

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Voluntary Assisted Dying  
**Date:** Tuesday, 19 March 2019 4:32:24 PM

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For the Attention of the Health Committee Secretary

I understand that there is an overdue debate in the Qld Parliament shortly on Voluntary Assisted Dying.

My submission would be that I totally agree with VAD.

My own age is 77 years. Throughout my life, I have seen first-hand, members of my own and my husband's family as well as close friends, die awfully painful and long drawn out deaths because they were denied the right to seek VAD.

My resolve has therefore been strengthened over these many years. I believe people should have a right to end their lives, while all their faculties are still intact to enable the decision to be made, after it is known for sure that they face a cruel and painful end.

I strongly urge the Parliament to pass this much needed legislation into law.

Thank you.

Tessa Niven (Mrs)

[REDACTED]  
Springfield  
Qld 4300

Telephone: [REDACTED]

Mobile: [REDACTED]

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Dear sir or madam  
**Date:** Wednesday, 6 March 2019 9:07:03 AM

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I wish to hope for your support in voluntary euthanasia ,I do support it as my son died with testicular cancer at 17 years of age and my husband committed suicide after being told they could do no more for him,it took him 4 days to die,there are a lot of people in our society that need the choice to end their lives with dignity ,and want to end their lives. I do so wish to have that choice as I struggle every day just to survive and my choices are getting limited. I do not wish to be a burden on my family and do not want to end up in care .so please push it through in the end it will save the tax payers money and be kinder to all .

I

remain yours sincerely mrs j shepherd

Sent from my Samsung Galaxy Tab S2 on the Telstra Mobile Network

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying  
**Date:** Sunday, 3 March 2019 7:28:01 PM

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The Chair,

Health, Communities, Disability  
Services and Domestic and Family Violence Prevention Committee,  
Parliament House,  
Brisbane,  
Queensland.

Dear Chair

I write in support of legalisation of Voluntary Euthanasia (VE).

I've practised medicine since 1968, predominantly as a neurologist, during this time, respecting the choice of individuals in the care they chose.

Rarely, dying has been the choice, supported by spouse, children, other doctors and nursing staff.

When enabled by, in my view, hypocritical medical thinking (viz., using an agent appropriate to symptoms), the person's end-of-life was gentle, relaxed and supportive of patient and family. In my view, the option of VE completes the management options of untreatable distress; otherwise society is, of necessity, sometimes inflicting callous management on its dying members. Many doctors refuse to behave callously, and they deserve the protection of the law.

I sincerely hope your committee finds its way to legalising this important option.

Yours faithfully

John Willoughby

*J.O. Willoughby  
Professor Emeritus, Flinders University  
Hon. Consultant Neurologist, Flinders Medical Centre  
Member, Doctors for the Environment Australia  
Member, South Australia Voluntary Euthanasia Society*



# Inquiry into aged care, end-of-life and palliative care, and voluntary assisted dying

The Queensland Parliament's Health Committee is considering how aged care, end-of-life and palliative care are delivered for Queenslanders. The committee is also considering, and seeking views on, whether voluntary assisted dying should be allowed in Queensland.

We want all Queenslanders to have their say on these important issues. See the committee's issues paper for more information. Let us know your views below.

*The committee is taking comments for the inquiry until 15 April 2019.*

**Return by 15 April 2019**

Please send your comments to:

**Health Committee**  
**PARLIAMENT HOUSE QLD 4000**  
**Fax: 07 3553 6699**

Or scan and email it to:  
[careinquiry@parliament.qld.gov.au](mailto:careinquiry@parliament.qld.gov.au)

**Your details:**

Mr/Ms/Mrs/Dr: BARTI RIBBY

Day time phone number: ( ) [REDACTED]

Email address: [REDACTED]

Address: [REDACTED] SIPPY DOWNS QLD Postcode: 4556

**What would you like to tell the committee?**

I TOTALLY DISAGREE WITH ANY FORM OF  
ASSISTED DYING

[REMAINDER OF LINES ARE EMPTY]

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Please attach extra pages as required

**Publication of your comments:**

The committee may publish your comments as a submission. For comments provided by individuals, the committee will first remove personal contact details such as phone numbers, street addresses and email addresses.

I agree with the publication of my comments as a submission  Yes  No

**Request for the comments to be treated confidentially by the committee:**

If you have provided personal information or other information you would like to be kept confidential by the committee and not published, please explain briefly your reasons why:

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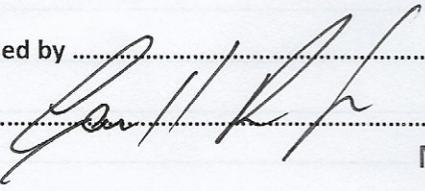
Are you providing comments on behalf of others or an organisation?  Yes  No

If yes, please tell us the name of the person or persons or organisation: \_\_\_\_\_

Their daytime phone number: : \_\_\_\_\_

What is your relationship with that person or persons, or your role in the organisation? \_\_\_\_\_

I am authorised by ..... to provide these comments on their behalf.

Signature:.....  ..... Date: 20/03/2019

Need Help?

If you have any questions about the inquiry or making a submission, please call the committee secretariat:

07 3553 6626 or 1800 504 022 Free call

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying  
**Date:** Wednesday, 20 March 2019 8:24:29 AM

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Dear Members,

I am EPOA for my terminally ill brother and have been impressed with the Palliative Medicine professionals in Brisbane and Logan Cities. They are caring and kind. How can they continue to be if we allow the Euthanasia laws to corrode the culture, values and ethical framework of our health care institutions. In other jurisdictions children and depressed teenagers are now allowed to be euthanised. It gives the eugenic and utilitarian tendencies in some of the population open licence to fully develop a culture that treats vulnerable humans and expendable. Proper palliative care becomes an 'expensive optional extra' that 'government can't afford'. The culture creeps into family life, at the very time a sacred moment of a loved one's passing is imminent the new culture of killing steps in to cloud the judgement of family members.

We agree with the Australian Palliative Medicine professionals, who do not support the introduction of medically assisted suicide or euthanasia in the states of Victoria and New South Wales. We are also writing to address claims made about Palliative Care by assisted suicide advocates, including Mr Andrew Denton, to the public and in the media. We do not intend this response as an attack on Mr Denton, and wish him well with a good recovery in his present illness.

Australian Palliative Medicine professionals work every day with people who are seriously ill and dying, to support them and their families and carers when burdened by their illness or condition, and in their time of need.

Although the standard of Australian Palliative Care services, whether in the home or in the medical setting, are currently rated second in the world, this is not widely known in our community, and these services and our care are not well understood.

Australian Palliative Medicine professionals work is a good news story that should provide the public with great confidence.

Instead, in the current debates on euthanasia and assisted suicide, we frequently observe that public confidence in Palliative Care is being actively and deliberately undermined. Assertions include that Palliative Care doctors either cannot or will not relieve suffering and that assisted suicide, and in some cases euthanasia, is needed to address this.

This is simply false.

Current Australian data indicates that no more than 2 in every 100 Palliative Care patients would be in moderate or severe pain at the end of life. In these unusual cases where when all other methods of palliation for pain and other symptoms is inadequate, and if the patient agrees, palliative sedation therapy is available to provide adequate relief of suffering.

This is not just a 'pharmacological oblivion' as some have claimed. It is the careful management of pain and other severe symptoms through individualised medication plans at therapeutically recognised doses, and with dignified personal care, delivered

by experienced doctors, nurses and allied health workers. Family and carers are also supported with emphasis on a holistic approach.

No one is abandoned and everyone can be assisted or supported in some way.

Mr Andrew Denton also claimed at the recent ‘Communities in Control 2017 Conference’ in Victoria, that because Catholic thinking holds that suffering can sometimes be of benefit to the person, Catholic Health Care service providers and Palliative Care professionals are deliberately under-medicating symptomatic patients at the end of life. This false assertion implies that professionals in these services are deciding that their patients should experience pain and suffering because it is somehow good for them.

It is contrary to fact that any Palliative Care service or its employees, of any faith or secular belief, would behave this way. The approach to Palliative Care across all Australian and New Zealand services is held to professional standards, with rigorous and transparent quality control and benchmarking, contributing to our high world ranking.

One has to question the targeting of services and professionals providing the majority of the care and support of those who are terminally or chronically ill, and their families. Ironically, Mr Denton and others simultaneously claim that Palliative Medicine sets out to end peoples’ lives in the guise of giving pain relief. Both claims are false. Research has shown beyond doubt that therapeutic doses of opioid medications and sedatives in palliative care settings do not shorten life. The often-repeated claim that Palliative Care professionals purposely shorten the lives of patients with medication and other practices is untrue, and risks discouraging terminally ill and vulnerable patients from seeking the assistance of Palliative Care, or from taking the very medication which would ease their pain.

As defined by the World Health Organisation and re-stated by the Australia and New Zealand Society of Palliative Medicine, the discipline of Palliative Care aims “to improve the quality of life of patients and families facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual.” Good end of life care, supported by the skills and expertise of Palliative Care professionals, also enhances a person’s choices, including the individual’s choice to refuse life-prolonging, or other medical treatments unacceptable to that individual.

All Australians should have the confidence that their care and support in their time of need will be defined by this approach, and not by the ill-advised and erroneous observations of those who are rushing to legalise assisted suicide.

For the sake of public confidence, we ask that all sides of the current debate respect the role of Palliative Care services and the dedication and competence of all the professionals that staff them.

If assisted suicide or euthanasia laws are ever considered by our parliaments, that

consideration should not be based on the false belief that we cannot assist or support those with pain and suffering in a professional and ethical manner.

If there is a problem facing Palliative Care in Australia it is that access to high quality services is not yet universal. We therefore warmly welcome the commitment of the New South Wales government to provide an additional \$100M to the sector focussing on rural and regional service delivery. We call on the Victorian Government to support the call by Palliative Care Victoria for \$65M recurring funding to assist the service to provide care for those in need.

It would be unethical for any state jurisdiction in Australia to move to legalise for assisted suicide or euthanasia whilst many ill, aged and disabled Australians cannot yet access the support that they need. Such a move would not enhance choice, but instead reduce choice around the care and support for those in real need.

We call on all legislators to recommit to Palliative Care and the other services needed to better benefit all Australians, and not to let others' agendas undermine more pressing Health Care and Community Service priorities.

- Current issues amongst the elderly/seriously ill (inadequate pain management,
- **lack of available medical choices, unable to die at home/in the way they wish) will only be exacerbated by Voluntary Assisted Dying (VAD).**
- **With recent issues/scandals against the elderly, how can we be sure that such a vulnerable group will not be vulnerable to abuse of VAD?**
- **Experience & evidence from other countries: when given alternate and further care, many patients cease to request VAD**
- **Evidence from other countries shows that adequate safeguards are impossible, with children, mentally ill and other physically healthy people being granted euthanasia**
- **Euthanasia is an Irreversible decision: is full consent possible? How can we be sure that anyone choosing VAD is fully informed?**

Medical professionals Say No

- **The Australian Medical Association is against euthanasia**
- **Major medical groups against euthanasia include 101 Oncologists (cancer specialists) who spoke out against the Victorian Euthanasia Bill**
- **VAD changes nature of medicine to force doctors to become agents killing instead of curing:**
- **they will be directly taking life instead of saving and honouring it**
- **Conscientious objection issues: if VAD becomes mainstream how will**
- **this impact the careers of medical professionals who believe that VAD is in**
- **contrast to their ethos to 'do no harm'?**
- **Since VAD is potentially much cheaper than other end of life care, what will this mean when medical costs have to be budgeted for by various bodies?**

Lack of Safeguards

- **Evidence from other countries shows that adequate safeguards are impossible, with children, mentally ill and other physically healthy people being granted euthanasia**
- **Euthanasia is an Irreversible decision: is full consent possible? How can we be sure that anyone choosing VAD is fully informed?**

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- **Conscientious objection issues: if VAD becomes mainstream how will this impact the careers of medical professionals who believe that VAD is in contrast to their ethos to ‘do no harm’?**
- **Since VAD is potentially much cheaper than other end of life care, what will this mean when medical costs have to be budgeted for by various bodies?**

*with kind regards,  
from Alan & Susan Johnson <""))><*

██████████ Sunnybank Hills  
Brisbane Queensland 4109

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██████████

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Euthanasia  
**Date:** Wednesday, 20 March 2019 10:35:44 AM

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We wish to have the right to die at a time of our choosing. If we are fortunate we may never be in this unenviable position. However it should be our own personal choice.

Clive & Lola Arblaster

Sent from my iPad [REDACTED]

From: [REDACTED]  
To: [Care Inquiry](#)  
Subject: Submission - VAD  
Date: Wednesday, 20 March 2019 10:35:59 AM

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Anne Grace  
[REDACTED]  
Toowong QLD 4066  
[REDACTED]

20 March 2019

Committee Secretary  
Health Committee  
Parliament House QLD 4000

Dear Committee

Should voluntary assisted dying be legalised in Queensland? YES

It is long overdue that there is the option to end one's life voluntarily with assistance.

We have the means to assist living and life (and all too frequently this is used to prolong a life that is over). It is time to allow those means to assist dying and death in a dignified manner for those who wish it.

The option to end one's life needs to be a normal part of life; an option that some take, and some may not.

Provision also needs to be made for those under 18, perhaps in the 16-18 years of age bracket?, who may be suffering incurable incapacity of a life limiting nature to also have the option to voluntarily end their life.

I know that I do not want to die as my mother and father did. Both experiences were riddled with pain and suffering ... my father, nearly 20 years ago, dosed to the eyeballs with morphine yet still in pain after operations, treatments and medicines to try and cure incurable cancer.

He spoke about needing to end his life before the cancer progressed, but there was no option, and a strong, energetic, engaging, interested, able man, withered.

Mum, dying last year, overcome with the ailments of a great age that were unable to be controlled no matter how much medical intervention; chronic diarrhoea, bodily pain, hard of hearing, hard of seeing, unable to shower or dress herself, no longer able to cook, make the bed, read, wash dishes, mobility issues, ongoing support needed. No quality of life. No child needs to wipe their Mother's

bottom, and it was a terrible indignity for her, so distressing. I can see it in my mind, Mum struggling to get to the toilet, voiding, then being unable to clean herself. I will, sadly, remember this image of Mum forever. I would not wish this on anyone.

Mum did not want to be like that, and many times she said she wanted to die at a time and place of her choosing, but no, it was a painful, undignified, slide to death for her.

We don't even allow our pets to get to this stage. We do them the greatest kindness in assisting them to go before life deteriorates beyond chasing sticks, managing stairs, or cancerous growths take hold.

How I wish Mum, and Dad, could have had the option to die long before it came to this; yet she, and her children, had to "live" with a horrible dying ... it is difficult to explain how angry, sad, upset, impotent, the feelings were, and still are; that a strong, independent, sharp minded woman had to cope with hideous indignity and pain at the end, with such a lack of control at the end of her life, a life that had been full of control, activity and action.

I fervently hope that voluntary assisted dying is legalised without delay. I fully intend to use the option.

Yours sincerely

Anne Grace

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Submission re VAD  
**Date:** Wednesday, 20 March 2019 11:50:05 AM

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To Members of the Committee

I wish to express my opinion against the VAD which you have to consider:

- Human life should be protected which means we shouldn't exercise the power to 'put people down' the way we do our pets even if it is a person's request.
- 
- Making legislation to introduce VAD would be the 'thin edge of the wedge' leading not only to manipulating the elderly to choose death but also the disabled, the deeply depressed, the mentally ill and, who knows – even 'unwanted' politicians!
- The Royal Commission researching the treatment of the elderly in care facilities is revealing evidence of disgusting mistreatment; imagine what will happen once VADs are legalized!
- In Australia, the death penalty doesn't exist for any crime, so why introduce a legal means whereby people can be persuaded to request death.
- Allowing VAD will prove cheaper than providing palliative care. Consequently, in a bid for funds, an original, stringent law would soon be relaxed, little by little, to encourage people requiring care to ask for death as a way of no longer being a burden on their family or country.
- While the death process can be slow and painful for some people, palliative care, without artificially keeping a person alive, is a better alternative.
- If government decides to commence the slide down into VAD, it should have the integrity to name the group of people who perform it 'The Death Squad' as separate from doctors whose role is to promote life.

Submitted by :  
Marjorie & Phil Moody

[REDACTED]  
Nambour  
Qld 4560

[REDACTED]



# Inquiry into aged care, end-of-life and palliative care, and voluntary assisted dying

The Queensland Parliament's Health Committee is considering how aged care, end-of-life and palliative care are delivered for Queenslanders. The committee is also considering, and seeking views on, whether voluntary assisted dying should be allowed in Queensland.

We want all Queenslanders to have their say on these important issues. See the committee's issues paper for more information. Let us know your views below.

*The committee is taking comments for the inquiry until 15 April 2019.*

## Your details:

Mr/Ms/Mrs/Dr: Ms Sonia Tesolin

Day time phone number: ( ) [REDACTED]

Email address: [REDACTED]

Address: [REDACTED] Lutwyche Brisbane

Postcode: 4030

## What would you like to tell the committee?

I would like to add my support for voluntary assisted dying.

I would like to have this as an option for people who are ill and suffering and would like to end their suffering while still able to think consciously about their decision and future management of their illness.

Having witnessed family members who have had to endure horrible painful moments leading towards their death - I personally would like to have this as an option should I find myself in a similar situation and take control of how and when to end my life and also to not prolong the pain on my family and friends watching me deteriorate and be in pain and discomfort.

I also believe that robust laws, legislations and checks that already exist in Europe where assisted dying is available have created a solid foundation to ensure that there is no abuse of this option.

**Please Return by 15 April 2019**

Please save a copy for your record and email your saved copy to:

[careinquiry@parliament.qld.gov.au](mailto:careinquiry@parliament.qld.gov.au)

max 1050 characters

**Publication of your comments:**

The committee may publish your comments as a submission. For comments provided by individuals, the committee will first remove personal contact details such as phone numbers, street addresses and email addresses.

I agree with the publication of my comments as a submission    Yes  No

**Request for the comments to be treated confidentially by the committee:**

If you have provided personal information or other information you would like to be kept confidential by the committee and not published, please explain briefly your reasons why:

Are you providing comments on behalf of others or an organisation?    Yes  No

If yes, please tell us the name of the person or persons or organisation: \_\_\_\_\_

What is their daytime phone number? \_\_\_\_\_

What is your relationship with that person or persons, or your role in the organisation? \_\_\_\_\_

I am authorised by \_\_\_\_\_ to provide comments on their behalf.

Date:

**Need Help?**

If you have any questions about the inquiry or making a submission, please call the committee secretariat:

07 3553 6626 or 1800 504 022 Free call

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** SUBMISSION INTO THE INQUIRY OF AGED CARE, END OF LIFE AND PALLIATIVE CARE  
**Date:** Wednesday, 20 March 2019 1:31:22 PM  
**Importance:** High

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Dear Committee,

I wish to register my support in favour of Assisted Dying and Voluntary Euthanasia.

My Father [REDACTED] aged 69 died after a painful and short illness when being diagnosed with Stage 4 Cancer, in his lungs, spine, lymph nodes and bones. He passed away traumatically on 29 October 2012 six weeks after his admission to hospital and diagnosis.

My father was admitted to the Wesley Hospital via emergency on Friday 24 August 2012 with excruciating backpain, he had previously been to see his GP many times about this, and told after CT scan by his GP that he had osteoporosis in the base of his neck. On this particular Friday, the pain was so severe, I picked both he and my mother up and took them to Emergency.

Dad was given pain relief of Morphine, however he could not tolerate this as it gave him severe nausea and vomiting. The following morning he was given a MRI, he was in too much pain on hospital admission to have this done, he was sedated to have the MRI and it was found that he had a large tumour in his back which was causing the pain, he was still in pain, pethidine had the same adverse effect as Morphine. After a PET scan the results were presented to us that he had Stage 4 terminal cancer, which was in most of his body. He was given radiation to try to reduce the tumour in his spine, and hopefully provide some relief, this was not the case. He found it hard to tolerate radiation, he was in pain and sick constantly. He was initially also offered Chemotherapy, after radiation, we were told that this would prolong his life for up to two years. The radiation was too much for my father to handle, so chemotherapy was never discussed again.

After being in a general ward for 7 days, Dad was moved to Palliative, the Dr from Palliative care advising him that the general ward could not help him any further with his pain relief, that was getting worse daily.

Dad was hesitant to move to Palliative Care, as he said once you go in there you never come out, and he didn't.

Dad declined very quickly, he lost a lot of weight and was unrecognisable, he even scared himself with the amount of weight that he had lost saying he had never been that small in all of his life. He completely lost his appetite and the nausea and vomiting persisted constantly. Hot and cold sweats. He was given Fentanyl, the highest legal dose and this did not even touch the side of his pain. He was constipated and uncomfortable. Unable to walk or toilet unaided. He wanted to die with dignity, and end all of the suffering. The suffering and pain that my dad suffered, if your family pet went through that, the vet would agree to end their life. We wouldn't make an animal suffer like he did.

This was particularly hard for my mother and family to watch, and Dad hated us having to see him in this state.

On the Friday before he died, he said he could not go on any more. He had had enough. He had to go. He said if there was an injection that he could be given, he would take it, he asked was there are way to go?

