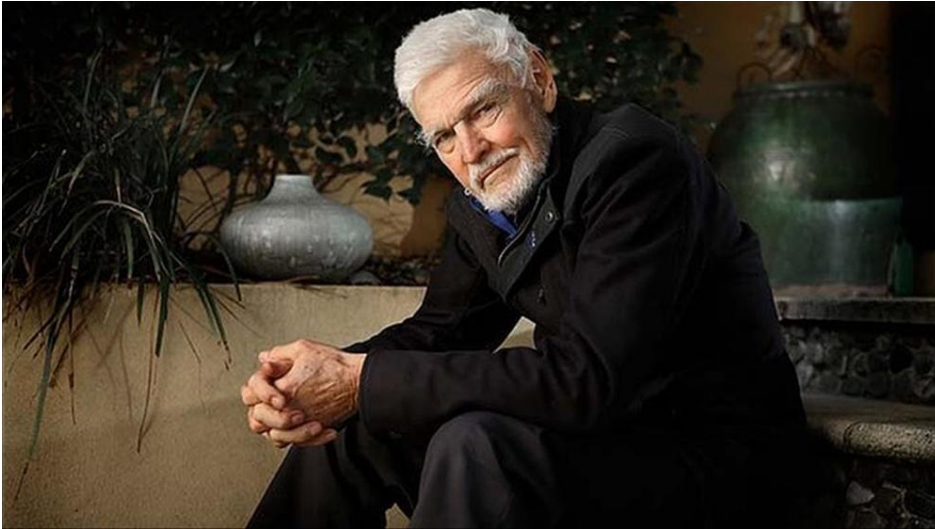


Dr Rodney Syme Humanist Award

acceptance speech

Dr Syme was awarded the Humanist of the Year award at the Australian Humanist Convention in April 2017.



Below is the transcript of his acceptance speech. It offers a great insight into Dr Syme's lifetime of work, and how he has come to engage with the community on the end of life issues that have resulted in the Victorian Government developing Voluntary Assisted Dying legislation in 2017.

It is an exciting and unexpected honour for me to be chosen as Australian Humanist of the Year.

The previous recipients are an outstanding and formidable group – some of them I know, and a few are friends. Why I should be chosen is a mystery – I've done nothing but follow my conscience. And I've been struggling to decide what to say tonight that might either interest or entertain you.

I've decided to ask a question: **What makes a humanist?**

Being born in Melbourne in 1935 into a western European Christian culture was not a good start. Education at an Anglican private school provided a basis of soft biblical knowledge rather than dogma.

Being one of four boisterous boys, we were dispatched to the Presbyterian Sunday school, simply because it was the closest to home and my mother wanted some peace on a Sunday morning. Fortunately there were no religious influences at home – I cannot recall my parents ever attending church except for weddings and funerals.

I think history, a lifelong passion, was my saviour. English history initially, of course, but nevertheless this, through the story of Richard the Lionheart and the Crusades led to knowledge of the idolatrous Muslims, who spread their religion by the sword. The 16th century with Luther and the Reformation, Henry's rejection of popery, Elizabeth's suppression of the Catholics and, to a lesser extent, non-conformists focused my mind on what was the right sort of Christianity.

The study of European history revealed the horror of the Inquisition, and the persecution of Jews, heretics and apostates, and then the barbarity of the 30 Year War between supposedly peace-loving Christians, about whose practice in the belief in God was right.

The discovery of Asia brought to light Hindu's, Buddhists, Confucians and many other religions.

I realised that I was a Christian rather than a Muslim or a Buddhist simply because of where I was born.

I seem to remember conversations under canvas with an eclectic group of Boy Scouts, contemplating the fact that all these religions could not possibly be right - if so, which one was right, or were any?

Finally an introduction to the Enlightenment, the worlds of physics, chemistry and biology, and particularly of evolution, sealed the matter.

So I was no longer a Christian, though I have not for one moment regretted my Christian education. If one wants to change Western society, one needs a grasp of Christianity.

There have been some wonderful Christian humanists – Erasmus, Montaigne and Thomas More to name some early thinkers – and there are many aspects of the teachings of Jesus, especially in relation to the poor and the sick, and of the virtue of tolerance, that I am sure many humanists admire.

These are, of course, things that are good in themselves, not because they were also taught by Christ.

