

Mr GANNON: No. I told all my kids if I've gotta take this method, I will. They are all jumping up and down and carrying on, but I said 'I'm not going to be laying around the bloody joint crook as a dog'. or something. After I did this, it did hurt a bit again. That is my second shoulder gone; this one is already bugged. I can't stand, but if there is a bit of something to grab on, I can, you know? That is no life.

Mr DEPUTY CHAIR: Would you say, so long as a person still has all their marbles and can make their own decisions, it really should be up to them ...

Mr GANNON: Yeah

Mr DEPUTY CHAIR: ... about whether they want to take VAD?

Mr GANNON: I reckon, yeah. It should be put in the—what is that bloody thing they brought me the other day?

Mrs CARLSON: Advance personal plan?

Mr GANNON: Advance personal plan. It should be added into that, I think, as another thing that can be done.

Mr DEPUTY CHAIR: Just so you know, that is probably a bit down the track, that one, because across Australia they really want people to fully have their marbles and make a conscious decision at the point where they take it. Putting it in an advance personal plan is probably still quite a way off.

Mrs CARLSON: It could be something that we recommend to review in future.

Mr DEPUTY CHAIR: Once it is here.

Mr GANNON: I just can't believe why people would be against it, really. I mean, you could get some religious nuts against it, but I can't really see any ordinary person being against it, you know?

Mr DEPUTY CHAIR: Yeah. What kind of reasonable safeguards do you think need to be in place to keep old or sick people safe? Say, someone did not want to use it but then there was pressure on them, what sort of safeguards do you think should be in place?

Mr GANNON: I do not know how you would do something like that, but if they want to do it, in my book, and they still have half their marbles, why not? If they've got no marbles left ...

Mr DEPUTY CHAIR: That is a hard one.

Mr GANNON: Yeah. Like the doctor was telling me—say I couldn't read or something, and they give you that chest thing, by the time they finish doing that to try and keep some people alive, most of your ribs are broken. Now, you've gotta put up with that when you come to.

Mr DEPUTY CHAIR: So would you say it is important as well to have the option to withdraw from care and not get certain treatments?

[REDACTED]

Mr DEPUTY CHAIR: It is all about compassion, isn't it?

Mr GANNON: Yeah. I think you're doing a good job because it should have been here before.

Mr DEPUTY CHAIR: Thirty years ago.

Mrs CARLSON: We had it, and they took it away.

Mr DEPUTY CHAIR: Thank you very much. You have answered all our questions. Are there any final words?

Mr GANNON: No, I've said what I know about it all. I just think it is a good idea. You're doing a good job. Thank you very much.

Mrs CARLSON: Thank you so much.

Mr DEPUTY CHAIR: We really appreciate it.

Mr GANNON: Thanks for coming in.

Committee concluded.