By Sunday night my father was struggling abhorrently, he was finding it difficult to breathe, his rib cage had collapsed, was in and out of consciousness, crying in pain, and there was no more pain relief that could be given. My father was moved to a large family suite, so that my mother, sister and I could be with him to watch him suffer senselessly and telling him it was OK to go.....but he couldn't. A Fentanyl pump was provided. He was still in extensive pain, all night crying out. The Palliative care team saw him early on the Monday, and prescribed a second Fentanyl pump, he was still in pain after this, unsettled and crying out. This went on all day, until he took his last breath at 5 pm. Who should have to suffer a death like this, a painful, slow, horrible, degrading death, instead of a dignified painless death as requested by my father.

I request his case be provided in your inquiry. I hope that this evidence is favourably supported in the end of life and palliative care circumstances, to prevent other patients having to leave this world in a way that they do not wish to. Our fathers suffering still haunts our family, and in this day and age, such a horrible death can be avoided.

I can be contacted to discuss this further if you wish on [REDACTED].

Thank you for your time in reviewing this case,

Anne-Maree Pigott

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Cc:** [REDACTED]  
**Subject:** THE CARE ENQUIRY  
**Date:** Wednesday, 20 March 2019 1:38:34 PM

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## THE CARE ENQUIRY

I support Voluntary Assisted Dying (VAD) for several reasons due to my life experiences: for myself should the need arise, & especially as my parents died after elongated periods of time where they were debilitated beyond any form we regard as 'living'. I have supported several friends in the last stages of their life also. Not all, but a greater percentage told me they wished they could end their life. Not wait for their time to come ... I have owned & loved 2 dogs & made the excruciatingly difficult decision to euthanise them, then wondered why we show this compassion for our animals, but cannot for our mothers, fathers, husbands, wives, kids ...

I saw my mother die of cancer when I was 13. The last 9 months of her life she was wasting away, suffering severe pain & sleeping most hours of the day & nite, to eventually becoming a yellow skeleton laying in a bed.

I was an adult when my father suffered from dementia (for his last 20 years). Once he became frail & bed/chair ridden, his 'living' ceased. As with my mum, he could not talk, care for himself, feed himself, know his loved ones or friends. Just empty staring into space. He had told me he did not wish to live once he could no longer attend to his personal care & wellbeing.

As an ex nurse for 16 years (from ages 25 to 41) I cared for many dying patients of all age groups. Most often there is intolerable pain for dying patients, as well as the indignity of incontinence & dependence. This was when I began to think about euthanasia. Rarely was pain relief administered where pain relief was the result! It put people to sleep, but rarely relieved the pain. I don't believe VAD is only for the elderly. I also nursed very sad cases of children dying, or being non-responsive for years after eg a near drowning, motor vehicle accident.

When there is no way back from an illness/disease, trauma, or any other reason a human being is unable to 'function normally', & a person is able to comprehend their future, OR if they have an Advanced Health Directive (AHD) which clearly states their wish for VAD, & two Doctors have agreed via due process, that there will be no improvement in their status, VAD could be a personal choice.

I have clearly stated my wish for VAD in my AHD. I hope & pray my wish will be honoured once VAD becomes law. Otherwise, what is the purpose of creating an AHD! I know medicine & technology improves, but the core issue is the status of one's 'living'.

I believe any age may qualify for VAD (parental consent in the case of minors) once intolerable suffering, or inability to care for oneself, has been ascertained by attending medical staff.

There will be more reasons for VAD than only cancer, eg MND, irreversible brain damage, any of the varieties of dementia.

There should be no time frame for VAD. It is the choice of person involved as per their current wishes if comprehending, or per AHD which has obviously been drawn to make a person's wishes known in the event they are unable to relate their most personal wishes/choices.

I agree to have this submission published on the Queensland Parliamentary website, but do NOT want my name & address published. Thank you.

[REDACTED]  
[REDACTED]  
[REDACTED]

Sent from my iPad

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I support euthanasia  
**Date:** Wednesday, 20 March 2019 1:43:25 PM  
**Attachments:** [REDACTED]

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Thanks

**David Skurr**

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]



This email may contain confidential information.  
If I've sent it to you by accident, please delete it immediately

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** YES to Assisted dying  
**Date:** Saturday, 9 March 2019 6:52:46 PM

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I would just like to add my thought to this debate. It's hard to fathom why anyone would want to let people suffer in their last few days, weeks, months or even years for some .

We don't do it to our animals why to our loved ones.

I'm 66 so in 20 yrs give or take this could be me ( if not sooner ). Hopefully by then it WILL be legal for some one to assist me if need be.

Religious or political thoughts aside. It actually costs a lot to keep people alive when they would rather just have the choice to leave this world.

Lee Stroud

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Euthanasia Bill  
**Date:** Wednesday, 20 March 2019 5:22:50 PM

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To Whom It May Concern:

I wish to record my opposition to the proposed Euthanasia Bill.

I support doctors. Their commitment to 'do no harm' must never be eroded or taken away.

As people become incapacitated in any way, pressure can be put upon them to end their own life. If doing so is made legal, the pressure will inevitably become greater. An humane society preserves life even if life is painful. I support the provision of palliative care for as long as any human being is alive.

Sincerely

Pamela Weston

[REDACTED]  
AVOCA QLD 4670  
[REDACTED]  
[REDACTED]

Sent from [Mail](#) for Windows 10

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This email has been checked for viruses by Avast antivirus software.



[www.avast.com](http://www.avast.com)

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** [REDACTED] response to euthanasia  
**Date:** Sunday, 10 March 2019 5:54:36 PM

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Hi Parliament,

I feel very strongly about my choice in end-of-life assistance in dying.

I am a 64 year old female living in regional Queensland.

It would be perfect to die, at the time of my own choosing, with dignity, legally and with comfort.

The best and most appropriate time would be before palliative care is required, when I am able to secure options independently, and with my next-of-kin's knowledge.

Please consider this seriously ... it would be a pitiful existence being unable to wipe your own bum, unable to feed yourself with your own choice of food, or worse still trapped in a nursing home where I can't mobilise to the great outdoors!

Perhaps, it would be just the will to "exit" at anytime, but at my own choice.

Think of the government's medical savings to long term old age care?

Thanks for your consideration ... and count me FOR end-of-life assistance in dying :-)

[REDACTED]

Sent from my LG Mobile

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** RE: assisted dying laws needed  
**Date:** Wednesday, 20 March 2019 6:25:21 PM  
**Attachments:** [REDACTED]

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**From:** L M Smith [REDACTED]  
**Sent:** Monday, 11 March 2019 10:03 AM  
**To:** Care Inquiry <careinquiry@parliament.qld.gov.au>  
**Subject:** Re: assisted dying laws needed

I am writing to add my voice to the growing numbers of the public, to urge the government to engage in a discussion about the need for an Assisted Dying Law to be put in place to help to alleviate the stress placed on patients, who have no way of dying through dignified means..

This law, similar to those in place overseas, would give the patients peace of mind, knowing that there is a law which can assist them to end their suffering and give themselves a 'good death' and not suffer a long lingering, painful death, or to take their lives through suicide which is a lonely end to their lives.

It is time that our government showed some fortitude and made a decision regarding this important part of life, and not turn away from the subject. How many aged care providers are making a profit out of aged patients, and not giving full quality care to them? When the patients, ill and feeble prove too difficult to care for, are transferred to the nearest Emergency Department for end of life care, as it is too complex a subject for the staff in the Nursing Home to deal with. Ask any Emergency Department staff member and they will confirm this.

Death is a part of life, and we are as a society failing miserably with this, to let our loved ones suffer, because they are unable to access the right to die a dignified death, due to archaic beliefs. The law won't affect those who don't wish to use it, they can suffer in the name of their God if that is their wish, but for those of us who wish to end our lives on our terms after a terminal diagnosis, please give us a choice of how we wish to die with dignity.

I agree to this submission being published.

Yours sincerely,  
Linda Smith  
[REDACTED]  
Shailer Park Q4128  
[REDACTED]  
[REDACTED]

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**From:** [REDACTED]  
**To:** [Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee](#)  
**Subject:** SUBMISSION - VOLUNTARY ASSISTED DYING - 20 March 2019  
**Date:** Wednesday, 20 March 2019 10:17:41 PM

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Good morning to the Committee

I hope I have supplied all the information required to have my submission included in this inquiry. Please contact me if I have neglected any details you require. I authorise you to publish this submission if you wish - excluding my street address and phone contacts.

Kind regards

Maxine Godley

[REDACTED]

20 March 2019

I would like to SUPPORT Voluntary Assisted Dying legislation.

I live alone in Queensland, I have no children, I have one sister in Tasmania, one in WA (now unable to travel) and a brother in WA - usually travelling overseas and generally unable to assist me.

I have long been a supporter of VAD or Voluntary Euthanasia. I feel that when I am unable to lead a life that gives me at least some quality - I would be happy to consider ending my life - in a peaceful and civilised fashion.

I have had an Advance Health Directive for many years but understand that it has no provision regarding choice to end life.

At age 75, I so thoroughly enjoy my life and live very independently and happily on acreage where, in the main, I care for the land and its requirements. I interact with my community with programs of yoga, fitness gym, Tai Chi - along with meeting with friends. I take interest in arts, crafts, film festivals etc. I travel in Australia and overseas. I am currently an active volunteer rural firefighter - and have been for 18 years.

I have 2 replaced hips, stents in my heart - and have suffered a bout of cancer. Thanks to excellent treatment by specialists in these areas, I continue to live at 'full speed' and with a happy disposition. I ensure my life is meaningful, I have goals and plans for the future.

These goals and plans do not include nursing home residency. I have seen more than my fair share of the sadness and neglect there - and yes, some cruelty. I cared for an old soldier in a nursing home for 7 years. And very recently I loved a 96yo woman who was admitted to a nursing home. In 3 1/2 weeks and 5 falls later - she last killed her with a bleed on the brain. My experiences are only confirmed by the current Royal Commission into Aged Care Quality and Safety where I get daily updates. I will not go into a nursing home. This encourages me to think of what type of suicide I think I could undertake. This is a frightening prospect for me as I do not have this general inclination.

As with most people, I would prefer to continue living at home - with support. Therein lies another minefield - as I hear from friends - and again through reading the reporting from the Aged Care RC. If this support proved unhelpful, bullying, or not in tune with my requirements - I am trapped - especially if I have no-one to assist me personally with endless bureaucratic phone calls and reporting. I am very afraid of an ending like this - unhappy, helpless, with life completely out of my control.

My life is so valuable to me - I love my life. But when it no longer holds any real quality - I am happy to end it. **It is my life and it should be my choice.** All I have in my control is the possibility to stop eating and drinking. Sounds simple doesn't it? No it is not! At least I need to be kept in a deep, continuous sleep until the body dies. But who would do this for me? I need legislation - and a willing medical practitioner - along with someone to care for my body as I pass quietly away.

This is my wish, my choice. And in the event that I am incapacitated and cannot make this choice - I trust that my Advance Health Directive would play it's legal part.

I anxiously await the legislation for Voluntary Assisted Dying. I thank you for accepting my earnest submission.

Respectfully

Maxine Godley  
20 March 2019

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Inquiry into aged care, end-of-life and palliative care, and voluntary assisted dying  
**Date:** Wednesday, 20 March 2019 10:25:50 PM

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Ms Rita Lovekin

[REDACTED]  
Address [REDACTED] Coopers Plains Qld 4108

My name is Rita and I am an Australian citizen who is aging gracefully.

I support VAD as I would like to know that if I become incapacitated or the quality of my life is lost that I would like to be able to access VAD.

I have watched and cared for my sister and her husband as their cancers took a toll on their life. First it was the treatment cycle of chemo, radiation and blood transfusions followed by a terminal diagnosis. It was heart wrenching to support them and watch as the pain increased to a level that medication was not able to dull. Their pain and suffering was immense.

I would like to have an alternative of VAD to end of my life if required.

Rita Lovekin

# Submission to the Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying

## 1. Introduction

This submission deals with the voluntary assisted dying (VAD) aspect of the inquiry. Since (a) at present VAD is not part of the general legislative framework in Australia, (b) represents a fundamental change to national norms, and (c) would require a legal framework applicable to everyone and therefore overriding any cultural and/or ideological perceptions, what follows addresses the more fundamental considerations surrounding death within the intended official context.

## 2. Death

As part of the human condition death has formed an intrinsic element of any societal organisation, past and present. What differs are its integration with a society's religious perception as well as the context within which it occurs. Even in the absence of a religion its treatment is subject to particular interpretations largely based on some kind of belief and/or assumption, since in the end humans do not have enough information to determine what death ultimately means. Yet all those beliefs and assumptions culminate in how death is perceived and responded to; a cause-and-effect relationship regardless.

### 2.1. *Inevitable death*

In the current context inevitable death refers to the end of life caused by a sufficiently serious illness or injury as well as what is commonly called 'natural' death, that is dying of simply old age without any particular illness or injury.

The former is usually accompanied by considerable suffering, a result of the body's compromised disposition due to essentially external factors. This does not apply to the latter, at least not in any prolonged form.

In the past any treatment, now under the auspices of palliative care made possible through modern science and technology, had not been available in developed nations and is still largely absent in under-developed countries. Thus the suffering had been and/or is as much part of the human condition as is death itself.

On the other hand, the availability of palliative care has changed the perceptions and expectations, leaving the traditional surrender somewhat behind. Since modern medicine is able to positively address many if not most illnesses and injuries during one's life, the notion has formed that the end of one's life should be no different.

Unfortunately, reality does not always agree. If it did, arguments leading to, in this case, the current inquiry, would not be necessary.

One could see the desire to circumvent palliative care as a form of self-entitlement, as a perceived right to avoid the traditional suffering because palliative care cannot provide the relief experienced so far after all.

Yet it is also true that modern medicine has allowed humans to live considerably longer than in the past. For example, dying from cancer stretches across a much longer time span than in previous generations (although many cancers no longer mean a death sentence to begin with). Hence any suffering is equally more considerable than before and needs to be seen within the context of a person's overall situation.

If medical treatment applied during one's life is accepted as reasonable, indeed as a right, due to its capacity for relief, then, *not* being able to provide that facility should not diminish a person's right for relief. It is not the person's fault if medicine is found wanting in a particular case.

## **2.2. Purposeful death**

The term purposeful death refers to an end of life brought about by some action undertaken by the individual where the individual has a reasonable expectation that the action could or would lead to his or her death. Examples are participating in a war, coming to assistance in dangerous situations, and the like.

While it should not be automatically assumed that the action is undertaken with the express wish to die, there are circumstances where the sheer inevitability of death virtually make it so. To discuss the specific formats of such cases, especially within one or the other culture, goes beyond the scope of this submission. Nevertheless, such actions are generally admired precisely because the action's outcome becomes juxtaposed to the inalienable will to live. If life is treasured, then to give it up for a 'higher cause' attracts the term 'hero'.

Whether an individual's decision taken can truly and ultimately be described as voluntary goes beyond the current scope. For example, there hardly has been any war that had commenced ad hoc, that is without any officially designed initiative to psychologically prepare the population for such an event. And the nobility of coming to someone's aid under profound danger has always been part of a people's psyche anyway without any preparations necessary. In contrast, to start a war-like action outside that sanctioned space invites considerable opprobrium; the present term for such a person would be 'terrorist'.

Note that in the case of war jeopardising one's life is deemed acceptable even if the direct consequence is someone else (the 'other side') losing *their* life. When in the course of coming to someone's aid another life happens to be lost the status of the helper hardly suffers either. Context matters.

## **3. Voluntary assisted dying**

The debate accompanying voluntary assisted dying is, and should be, anchored on three fundamental points: (1) the person suffers (physically, psychologically, emotionally, through loss of dignity), (2) medicine, in its current form, cannot offer the relief sought, and (3) the decision to end one's life is taken by the person in question and no other and must be identifiable as such. Hence remarks such as VAD making 'society kill its members' are ill-conceived.

The considerations applied to those three points refer first and foremost to the individual involved. This may seem rather obvious, but sometimes the views held by persons who themselves are not facing death can vary considerably from those who are, without the former not necessarily comprehending the discrepancy (yet). Not unlike ex-politicians who no longer have to worry about party ideology and petty squabbles, when the end of life approaches one's mindset changes. What was hitherto considered important, definitive, or unimaginable, can have shed its fervour and recedes

into the general mix of life's features. Perhaps the brain's chemistry ameliorates the accents, perhaps it is simply mother nature spreading a veil over the peaks and troughs. Whatever the reason, people in the fullness of life are hardly qualified to judge the departing.

Linking the aforesaid to the remarks under 2.1, any aspect regarding the desire for relief does not belong in the same context of trying to escape an arduous situation. For example, a soldier who chooses self-mutilation to avoid his duty is regarded with disgust, the more so should he have removed himself altogether by committing suicide. Being at death's door is fundamentally different - there are no further duties to fulfil. The same can be said, albeit on a lesser scale, about more everyday challenges.

As to the comments under 2.2, the end of one's life also places the meaning of 'purpose' in a different category. Now the word no longer refers to others, but to oneself. No longer is the situation ongoing for all concerned, the person has come to the end of society's obligations. The idea therefore that he or she should be held accountable for what VAD means to anyone else, especially when such third-party judgments are based on a lack of insight, is neither morally defensible nor is it rational. If that person entertains these thoughts at all, the decision whether VAD provides relief and for what ultimate reason is his or hers to make and nobody else's.

An exception to the last point would be an individual's diminished capacity to make those decisions. For that reason the three conditions mentioned at the beginning of this section are termed 'fundamental', particularly concerning item (3). The finality of death would require to err on the side of caution.

#### **4. Conclusion**

Although voluntary assisted dying is nothing new per se, the present social and medical circumstances surrounding death have shifted the issue into a new light. The more traditional considerations in terms of courage, obligations and duty, as well as a person's perceived disposition within society in general, still influence the debate.

An additional factor comes from the rise of complexity in our lives. For better or for worse, it has led to an ever increasing number of individuals and groups, often with only a tangential connection to the matter at hand, to offer their opinions, give advice, or set down rules in order to determine another's fate.

The erstwhile aspects are not invalid, but the facilities available today, and in some cases the lack thereof, render them in a modified form, including the very concept of human rights. To deny voluntary assisted dying makes no sense personally, medically, and morally.

Above all, one of the most profound decisions a human being can ever make must be approached with respect.

Martin Wurzinger  
Brisbane, March 2019

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please legalise voluntary assisted dying  
**Date:** Thursday, 21 March 2019 8:27:03 AM

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I,

**Richard Holdcroft**

[REDACTED] Red Hill QLD 4059  
[REDACTED]

am a Brisbane resident with a family of four.

I support legalising voluntary assisted dying, please make it legal in Queensland.  
It is a basic human right to choose how to live and how to die.

I give permission for my submission to appear on your website.

Thank you,

R Holdcroft

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Committee into VAD  
**Date:** Thursday, 21 March 2019 10:32:08 AM

---

My Details:

Dr Robert Grace

[REDACTED]

[REDACTED]

Cairns 4870

Comments allowed to be published - yes

Dear Committee,

in relation to VAD.

This is NOT a religious debate. This is a debate about human rights. The right of an individual to determine the direction of, timing of and nature of the end of their life.

Article 1. of the Universal Declaration of Human Rights says:” All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood”.

How does this relate to VAD?

Firstly the declaration refers to dignity. It recognises that there is dignity in the human condition. This should not be withheld from any human being. The definition of dignity is not defined in the Universal Declaration of Human Rights but might reasonably be thought to mean dignity as determined by the individual. What is dignified for one may not be dignified for another. Hence there is the requirement for choice as would be presented by appropriate VAD legislation.

Secondly the declaration refers to reason and conscience. It recognises that we

all have the power of thought and therefore of decision to determine our own actions and future.

The declaration does not proclaim that when faced with a problem our reasoning will all be the same or our actions, as driven by our respective consciences, identical.

What it does say is how we should act to one another, i.e. in a spirit of brotherhood. The implication being that provided our actions do not harm others we have the right to act on our own reason and conscience.

Hence again there is the requirement for choice that would be provided by appropriate VAD legislation. To withhold this option from those who seek it would not be consistent with acting in a spirit of brotherhood.

Australia was one of only eight nations involved in drafting the Universal Declaration of Human Rights. Dr Evatt an Australian was head of the UN when the Universal Declaration of Human Rights was adopted. As a nation we have a strong history of championing human rights.

This is another example where human rights are being challenged. The right for a human being to determine the timing and nature of the end of his life if not a religious debate. It is a debate about human rights, the dignity of the human condition and the right to decide one's own fate. VAD will not be everyone's choice but it will be the choice for some. The issue is that withholding this choice means withholding the human rights for those individuals who might otherwise make a VAD choice. The choice is the individuals alone. Appropriate application of the human rights principles should allow that individual the opportunity to have VAD as an option.

Regards

Dr Robert Grace  
M.B.B.S., F.A.N.Z.C.A., F.R.A.C.P., M.Med.

