



# Singer's legacy: for death not to be best option

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We may never know what went through Dr G Yunupingu's mind before, if his relatives and carers are right, he chose death over more dialysis treatment.

One thing seems sure: he wanted to go home.

The 46-year-old superstar musician, who died on Tuesday after missing multiple dialysis sessions, grew up in the remote northern part of Elcho Island off the north coast of Arnhem Land.

There he learned three chords from his father figure, Djunga Djunga Yunupingu, who sent him out into the world with a message about his Yolngu identity, culture and law, and told him to "bring back something". He picked up the rest. Dr Yunupingu claimed a swag of awards, millions of hearts and so much more.

Djunga Djunga Yunupingu says Dr G "blessed" Arnhem Land by allowing outsiders to "become part of the same experience we have, to share our culture and appreciate our culture and come to understand us a little bit more".

But associates say Dr Yunupingu spent his final months shifting from place to place as he tried to escape humbugging countrymen and other social pressures while working on the soundtrack for a documentary and his yet-to-be-released final album.

Kidney disease makes sufferers feel sick, tired and bloated. Dialysis, which involves being connected to a machine for five hours a day, three times a week, while the patient's blood is mechanically cleaned, can add to those symptoms depression, anxiety, itching and insomnia.

Kerry Packer preferred death.

Dr Yunupingu was tough: blind from birth, he never felt disabled. In recent months, though, those close to him say, he would sometimes hide in his bedroom when a car came to take him to the hospital to be hooked up.

He knew the risks of not going

but had had enough.

Dr Yunupingu, a "national treasure" by many accounts, died about 5pm on Tuesday in a hospital bed to which he was, according to some of his last visitors, not happy to have been taken.

While the nation mourned, it emerged that the world-famous singer had been picked up five

days earlier at a beachside spot well known for attracting itinerant Yolngu, including drinkers.

Activist-musician Vaughan Williams, an old friend of Dr Yunupingu, lashed out at his carers, claiming the singer would be alive if they had intervened.

An ABC story implying that Dr Yunupingu had been long-grassing — drinking and sleeping rough — caused anguish among relatives. Although the coroner is likely to investigate, it now seems Dr Yunupingu, a saltwater man, went to the beach to be by the ocean, sit with family and hear the wind in the trees.

It seems incomprehensible that the world's highest-selling indigenous artist could allow his body to poison itself by forgoing treatment. Yet statistics help us understand. There are about 700 people in the Northern Territory with end-stage kidney disease, kept alive by dialysis and the barest hope of a kidney transplant.

Nationwide, the figure is roughly 20,000. In 2015, about 550 Australians died because they withdrew from renal replacement therapy. That was the No 1 cause of death in dialysis patients.

Patients blamed psychosocial reasons for their decision to withdraw by a margin of almost 50 per cent above the second-highest cause, according to official data.

The problem is particularly acute among those from remote parts of Australia who, as Dr Yunupingu was, are usually forced to leave their homes, country

and support networks, often for life. Kidney disease claimed Dr Yunupingu's uncle, former Yothu

Yindi member Dr M Yunupingu, in 2013 at age 56. Gumatj clan leader Galarrwuy Yunupingu now spends much of his time in Darwin receiving treatment. He has had a kidney transplant and earlier this month his leg was amputated below the knee.

Last year, Dr Yunupingu's musical associates alleged racism in his hospital care in what seems to have been a clumsy attempt to draw attention to the problem of inadequate dialysis provision for remote patients.

The first recommendation of a report commissioned under the federal review of the Medicare Benefits Scheme is to "address the access gap by creating an item to fund the provision of dialysis in very remote areas, including nurse supervision".

Setting up more dialysis chairs is easy. Staffing them and cover-

ing ongoing costs is key. Experts including Dr Yunupingu's physician, Paul Lawton, and acclaimed renal specialist Alan Cass, who chaired the committee that produced the recommendation, would like to see better remote dialysis become part of the musician's legacy.

Studies have forecast the number of renal patients in the Territory to rise to more than 1000 in coming years, with the average age at which patients first require treatment to decline. Dialysis costs about \$80,000 a patient a year, which means the 700 existing patients probably consume more than 5 per cent of the Territory's total annual health budget.

According to his doctor, Dr Yunupingu received "the best care available in the NT at the moment but, unfortunately, that was neither the best care that could have been provided nor sufficient to persuade him not to choose death over treatment".

**'Neither the best care that could have been**



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PAUL LAWTON  
DR YUNUPINGU'S DOCTOR



Kidney disease has claimed the lives of Dr G Yunupingu and his uncle Dr M Yunupingu, and affected other family