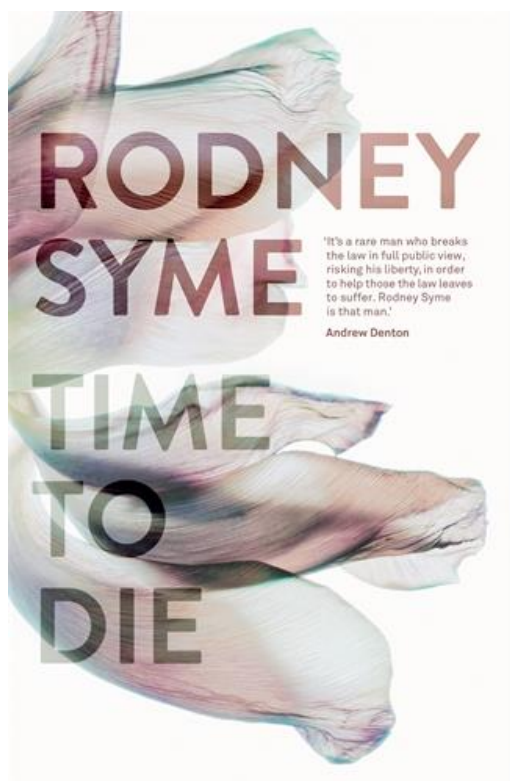
Moreover, the influence of Christianity in western art, literature and particularly music, and thus in my development was undeniable.



Dr Syme accepting his Humanist award. image courtesy of Humanist Society Victoria

As someone who cannot live without music, I marvel at how I am moved by the masses of Bach, Mozart, Berlioz, Verdi and Faure, or the oratorios of Handel and Elgar, while not believing a single word being expressed.

Maybe it is because I hear the human voice as another musical texture, and because I cannot either understand or wish to hear the words that are being sung – but at a deeper level, I think it is the expression of spirituality and humanity in this great music that connects with me.



I think it was for these reasons that in my first book, *A Good Death*, I described myself as a Christian humanist, acknowledging my debt to Christianity in my development.

In my manuscript Christian was typed with a small c, but the editor must have thought it was a typo and it was printed the book with a capital C, much to my dismay.

If you suspect I really am a Christian humanist, I suggest you read the postscript in [Time to die](#).

So if I was not a Christian, what was I?

The options seemed to be either agnostic or atheist. Agnostic seemed to be the simplest step – if I didn't believe in a Christian God, perhaps there was another God I would find if I looked hard enough for the evidence.

But of course there is no evidence for a God, only devout belief. The word of god has been entirely created by man.

As a scientist (of sorts), I had to believe (there's that word again) that if there was no evidence for a God, then the logical position was for atheism.

Now convinced, I revelled in the writings of Richard Dawkins, Christopher Hitchens, Michel Onfray, Terry Lane. But then a strange thing happened. Richard Dawkins seemed to go on a crusade against religious belief, and aggressively attacked theism with a fervent belief in atheism, a belief in non-belief. Wow, I thought – he's a believer, and I had been thinking atheism is a nice soft place for non-belief. I think this was when I finally realised that as humans, we do need to believe in something.

I looked up humanism in the Oxford English Dictionary and found that it said 'a system of thought that regards people as capable of using their intelligence to live their lives, rather than relying on religious belief.'

Beautiful, a system of thought, not a system of belief. But I would add to that definition 'with a respect for all other human beings despite their beliefs'.

Logic and respect, to me the two pillars of humanism.

Let me digress and make an apology to Richard Dawkins – I am sure he would ascribe to being a humanist, and I don't want to suggest otherwise; and I entirely understand his reasons for his attack on religious dogma. It was not until this morning that I realised he was acting as an anti-theist.

So what does this humanist think about death and dying? Well, of course, this humanist comes from a medical background, with a father and grandfather who were both surgeons. This family history, with perhaps a Christian influence towards helping the sick, led me into medicine and surgery.

Surgeons were relatively straightforward folk, aiming to find practical technical solutions to medical problems – in those days using simple tools - a knife and fork, tweezers and scissors, and needles and catgut. So I too became a surgeon, but found that this involved teaching medical students (without, surprisingly any training in teaching). Nevertheless, I found this teaching exciting, and delighted in refining complex problems into simple understandable concepts.

This influenced my consultations, which I came to regard as an opportunity to teach people about their illness and explain their options in understandable terms. This was the beginning of my counselling skills.

I chose the speciality of urology which was an interesting mixture of surgery and medicine. I became a consultant to the Spinal Injuries Unit at the Austin Hospital, which exposed me to the psychological and existential impact of severe physical injury. Sexual dysfunction became a singular interest, with its intense involvement of the psyche. I liked to think I had become a physician who operated, rather than a surgeon.

In 1974 I had what my son described as my epiphany.