From: [REDACTED]  
To: [Care Inquiry](#)  
Subject: VAD submission  
Date: Thursday, 21 March 2019 8:41:23 AM

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## Issues for consideration

25. Should voluntary assisted dying (VAD) be allowed in Queensland? Why/why not?  
**YES - individuals are entitled to choice, in particular the choice of dignity as they perceive it**
26. How should VAD be defined in Queensland? What should the definition include or exclude? **Must be voluntary and uncoerced. Should be with the auspices of some sort of medical oversight.**
27. If you are a health practitioner, what are your views on having a scheme in Queensland to allow VAD? **I am a clinician and I am absolutely 100% for having a VAD scheme in QLD and would be happy to be a part of it.**
28. If there is to be a VAD scheme, what features should it have? **i) Medical oversight ii) Not be too onerous on patients so that the process may occur within a reasonable time frame iii) Should not necessarily require a cancer diagnosis or intractable pain; there are many other reasons why someone may choose to end their life, e.g. a combination of multiple debilitating problems that a not necessarily fatal or painful in their own right may be sufficient for someone to request VAD iii) Be professional probably ultimately delivered by a specialty group - perhaps anaesthetists?**
29. Are there aspects of VAD schemes in other jurisdictions that should, or should not, form part of any potential VAD scheme for Queensland, and why? **Should not be restricted to those with 'terminal' illness. The problem with this is it becomes a guessing game as to how long do people have left to life. It's not the diagnosis that matters but the fact that for whatever reason the individual is choosing to end their life,**
30. Who should be eligible to access VAD and who should be excluded? **Everyone should have access to VAD, including children under special guidelines. ( A child dying a prolonged death from cancer is a terrible thing). Patient's should be mentally competent.**
31. Should the scheme be limited to those aged 18 and over? If so, why? If not, why not?  
**Yes, age in either direction, should be no barrier to accessing VAD.**
32. Under what circumstances should a person be eligible to access VAD? Could it be for example, but not limited to, the diagnosis of a terminal illness, pain and suffering that a person considers unbearable or another reason? **As above it should be not limited to terminal illnesses. It is an expression of the individual**
33. What features should be included in a process to allow a person to legally access VAD? **19 According to the Swiss Ministry of Justice, self-serving ends would cover assisting a death 'to satisfy material or emotional needs ... the possibility of eliminating some major problem for the family, or other motives such as gaining an inheritance, relieving himself of the burden of supporting the individual ... or eliminating a person he hated.' From: The Royal Society of Canada, End of life Decision Making, November 2011, p 81. Page | 8**  
**1. Should be requested by the individual 2. There should be a short but meaningful cooling off period. 3. Review by two medical practitioners 4. Right of**

appeal by the patient 5. Professionally managed

34. What safeguards would be required to protect vulnerable people from being coerced into accessing such a scheme, and why? **This represents the thin edge of the wedge argument which I believe experience overseas suggests this is not born out to be true. Requests must be voluntary, repeated and reviewed by unrelated parties.**
35. Should people be provided access to counselling services if they are considering VAD? If so, should such counselling be compulsory? Why? **No, I don't think counselling so much but rather a professional VAD service would probably require a consultation by the VAD team sufficiently skilled to recognise and suggest options.**
36. How could a VAD scheme be designed to minimise the suffering and distress of a person and their loved ones? **Keep administration to a minimum, keep cooling off period to a minimum, empower the patient. Experience suggests that once patients know they are eligible for VAD many defer it, (and even don't use it), the key is the empowerment it provides for individuals to make choice.**
37. Should medical practitioners be allowed to hold a conscientious objection against VAD? If so, why? If not, why not? **Yes they should, however they in the face of their own objections they should be compelled to refer the patient on to another doctor. This is possibly where an actual VAD service (eg. anaesthetist run), would make the process more streamlined.**
38. If practitioners hold a conscientious objection to VAD, should they be legally required to refer a patient to a practitioner that they know does not hold a conscientious objection or to a service provider that offer such a service? If so, why? If not, why not? **Yes, basis of good medical practice.**

Dr Robert Grace

[REDACTED]

Cairns 4870

email: [REDACTED]

[REDACTED]

I wish to express my support for voluntary assisted dying (VAD). To me it's cruel that those suffering untreatable pain or illness should be compelled to bear this burden if they have clearly stated that they wish to die.

I didn't know Greg long – he was in his mid-fifties, incredibly thin and seemed compelled to walk into the bush several times a day. In fact, I thought he might have been ex-army and suffering a stress related illness.

One day he stopped and explained he was terminally ill with cancer, and walked out a lot to escape the mental trauma and physical pain. He said that his stomach and legs were swelling up, and with an absolute knowing look stated that he wished 'he wasn't here.' He'd watched his mother die from the same cancer type some years earlier.

A couple weeks later he wasn't on the scene, and his 80+ year old father advised that one night Greg had fallen in the bathroom and was too weak to get up. He pleaded to be left to die – he was in such a state, but it was a very chilly July night and his father was compelled to call the ambulance. Three days later Greg was gone. But he should never ever have had to endure what he did, when clearly he wanted a peaceful death.

It is beyond reason and humanity in these days that a minority of our citizens can directly or indirectly be responsible for inflicting such pain on the likes of Greg – and for that matter his poor father, who had already lost his wife. Wouldn't you expect that any fair minded person would like to see their son or daughter if suffering such appalling circumstances, at least have the choice?

Voluntary assisted dying should be available for those who are subjected to intolerable untreatable pain.

This statement is available for publication.

Jose Taylor

Arundel Qld 4214



# Inquiry into aged care, end-of-life and palliative care, and voluntary assisted dying

The Queensland Parliament's Health Committee is considering how aged care, end-of-life and palliative care are delivered for Queenslanders. The committee is also considering, and seeking views on, whether voluntary assisted dying should be allowed in Queensland.

We want all Queenslanders to have their say on these important issues. See the committee's issues paper for more information. Let us know your views below.

*The committee is taking comments for the inquiry until 15 April 2019.*

**Return by 15 April 2019**

Please send your comments to:

**Health Committee  
PARLIAMENT HOUSE QLD 4000  
Fax: 07 3553 6699**

Or scan and email it to:  
[careinquiry@parliament.qld.gov.au](mailto:careinquiry@parliament.qld.gov.au)

**Your details:**

Mr/Ms/Mrs/Dr: Troy McQuinn

Day time phone number: ( ) [REDACTED]

Email address: [REDACTED]

Address: [REDACTED] Redbank Plains Postcode: 4301

**What would you like to tell the committee?**

I agree with Dying With Dignity.

Allow DRs to administer the drugs, should the patient request it.

\_\_\_\_\_

\_\_\_\_\_

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Please attach extra pages as required

**Publication of your comments:**

The committee may publish your comments as a submission. For comments provided by individuals, the committee will first remove personal contact details such as phone numbers, street addresses and email addresses.

I agree with the publication of my comments as a submission  Yes  No

**Request for the comments to be treated confidentially by the committee:**

If you have provided personal information or other information you would like to be kept confidential by the committee and not published, please explain briefly your reasons why:

Are you providing comments on behalf of others or an organisation?  Yes  No

If yes, please tell us the name of the person or persons or organisation: \_\_\_\_\_

Their daytime phone number: : \_\_\_\_\_

What is your relationship with that person or persons, or your role in the organisation? \_\_\_\_\_

I am authorised by ..... to provide these comments on their behalf.

Signature:.....  ..... Date: .....

**Need Help?**

If you have any questions about the inquiry or making a submission, please call the committee secretariat:

07 3553 6626 or 1800 504 022 Free call



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Or scan and email it to:  
[careinquiry@parliament.qld.gov.au](mailto:careinquiry@parliament.qld.gov.au)

### Your details:

Mr/Ms/Mrs/Dr: Joanne McGuinness

Day time phone number: ( ) [redacted]

Email address: [redacted]

Address: [redacted] Redbank Plains Postcode: 4301

### What would you like to tell the committee?

*I agree with Dying with Dignity. All humans should have the right to the adequate drugs if they have a terminal illness and are suffering in their last moments.*

*Allow DRs to administer the drugs, should the patient request it.*

Please attach extra pages as required

**Publication of your comments:**

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I agree with the publication of my comments as a submission  Yes  No

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Their daytime phone number: : \_\_\_\_\_

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Or scan and email it to:  
[careinquiry@parliament.qld.gov.au](mailto:careinquiry@parliament.qld.gov.au)

### Your details:

Mr/Ms/Mrs/Dr: Janet Elizabeth Manners / <sup>CO</sup> Alison Manners.

Day time phone number: ( ) [REDACTED]

Email address: [REDACTED]

Address: [REDACTED] Postcode: 4557

### What would you like to tell the committee?

I am writing on behalf of my 71 yr old mother. She was diagnosed with Stage 4 lung Cancer 10<sup>th</sup> July 2018. She has expressed the desire to be able to call her time on her own terms. I personally do not wish to see her die a slow painful death. We both understand the complexities of assisted dying. If there was a standard requirement of having 3 health care professionals be able to allow the process I think that would be good. i.e - a psychologist who specialises in terminal illnesses - a specialist doctor for the field and a nurse in the field and if 2 of the 3 can confidently say the persons

Life will not get better and is now at a stage where they, in fact, have no quality of life then the patient or family/power of attorney should be allowed to make the call. My mother, sister and I all believe in assisted dying and did so well before my mother's diagnoses.

people deserve the choice of how much suffering they can endure or need to endure.

Please attach extra pages as required

**Publication of your comments:**

The committee may publish your comments as a submission. For comments provided by individuals, the committee will first remove personal contact details such as phone numbers, street addresses and email addresses.

I agree with the publication of my comments as a submission  Yes  No

**Request for the comments to be treated confidentially by the committee:**

If you have provided personal information or other information you would like to be kept confidential by the committee and not published, please explain briefly your reasons why:

Are you providing comments on behalf of others or an organisation?  Yes  No

If yes, please tell us the name of the person or persons or organisation: Janet E. Manners

Their daytime phone number: N/A

What is your relationship with that person or persons, or your role in the organisation? daughter

I am authorised by Janet E Manners to provide these comments on their behalf.

Signature: [Signature] Date: 21.3.19

**Need Help?**

If you have any questions about the inquiry or making a submission, please call the committee secretariat:

07 3553 6626 or 1800 504 022 Free call



# Inquiry into aged care, end-of-life and palliative care, and voluntary assisted dying

The Queensland Parliament's Health Committee is considering how aged care, end-of-life and palliative care are delivered for Queenslanders. The committee is also considering, and seeking views on, whether voluntary assisted dying should be allowed in Queensland.

We want all Queenslanders to have their say on these important issues. See the committee's issues paper for more information. Let us know your views below.

*The committee is taking comments for the inquiry until 15 April 2019.*

## Your details:

*Ms Lee K Curtis*

Day time phone number: [REDACTED]

Email address: [REDACTED]

Address: [REDACTED] Pt Lookout, QLD

Postcode: 4183

## What would you like to tell the committee?

- Queensland needs to model its end of life care on the British Compassionate Community model.
- All training for health professionals would greatly benefit from including a much stronger palliative care component.
- End of life doulas should be included in palliative care teams.
- Health professionals need to quit seeing death as a failure but instead ensure that end of life is pain free and meaningful for both the dying person and their families.
- Much more funding needs to be dedicated to death literacy – end of life education for communities, nursing homes, palliative care training and practical support for those wishing to die at home.
- If the \$100,000 spent on ineffective treatments during the last year of life (on average) was invested in improving nursing home care, as well as facility- and home-based palliative care and training, we would all be better off.

## Publication of your comments:

The committee may publish your comments as a submission. For comments provided by individuals, the committee will first remove personal contact details such as phone numbers, street addresses and email addresses.

I agree with the publication of my comments as a submission  Yes  No

## Request for the comments to be treated confidentially by the committee:

## Return by 15 April 2019

Please send your comments to:

Health Committee  
PARLIAMENT HOUSE QLD 4000  
Fax: 07 3553 6699

Or scan and email it to:  
[careinquiry@parliament.qld.gov.au](mailto:careinquiry@parliament.qld.gov.au)

If you have provided personal information or other information you would like to be kept confidential by the committee and not published, please explain briefly your reasons why:

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Are you providing comments on behalf of others or an organisation?  Yes  No

If yes, please tell us the name of the person or persons or organisation: \_\_\_\_\_

Their daytime phone number: \_\_\_\_\_

What is your relationship with that person or persons, or your role in the organisation? \_\_\_\_\_

I am authorised by ..... to provide these comments on their behalf.



Signature: \_\_\_\_\_

Date: 21.03.19

[Need Help?](#)

If you have any questions about the inquiry or making a submission, please call the committee secretariat:

07 3553 6626 or 1800 504 022 Free call

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** DYING WITH DIGNITY  
**Date:** Thursday, 21 March 2019 4:38:46 PM

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My name is Jeffery Stuart Broad. I live in [REDACTED], Albany Creek, Qld, 4035, and my phone number is [REDACTED].

I live in a retirement village. Death is a very common and, of course, unavoidable experience for me and my fellow residents. I have seen numerous fellow residents merely *exist* rather than *live* for weeks, even months, while expressing their wish that the inevitable be *hastened*. Many of us here, still quite rational, dread the possibility of losing dignity and respect in the course of dying and would prefer a quick, 'clean' ending while we are still our true selves. Presently a close friend from the village - a sensible, intelligent person - is experiencing what I'm sure is, for him, an ordeal worse than death itself. It is a sight that makes me understand why so many desperate people resort to suicide.

Death is the most personal challenge we face. I strongly support moves to enable legally assisted dying with dignity because I do not believe it's the business of others to influence the decisions on how and when we die.

I especially resent the *dogma* of religions and the religious making such a decision to apply to *all* citizens. They can choose to make decisions for themselves of course - but not for people they do not know or otherwise care about. For centuries they have been able to cow weak governments into making laws solely because of religious beliefs which an increasingly large segment of the population never have, and never will, accept.

I give permission for my submission to appear on your website.

Jeffery Broad

Brisbane, 20 March 2019

To whom it may concern,

This is my submission to the inquiry into Voluntary Assisted Dying.

I am an 86-year-old, single woman living in a suburb of Brisbane. At the moment I am well enough to do my own shopping, cleaning, washing and gardening, which I do on a fortnightly roster. Thanks to the generosity of the Brisbane Council, I am able to have access to a cheap taxi service which takes me to my local shopping centre to do my shopping.

I am also able to go for a walk with my cruiser walker every day, weather permitting, to keep my fitness level up as much as possible. Life is good at the moment!

But thinking ahead I know this will not last forever and, eventually, my health and fitness levels will decline. I will need help in the house, to go to the doctor for my prescriptions, have assistance with shopping etc, and, sooner or later, I will end up in hospital or palliative care.

This is why we need to have the laws changed here in Queensland and it is a must to allow Voluntary Assisted Dying to be introduced and legalised.

Instead of keeping me artificially alive when I am unfit to do anything for myself anymore, the money that it would cost to support my "living" should be used for the children that are without food and shelter living in Australia. It should be used to help people on low income or go into our failing health system.

The Victorian Government has set the precedent and introduced the Voluntary Assisted Dying Act (2017) to provide a safe, legal framework for people who are suffering and dying to choose the manner and timing of their death. Now it is our turn!

I would urge the committee to examine this issue carefully and be assured that Voluntary Assisted Dying is desired and supported by many in Queenslanders.

Thank you for your time,

Respectfully,

Mrs. Gertraud Harth

I give permission for my submission to appear on your website.

**From:** [MARGARET ALLISON](#)  
**To:** [Care Inquiry](#)  
**Subject:** SUBMISSION  
**Date:** Monday, 11 March 2019 3:16:23 PM

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1. This submission is focused on those aspects of the Committee's terms of reference dealing with voluntary assisted dying, including provisions for it being legislated in Queensland and any necessary safeguards to protect vulnerable persons.
2. I wish to express my strong support for the Queensland Parliament passing legislation to permit voluntary assisted dying.
3. My support is based on my personal experience of seeing
  - a. a much loved friend die of cancer in pain that could not be alleviated by medication, and
  - b. my dear uncle in extreme distress at the end of his life, despite spelling out his intention of "*no end of life intervention except for pain relief*" clearly in an Advance Health Directive when he was still capable of expressing his wishes.
4. In the latter case, it is my view that aged care settings (of which I have considerably broader personal and professional experience) are often poorly placed to manage the transition of a resident to palliative care. Perhaps they become blasé about the "ups and downs" of residents' health over time, but in my uncle's case, it took forceful family advocacy to get the nursing home to comply with his Advance Health Directive (and stop food and drink), and to achieve any kind of pain relief despite his agonising cries for relief.
5. Of course there need to be safeguards for assisted dying legislation. Critics will contend that such legislation represents a slippery slope to euthanasia for those who are older or have a disability. I do not accept this argument, and would consider reasonable safeguards to include the following:
  - a. The person should have attained the age of majority and have the intellectual capacity to consent to a legal document at the time of signing any documentation that would later allow voluntary assisted dying. (This distinction is critical because – as in the case of dementia – the person may progressively lose the capacity to consent.)
  - b. As with an Advance Health Directive and Enduring Power of Attorney, the person should be able to nominate trusted individuals who can act on their behalf if they lose the capacity to do so. For the purposes of an assisted dying scheme, this would merely mean that they would make an application that would trigger any process of medical assessment required under the Act.
  - c. I consider that the consent of two medical practitioners should be required, at

- least one of whom has not been a previously treating doctor of the person.
- d. I think consideration should be given to a reasonably broad range of criteria for agreeing to voluntary assisted dying. For example, setting a time frame that death is likely to occur within 12 months (as in the Victorian Act) is very difficult to predict with degenerative neurological conditions. It recently led to a former firefighter in Victoria having to travel to Switzerland to end his life at a time of his choosing – without his children – because his death within 12 months was not certain.
  - e. It is reasonable that criteria should include that the person's condition be terminal. I also think that there should be some emphasis given to the person's own views of their quality of life. For my uncle, a vigorous and active man until he was felled by a massive stroke in his late 70s, his limited abilities were almost unendurable to him especially once he lost the ability to walk. Pain and suffering should also be a key criterion.
  - f. If the two medical practitioners agree, and the person (where they still have capacity or where their previously expressed wishes in writing leave no doubt of their intent) confirms their intention to proceed, the procedure can be carried out in any setting chosen by the person (including their own home).
6. It is my view that any assisted dying legislation – with all due safeguards in place – offers the hope of a dignified and peaceful passing that all of us would want for ourselves and those we love. Some would argue that is possible now. Those of us who have witnessed horrendous deaths know it is not, unless the individual also has greater control of the time they know they have had enough suffering and are ready to die. The thought of being able to die in your own home (where possible) at a time of your choosing, with those you love around you, having been able to say goodbye, would give such peace to so many Queenslanders and their families, I urge the Parliament to take this opportunity to act.
7. The nature of this legislation is strictly “opt in”. If people wish to let nature take its course because of their personal views or experience, that is a matter for them. They do not need to do anything, and any future Act will have no effect.
8. In closing, I also advocate for this Act for myself in the future. My independence and dignity are very precious to me, as is the life of the mind. I have an Advance Health Directive, but I have no confidence in its efficacy to ensure my wishes are implemented, especially if I am in a care setting. I want to choose my own time to leave this one precious life I have been given to live.

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Re: voluntary assisted dying  
**Date:** Friday, 22 March 2019 12:52:06 PM

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I do apologise \_ my message has been accidentally omitted from the attached.

I would like to tell the committee that

I am **strongly in favour of voluntary assisted dying:**

My three reasons are: **compassion, compassion** and **compassion.**

Sincerely,

Jenny Carter

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**From:** Jenny Carter  
**Sent:** Friday, 22 March 2019 2:44 AM  
**To:** Care Inquiry  
**Subject:** Re: voluntary assisted dying

To the committee for Voluntary Assisted Dying

Completing my message

**Address:** [REDACTED] Noosaville 4566

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From: [REDACTED]  
To: [Care Inquiry](#)  
Subject: VAD  
Date: Friday, 22 March 2019 2:12:04 PM

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Ms Frederike Petronella van Mourik

[REDACTED]  
Ravenshoe QLD 4888  
[REDACTED]

Ravenshoe, Friday 22nd of March 2019

Dear sir/madam,

I give permission for my submission to appear on your website!

I strongly support legalising VAD!

It is easier to go to the vet and have your pet taken out of it's sufferings, then to help/assist beloved family members.

People are taking their own lives and that of loved ones, to stop the suffering.

In my town of Ravenshoe, where I have lived since 2000, many people took their lives over the years. Mostly elderly, who could not bear to wait, what was going to happen to them and/or their spouses.

To me it is a very illogical to keep people alive against their own will, where there is no hope, while it is costing society so much money.

Population is growing and we need to change our thinking and past behaviour.

My mother overseas in the Netherlands, had all her Euthanasia papers signed.

But then, when she got Dementia, nothing was valid anymore.

There has been a court case since, about it.

Please legalise VAD!

With kind regards,

Ms Fred  
Frederike Petronella van Mourik  
[REDACTED]

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** VAD.....  
**Date:** Tuesday, 12 March 2019 11:21:23 AM

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I WOULD LIKE TO ADD MY NAME AND MY WIFES NAME FOR THE  
SUBMISSION TO SUPPORT VAD..  
Dennis and Marion NURDEN.. [REDACTED] Arundel. Qld.4214.Thankyou.

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## SUBMISSION ON THE INQUIRY INTO END-OF-LIFE CHOICES

**NAME:** Desiree Van De Kamp

**ADDRESS:** [REDACTED] MOUNTAIN CREEK QLD 4557

**CONTACTS:** E-mail: [REDACTED]  
Mobile: [REDACTED]

NB: I give permission for my submission to appear on your website.

I am a member of the organisation 'Dying With Dignity'. The name of our organisation is where the focus of this inquiry needs to be.

Much and actually more than sufficient debates, pontifications, data and information has been covered and collected, for and against the argument of whether adult, terminally ill and clear-thinking individuals should be allowed to decide on how dignified they want to leave this world legally.

Therefore, rather than rehash all previous arguments, let it be said that, as I mentioned in my introductory paragraph, needs to focus on allowing adult individuals to 'die with their dignity' unhindered.

My personal experience was when I had to admit my dad to hospital for palliative care. He had been diagnosed with terminal cancer of the oesophagus, he was 80 years old, and he was still sharing a bed with my mum, his wife of 50 plus years. He only agreed to go in to hospital for palliative care when he was no longer able to sleep and was disturbing my mum overnight. He never complained, whilst in hospital, because that was his style, but I knew my dad well enough to know that he hated every minute of the invasive care he needed to make him comfortable. He was always very friendly and appreciative of the nurses and doctors and the work they had to do, however, after many weeks of enduring the care provided, when he died, and I said goodbye to him, the tears rolled down his eyes.

My dad was terminally ill, he knew that he was dying and it would have been far more dignified and humane to allow him to choose the time and place of saying goodbye to his family and loved ones. Instead, he died with just me in the room, my mum having to sit in the chair, as the hospital bed was too high and all the tubes still in his body.

Palliative care is invasive, becomes undignified for the patient, without many of the care givers wanting this to happen and very unfair, especially if the patient is a believer in being allowed to 'die with dignity'. Palliative care is provided for patients who know that they are dying, there is no other outcome and it is because of this argument that it is still mind-boggling why our parliamentarians believe that a patient does not have the right to end the good life that they have lived in a controlled and dignified environment, with all their family members and loved-ones around them.

All the data, information, debates and discussions very easily overlooks the extremely personal experience of each and every palliative care patient. No data or debate can inject human feelings of pain, discomfort and despair, at this very exceptionally personal point in a person's life.

From a personal perspective, I:

- have a very low pain threshold
- am a very, very private person
- refuse, even now, to take any medication that does not improve my health and well-being
- will never agree to palliative care, if and when the time comes

Knowing this about a human being, allows anyone reading this submission, to be aware that I, personally, if ever in such a position, would be left with horrible legal choices such as starvation, self-harm, possibly excruciating pain, etc. These choices will lead to a horribly uncomfortable and undignified death for an individual such as myself.

We allow our animals to be euthanized when we, as the owners, decide that they have suffered enough and quite rightly so. It is also humane to agree that no living creature should be allowed to suffer beyond the point of their individual capabilities.

To not allow the suffering to stop, at the behest of the sufferer, is cruel, unjust, unfair and criminal.

## **Euthanasia: A contribution to the debate – Voluntary Assisted Dying is not suicide**

### **The Health Committee - Queensland Parliament**

#### **To Whom it May Concern:**

Over the last ten years of my ministry as an Anglican Minister of 39 years, as a Chaplain in palliative care wards over numerous hospitals on the Gold Coast, daily I dealt with people in extreme trauma. In this period, I have been asked by at least 100 people {patients and family members} if I could, by speaking with their clinicians, arrange for them to have VAD. The law prohibits them from doing so. As a consequence, these patients and their loved ones, and many others, all endured an awful end of life experience or one that they did not choose. Most importantly, in this debate, it was not one that they would have chosen but was forced upon them by the law. This could, in most cases, have been hastened considerably. It would have spared often weeks, months, sometimes years, of cruel, unnecessary suffering that you, most certainly, would not inflict upon your pet. I hasten to add that this request was from patients in a hospice also.

In Queensland, an excellent document can be purchased from any Post Office called an *Advance Health Directive*. It is a document that anyone can complete so as to instruct family, friends and clinicians not to keep them alive under certain circumstances. It must be countersigned by your GP and Justice of the Peace, and should be discussed with all the significant people in your life, especially family. **Every person should have one - now.** It would simplify this debate considerably. It is a sophisticated extension of DNR {*Do Not Resuscitate!*} – letters *sometimes even tattooed on people's chests*, who do not wish to have their death prolonged unnecessarily.

Futile medicine is medicine practised with no benefit to the patient. The harms out way the benefits. Much of palliation, though clearly not all as in pain control etc, is futile medicine, in that it is prolonging death and not enhancing life. Withholding futile treatment is clearly handled in the document. Administering futile treatment is to simply prolong death, not enhance life. Much end of life palliation today is a subtle form of euthanasia. Patients are allowed to die in as dignified manner as is legally possible.

**Most importantly, in this debate, prolonging death is not the same as extending life.**

It is also essential that we choose to use non-emotive language. A while ago now, I heard a Radio National presenter use the words..... 'allowing Doctors to kill patients.' This is simply absurd and possibly deliberately mischievous, certainly misleading. ***Voluntary Assisted Dying* {VAD}** has nothing to do with killing or murder, but the **fulfilment of the considered wishes** of a patient. We should never use the term 'assisted suicide'.

Suicide refers to the action a person takes who is **not** about to die from an incurable disease, seriously injured with life-sustaining medication or even living the futile existence as some of our elderly. {Many elderly, not in palliation, have also told me, of their own volition, some in Retirement Villages etc, that they do not wish to continue living.}

Many attempted suicides actually want to live...it is cry for help. Suicide correctly applies to a person, without a terminal illness, who has a considerable number of productive/positive years or decades ahead. Here living is clearly still a most viable option. **Suicide ends a life which has still yet to be lived.** VAD is completely different. **It refers to an end of life decision.** VAD ends a life where the patient, with full capacity, determines that their life **has** been lived or identifies conditions deemed, **by them**, futile to continue.

To choose VAD is a decision that honours the quality of life rather than quantity. Just because modern medicine can keep people alive well after they naturally would be deceased, does not mean that we ought to. Under certain circumstances, many people of faith with an incurable disease or in a futile state, wish to embrace eternal life, rather than postpone it. For people, of no faith, they simple no longer have the desire to live.

For the vast majority of human beings, life only has meaning when it is existential, relational. Most people, through these relationships, measure the meaning of their life. Therefore, so long as I can continue to interact and communicate with the people I love, to **my** satisfaction: life has value and meaning. All that proponents of VAD are asking, is that if they can no longer experience these attributes that define us as a human, then there is no longer any purpose for them to live.

Indeed, my **love** for my family compels **me** not to have **them** also endure the agony of a protracted, essentially **futile** existence. Many many family members of patients told me how awful the experience was. It is actually love that is the motivation for requesting VAD. In any ethical decision, it is the motivation for an action that takes precedence even over the action{decision} itself, the circumstance or the consequences of a decision. VAD is a selfless act, not a selfish act. Those who wish to prolong the extreme physical, psychological, cognitive and spiritual pain that I observed daily with dying patients and families , need to seriously question their motive - **who exactly benefits here?**

What gives you the right to deny somebody else's well thought through decision to end their life in dignity? And a most important point – VAD is not being legislated as compulsory for all, **it is a choice** people must make. If you do not wish to have VAD, then that is your choice, However, you have no right to force your views on someone else.

My love and compassion for people compels me to urge our legislators to legislate **for** euthanasia. In that way we will honour the consensus of almost 80% of Australians. For those 20% who do not wish VAD, your decision is likewise honoured, nothing will change.

I would be happy to speak with anyone should that be helpful.

Rev'd Sid Rogers

Retired Anglican Chaplain to the Gold Coast Hospitals

22<sup>nd</sup> March 2019

Contact: [REDACTED] [REDACTED]

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Dying with dignity  
**Date:** Saturday, 23 March 2019 4:07:11 PM

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Pieter Verhaart

[REDACTED]  
Gracemere Qld 4702

Mobile: [REDACTED]

I am very healthy and may still live for many years, I will be 90 next month.

I hope when the time comes to die swiftly and suddenly.

I would hate the idea of me, incapable of thought or movement and having no quality of life and only being a burden on my loved ones to be kept alive because the politicians in my State lack the moral courage to pass the law allowing persons who have expressed the wish to die with voluntary assistance to do so.

A number of European countries have now had euthanasia laws in place for decades, surely it should not be difficult to follow suit?

Hoping you will make the right choice.

With all respect,

Pieter Verhaart



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Please accept this submission for the legalisation of Voluntary Assisted Dying in Queensland.

I wrote this letter while sitting with my mother in palliative care in hospital. She passed away on 2<sup>nd</sup> February 2018 and over the last twelve months my views around this issue have become stronger. I really feel that there would be so many benefits to suffering individuals, families, communities, hospitals and ultimately governments to make voluntary assisted dying legal. At the end of my mothers life I couldn't help think that a prolonged overdose of opioids was a significant factor in her death which seems to be acceptable but a quicker medical option which could be offered in a much more pleasant environment in unacceptable. I don't want to suffer like my mother did and I believe that this option should be available to those that need it.

#### Dying with no Dignity

I'm sharing this story with the hope to bring awareness and education about the injustice and unfairness of not having access to assisted dying in our country/state. I sit here with my mother slowly withering away in front of me wondering if every breath will be her last. She can no longer talk, open her eyes, swallow or cough and I can only brush her hair to comfort her when she appears to be in distress. She sleeps the majority of the time and when she is awake, she is unable to move and doesn't appear to be comfortable. It has been two weeks in palliative care, a very long two weeks which has been a hideous roller coaster of emotions and stress for me and my family. The hospital staff are amazing, we all feel very fortunate to have access to such a great service and I cannot praise them enough for caring for my mother at the end stages of stomach cancer. I do however wish that we didn't need to be here and that this nightmare was over. I know that mum was never scared of dying, was always supportive of having end of life choices but unfortunately she didn't have that choice and it is too late now.

I sit here and wonder what it will be in the end that finally takes her life. I can see fear in her when she can't get a breath or feels like she is drowning when she is unable to cough which is very distressing to witness. Will it be choking, dehydration, starvation, overdose on opioids or just her heart finally giving in to the pressure? Not one of these options is pleasant and I cannot see that anyone is benefiting from keeping someone from dying if they are in this state and they can make that choice when they are well enough to decide. I don't want to remember mum like this, I can't bring my children to see her because I don't want to scare them. I can see the distress it is causing everyone around her, no one wants to say goodbye to someone they love but no one wants to go through this either. I cannot get my head around why there is no legal assisted dying. At this stage of her illness there is no positives to her being alive. If she were someone's pet, the owner would be charged with cruelty for not putting their pet out of their misery sooner. There is also the cost and burden on an already stretched to the limit healthcare system.

Shanne Buchanan

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Re: submission  
**Date:** Sunday, 24 March 2019 10:36:16 AM

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this is being re-sent because of error in address of original. I give permission for anything to be reproduced. shirley thein-tun

**From:** [REDACTED]  
**Sent:** Saturday, March 23, 2019 5:12 PM  
**To:** [careinquiry@parliament.qld.gov.au](mailto:careinquiry@parliament.qld.gov.au)  
**Subject:** submission

shirley thein-tun [REDACTED] bundaberg 4670, . I support legalising VAD as it is the least I could do, even for a pet. only those who have experienced the agonising death of a loved one can really understand the urgent need for VAD to happen.

yours sincerely, shirley thein-tun

## Inquiry into Aged Care, End-of-life and Palliative Care, and Voluntary Assisted Dying

Submission by:

Mike & Eileen Sackett

[REDACTED] Tinbeerwah, Queensland, 4563

[REDACTED]

[REDACTED]

*We give permission for our submission to appear on your website or means of publication.*

We are aged 71 years and lucky enough to be in generally sound physical and mental health. We have been happily married for 47 years and continue to enjoy each other's company. We have two loving daughters and grandchildren aged 13,11, 9 and 6 with whom we have a great relationship. They live in Southern Africa and we try to see them at least once or twice a year. We became Australian citizens in 1975 and love and appreciate our adopted country. Mike's work in development and humanitarian food aid led to us living and working in a total of 11 different countries before retiring on a rural block on the Sunshine Coast hinterland. Suffice it to say we've had a life rich in experiences, which we have enjoyed to the full, while doing our best to help others less fortunate. We continue to love life and hope to do so for a good many more years.

However, we are sufficiently realistic to appreciate that this benign state of affairs will not continue for ever. At some point in the next couple of decades, health issues will inevitably arise which are likely to lead to a drastic reduction in the quality of life for one or both of us.

**We are both strongly in favour Voluntary Assisted Dying being legalised and facilitated in Queensland.**

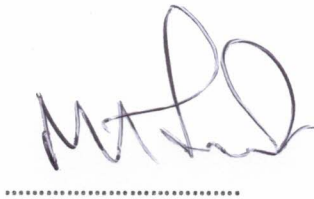
Our reasons include the following:

- We believe we have the right to opt for Voluntary Assisted Dying when our lives cease to have an acceptable level of quality and dignity;
- When a loved partner loses cognitive capacity through dementia to the extent that s/he can no longer recognise a close family member then Voluntary Assisted Dying is an act of compassion and mercy;
- We do not wish to become an undue burden on our families or the community;

- We do not have confidence that in future there will be a sufficient supply of caring compassionate aged care staff;
- We want our grandchildren to remember us as vibrant, fun-loving human beings, not as ailing, miserable near-death wrecks.

To us one of the most salutary cases was David Goodall, the 104 year-old West Australian academic, who having lived life to the full, decided he had had enough and that it was time to bring his remarkable life to a close in May 2018. The saddest part of the story was that he had to travel all the way to Switzerland to achieve that goal.

We look forward to the day when Queensland legalises Voluntary Assisted Dying and hope that it does so on a far less restricted basis than the Victorian legislation is currently encumbered with.



Mike Sackett

24 March 2019



Eileen Sackett

24 March 2019



# Inquiry into aged care, end-of-life and palliative care, and voluntary assisted dying

The Queensland Parliament’s Health Committee is considering how aged care, end-of-life and palliative care are delivered for Queenslanders. The committee is also considering, and seeking views on, whether voluntary assisted dying should be allowed in Queensland.

We want all Queenslanders to have their say on these important issues. See the committee’s issues paper for more information. Let us know your views below.

*The committee is taking comments for the inquiry until 15 April 2019.*

**Return by 15 April 2019**

Please send your comments to:

**Health Committee**  
**PARLIAMENT HOUSE QLD 4000**  
**Fax: 07 3553 6699**

Or scan and email it to:  
[careinquiry@parliament.qld.gov.au](mailto:careinquiry@parliament.qld.gov.au)

## Your details:

Mr/Ms/Mrs/Dr: Mrs. Hunt

Day time phone number: [REDACTED]

Email address: [REDACTED]

Address: [REDACTED] Wellington

4160

Post

## What would you like to tell the committee?

VAD should not be available at this time.

Most of the distressing symptoms around the end of life can be well managed with palliative care. Until all Queenslanders have equal access to palliative care teams, an increase in hospice beds and better funded end of life community care packages, with adequate well trained multidisciplinary team members, the arguments for or against VAD should not be an issue.

As the population ages ,we must be able to support more at home , educate and empower our communities to once again care for their loved ones at home, with the support of the community palliative care. The government must look at educating and accreditation of End of life Doulas and Midwives for the dying as this will ease the financial burden in care facilities and assist the community to recognize dying is NOT a medical event but a natural part of living.

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*I submit my SUPPORT for voluntary assisted dying.*

*Whilst palliative care is often touted as adequate for the dying, in ALL my experiences, it was not.*

*Dying is rarely easy, and I have had three close family members on the receiving end of palliative care which was totally inadequate to address their severe pain and suffering. Both my elderly mother (refused her medications) and elderly mother-in-law (refused food and drink) tried to hasten their deaths whilst in hospital, because they were ready to die. THEY WERE PRACTISING CHRISTIANS and in both instances doctors tried to intervene to prolong life.*

*MY MOTHER-IN-LAW I was told she would starve unless a feeding tube was inserted (Percutaneous Endoscopic Gastrostomy) even though she had made it abundantly clear she no longer wanted to live by refusing food and drink, in her eighties, unable to speak and in obvious pain. Other patients reported her continuous moaning at night. I asked her if she had had enough and did she just want to drift away. To both questions, having lost the ability to speak, she nodded in the affirmative. That wish was denied her for several more painful and uncomfortable weeks.*

*MY BROTHER in the final stages of his life, suffering bowel and liver cancer experienced a morphine pump failure. I understand this was not intentional but was the reality. A newer model, the only other one available in the hospital was not able to be operated by the medical staff. I can't imagine the pain my brother had to endure in his final days, and it was just harrowing for close family members, who could do nothing to help him. On more than one occasion I had to leave his room as I found his pain and suffering so unbearable to watch.*

*MY 95 YEAR OLD MOTHER Have any of you had a loved one, grabbing your arm and begging for help – believe me, it's heartbreaking. Just as heartbreaking – I was told no more relief was available for my mother, for another three hours which I later learned was incorrect. When dying is on the radar, medical doctors are bound by their Hippocratic Oath, so patient's wishes and best outcome may not be the doctor's only consideration.*

*Those who do not support voluntary assisted dying – fine, they are free to reject it for themselves. However, they shouldn't be allowed to impose their views on everyone else whatever their reasons may be. At times, mercifully shortening a dying person's pain and suffering is kinder than needlessly prolonging it because of present laws and other people's views....*

*All I ask is, that those of us who want a choice, can have it. It's my life, my dignity and my choice. I support safeguards for VAD, but at the same time, we should learn from the far too restrictive Victorian model. Once you've lost the ability to make your wishes known, it's too late, you have lost control and on the treadmill of someone else's wishes or actions. How often have we heard of relatives and friends, with parents languishing in nursing homes, saying it's not what their loved one would have wanted.*

*I suggest a valid health directive form, with a general, but extensive check list for guidance for doctors and health officials, could also have any additional personal wishes a person may have.*

*So now, like so many other Australians, I beg for CHOICE, while I can.*

*Diane Reinbott*

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Euthanasia  
**Date:** Tuesday, 26 March 2019 11:34:34 AM

---

I strongly support the idea to hold 'conversations/ about Euthanasia under certain circumstances.

Mocco Wollert (Mrs)

[REDACTED]  
Keperra QLD 4054

Australia

Mobile: [REDACTED]

Email: [REDACTED]

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Voluntary Assisted Dying  
**Date:** Tuesday, 26 March 2019 11:37:39 AM

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[REDACTED]

I am 65 years old and in favour of voluntary euthanasia. If the mind has failed, or the body has failed or both and quality of life is expired in my view it's time to go. Both my wife and I want that and have promised to help the other if it happens. If I'm the one to go its easy for me but harder for my wife Gaye and vice versa. Don't delay legislate. I sent my beloved dog off on a peaceful journey, cried for the day but knew I'd done the right thing. There is a correlation. Legislate now so the targeted person can put it in writing before the mind and body fail.

[REDACTED]

[REDACTED]

Mary Louise Connell

26.3.2019

[REDACTED]

[REDACTED]

[REDACTED]

Email

[REDACTED]

Cranbrook, Townsville, Q. 4814

[careinquiry@parliament.qld.gov.au](mailto:careinquiry@parliament.qld.gov.au)

### **Dying with dignity**

I am nearly 88 years of age and have various health problems, most associated with ageing. I need help to do housework, provide meals, shop etc. My husband is 88 and displays early signs of dementia – his short term memory is very poor. Neither of us is very mobile, he needs a stick and I use a wheelie walker. Last week I was told I too had early signs of dementia, and that I could no longer drive. We are in the process of accessing care facilities, to add to the cleaning aid we receive from Ozcare, and transport via the Community Flyer.

My mother died at 97, and for the last five or more years of her life, asked “why am I still here?” She was in a residential home, unable to care for herself, in pain. A close friend, over 80, in care for several years and now in hospital, unable to walk, having to use oxygen, unable to control herself, bravely struggles on.

Why do we consider it right not to help people in such straits to end it? Why can we not help them to fall asleep quietly and let go? Where is the compassion and care we would welcome?

I dread the fact that soon I may be in a similar situation – life is hard enough now find the energy to cope with everyday matters. Thankfully our daughter is our life line but we don't want to become an increasing burden.

Louise Connell

My husband and I both belong to **Dying with Dignity**

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I support It  
**Date:** Tuesday, 26 March 2019 12:32:25 PM

---

Re: I support It

Dear Rob Hansen,

Speaking for myself I do not want to be left helpless with no quality of life. If I am in this position I would like the right to choose.

Sincerely,  
Amanda Alcock

[REDACTED]  
[REDACTED]  
Regents Park, AU-QLD 4118

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 12:35:56 PM

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Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

I do not support Assisted dying of patients by medical staff. In a society that desires to protect and preserve life, it doesn't match. Assisted death is a horrible thing. Especially if somebody is 'killed' without their consent.

Sincerely,  
Timothy Barber

[REDACTED]  
[REDACTED]  
Mundingburra, AU-QLD 4812

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** There are no effective safeguards from abuse  
**Date:** Tuesday, 26 March 2019 12:47:11 PM

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Re: There are no effective safeguards from abuse

Dear Rob Hansen,

<write your submission here> I oppose Euthanasia completely it has too many opportunities for error and one error is too serious to contemplate sincerely Gordon Olds

Sincerely,  
Gordon Olds

[REDACTED]  
[REDACTED]  
Clifton Beach, AU-QLD 4879

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# Inquiry into aged care, end-of-life and palliative care, and voluntary assisted dying

The Queensland Parliament's Health Committee is considering how aged care, end-of-life and palliative care are delivered for Queenslanders. The committee is also considering, and seeking views on, whether voluntary assisted dying should be allowed in Queensland.

We want all Queenslanders to have their say on these important issues. See the committee's issues paper for more information. Let us know your views below.

*The committee is taking comments for the inquiry until 15 April 2019.*

## Your details:

Mr/Ms/Mrs/Dr: Mrs Mary Elaine Partridge

Day time phone number: ( [REDACTED] [REDACTED] )

Email address: [REDACTED]

Address: [REDACTED] Ashmore

Postcode: 4213

## What would you like to tell the committee?

As an Australian Citizen and a Queensland, I want to express my views on aged care, end-of-life, palliative care, and voluntary assisted dying. I believe that life from the moment of conception until death is sacred, and should be cared for with utmost respect. I want our elderly citizens to be treated with dignity and not as a burden. They have paid their taxes, raised their families and contributed to our society. It is our turn to provide the proper care for them until their natural death. I don't believe we should assist anyone to die. We should love them and care for them and not treat them like objects to be discarded, even if it is at their request. They shouldn't feel like they are a burden. We should look at multidisciplinary interventions, including speciality care, hospice, pastoral care/support, family counselling, comfort, pain control and tender loving care. It is morally unacceptable to end the lives of handicapped, sick or dying. It is a murderous act. It should never be considered a burden on human resources, or finances to care for a human being. Suffering is an inescapable aspect of life and not a burden. Let us then assure those who are suffering that we will care for them until their natural death. As a Catholic Christian I cannot endorse or vote for assisted dying. Love is the language our people need to hear and feel.