I had to care for a woman whose spine had collapsed due to cancer, causing dreadful neuropathic pain, relievable only by anaesthetic. That was not then a possibility, so she went to her grave with unrelieved pain. I knew from that moment that if I had been suffering her pain, I would have ended my life, and I, as a doctor had the knowledge and the means to do so, but my patients did not. A challenging thought.

This experience led me as a doctor, with no education in ethics, deeply into the medical and bioethical literature on dying. I found that the bioethicists with their philosophical training, and me with my medical experience, came to the same conclusion. Along this journey I met two wonderful mentors, [Helga Kuhse](#) and Peter Singer. It was Helga who called me a 'gadfly' after an opinion piece was published in The Age newspaper.

In 1992, I began a second, unofficial career as a medical counsellor in end of life advice. This counselling brought me into contact with a surprisingly diverse group of people, who, through our conversations, taught me most of what I know about the realities of the end of life. I kept data on all these conversations, and when I analysed this material some very important conclusions emerged:

First, only 32% of these people had cancer, and not all of them were terminal, while 14% had severe neurological disease (particularly motor neurone disease). Thus less than 50% of these people with concerns about end of life were necessarily terminally ill, or actually dying.

Another 14% (increased by adding some of those with severe neurological disease such as multiple sclerosis and Parkinson's disease) had an advanced incurable illness, that would be ultimately fatal but unpredictable as to when.

An astonishing 20% were simply frail and aged, either in, or facing detention in, aged care.

This analysis confirmed that there was a significant group of people with intolerable suffering who were not terminally ill.

I describe them as having advanced incurable illness, and much of the focus of my new book, [Time to Die](#), is about them.

Seven per cent of my cohort had unrelievable chronic pain – the medical profession may be loath to admit it, but it does not have effective answers for chronic pain. Legislation for assisted dying should not discriminate against people with advanced incurable illness.

A further revelation was that significant physical suffering is often accompanied by severe psychological and existential suffering, which is not always evident. The psychological component causes intense anxiety and fear, even terror. The existential suffering goes to the heart of our existence, to our sense of personhood and independence, to the meaning in our lives and the freedom from the sense of being a burden.

Quality of life is fundamentally dependent on having a sense of purpose, and an ability for pleasure. These are commonly threatened as we approach the end of life, and social death ensues. Such existential suffering is not measureable, and extremely difficult to alter.

Along this 25 year journey, talking with, not to, people with intolerable and unrelievable suffering, and studying the medical and bioethical literature, I have come to some self-evident truths:

The first is that dying people may experience severe suffering which may crescendo as death approaches.

The second, and crucial truth, is that some such suffering will only end with death.

The third is that doctors have a duty to relieve suffering.

The fourth is that palliative care cannot relieve all pain and suffering in dying.

The fifth is that some people persistently and rationally request assistance in dying.

And finally, that doctors have a duty to respect their patient's autonomy.

More than that, it has become evident that what most people need is control over the end of their lives, the ability to decide when, where and how they will die.

Some of this work has been draining, but that is leavened by letters like this:

"I was privileged to walk beside a dear friend who knew she was journeying with terminal cancer. The cancer had spread to her spine and neck, her lungs and her liver. She had had chemo and radiotherapy which gave her a little more time, but being an extremely private person, she made a conscious decision not to endure any further treatment, including palliative care. She desperately wanted to die at home, in her own sacred space, and was prepared to end her life in any way she could. Into this scenario came Dr Rodney Syme – a gentle, loving, caring and compassionate man who reassured her and lifted away her deep level of anxiety. She chose when to leave us, and she died a calm, peaceful and sacred death with two friends by her side."

How we die is important – it is at the core of how our loved ones remember us.

The founder of palliative care Dame Cicely Saunders said "How people die remains in the memories of those who live on", and palliative care specialist Dr Diane Meier stated "a peaceful death must be acknowledged as a legitimate goal of medicine and as an integral part of the physician's responsibilities".

My aim in counselling is to help people to go as far with their lives as they can consistent with their values and their assessment of their quality of life, and if they are approaching, or have reached the end of their journey, to provide them with control. Providing control over their dying to patients is a palliative process equal in value to the effective control of pain.

The creation of legislation to that effect has a community good, even though most people will not use it.

The ability to talk openly about dying with an empathetic doctor is a profound benefit.

Where it becomes necessary, giving the means to end life peacefully into the hands of the suffering individual is the greatest safeguard against abuse. My experience tells me that they will not use it unless there is an absolute necessity, and some find they do not need to use it at all.

The possibility of assisted dying should be a humanist project – it allows people to use their intelligence as to how and when they will die, and respects every person's decision, whatever it may be.

- Dr Rodney Syme, April 2017