**Return by 15 April 2019**

Please send your comments to:

Health Committee  
PARLIAMENT HOUSE QLD 4000  
Fax: 07 3553 6699

Or scan and email it to:  
[careinquiry@parliament.qld.gov.au](mailto:careinquiry@parliament.qld.gov.au)



**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Euthanasia  
**Date:** Tuesday, 26 March 2019 12:37:16 PM

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Re: Euthanasia

Dear Rob Hansen,

Please don't recommend euthanasia. It has had a terrible impact on the elderly and sick in other countries where it has been legalised. People feel they are a burden to others or the less scrupulous take advantage of the sick. I also believe it will have a trickle down effect on how we treat the disabled who cannot even choose for themselves. Kind regards Sandy Johnson

Sincerely,  
Sandy Johnson

[REDACTED]  
[REDACTED]  
Beerwah, AU-QLD 4519

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 12:38:33 PM

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Re: I am a Queenslander - assisted dying is not caring

Dear Rob Hansen,

I am a Queenslander and am against assisted dying. So many people are trying very hard to stay alive and do believe where there is life there is hope. I have seen Jesus raise up a person that the doctors had disconnected from everything who had several large heart attacks and was lying there lifeless, and after prayer the person was up and eating in a couple of hours. I do hope and pray that this never becomes an option. Sincerely,  
Catherine Murphy

Sincerely,  
CATHERINE MURPHY

[REDACTED]  
[REDACTED]  
Hyde Park, AU-QLD 4812

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care must be the priority  
**Date:** Tuesday, 26 March 2019 12:48:14 PM

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Re: Palliative care must be the priority

Dear Rob Hansen,

The act of mercifully ending someone's life isn't a power that should so easily be given. With so many influences including family conflict, medical mishaps and misdiagnoses, giving the power to end someone's life prematurely is a tool that can easily be used in a poorly executed manner. The driving factor of prioritizing life can easily be replaced with the easier choice of putting an end to all the problems at once through the ending of a life. To play God and choose when people should live and die shouldn't be open to everyone because as humans we are flawed and make flawed decisions. How is this a problem? Because this decision can't be reversed and will affect many people not only the person who will lose their life. Saying "Oops, my mistake" won't bring someone back from the dead. Thank you for your time in reading this. I hope that your decision can be made with a clear conscience.

Sincerely,  
Nathan Sepecan

[REDACTED]  
[REDACTED]  
ALEXANDRA HILLS, AU-QLD 4161

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** There are no effective safeguards from abuse  
**Date:** Tuesday, 26 March 2019 12:49:40 PM

---

Re: There are no effective safeguards from abuse

Dear Rob Hansen,

It concerns me greatly that the government is considering allowing voluntary euthanasia.  
Respectfully yours sincerely Lynne McPhee

Sincerely,  
Lynne McPhee

[REDACTED]  
[REDACTED]  
Stanthorpe, AU-QLD 4380

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 12:39:59 PM

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Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

My husband and I are strongly opposed to the killing of the elderly due to their health conditions. We believe that All HUMAN BEINGS deserves the right to live!! (Including babies)!! We hope sincerely that this proposal will not go ahead. Yours sincerely, Aimee Patricia Grant

Sincerely,  
Aimee Grant (Patricia)

[REDACTED]  
[REDACTED]  
Moorroobool, AU-QLD 4870

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is caring if there is no quality of life  
**Date:** Tuesday, 26 March 2019 12:52:35 PM

---

Re: I am a Queenslander - assisted dying is caring if there is no quality of life

Dear Rob Hansen,

<write your submission here>Assisted suicide is needed for the people in chronic pain and illnesses it's in no way the rite thing for those elderly that want to die cos their being abused in elderly care for those that are abusing the elderly should be jailed for life.im one that believes in a life for a life and if a person is responsible for making an elderly person wanting to end their lives well that to me is a life for a life and a deterrent for others that choose to become in the elderly care profession.Kind regards Stanko Malceski

Sincerely,  
Stanko Malceski

[REDACTED]  
[REDACTED]  
Mackay, AU-QLD 4070

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** There is too much to risk  
**Date:** Tuesday, 26 March 2019 12:52:48 PM

---

Re: There is too much to risk

Dear Rob Hansen,

Euthanasia is simply too big a risk for use other than its intent. It has been proven in other countries the vulnerabilities with this legal process opening up elder abuse amongst other issues. The fundamental issue though with this legislation is the degradation of human value. In a country that has been plagued with high suicide rates already - legislation that agrees with the idea that life is only to be valued when it is within certain parameters of health and success can bring a depression over the entirety of the society not knowing that their life is valuable at all times. Palliative care allowing pain free death through careful drug administration is at the best it has ever been throughout history. This legislation is unnecessary and regulating death could lead to some very unintended consequences.

Sincerely,  
Michaela O'Neill

[REDACTED]  
[REDACTED]  
Cashmere, AU-QLD 4500

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 12:56:03 PM

---

Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

Dear Secretary, I have personally witnessed situations where patients were not expected to survive by many in the medical profession and they finished up recovering and going home to their families. Life is precious and should be treated as such. We only have one life and it is not a rehearsal. Many have pain in their lives but we were never promised a wonderful life without any challengers. I totally disagree with the premise of euthanasia.  
Yours sincerely Joy Webb

Sincerely,  
Joy Webb

[REDACTED]  
[REDACTED]  
Hope Island Gold Coast, AU-QLD 4212

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** We are a caring state  
**Date:** Tuesday, 26 March 2019 1:02:09 PM

---

Re: We are a caring state

Dear Rob Hansen,

I would ask you to please consider the potential terrible consequences of bringing in assisted suicide. The elderly are already very vulnerable even in aged care due to elder abuse and lack of adequate funding for their needs among other issues. It should be our responsibility as a caring State and country to care for people who are elderly or who are in a position where they need high care. If they are given this care then they are able to live a dignified life. If they are in pain then there needs to be adequate palliative care to meet their needs. There is too much opportunity for assisted suicide to be abused, through coercion or other means, persuading people that this is a viable option. Human life is valuable not disposable.

Sincerely,  
Julie Rose

[REDACTED]  
[REDACTED]  
Southport, AU-QLD 4215

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care must be the priority  
**Date:** Tuesday, 26 March 2019 1:02:56 PM

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Re: Palliative care must be the priority

Dear Rob Hansen,

it is my will that only in extreme cases where two to three doctors decide along with close family and the patient that euthanasia is applied. when it is fully decided that there is no quality of life...extreme pain and the person is dying anyway. thank you. Wanda Mallett

Sincerely,  
Wanda Mallett

[REDACTED]  
[REDACTED]  
Beachmere, AU-QLD 4510

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 1:04:07 PM

---

Re: I am a Queenslander - assisted dying is not caring

Dear Rob Hansen,

<write your submission here> We as a society value human life and seek to protect the vulnerable. Legalised euthanasia is incompatible with that. Legalised assisted dying could change the community's views towards elderly people, those with a disability and the sick. It presents a "quick and easy" solution in the form of death. Assisted suicide may be sought for people who are not dying.

Sincerely,  
Pam Simon

[REDACTED]  
[REDACTED]  
Durack, AU-QLD 4077

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## The Last Weeks of My Mother's Life.

Tuesday 9<sup>th</sup> May

Mum had a fall at 5am in the morning – her neighbour found her at 9am and called the ambulance. Jeanette Mum's neighbour contacted me and I drove immediately to the Base Hospital in Maryborough from Cooroy.

Mum was in terrible pain when I arrived and having a nausea reaction to the pain relief, Mum was taken for x-ray's, when we received results, which I was shown, a Nurse advised it did not look good, I could see for myself. The Doctor advised us Mum would have to go by ambulance to Hervey Bay Hospital, Mum would see the Orthopaedic Surgeon at Hervey Bay and he would make a decision.

Mum spent the next 10days in Hervey Bay Hospital before returning to Maryborough Base Hospital to Palliative Care and passed away on the 23<sup>rd</sup> of May.

My Mother was 93 years old - she lived on her own and has done for the past 32years (Dad passed away 24/12/85), Mum cared for herself, cooked for herself, did her own garden and kept a lovely home – she was still involved and went to weekly meetings with the Catholic Women's League, War Widows, Legacy, Probus and kept in contact with all at the Tinana Dance Club which she was involved with for 50 + years.

Mums fall was nasty – the ball and socket was smashed through her pelvis. Mum's heart wall was also damaged in the original fall. We were advised that Mum had a heart attack which caused the fall. As she had a pacemaker she was very alert – she told us "one minute I was standing and then on the floor but I couldn't get up." Mum had 3 medical teams overseeing her at Hervey Bay Hospital ,the Heart Team, the Medical Team and the Orthopaedic Team, Head of the Orthopaedic Team advised Mum would have to have traction (in order to draw her femur back through the pelvic bone) and would be operated on as soon as possible.

There was a delay as a special bed had to be delivered and set up. The traction operation involved a steel pin being inserted through Mum's knee bone with bolts and a metal attachment to hold the pulley with Saline weights off the end of the bed. We were advised this would pull the ball and socket out of the pelvis. The bed and traction was not set up correctly – this was confirmed to us when we arrived in Maryborough. One only has to google these days and we were shocked as the staff and management were not aware.

Eventually when Mum got wheeled off to surgery to have the pin through her knee the surgeon thought she was having a hip replacement – he explained to me how serious this operation was and Mum may not survive. Thank God another surgeon explained it was traction and she was having a pin through her leg and lucky I was with Mum as she would have gone in for a hip replacement and she would not have survived. After this was done and when Mum was transferred to Maryborough (along with her bed, weights and pulley) we were advised it was set up wrongly. As Mum was of a very small frame the weights would pull her down the bed and when we entered the ward Mums feet would be off the end of the bed, the weights would be on the floor. If it was set up properly that would not have happened.

Mum had to be turned every 2 hours so was not receiving any sleep between observations, dieticians, speech therapists, physiotherapists, tablets for this tablets for that and it goes on. Poor Mum was not getting rest. Mum got transferred to ICU due to her heart.

It was Mother's Day on the 14<sup>th</sup> of May and Mum was only allowed 2 visitors at a time in ICU. All the family Mums children and many grandchildren came from all over Australia to be with Mum. My older brother wanted to hear exactly the problems and spoke to a Nurse in ICU. He was told the wrong information the nurse was informing him wrongly of the particular fracture or discussing a completely different patient. We were advised what had happened and he was told something completely different which made the family very confused.

Mum went back to a ward that evening. Mum commenced her goodbyes to the family on the 15<sup>th</sup> and said she had a good life – Mum was of a very sound mind and knew and listened to all the medical staff discussing her fractures and problems over her bed when they visited. She knew she was not going to walk again – she knew that her heart and frail body could not withstand months of this treatment. **Mum said 'I want to go with Dignity'**. Mum found it hard to swallow the medications we would ask if she could have them mashed as Mum never wanted to complain or make a fuss. She would say 'what are all these for what are they doing for me, I don't want to take anymore it is so difficult'. Mum wanted to see the Palliative Care Team.

Mum requested to stop medication on the 17<sup>th</sup> and we advised the medical Teams. The Heart Team knew what was ahead of Mum (Mum's pacemaker was doing 90% of the work) and said 'The Palliative Care Team is very good' The Medical Team continued to tell me My mother looks good, after me repeating - Mum is of sound mind and this is her request. I still to this day cannot believe the words coming out the mouth of a medical Doctor **"This is like killing someone"** No medical doctor has the right to say those words to anyone let alone the daughter of their Mother who is lying in bed at the end of her life.

You could tell in the eyes of the compassionate surgeons – they understood there was no hope for Mum and said 'continue doing what you are doing stay by her side.' Mum was a person never to complain - When Mum said 'Don't leave me' we knew she couldn't be left alone. My sister, my daughter and I then between us maintained an around the clock virgil and stayed by Mum's bedside with her every minute.

Cannot speak highly enough about the palliative care in Maryborough Base Hospital, they are so compassionate explain everything to you and are such caring angels.

Family Relatives and Friends have said to me many times Mum didn't suffer too long it was only 2 weeks but when Mum requested to Die with Dignity and she said Good bye to us all we all prayed she would go to sleep and not continue the pain and suffering. But she continued to suffer for another week. This caused my family considerable stress. I cannot sit back when so many people who are suffering in Queensland and Australia in similar circumstances.

Please, when there is no hope for patients let them go with Dignity and have a peaceful death. The trauma and pain the family go through stays with you always and I think of all the elderly people who must be feeling so vulnerable especially if they have no family.

When the Queensland parliament considers a Euthanasia Bill in line with other States, please consider my thoughts and those of the Dying with Dignity organisations though-out Australia.

Sandra Barclay



# Inquiry into aged care, end-of-life and palliative care, and voluntary assisted dying

The Queensland Parliament's Health Committee is considering how aged care, end-of-life and palliative care are delivered for Queenslanders. The committee is also considering, and seeking views on, whether voluntary assisted dying should be allowed in Queensland.

We want all Queenslanders to have their say on these important issues. See the committee's issues paper for more information. Let us know your views below.

*The committee is taking comments for the inquiry until 15 April 2019.*

## Your details:

Mr/Ms/Mrs/Dr: Julia Davage

Day time phone number: ( ) [REDACTED]

Email address:

Address [REDACTED]

Postcode: 4020

## What would you like to tell the committee?

I do not wish anyone to suffer like I have just suffered. If voluntary assisted dying passes it will save a lot of anguish for so many people.

My husband had Alzheimer's and was diagnosed in 2010. He was a beautiful man and we were married for 61 years. I had him at home until the end but then had to take him to hospital. His body and heart were so strong that it was decided it would be a shorter death if they took the drip out (I think it was a hydration drip). I contacted my family in Canada and England and we agreed we did not want him to suffer. I then sat with him for 10 days and had to watch as my beautiful husband slowly died. He was given no fluids. His lips were cut and bleeding and he was only allowed to be sponged on his lips. He died in my arms on 21 March 2019. While the hospital staff treated him very well, which gave me some joy, it was devastating to have to go through and I do not believe anybody deserves to die slowly for 10 days.

**Please Return by 15 April 2019**

Please save a copy for your record and email your saved copy to:

[careinquiry@parliament.qld.gov.au](mailto:careinquiry@parliament.qld.gov.au)

Following my husband's passing I was seen by the doctor and had tests done. The doctor called me to say he had the results of my blood test and had called an ambulance who would come to get me straight away. I found out I had Takotsubo cardiomyopathy. It means broken heart. I spent 5 days in hospital having tests.

Having to watch my husband slowly die with no family beside me had an enormous impact on my body. I would love to see voluntary assisted dying come in and I hope it will include Alzheimer's. My daughter lives in Canada and this is passed in Canada but not for Alzheimer's. People with Alzheimers cannot speak for themselves and the carer has to make decisions for them. The carer should be able to make a decision not to watch someone they love slowly die for 10 days.

max 1050 characters

### Publication of your comments:

The committee may publish your comments as a submission. For comments provided by individuals, the committee will first remove personal contact details such as phone numbers, street addresses and email addresses.

I agree with the publication of my comments as a submission    Yes  No

### Request for the comments to be treated confidentially by the committee:

If you have provided personal information or other information you would like to be kept confidential by the committee and not published, please explain briefly your reasons why:

Are you providing comments on behalf of others or an organisation?    Yes  No

If yes, please tell us the name of the person or persons or organisation: \_\_\_\_\_

What is their daytime phone number? \_\_\_\_\_

What is your relationship with that person or persons, or your role in the organisation? \_\_\_\_\_

I am authorised by \_\_\_\_\_ to provide comments on their behalf.

Date:

[Need Help?](#)



# Inquiry into aged care, end-of-life and palliative care, and voluntary assisted dying

The Queensland Parliament's Health Committee is considering how aged care, end-of-life and palliative care are delivered for Queenslanders. The committee is also considering, and seeking views on, whether voluntary assisted dying should be allowed in Queensland.

We want all Queenslanders to have their say on these important issues. See the committee's issues paper for more information. Let us know your views below.

*The committee is taking comments for the inquiry until 15 April 2019.*

## Your details:

Mr/Ms/Mrs/Dr: Dawn Flynn

Day time phone number: ( 07) [REDACTED]

Email address:

Address: [REDACTED]

Postcode: 4505

## What would you like to tell the committee?

Aged care - I would like to see more help with aged care. It is shocking the way the elderly in nursing homes are treated. I have had friends with mums in there and they are lying in pools of urine and their food is left on the side and no helps them.

Palliative care – I do agree that we need more of it. My husband died in palliative care. They seemed to be alright with him. They could not do a lot as he was only there the last day or two. He was a bit aggressive so they could not put him there until he had got past that. He was on dialysis 3 days a week and this was keeping him alive. He had brain cancer. They took him off the machines as his levels were too low. One day they said he would not be coming home and within a week he was gone.

VAD – yes I agree with voluntary assisted dying wholeheartedly. It should happen. People should not have to go overseas to do it. We help our pets to die but we can't help our sick to die.

**Please Return by 15 April 2019**

Please save a copy for your record and email your saved copy to:

[careinquiry@parliament.qld.gov.au](mailto:careinquiry@parliament.qld.gov.au)

max 1050 characters

**Publication of your comments:**

The committee may publish your comments as a submission. For comments provided by individuals, the committee will first remove personal contact details such as phone numbers, street addresses and email addresses.

I agree with the publication of my comments as a submission    Yes  No

**Request for the comments to be treated confidentially by the committee:**

If you have provided personal information or other information you would like to be kept confidential by the committee and not published, please explain briefly your reasons why:

Are you providing comments on behalf of others or an organisation?    Yes  No

If yes, please tell us the name of the person or persons or organisation: \_\_\_\_\_

What is their daytime phone number? \_\_\_\_\_

What is your relationship with that person or persons, or your role in the organisation? \_\_\_\_\_

I am authorised by \_\_\_\_\_ to provide comments on their behalf.

Date:

**Need Help?**

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Voluntary assisted dying  
**Date:** Sunday, 24 March 2019 10:33:27 PM

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Dear Sirs and Mesdames,

Voluntary assisted dying, or euthanasia, should be the unalienable right of all adult people. Nobody should be forced to live a life that has become an intolerable burden. Why should the nonsensical religious views of a section of society be reflected in the prevailing law that applies to this subject? It makes no sense, moral or practical. If an animal is in pain or is suffering because of an incurable condition it is mercifully "put down". If an animal's pain is deliberately prolonged people can be prosecuted. Why then do we not prosecute those who, however well meaning, insist on prolonging human life that is intolerable? Life that the sufferer would gladly relinquish with a profound feeling of relief?

Whenever euthanasia is mentioned the pious, hand-wringing do-gooders invoke their ridiculous religious objections and claim that greedy beneficiaries would do away with their elderly relatives for material gain. What a lot of poppycock and alarmist nonsense. If euthanasia were properly regulated and administered, perhaps by government decree and supervision, there could never be any such scenario.

Consider a rational, very private person in his or her nineties who is suffering considerable physical pain, together with the indignity of incontinence who wishes only to die but who is kept alive to suffer on-going pain and further indignity every day by the outdated rules of society and the earnest determination of a misguided nursing staff. Such a person was my mother who wished for death every day for a considerable period of time before she was eventually released from her torment. If I had had the means and the know-how I would have assisted her dying with dignity.

In this day and age there is no excuse for putting euthanasia in the "too hard" basket and doing nothing about it. By and large politicians are a gutless lot and generally take the course of least resistance. Surely now someone with guts and compassion and a thorough grasp of reality can step up to the plate and give the lead in addressing this shameful and disgraceful stain on human life and dignity. In any case I do not intend to let society's short comings in this area affect my departure from this life. If necessary I will take matters into my own hands when the time comes, and I close this little submission with a quote from the poem "Invictus".

"It matters not how strait the gate,  
How charged with punishment the scroll,  
I am master of my fate,  
I am the captain of my soul"

[REDACTED]

Sent from my iPad

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Cc:** [REDACTED]  
**Subject:** Health Committee: Submission to legalise VAD  
**Date:** Monday, 25 March 2019 10:49:47 AM

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My husband and I are in our 80s and have been happily married for 62 years. We are both failing physically, still just managing to live in our home with home care assistance. This past 18 months has seen great deterioration in both of our physical conditions. We are dependent upon each other, on the home care and limited family assistance we can access. Our so-called 'slippery-slide' into physical and/or mental decay fills us with dread - nursing homes, palliative care and finally a slow and possibly painful, prolonged death.

We support legalising VAD because

1. We see VAD as a basic human right – our lives, our choice.
2. VAD would take away the risks involved in each of us attempting suicide – and the horrific sequelae of illegal, botched attempts.
3. We have discussed VAD with our children, who respect our wishes. Each of us would much prefer a controlled and dignified death to a secret, illegal suicide.
4. We have watched parents and friends at the ends of their lives, and witnessed the long-drawn out, uncontrolled pain, grief and suffering that can ensue.
5. We have both been members of Exit and Dying With Dignity for over 20 years. While we do not support all of Exit's practices, we support their belief and results.
6. We have planned our suicides for when each of us feel we are ready to die. However, there is always the risk that we may not do this properly, with traumatic results for everyone.
7. Both of us have our spiritual and ethical belief systems.
8. While we respect those people who are opposed to VAD. We would not ask or expect them to avail themselves of it, but to equally respect our human right to do so.
9. We humbly request that the Health Committee take into account the percentage of Queenslanders supporting VAD.

We give permission for our submission to appear on your website.

Thank you for your support in this request for a basic human right.

[REDACTED]  
[REDACTED]  
Oonoomba Qld 4811  
[REDACTED]

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** We are a caring state  
**Date:** Tuesday, 26 March 2019 9:17:15 PM

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Re: We are a caring state

Dear Rob Hansen,

<I am completely against legalising euthanasia. I have always thought that our society valued human life and sought to protect the vulnerable. If Euthanasia is legalised it will change the community's views towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. It will also be an excuse for younger people to get rid of old people they don't want to help or they see as burden to themselves. Some older people will undoubtedly seek assisted suicide not because they necessarily dying, but because they simply fear the changed circumstances that a deterioration in their condition might bring. I don't see any safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying. It will also be an excuse for young

Sincerely,  
Terry O'Grady

[REDACTED]  
[REDACTED]  
Hervey Bay, AU-QLD 4655

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## **Submission:**

**Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying (2019, Queensland) [ACELPCVAD]**

What are your views on aged care, end-of-life and palliative care and voluntary assisted dying in Queensland?

**The Secretary**

**The Queensland Parliamentary Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee**

**Email: [careinquiry@parliament.qld.gov.au](mailto:careinquiry@parliament.qld.gov.au)**

**Prepared by:**

**[REDACTED]**  
**Address, phone number & email withheld**  
**25 March 2019**

## 1. Introduction

I found the description of this inquiry (ACELPCVAD) way too broad as to embrace aged care, end-of-life, palliative care, and voluntary assisted dying (euthanasia).

This also applies to your 'Terms of Reference'.<sup>1</sup> They are not concise enough to address specifically. They are framed in parliamentary language that does not encourage the people on the street to make submissions.

I expect submissions to include a substantial number of sad cases of pain and suffering at the end of life to support introduction of VAD (voluntary assisted dying) in Qld.

I will propose that the subjective, experiential examples are not adequate to develop an ethical framework for death and dying.

From the 'Terms of Reference', I've simplified them for this submission:

## 2. Modified Terms of Reference

- a. *Should it be legalised that health and aged care include euthanasia / assisted suicide in Qld?*
- b. *Community and health practitioners' views on supporting voluntary assisted dying and safeguards to protect vulnerable people.*
- c. *Exchange of information with the Australian Government's 'Royal Commission into the Quality and Safety of Aged Care'.*
- d. *The palliative care option*
- e. *The legal framework from Victoria (Aust) and overseas for end-of-life choices*

### 2.1 One-way street from the outset – biased language

This inquiry is like beef eaters wanting an inquiry into vegetarianism. The inquiry is lost from the beginning because of the bias of the Labor government's perspective. It can't even frame the terms of reference as an open question pro or against euthanasia.

<sup>1</sup> Queensland Parliament 2019. Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee Paper No. 3, 56<sup>th</sup> Parliament, February 2019: Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying (online). Available at: <https://www.parliament.qld.gov.au/documents/committees/HCDSDFVPC/2018/AgedCareEOLPC/ip-agedcare-14Feb2019.pdf> (Accessed 21 March 2019).

This Committee's Terms of Reference include: 'Queensland community and relevant health practitioners' **views on the desirability of supporting** voluntary assisted dying'.

Why does it not read 'on the desirability **of supporting or rejecting** voluntary assisted dying'? It's because the Qld Labor Party's agenda is to legislate euthanasia and assisted dying. This is its statement on 'The Rights of the Terminally Ill', Chapter 8:

8.29 Labor believes that voluntary euthanasia and assisted dying, in addition to comprehensive palliative care options, should be legally available as an option for a person of sound mind suffering from a terminal illness that has diminished their quality of life to the extent that the person requests termination of their life. Labor supports a conscience vote on the question of voluntary euthanasia and assisted dying consistent with the 1996 decision of the National Executive.<sup>2</sup>

## 2.2 Please abandon the euphemisms

Take this statement in the Terms of Reference: '... the delivery of aged care, end-of-life and palliative care'.

- 'Delivery of aged care' is one kind of concern. It should not be confused with the other two categories.
- Also in the Terms of Reference are: 'desirability of supporting voluntary assisted dying'. So your euphemism of 'end-of-life' is really 'voluntary assisted dying, which is supported killing of a person, presumably a medical professional taking action'.

So, the true intent of ACELPCVAD is to provide a report to give a medical practitioner the ability to provide a terminally ill adult with:

(1) the medical service to kill himself or herself. This is to provide the medical profession with the legal and medical ability to engage in assisted suicide – with legal support - and

(2) to facilitate assisted killing – without the fear of legal prosecution. Your Terms of Reference include language concerning 'the current legal framework'.

I object strongly to the language and ethics proposed here of: 'delivery of end-of-life ... care' when the real intent, in Qld Labor policy is to legalise assisted suicide – killing. This is not a provision of 'end-of-life care', but it gives a doctor the wherewithal for terminally ill patients to be given assistance to kill themselves – assisting in their suicides.

<sup>2</sup> Queensland Labor: State Platform 2018. Available at: [https://www.queenslandlabor.org/media/20967/qld\\_labor\\_platform\\_2018.pdf](https://www.queenslandlabor.org/media/20967/qld_labor_platform_2018.pdf) (Accessed 21 March 2019).

I consider this is an impudent attack on the Australian medical services' profession which has a superb track record of compassion and care for the sick and dying. This ACELPCVAD inquiry, if it becomes euthanasia legislation, will kill off compassion as it proceeds to desecrate care in the name of assisted suicide – killing. This is not what should be promoted by a civilised society.

## 2.3 Stacked Committee in favour of euthanasia

The Committee members are:

Aaron Harper MP (Chair) Member for Thuringowa (ALP);<sup>3</sup> Mark McArdle MP (Deputy Chair) Member for Caloundra (LNP);<sup>4</sup> Michael Berkman MP Member for Maiwar (GRN);<sup>5</sup> Marty Hunt MP Member for Nicklin (LNP); Barry O'Rourke MP Member for Rockhampton (ALP), and Joan Pease MP Member for Lytton (ALP).<sup>6</sup>

From the outset, there is no way to get balance in this committee and its final decision. There are three ALP members who support euthanasia as their policy, one Greens' MP whose policy endorses euthanasia, and two LNP members whose policy is against euthanasia. That's stacked 4-2 in favour of voluntary assisted dying.

This inquiry does not provide balance in the choice of MPs. It would have provided a more balanced view if one of the ALP members was replaced by one of the Katter's Australian Party MPs.

I also object because of

## 3. **Community and health practitioner views on voluntary assisted dying**

This relates to my modified terms of reference: *Community and health practitioners' views on supporting voluntary assisted dying and safeguards to*

<sup>3</sup> See: Queensland Labor: State Platform 2018. Available at: [https://www.queenslandlabor.org/media/20967/qld\\_labor\\_platform\\_2018.pdf](https://www.queenslandlabor.org/media/20967/qld_labor_platform_2018.pdf) (Accessed 21 March 2019).

<sup>4</sup> The LNP State Director, Michael O'Dwyer, wrote to the Australian Christian Lobby: 'In Queensland, neither voluntary euthanasia nor assisted suicide is permitted.... The LNP will not be changing the current laws'. Australian Christian Lobby 2019. LNP – Ronald Bird (online). Available at: [https://www.acl.org.au/lnp\\_ron\\_bird](https://www.acl.org.au/lnp_ron_bird) (Accessed 25 March 2019).

<sup>5</sup> The Greens' platform is 'legalising access to euthanasia'. The Greens n.d. Dying with Dignity: Defending your right to choose (online). Available at: [https://greens.org.au/sites/default/files/2018-06/20160627\\_Dying%20with%20Dignity\\_0.pdf](https://greens.org.au/sites/default/files/2018-06/20160627_Dying%20with%20Dignity_0.pdf) (Accessed 25 March 2019).

<sup>6</sup> Available at: <https://www.parliament.qld.gov.au/documents/committees/HCDSDFVPC/2018/AgedCareEOLPC/ip-agedcare-14Feb2019.pdf> (Accessed 25 March 2019).

*protect vulnerable people.*

In 2017, the organisation, Dying with Dignity NSW, organised Roy Morgan Research to conduct research in November 2017 on euthanasia on 'a representative cross-section of 1,386 Australians aged 18+'. It 'found that 85% of Australians are in favour of allowing a doctor to 'give a lethal dose when a patient is hopelessly ill with no chance of recovery and asks for a lethal dose' compared to 15% who say a doctor should 'not be allowed to give a lethal dose'.<sup>7</sup>

Shouldn't that be enough evidence to have this Committee conclude that it is right to go ahead with a recommendation for legislation to implement euthanasia in Qld?

Wait a minute! There's a major issue here that involves irrational reasoning and it's easy to overlook.

**Firstly:** If one promotes the view that the majority of the community supports euthanasia, this commits the **Appeal to Common Belief logical fallacy**. This fallacy happens ...

when the claim that most or many people in general or of a particular group accept a belief as true is presented as evidence for the claim. Accepting another person's belief, or many people's beliefs, without demanding evidence as to why that person accepts the belief, is lazy thinking and a dangerous way to accept information.<sup>8</sup>

It is fallacious reasoning because it has not examined and debated the evidence. I'll briefly do that in this submission.

**Secondly:** The question asked in the Roy Morgan Research of those interviewed was: 'If a hopelessly ill patient with no chance of recovering asks for a lethal dose, should a doctor be allowed to give a lethal dose, or not?'<sup>9</sup>

This question contains its own inbuilt answer: The patient is 'hopelessly ill ... with not chance of recovering and asks for a lethal dose' (presumably of barbiturates and/or some other fatal mixture). Further, 'should a doctor be allowed to give a lethal dose or not?'

This is priming the pump to get a 'yes' answer. Who would want somebody desperately ill, with no chance of recovering, excluded from a doctor having the ability to take them out of their misery? Surely this would be the 'compassionate' thing to do. That's how many in our society think.

<sup>7</sup> Dying with Dignity New South Wales 2017. Latest poll shows 85% of Australians support assisted dying, 10 November. Available at: <https://dwdnsw.org.au/85-of-australians-support-assisted-dying/> (Accessed 21 March 2019).

<sup>8</sup> Logically Fallacious 2019. Appeal to Common Belief. Available at: <https://www.logicallyfallacious.com/tools/lp/Bo/LogicalFallacies/24/Appeal-to-Common-Belief> (Accessed 21 March 2019).

<sup>9</sup> Ibid.

However, this is an example of a **Leading Question fallacy**, which ...

is a type of question that implies or contains its own answer. By contrast, a *neutral question* is expressed in a way that doesn't suggest its own answer. Leading questions can serve as a form of persuasion. They are rhetorical in the sense that the implied answers can be an attempt to shape or determine a response.<sup>10</sup>

What would have been the response if the Morgan Research used a more neutral question such as: 'If a person is very ill at the end of life, should a doctor be allowed to help that person to die?'

#### **4. *Australia's medical services are built on compassion & mercy and not on killing the person***

I find it audacious of this proposed ACELPCVAD Committee's Terms of Reference include the promotion of the 'desirability of supporting voluntary assisted dying' when it really is assisted killing / euthanasia that is really in sight.

This is directly contrary to the practice of compassion and mercy towards the suffering that has a long history in the Australian medical profession, hospitals and community. It is based on the undaunted and unethical view to kill human beings, all in the name of 'voluntary assisted dying'.

Australia's care for the sick and dying with compassion and mercy – an envy of much of the world – is based on the Christian world and life view of the value of human beings, made in the image of God, relieving pain with Christian compassion and mercy, and not that of assisting with the killing of people.

Euthanasia, as advocated in ACELPCVAD, is according to this definition, 'desirability of supporting voluntary assisted dying'. For euthanasia to occur, even pro-euthanasia advocate, Helga Kuhse, admitted 'euthanasia involves the deliberate taking of a person's life'.<sup>11</sup>

This is what is proposed in this ACELPCVAD investigation.

#### **4.1 This inquiry goes against the AMA's code of ethics**

<sup>10</sup> Richard Nordquist 2018. Leading Questions as a Form of Persuasion. ThoughtCo (online), 28 July. Available at: <https://www.thoughtco.com/leading-question-persuasion-1691103> (Accessed 21 March 2019).

<sup>11</sup> Helga Kuhse 1992. Euthanasia Fact Sheet. World Federation of Right to Die Societies (online), from BIOETHICS NEWS Vol.11 No. 4 July 1992 page 40. Available at: <https://www.worldrtd.net/euthanasia-fact-sheet> (Accessed 21 March 2019).

A medical practitioner who stoops to perform euthanasia has violated fundamentals of the Australian Medical Association's (AMA) code of ethics that stretches as far back as the Hippocratic Oath. The AMA Position Statement (2016) regarding the dying patient is:

### **3. AMA position on euthanasia and physician assisted suicide**

3.1 The AMA believes that doctors should not be involved in interventions that have as their primary intention the ending of a person's life. This does not include the discontinuation of treatments that are of no medical benefit to a dying patient.

3.2 The AMA recognises there are divergent views within the medical profession and the broader community in relation to euthanasia and physician assisted suicide.

3.3 The AMA acknowledges that laws in relation to euthanasia and physician assisted suicide are ultimately a matter for society and government.

3.4 If governments decide that laws should be changed to allow for the practice of euthanasia and/or physician assisted suicide, the medical profession must be involved in the development of relevant legislation, regulations and guidelines which protect:

- all doctors acting within the law;
- vulnerable patients—such as those who may be coerced or be susceptible to undue influence, or those who may consider themselves to be a burden to their families, carers or society;
- patients and doctors who do not want to participate; and
- the functioning of the health system as a whole.

3.5 Any change to the laws in relation to euthanasia and/or physician assisted suicide must never compromise the provision and resourcing of end of life care and palliative care services.

3.6 Doctors are advised to always act within the law to help their patients achieve a dignified and comfortable death.<sup>12</sup>

**Please note the primary emphasis 3.1: 'The AMA believes that doctors should not be involved in interventions that have as their primary intention the ending of a person's life'.**

Those who promote euthanasia do not generally use the word 'kill'. I note that in this committee's Terms of Reference that right-to-die is not described as

<sup>12</sup> AMA Position 2016. Euthanasia and Physician Assisted Suicide (online). Available at: <https://ama.com.au/system/tdf/documents/AMA%20Position%20Statement%20on%20Euthanasia%20and%20Physician%20Assisted%20Suicide%202016.pdf?file=1&type=node&id=45402> (Accessed 21 March 2019).

killing a person. However, 'to kill' is the accurate word to express the reality of what happens. It is not natural death.

I contend that voluntary active euthanasia advocates such as that described in the Queensland Labor Policy are not promoting 'voluntary euthanasia and assisted dying' (Policy), but are supporting the right for people to be assisted with suicide, to be killed.

These rights currently exist in Victoria, Australia, and they should not spread to Queensland. To remain a civilised country with law and order, we must continue to support the view that murder (active killing of another person) and assisted suicide are wrong and must be prosecuted under our legal system.

## **5. *Confusion comes***

Confusion enters this debate when people fail to differentiate:

(a) the legality of disconnecting mechanical life support systems for those who have been comatose for long periods of time or the patient's right to request the cessation of extraordinary means used to keep that person alive, and

(b) voluntary active euthanasia. Ceasing extraordinary means to keep a person alive is not supporting euthanasia as indicated in this submission:

Registered nurse, Leah Curtin, hit the mark on what should be humane treatment of the sick and dying. It 'has always allowed the physician and patient (or his family) to decide what measures if any should be employed to prolong the patient's life'.

However, there is no need for legislation to protect either the physician or patient in this regard. If euthanasia legislation were passed 'it must inevitably affect: a) the right of the patient to demand of the state the means by which to commit suicide, or b) the right of a physician to directly terminate (kill) the patient' (Curtin 1974:4).

Therefore, it is critical for the medical care dimension of our society that this assisted suicide legislation not be passed. It is not a ministry of mercy and compassion to those in medical need, but assistance with their killing. Let's call it for what it is.

But there is an additional problem.

## **6. *The inevitable deterioration in application***

Let's not be deluded into thinking it will end with mentally competent adults who are terminally ill. Legalising assisted suicide (euthanasia) is but one step to be legalised in Labor's push for euthanasia. It won't stop there as has been demonstrated in both the Netherlands and Belgium.

## 6.1 Killing children at any age?

There was an item in the *Brisbane Times*, February 2019 which indicated that the Qld government committee asked if the scheme should include those aged 18 and under? If not, why not?<sup>13</sup>

When I view the TV news, after a tragic suicide, the newsreader refers people suffering depression, anxiety and with suicidal ideation to Lifeline and Beyond Blue. I've spent 34 years of my professional life as a youth and family counsellor, 11 years as co-ordinator of a youth counselling service.

If I am to offer counselling to suicidal youth, if assisted killing is introduced in Qld for those under 18, this will be my message to them: 'Go ahead and do what you planned. Kill yourself and I'll help you to do that (by referring to a euthanizing doctor) as I see no future for you. The government wants you to do that if you see your future as hopeless'.

This is a contemptible suggestion by the Qld government to even be considering killing those under age 18. This is a clear example of the devaluation of human life this government is placing on people.

### 6.1.1 Belgium is killing those under 12

In 2014, Belgium amended its euthanasia legislation 'to terminate the life of a child, at any age who makes the request'. Between 1 January 2016, and 31 December 2017, physicians gave lethal injections to three children, aged 17, 11 and 9.<sup>14</sup>

### 6.1.2 The Netherlands also killing children

A total of fourteen children have been given euthanasia, including one 12 year old child in 2005, a 16 year old in 2015, five 17 year old children between 2002 and 2015 and two children (aged 16-18 years) in 2016, three children in 2017 (one aged 16-18 years, other two cases no case report), and two children both aged between 16 and 18 years in 2018.<sup>15</sup>

<sup>13</sup> Felicity Caldwell 2019. Queenslanders asked if voluntary euthanasia should be allowed for those under 18. *Brisbane Times* (online), 14 February. Available at: <https://www.brisbanetimes.com.au/politics/queensland/queenslanders-asked-if-voluntary-euthanasia-should-be-allowed-for-under-18s-20190214-p50xqr.html> (Accessed 21 March 2019).

<sup>14</sup> Charles Lane 2018. Children are being euthanized in Belgium. *The Washington Post* (online), 6 August. Available at: [https://www.washingtonpost.com/opinions/children-are-being-euthanized-in-belgium/2018/08/06/9473bac2-9988-11e8-b60b-1c897f17e185\\_story.html?noredirect=on&utm\\_term=.f9d8db8bd4cd](https://www.washingtonpost.com/opinions/children-are-being-euthanized-in-belgium/2018/08/06/9473bac2-9988-11e8-b60b-1c897f17e185_story.html?noredirect=on&utm_term=.f9d8db8bd4cd) (Accessed 23 March 2019).

<sup>15</sup> Richard Egan 2018. Child euthanasia in the Netherlands and Belgium. Euthanasia Prevention Coalition (online). Available at: <http://alexschadenberg.blogspot.com/2018/08/child-euthanasia-in-netherlands-and.html> (Accessed 23 March 2019).

'The total number of Dutch euthanasia cases has been 2000 to 4000 a year'.<sup>16</sup>

How is it possible to stop the lurch towards killing children once 'end-of-life' and 'voluntary assisted dying' are redefined to include the killing of adults who are terminally ill and checking public opinion of killing youth and children under 18 years of age?

This deterioration includes the case in point of what has happened in Holland and Belgium.

### **7. The Dutch example: How many Dutch doctors do not report euthanasia?**

A study reported in the *New England Journal of Medicine* (2007) found that in The Netherlands,

the reporting rates for euthanasia and physician-assisted suicide increased from 18.0% in 1990, when these practices were illegal and the first procedure for review had yet to be developed, to 80.2% in 2005, a time when euthanasia and assisted suicide were no longer of questionable legality if performed according to established requirements for careful practice.<sup>17</sup>

While the rate has improved from 82% to 20% for not reporting, the facts are that there is a reticence by a fair percentage of doctors to report what they are doing, even when it is legal. One-in-five not reporting is a significant percentage that should concern any country that wants compassionate and merciful care for those in pain who have terminal illnesses.

'Almost one in five Dutch doctors would consider helping someone die even if they had no physical problems but were "tired of living", according to one of the most comprehensive academic studies of such attitudes.

The research, in which almost 1,500 GPs, geriatric care doctors and clinical specialists answered a detailed, anonymous survey, also found that 2% of them said they had taken part in such euthanasia or assisted suicide without medical grounds for a patient who was suffering, even though this is prohibited under Dutch law.

<sup>16</sup> Robert-Jan Bartunek 2014. Belgium allows euthanasia for terminally ill children. *The Sydney Morning Herald* (online), 4 February. Available at: <http://www.smh.com.au/world/belgium-allows-euthanasia-for-terminally-ill-children-20140214-hvcb9.html> (Accessed 23 March 2019).

<sup>17</sup> Agnes van der Heide, et al 2007. End-of-Life Practices in the Netherlands under the Euthanasia Act. *The New England Journal of Medicine* (online). Available at: <http://www.nejm.org/doi/full/10.1056/nejmsa071143#t=articleBackground> (Accessed 23 March 2019).

The paper, published in the *Journal of Medical Ethics*, also found that 40% of the doctors said it was conceivable they would help someone in the early stages of dementia to die, while 3% had done so. Just over a third said they might also be willing to assist people with a psychiatric disease who wished to end their life'.<sup>18</sup>

## 7.1 Canada follows Belgium

'In June 2016, the Parliament of Canada passed federal legislation that allows eligible Canadian adults to request medical assistance in dying'.<sup>19</sup> In the first year of legalisation (to 17 June 2017), 'more than 2,000 Canadians have ended their lives legally with the help of a doctor'.<sup>20</sup>

The commission overseeing Quebec's euthanasia law, the first of its kind in Canada, reported 262 completed euthanasia deaths in the first nine months of the law. Of those, 21 cases were found to be non-compliant with the regulations.<sup>21</sup>

How many euthanasia cases did not follow the Canadian euthanasia law? The above example from the province of Quebec demonstrates that in 8 percent of Canadians euthanised, the doctors did not follow the requirements of the Quebec law.

A significant proportion of Canadian doctors are refusing to practise euthanasia, after being involved in performing the act of killing a person.

The Canadian Medical Association says reports of doctors backing away from the act are not just anecdotal. "I can't tell you how many, but I can tell you that it's enough that it's been noted at a systemic level," said Dr. Jeff Blackmer, the CMA's vice-president of medical professionalism.<sup>22</sup>

This demonstrates that no matter how stringent the laws are, there is no way to eliminate non-compliance by doctors performing euthanasia.

<sup>18</sup> Peter Walker 2015. *The Guardian*, One in five Dutch doctors would help physically healthy patients die (online), 18 February. Available at: <http://www.theguardian.com/society/2015/feb/17/assisted-dying-dutch-doctors-patient-law-netherlands> (Accessed 23 March 2019).

<sup>19</sup> Government of Canada 2018. Medical assistance in dying (online). Available at: <https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html> (Accessed 25 March 2019).

<sup>20</sup> Kathleen Harris 2017. More than 2,000 Canadians have died with medical assistance since legalization. *CBC News* (online), 6 October. Available at: <https://www.cbc.ca/news/politics/medical-assistance-death-figures-1.4344267> (Accessed 25 March 2019).

<sup>21</sup> haron Kirkey 2017. 'Take my name off the list, I can't do any more': Some doctors backing out of assisted death. *National Post* – Canada - (online), 27 February. Available at: <https://nationalpost.com/news/0227-na-euthanasia> (Accessed 25 March 2019).

<sup>22</sup> Ibid.

Be prepared for child euthanasia in Canada. 'The Canadian Paediatric Society issued a Position Paper on 'Medical Assistance in Dying: A Paediatric Perspective' in which it stated,

Although 'mature minors' are the only youth currently mandated for further legislative consideration in Canada, the need to examine requests for and attitudes around MAID (Medical Assistance in Dying) for minors of all ages remains compelling...<sup>23</sup>

Around the world, it has been demonstrated already that there is no way to stop the slippery slope from adult euthanasia to child euthanasia.

## **8. From fighting death to administering death**

The Netherlands' steady march towards involuntary euthanasia has been documented. Anne McTavish wrote for *The Province*, a Vancouver, Canada, newspaper:

In 1990, 130,000 people died in the Netherlands: 2,300 people asked doctors to kill them; 400 asked doctors to provide them with the means to kill themselves; 8,100 died when doctors deliberately gave them an overdose of pain medication to kill them (for which 4,941 patients didn't consent); 1,040 people died when doctors euthanized them without their knowledge or consent (72 per cent of those never having given any indication they would want their lives terminated).

That's breathtaking in more than one way.

It's not so much that nine per cent died at the hands of doctors, which is alarming in and of itself. What should raise our cries of outrage is that 4,941 people (four per cent) did not give their consent to being killed. A doctor who operates on someone without their consent can be successfully sued and made to pay huge dollars for having done so. The same should apply for killing a person without their consent.

And it's the 1,040 people (one per cent) who were killed without their knowledge or consent and the 749 who never wanted to die early that should get us up in arms.

Dutch doctors have gone from fighting death to administering death. We should never have to worry whether a doctor will decide we should be put down rather than healed or cared for.<sup>24</sup>

<sup>23</sup> Dawn Davies 2018. Medical Assistance in Dying: A Paediatric Perspective. Canadian Pediatric Society (online), 12 April. Available at: <https://www.cps.ca/en/documents/position/medical-assistance-in-dying> (Accessed 25 March 2019).

<sup>24</sup> Anne McTavish: Netherlands' euthanasia stats are appalling. 2012. *The Province* (online), 3 July. Available at: <http://blogs.theprovince.com/2012/07/03/anne-mctavish-netherlands-euthanasia-stats-are-appalling/> (Accessed 23 March 2019).

The Dutch experience demonstrates that the legal euthanasia march towards involuntary euthanasia is very difficult to slow down and it's impossible to retain within legal boundaries.

Australian suicide-assistance advocate, Dr Philip Nitschke, gave an interview to the *National Review* pro-life journalist, Kathryn Lopez, in 2001.<sup>25</sup> She asked, 'Do you see any restrictions that should be placed on euthanasia generally?' His position was

that if we believe that there is a right to life, then we must accept that people have a right to dispose of that life whenever they want. (In the same way as the right to freedom of religion has implicit the right to be an atheist, and the right to freedom of speech involves the right to remain silent). I do not believe that telling people they have a right to life while denying them the means, manner, or information necessary for them to give this life away has any ethical consistency. So all people qualify, not just those with the training, knowledge or resources to find out how to 'give away' their life. And someone needs to provide this knowledge, training, or recourse necessary to anyone who wants it.

Nitschke has now included this quote in his own article, Legislative reform OR technological innovation: Real end of life choice in the Peaceful Pill Debate 'Real end of life choice - The Peaceful Pill. Legislative reform OR technological innovation'.<sup>26</sup>

With this kind of advocacy in Australia, I urge this Queensland parliamentary committee not to legitimise euthanasia / assisted killing in any form.

As Belgium and the Netherlands have demonstrated, there is no way to control the parameters from affecting all people. Some physicians report the euthanasia and others go unreported. Some follow the legislation; others don't.

## **9. Royal Commission into the Quality and Safety of Aged Care.**

This is another of the modified Terms of Reference:

- c. *Exchange of information with the Australian Government's 'Royal Commission into the Quality and Safety of Aged Care'.*

How is this possible?

<sup>25</sup> Kathryn Jean Lopez 2001. Euthanasia sets sail: An interview with Philip Nitschke, the other 'Dr Death'. *National Review Online*, 5 June. Available at: <https://www.nationalreview.com/2001/06/euthanasia-sets-sail-kathryn-jean-lopez/> (Accessed 23 March 2019).

<sup>26</sup> Philip Nitschke 2012. Real end of life choice - The peaceful pill. Legislative reform OR technological innovation. Exit International (online), 7 August. Available at: <https://exitinternational.net/docs/techorleg.pdf> (Accessed 23 March 2019).

The report for this Commission is not due until 31 October 2019 with the final report on 30 April 2020.<sup>27</sup> This Committee's report has to be presented to the Queensland Legislative Assembly for this inquiry by 30 November 2019.<sup>28</sup> How will you obtain the *Royal Commission's* report by 30 November 2019 when the final report is not due until 5 months later?

## **10. Compassion, mercy and palliative care**

This addresses the Modified Terms of Reference

### *d. The palliative care option*

Australia's medical services are built on compassion and mercy and not on providing means for killing or assisting in the killing of a person. To move towards affirming this position at the end of life is to act directly contrary to the practice of compassion and mercy towards the suffering that has a long history in the Australian medical profession, hospitals and community. It is based on the undaunted and unethical view to kill human beings, all in the name of end of life decisions.

Australia's care for the sick and dying with compassion and mercy – an envy of much of the world – is based on the Christian world and life view of the value of human beings who are made in the image of God, and on relieving pain with Christian compassion and mercy, and not that of assisting with the killing of people.

Based on the 'Terms of Reference', I do not support euthanasia as 'the desirability of supporting voluntary assisted dying', if that means killing or assisting in the killing of that person. I am not discussing the issues of maintaining or turning off life-support systems.

Whether that killing is by a direct action, such as a lethal injection or by failing to perform an action necessary to maintain life, it should be forbidden by law in Qld, in order to agree with the AMA ethical code and to promote compassion and mercy.

Much more money needs to be allocated by the Queensland government to palliative care of the suffering to assist with the alleviation of pain at the end of life.

## **11. Legal but not ethical**

<sup>27</sup> See: <https://agedcare.royalcommission.gov.au/Documents/acrc-signed-letters-patent-6-Dec-2018.pdf> (Accessed 21 March 2019).

<sup>28</sup> Available at: <https://www.parliament.qld.gov.au/work-of-committees/committees/HCDSDVPC/inquiries/current-inquiries/AgedCareEOLPC> (Accessed 21 March 2019).

This is a fifth example of modified Terms of Reference:

- e. *The legal framework from Victoria (Aust) and overseas for end-of-life choices*

In the Terms of Reference it was mentioned that the Committee should examine ‘the current legal framework’ in other jurisdictions, including Victoria. That’s a legitimate concern and requirement.

However, there was not a word in the Terms of Reference about the ethics of euthanasia and assisted dying. It is gross negligence that any Committee should be given ethical challenges without its being mentioned to investigate the ethics of killing people.

Here I attempt to address the ethical issue briefly

### **11.1 Why euthanasia in any form should be rejected.**

At the commencement of each sitting day, the Speaker opens proceedings with the following prayer.

MOST GRACIOUS GOD: We humbly beseech Thee, as for this State in general, so especially for the Parliament of Queensland under our Most Religious and Gracious Queen at this time assembled:

That Thou wouldst be pleased to direct and prosper all our consultations, to the advancement of Thy glory, the good of Thy Church, the safety, honour, and welfare of our Sovereign and this portion of Her Commonwealth; that all things may be so ordered and settled by our endeavours upon the best and surest foundations; that peace and happiness, truth and justice, religion and piety may be established among us for all generations. These and all other necessities, for us, and Thy whole Church, we humbly beg in the Name and Mediation of Jesus Christ, our Most Blessed Lord and Saviour.

AMEN....

During the first session of the First Parliament [of Qld], Henry Jordan, Member for Brisbane North, introduced a motion to open each sitting day of Parliament with a prayer. The motion was approved 20 votes to 2. The prayer that was adopted is the prayer used by the Legislative Assembly of Queensland today.<sup>29</sup>

So, Queensland has its foundation in the Christian world and life view. This is further enforced in ...

<sup>29</sup> Queensland Parliament 2008. Everyone’s Parliament: Parliamentary Practices and Procedures (online). Available at: [https://www.parliament.qld.gov.au/documents/explore/education/factsheets/papers/paper05\\_ParliamentPracticesAndProcedures.pdf](https://www.parliament.qld.gov.au/documents/explore/education/factsheets/papers/paper05_ParliamentPracticesAndProcedures.pdf) (Accessed 23 March 2019).

The Commonwealth of Australia Constitution Act of 9 July 1900 begins with,

WHEREAS the people of New South Wales, Victoria, South Australia, Queensland, and Tasmania, humbly relying on the blessing of Almighty God, have agreed to unite in one indissoluble Federal Commonwealth under the Crown of the United Kingdom of Great Britain and Ireland, and under the Constitution hereby established<sup>30</sup>

The 2016 Australian Bureau of Statistics religion media release stated: 'Christianity remaining the most common religion (52 per cent of the population)'.<sup>31</sup>

I present these three sets of facts to demonstrate that Australia's foundations since the First Fleet arrived have been distinctly Christian and the ethics of euthanasia should be Christian. Therefore, I call on the Committee to conclude this inquiry with a Christian perspective that recommends against the ethics of murder.

The Christian world and life view has given our Australian medical system its foundation, impetus and caring dynamic. Therefore, the command of Scripture, 'You shall not murder' (Exodus 20:13; Matthew 5:21-22; Romans 13:9) is still a binding instruction in God's moral requirements for individuals and nations that identify with Christianity.

**The Victorian legislation** clearly violates the Christian ethic of supporting life and not promoting killing. I regard the Victorian legislation, not as a model for Qld to emulate, but as a paradigm that should be ditched in the well of despicable executioners.

When a person is deliberately assisted with suicide, these ethics are desecrated. Australia's medical services' system must not go down the track of killing the suffering when relief of pain in palliative care is needed.

Also, endorsing the killing of the terminally suffering sends the wrong message (i.e. suicide is the best way out) to other sufferers. Instead, we should be encouraging those with suicide ideation to obtain assistance in counselling. Lifeline's suicide support through its crisis telephone counselling is available on 13 11 14.

## **11.2 The case for euthanasia and assisted killing is based on:**

- Intentionally killing or assisting in the killing of human beings.

<sup>30</sup> Commonwealth of Australia n.d. Australian Constitution (online). Available at: [https://www.aph.gov.au/About\\_Parliament/Senate/Powers\\_practice\\_n\\_procedures/Constitution/preamble](https://www.aph.gov.au/About_Parliament/Senate/Powers_practice_n_procedures/Constitution/preamble) (Accessed 23 March 2019).

<sup>31</sup> Australian Bureau of Statistics 2017. Media Release: 2016 Census data reveals "no religion" is rising fast (online), 27 June. Available at: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/mediareleasesbyReleaseDate/7E65A144540551D7CA258148000E2B85> (Accessed 23 March 2019).

- Repudiation of the doctor-patient relationship that is meant to promote life.
- It flies in the face of the medical advances made in the treatment of pain and is at odds with compassionate methods of care.
- It does not fully consider the historical examples that show euthanasia cannot be legislatively controlled (as in the Netherlands and Belgium).
- It rests on presuppositions that do not respect human life.
- It plays God.
- It is not in the patient's or Australia's best interests.
- It eliminates the sufferer, rather than treating the suffering.

Therefore, I urge the Queensland Parliament not to support the legalisation of euthanasia in assisted suicide as defined in the Terms of Reference for this committee.

### **11.3 The vulnerable**

Who are the particularly vulnerable when assisted suicide is legalised? Those with disabilities, especially the young with disabilities, are exposed to particular risks. These people already have negative views towards them and they could have pressure put on them or their parents to 'choose assisted suicide' or other killing – for the benefit of family and society – because the libertarians will push the idea that this is about choice.

It is not about the ability to choose and autonomy because it requires the involvement of another person to intentionally kill the person – either actively or passively.

This committee is called to make a decision that is Qld Labor Policy and exposes vulnerable people, whether aged or with disabilities, to severe risk because it is dealing with how Australian society directly and intentionally cares for the suffering and causes the death of vulnerable terminally ill people.

From the evidence I have presented above, never will I believe that this will only apply to the adult terminally ill who have mental capacity to consent.

## **12. Conclusion**

I do not support the legalisation of euthanasia or end-of-life dying that includes assisted or direct killing by a physician in Queensland because:

1. It introduces killing into the medical system that is designed for the palliative, compassionate care of the dying.
2. The real intent of the Committee is to promote assisted suicide for the terminally ill, based on the wording of the Terms of Reference where you are seeking '**views on the desirability of supporting** voluntary assisted dying' and not canvassing views for and against euthanasia.

3. We need the promotion of compassion and mercy for those who are terminally ill.
4. The medical practitioner who practises assisted suicide violates a fundamental of the Australian Medical Association's code of ethics, 'The AMA believes that doctors should not be involved in interventions that have as their primary intention the ending of a person's life. This does not include the discontinuation of treatments that are of no medical benefit to a dying patient'.
5. The Australian Medical Association currently does not support the practice of assisted suicide.
6. Disconnecting a mechanical life support system is not synonymous with assisted suicide.
7. When a patient is terminally ill and competent mentally, the medical practitioner and patient (or his/her family) decide the measures to deal with the pain and/or prolong the patient's life. **There is no need for NEW legislation to protect the practitioner or patient.**
8. The experiences from the Netherlands and Belgium have demonstrated that legalised euthanasia cannot be controlled. Doctors under-report and the legislators eventually move to include more categories of people, including children, among those who are euthanised.
9. Those with disabilities, whether adult or children, are particularly vulnerable to the slippery slope of euthanasia legislation.
10. Australia's medical system has been built on the Christian world and life view where people, made in God's image, are valuable and should be offered compassion and mercy through palliative care, and not killing through assisted suicide. 'You shall not murder' is God's commandment and to legalise killing in Qld will be to this State's and the nation's detriment.

Sincerely yours,



Madeleine Luck-Grillon

Bongaree, 12 March 2019

[REDACTED]

Bongaree Q 4507

mobile: [REDACTED]

to the Committee Secretary Health Committee

PARLIAMENT HOUSE, QLD, 4000

emailed to: [careinquiry@parliament.qld.gov.au](mailto:careinquiry@parliament.qld.gov.au)

Submission re. Queensland Parliamentary seeking views voluntary assisted dying.

Attention Secretary Health Committee

**Should Voluntary Assisted Dying (VAD) be legalised in Queensland? This is why I am writing to you with my submission.**

**I strongly support legalisation of VAD. I personally have observed too many terminally ill family members, friends and my own partner suffer and eventually asking for an end to their suffering in desperation.**

**No one should not have to beg for an end to suffering whilst being reduced to a totally undignified shadow of a human being. All humans should have the right to make the decision/judgment to die when we feel that enough is enough. VAD is a dignified and humane solution, suicide in desperation is not.**

**At the age of 83 my dear father took his life and I had to deal with his desperate action. Suicide traumatises the ones left behind for life.**

**Later in life I have witnessed my partners' struggle with end of life suffering. It was**

**nothing but endlessly humiliating and so agonizing for all involved.**

**Australia should be in be in favour of empathy and compassion and I ask the QLD Government to change legislation in favour of VAD in this urgent matter.**

**I give permission for my submission to appear on your website.**

**Yours sincerely**

**Madeleine Luck-Grillon**

**[REDACTED]**

## SUBMISSION INTO INQUIRY INTO VOLUNTARY ASSISTED DYING

My wife had a brain aneurism and had a portion of her brain removed to alleviate pressure. She was taking Warfarin at the time because she had recently had a heart valve replaced. Her condition was reasonably good, her nurse could understand her speech and she was conscious to a degree. After a week or so she had to go back on the warfarin she had another aneurism during the night and she was unconscious. After a discussion with the medical staff and her family it was decided not to operate further as we were assured she would be in a vegetative state for life, a condition I believe she would not forgive us for. She went into palliative care and died some days later. The palliative care unit offered her sons and myself the opportunity to sleep on a bunk in her room so one of us was near her each night. One of her sons was woken by her interrupted breathing the night she died.

I believe palliative care was the right decision rather than euthanasia as she was unconscious at the time and I assume wasn't in pain.

However, I am told by doctors that I possibly had Polio in my left leg as a child. My right leg has an artificial knee and hip as it has borne the shortcomings of my left leg for 75 years. I have a chronic heart condition as I had a triple bypass at 60. I also have been diagnosed with Parkinson's disease.

I am reasonably active. I work on a newsletter one day a week, attend a painting group half a day a week, run an art group half a day a week, make sandwiches and go out on a food truck one day a week and paint with a friend on Sunday, If I reached the end of my tether with pain and misery, I would certainly thank a doctor for giving me a glass of something to go to sleep and not wake up.

I'm not sure if British law ever hung people who attempted suicide, but why must a person considering ending their pain and suffering subject their family, friends or total strangers to the horror of finding a body. One can walk in front of a train or bus, but is that fair to the driver? One can tie a rope to a bed, the other end around one's neck and jump out of a window, horrifying a neighbour, police officer or ambulance attendant. Why can't one explain to a family that you wish to end your life and do it simply and in a dignified manner?

I support voluntary assisted dying for people who are experiencing intolerable suffering with no hope of any future relief.

I agree to have this submission published

Geoff Maidens

[REDACTED]

CONDON QLD

Phone [REDACTED]

Email: [REDACTED]

**From:** [Patrick Stevens](#)  
**To:** [Care Inquiry](#)  
**Subject:** Euthenasia  
**Date:** Sunday, 10 March 2019 4:52:04 PM

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From my point of view as a Catholic Christian I am absolutely opposed to euthenasia as I am to abortion and at the voting booth both these will influence my vote. I don't believe that in both cases, if placed in a position to decide, that I could accept either as a solution to the situation I might find myself.

I am male so you might say I have no right to voice an opinion on abortion but I have every right to voice an opinion on the rights of the unborn.

**A SUBMISSION SETTING OUT MY VIEWS IN FAVOUR OF THE PROPOSED  
QUEENSLAND VOLUNTARY ASSISTED DYING BILL.**

**SUBMISSION LODGED BY MR RONALD TRAILL, [REDACTED]  
MOOLOOLABA, 4557.**

**Telephone [REDACTED] Email [REDACTED]**

During my travels in Victoria and NSW I have become aware of legislation in those two states called The Voluntary Assisted Dying Bill 2017 for persons suffering terminal diseases with no cure or hope of recovering. You have to be a permanent resident of those states to come under those legislations.

Whilst I am presently a reasonably healthy senior citizen of 84 enjoying life, I have tried to find out if Queensland has or proposes to introduce such legislation so that Queenslanders will have the same opportunities as residents of the other states mentioned, as well as a number of States in USA.

I have now been informed that Queensland is taking steps with a view to offering residents the rights to voluntary assisted dying.

I am very surprised to become aware that some people do not support this legislation for Queensland. There is no doubt that Victoria and NSW have thoroughly looked into the matter and include the necessary safeguards, and it is expected that Queensland will do the same.

Persons who are not in favour have the right to choose or decline the benefits of the proposed legislation, but they should not allow their personal choices to deny the benefits to others who may wish to take advantage of the provisions of the legislation.

If I am terminally ill as a result of accident or illness, and in severe pain for which there is no relief, and causing severe stress to my family, why should I and my family suffer, as I have seen happen to family members and friends. Life may not be worth living in these circumstances and if I elect voluntary assisted dying, I hope that other persons exercising their personal views will not affect my right to die when I choose. Of course I hope that I am never in this situation.

As far as I can see, the laws in Victoria and NSW are restricted to residents who have lived in those states for at least 12 months, and only apply to persons who have less than 12 months to live. Therefore Queenslanders who were born in those states appear to be prevented from returning to their birth state by these time limitations and will need to rely on the Queensland Government approving appropriate legislation to allow participation in assisted dying.

Let us move forward on this matter in a sensible and civilized manner to ensure that Queenslanders have the same rights as residents of Victoria and New South Wales.

I agree with the publication of my comments as a submission.

**RONALD TRAILL. March 25, 2019.**

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** VAD as a law  
**Date:** Monday, 25 March 2019 4:31:59 PM

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Dear Queensland Parliament,

I would like to make the purpose of this email clear - I believe Voluntary Assisted Dying should be law.

The pain and suffering I have witnessed from both dear friends and family members with severe disability or illness are heartbreaking. What I wish for them is to have control over how long they exist in this state of suffering.

I support the necessary psychological screenings and medical opinions that would come with legalised VAD such as those in place in Switzerland in co-operation with Dignitas. We are lucky that we can look to other nations to see a path of how this can be achieved in our own nation.

Thank you,  
Lauren Anderson

Ph: [REDACTED]  
Em: [REDACTED]  
Ad: [REDACTED] Randwick, NSW, 2031

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Inquiry into Aged, palliative care and Voluntary Assisted Dying  
**Date:** Monday, 25 March 2019 4:34:59 PM

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To whom it may concern,

I would like to record my strong support for Voluntary Assisted Dying legislation.

In 2016 my brother in law died a very painful death from bowel cancer. My wife stayed at his bedside and witnessed his agony, because the hospital refused to raise his morphine dosage to a life-threatening level. As a result, he suffered dreadfully, was robbed of all dignity in dying, and my wife and other family members went through a truly traumatic experience.

I hope for legislation that can allow those who choose, to have a pain-free and dignified end to their lives when suffering terminal illness.

Yours sincerely,

Ian Hunter

[REDACTED]  
Graceville 4075  
Australia

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Cc:** [enquiries@dwdq.org.au](mailto:enquiries@dwdq.org.au)  
**Subject:** VAD  
**Date:** Monday, 25 March 2019 5:27:22 PM

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Karen Jorin  
[REDACTED] Toogoolawah 4313

To the Inquiry,

I am 63 years old, married with 3 children.

I wish to inform the inquiry of my support for VAD. Both my parents died of lung cancer and during both of their dying experience expressed the wish to have VAD legally at their disposal.

My sister and brother and I were all faced with the impossible decision to watch them suffer or take the risk of being charged with their death.

This time was the most traumatic experience of my life.

If VAD had been available to them, it might or might not have been activated but surely would have been a safe backstop if needed. It was the powerlessness that was the most painful.

I recently experienced the death of a dear friend who chose her death in Switzerland and was so amazed by her planning and control of her death.

So much respect and admiration compared to the nightmare of my parents passing.

I am actually quite perplexed as to why this inquiry is needing this information? Surely it is unreasonable to deny a person with incurable lung cancer a voluntary peaceful death.

I believe suicide for psychological reasons is a different issue completely.

Perhaps a two part VAD can be enacted 1/ for those with incurable painful medical conditions and 2/ for other reasons as approved by a panel of professionals.

On re-reading the points am to address for this submission it is obvious that VAD is essential.....eg: how did a painful and tormented death affect us????????????????

include photos if it would help.....how truly appalling.

Yours Faithfully

Karen Jorin

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Support for Voluntary Euthanasia  
**Date:** Monday, 25 March 2019 5:46:57 PM

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I write in support of Voluntary Euthanasia via Queensland's *Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying*.

The introduction of legislation to legalise voluntary euthanasia is long overdue in all Australian jurisdictions. Voluntary euthanasia or assisted dying has for many years had the overwhelming support of the population and therefore inevitable.

I commend your inquiry consider the community support for this measure.

Trevor Jones

[REDACTED] SA 5047

[REDACTED]

[REDACTED]

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Voluntary Assisted Dying  
**Date:** Monday, 25 March 2019 6:00:15 PM

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### **For the Queensland Government consideration on the subject of Voluntary Assisted Dying**

I wish to register my support for Voluntary Assisted Dying in Queensland not just for people suffering from the conventional understanding of a terminal illness deserving of release through euthanasia. With many people now living much longer than in the past I believe people over, say, 75 years, should have the right to voluntarily “retire from life” at a time of their choosing if their quality of life is no longer enjoyable or acceptable to them. This option should be as simple as requesting a medical practitioner to assist them effectively perform the act of terminating their life. If those of sound mind at the time, or who, through an advance health directive, have indicated their wishes, there should be no second opinion required or prescribed delays in the time from decision to having their wish fulfilled.

At the present time the Royal Commission into Aged Care makes us aware of the very poor quality of life many people endure and the difficult task of caring for the elderly. The work of caring for these people is so onerous it is no wonder there are difficulties finding sufficient staff of the right temperament and appropriate training. The stories we hear about chemical restraint and other measures required to keep people safe such as wearing alerts of various kinds and more confining physical restraint make one fearful of ever being in the same position.

I believe society has to face up to the consequences of an extended life span which is resulting in more and more of our citizens suffering from dementia, as well as a host of other disabilities - declining mobility, eye sight, hearing - the pain and discomfort resulting from falls and other injuries and physical ailments of numerous kinds plus the weakness experienced in limbs and life simply being a struggle as one’s body wears out..

I appreciate that my views will be considered extreme by many, who have a different attitude to life for religious and other reasons. Indeed, I can’t be sure that I would carry through with a voluntary death if it were available but I would greatly value knowing that I have that option if desired.

I thank you for considering this submission.

Mary Dickenson

[REDACTED]  
WOOLLOONGABBA 4102

Ph [REDACTED]

**From:** Rodney Crisp [REDACTED]  
**Sent:** Monday, 25 March 2019 11:19 PM  
**To:** Care Inquiry  
**Subject:** Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying  
**Attachments:** JUSTICE - A matter of life and death - AQ Magazine Jul-Sep 2014.pdf

To : The Committee Secretary  
Health Committee  
PARLIAMENT HOUSE QLD 4000

Dear Madam, Dear Sir,

I submit herewith, for the consideration of the Committee, an article which I published in the Australian Quarterly Magazine in 2014. I consider that its central message remains largely pertinent today. The only major evolution since its publication has been the decline in the credibility of the moral authority of the Church (for obvious reasons), rendering the religious lobby practically inaudible on such important matters as human rights to life and death, for many years to come.

With kind regards.

Yours sincerely,

**Rodney Crisp**

[REDACTED]  
75018 Paris

France

E-mail: [REDACTED]

Phone: [REDACTED]

Mobile : [REDACTED]

Provenance : [Courrier](#) pour Windows 10



# Justice

## A Matter of Life and Death

“While there’s life there’s hope” observed Theocritus, the Ancient Greek (3rd century BC) poet.<sup>1</sup> It is difficult to imagine a more fundamental human right than the Right to Life. But we have to recognise that life and death are two sides of the same coin. There can be no life without death and no death without life. The two are absolutely inseparable. If life is a fundamental human right then death is too.

ARTICLE BY: **RODNEY CRISP**

**W**e also need to agree on what we mean by life and death, how we should perceive them, and exactly what those rights are. And as there can be no rights without corresponding duties, we need to define those duties and agree on them too.

Life is a self-sustaining process that began a long time ago. It shows no signs of ceasing despite all the wars and destruction and irreversible damage caused by mankind to the eco-system. Birth is not the beginning of life. It is its continuance. Living cells are constantly renewed, some more frequently than others. Life is relayed by the individual members of each species, in exclusivity, to the next generation of the same species.

On the other side of the coin, death is the permanent cessation of the vital



If the “good death” we want is a peaceful and painless death, preferably in a warm, cosy environment, then that too should be made law and apply throughout the nation, as should the fundamental and inalienable right to death.

functions of a living organism or cell, due to either natural or accidental causes. It affects each and every member of the species individually or, in some exceptional circumstances, collectively. When all the members of a species are affected by death, the species is said to be extinct.

For Socrates and the ancient philosophers, a “good death” meant accepting it with courage, calm and self-control.<sup>2</sup> For today’s religious fanatics, a good death is dying a martyr in a suicide terrorist bomb attack. For much of the Western world, it is having a peaceful and painless death, preferably in a warm, cosy environment.

Whatever our personal outlook may be, it is important for society as a whole to clarify the rights and duties to be adopted, in the common interest, on such fundamental matters as life and death. We need to define the terms and conditions of the social contract that binds us all as citizens and applies throughout the nation.

If the “good life” we want is freedom to do as we please, limited only by the freedom of all others and whatever other restrictions we voluntarily consent to in the common interest, then that should be made law through the democratic process, as should the fundamental, and inalienable right to life. The same goes for death. If the “good death” we want is a peaceful and painless death, preferably in a warm, cosy environment, then that too should be made law and apply throughout the nation, as should the fundamental and inalienable right to death.

The State alone, exercising the will of the sovereign people, should be empowered to prevent us from living or dying, against our will, in the common interest, if such is the decision of a democratically constituted court of justice and only after full exhaustion of all means of recourse available to defendants within the judicial process. All legal costs, including lawyers’ fees and other defence costs of the

defendant, should be borne by the State, the defendant being free to choose his own lawyers. There should be no distinction of any kind made among defendants, such as race, colour, gender, language, religion, political or other opinion, national or social origin, wealth, property, birth or other status. Everyone must confront justice on an equal basis.

In the instance where death is the conclusion of a deliberate, carefully reasoned decision, either on the part of the person concerned or on the part of a court of justice, that decision should be implemented with a maximum of humanity and as least pain, stress and suffering as modern science can allow. The best possible conditions of euthanasia (from the Greek eu, “good” and thanatos, “death”) should be provided in all instances, irrespective of whether the decision to terminate life is taken by the person himself or by a court of justice.

Euthanasia of convicted criminals must necessarily be carried out in conditions of utmost security, both for themselves and others. They should also receive appropriate psychological assistance and sedation where necessary in order to prepare them for an end of life that most would probably have difficulty accepting. Few could be expected to conduct themselves with the same calm, courage and dignity as that of Socrates, placed in a similar situation in 399 BC when he was sentenced to death by drinking an obnoxious mixture containing poison hemlock.<sup>3</sup>

Though many countries have abolished capital punishment, more than 60% of the world’s population live in countries where it continues to be practised.<sup>4</sup> Some countries

have a long history of having suspended the death penalty for many years before resuming practice once again. This includes the US<sup>5</sup>, The Philippines<sup>6</sup>, Japan<sup>7</sup>, Botswana<sup>8</sup>, Gambia<sup>9</sup>, India<sup>10</sup>, Pakistan<sup>11</sup>, Indonesia<sup>12</sup>, Kuwait<sup>13</sup>, Nigeria<sup>14</sup> and Vietnam<sup>15</sup>.

The arguments against capital punishment are well known:

- not all people affected by murder desire a death penalty
- it discriminates against minorities and the poor
- it encourages a “culture of violence”
- it is a cruel form of punishment
- it violates human rights
- it can lead to the wrongful execution of innocent persons

Capital punishment, as it continues to be carried-out, is often a sordid, degrading, humiliating, stressing, painful and inhumane process. This form of capital punishment should be totally abolished, world-wide, without the slightest shadow

of a doubt. It is absolutely appalling to note that it was reported that as many as 39 executions were carried-out in the US during the twelve year period from 1992 to 2004 despite compelling evidence of innocence or serious doubt about guilt.<sup>16</sup> Newly available DNA evidence prevented

the pending execution of more than 15 death row inmates during the same period.<sup>17</sup>

DNA evidence is only available in a fraction of capital cases.<sup>18</sup> Its usage should be developed in order to make it standard practice in all cases where its findings may be used as evidence in establishing guilt or innocence.

Capital punishment, as it continues to be practised in many countries today, belongs

BIRTH IS NOT THE BEGINNING OF LIFE. IT IS ITS CONTINUANCE

**Almost one million individuals commit suicide worldwide, each year - one death every 40 seconds.**

**Many more attempt suicide (around 10-20 million) each year.**

to another age. It is a barbaric concept, which finds its roots in the development of retributive justice to the detriment of restorative justice which preceded it. Retributive or punitive justice was largely favoured and influenced by the Abrahamic religions which permeated and denatured justice, deflecting it away from its primal objective of pacification and reconciliation and reorienting it towards the pursuit of vengeance, retribution and punishment: *"Show no pity: life for life, eye for eye, tooth for tooth, hand for hand, foot for foot"*.<sup>19</sup>

The Book of Deuteronomy is the fifth book of the Hebrew bible (the Old Testament) and is thought by modern scholars to date from the 8th century BC. Its precepts have had a deep influence on much of the human psyche for nearly three millennia now and continue to form the foundations of present day man-made, or to employ the technical term, "positive" law, in those parts of the world which remain under the influence of one or more of the four major Abrahamic religions (Judaism, Christianity, Islam and the Bahá'í Faith), i.e., roughly 55% of the world population.<sup>20</sup>

It will be a long time before mentalities change in order for justice to be seen simply as the rightful enforcement of the terms and conditions of the social contract to which we all voluntarily subscribe through the democratic process, and not

just as some cruel form of punishment.

Intentional murder is an act by which the murderer clearly demonstrates his refusal to recognise and respect life as a fundamental right of every human being, including himself. By his rejection of the right to life of his victim, he exposes himself to the risk of becoming a potential candidate for euthanasia.

Criminal court decisions of legal euthanasia should, however, be limited to crimes such as child murder, serial killing, torture murder, rape murder, mass murder, terrorism, and premeditated murder that is

carefully planned and executed. Indications are that there is a fairly solid basis of continuous robust public support in most countries for the application of the death penalty for these particularly atrocious, cold-blooded crimes.

No doubt, this robust public support includes a large number of indomitable sadists who would have difficulty accepting that the death penalty be replaced by euthanasia defined as "a peaceful and painless death, preferably in a warm, cosy environment".

For those who have done no wrong, are beyond reproach and simply wish to end their lives in a calm, peaceful and orderly manner, access to the most modern, humane, scientific state of the art methods of euthanasia should be facilitated. Naturally there is a need for a certain

number of safeguards to protect the vulnerable from the malevolent influence of ill-intentioned persons in their entourage. Just as there should be psychological, medical and social assistance for those who are in need of them. It is more than likely that many of those who see no solution to their problems, apart from ending their lives, may change their minds on receiving competent, on-going assistance from somebody who cares. Professional assistance, provided with delicacy and tact, is a necessary prerequisite - but should not be a barrier - to any decision on euthanasia. The ill and suffering must, of course, continue to have full, unrestricted access to the best available professional palliative care at all times, irrespective of whether they are candidates for euthanasia or not.

Euthanasia is not, however, a question for the medical profession to decide. Many applicants may be in good health and have excellent perspectives in terms of life expectancy. Poor health and unsupported pain and suffering are not the only grounds for people wishing to end their lives. They may have other motives, perhaps of a purely personal nature, which they may not necessarily wish to reveal to others. Whatever their motives, their right to death is just as much a natural, moral and inalienable right as their right to life. It should also be a legal right.

According to the latest statistics,<sup>21</sup> there were 2,132 suicides reported in Australia in 2009 - six suicides per day. The median age of suicide was 43.4 years for males and 44.9 for females. In comparison, the median age of all deaths (from whatever cause) was



**It will be a long time before mentalities change** in order for justice to be seen simply as the rightful enforcement of the terms and conditions of the social contract to which we all voluntarily subscribe through the democratic process

Euthanasia is not, however, a question for the medical profession to decide. Many applicants may be in good health and have excellent perspectives in terms of life expectancy.



77.8 years for males and 83.9 for females. Suicide was the leading cause of death for young people aged 15-24 with almost a quarter (22%) of all deaths within this group as a result of suicide.

It is even more significant that in 2007, the number of people who had serious thoughts about taking their own life in Australia was 368,100 and that 65,300 had actually made an attempt to commit suicide - equivalent to 179 attempts per day.

Almost one million individuals commit suicide worldwide, each year - one death every 40 seconds.<sup>22</sup> Many more attempt suicide (around 10-20 million) each year. Suicide is ranked as one of the three leading causes of death in the world among people aged 15-44.

It will not happen overnight but we must prepare for a radical change in our attitude towards life and death. Democracy and justice are solidly anchored in an ocean of inertia by the massive iron chains of archaic religious dogma in a position of opposition to the most fundamental of human rights. Our democracy and justice have been insensitive far too long to the pain and suffering of people wishing to lawfully exercise their right to life and death. They are left with no other choice but to have recourse, alone with their solitude and in a terrible state of despair, to the most barbaric, inhuman and expeditious methods in order to carry out their macabre enterprise.

Euthanasia is not something for religion or the medical profession to decide. The role of religion is to provide spiritual solace to those who require it and that of the medical

profession to provide the most effective medical assistance possible. Euthanasia, or "good death", has to be the personal decision of the individual exercising his free will without, or in spite of, any outside influence, or, in the case of those guilty of "atrocious" crimes, the collective decision of society, acting in the common interest.

It is the role of democracy to make this possible and that of justice to ensure that it is put into practice with full respect of the highest standards of integrity, diligence and professionalism.

Nor is euthanasia an ideology designed to supplant archaic religious dogma or obsolete, 4th century BC, Hippocratic oath.<sup>23</sup> It is simply the provision, by a mature, democratic society, of access to a "good death", in the best possible conditions of comfort and security.

It is difficult to anticipate the effect such a measure would have on the overall suicide rate. It has decreased in the Netherlands and Belgium since the legalisation of voluntary euthanasia for the terminally ill.<sup>24</sup> In Luxembourg, it has slightly increased. More significantly, it has decreased in Switzerland, which is the only country in the world that practises full "assisted suicide", not just euthanasia for the terminally ill.<sup>25, 26</sup>

There are as many good reasons to believe the suicide rate would increase as there are that it would decrease. They all tend to cancel each other out but, at least,

the debate helps pinpoint critical areas where safeguards are necessary to avoid undesirable forms of euthanasia.<sup>27</sup>

While the Swiss model is by no means perfect, its legalised form of "assisted suicide" is the broadest solution available in the world today, open to just about everybody.<sup>28</sup> The relevant legislation was passed in 1937 but it was not until the 1980s that it was implemented by setting up assisted suicide agencies, which are now thriving.<sup>29</sup> A referendum in the Canton of Zurich in 2011 confirmed overwhelming support for the practice.<sup>30</sup>

Although it appears that the current interpretation of the law does not reflect the original intent of the legislator, popular support for it is such that there is now no turning back.<sup>31</sup> This attests to the merits of the provision and of the high degree of satisfaction it procures for all those, Swiss and foreign nationals alike, who take advantage of it. It also clearly indicates that the fears and misgivings of its opponents are largely unfounded.

It is possible that as the Post-World War II baby-boomers become octogenarians in the 2030s, having, generally speaking, enjoyed a relatively "good life", they may wish to lay the groundwork, in preparation of their departure, for an equally "good death". If so they will need to change the rules, just as the Swiss did, though their world view might be quite different from that of the Swiss a century earlier. [32](#)



**AUTHOR:**

Born in Cairns and raised in Dalby on the Darling Downs, Rodney Crisp lives and writes in Paris near Montmartre, the favourite haunt of the 19th century impressionist painters, between the modest lodgings in which Suzanne Valadon gave birth to her son, Maurice Utrillo, and the elegant bourgeois apartment of Paul Cézanne. Following a career in international insurance and risk management, he turns a critical eye on the tenets and praxis of contemporary society.

IMAGE: © saccharinesmile/DeviantArt

**Malcolm R. McKellar**

Mossman QLD 4873

25<sup>th</sup> March 2019

**Health Committee Secretary  
Parliament House, Brisbane QLD 4000.  
careinquiry@Parliament.qld.gov.au**

Dear Sir/Madam,

**Desperate Need for Voluntary Assisted Dying Legislation in Australia**

My 48 year old brother (also a husband, and father of two) died in pain, torment, degradation, and as a wasted shell of his former burly self, from an incurable brain tumor, despite all that medical and palliative care could offer.

My 83 year old mother committed suicide by drowning herself in a swimming pool, alone and in the dark of night, because, in her words, "I've had a great life, but I've had enough", and despite her pleas for assistance "the system" wouldn't help her.

As a result of these tragedies a broad swathe of family, friends, and professionals – wife, parents, children, siblings, and others, in the first-mentioned tragedy, and children, grandchildren, great-grandchildren, siblings, friends, carers, and yet others in the second-mentioned – are all scarred mentally and emotionally to varying degrees for the remainder of their lives, by the wrenching images etched into their memories...

Imagine sitting beside the pitiful shell-of-a-body of your brother, 40kgs or less of a former 100+kgs, as he is constantly wracked by pain and ultimately succumbs under the effect of "enough morphine to kill a horse".

Imagine pulling the lifeless body of your Mother from a swimming pool, knowing that this was probably the bravest thing that she had ever had to do, and that she had had to face that alone and in the dead of night.

These two instances, in one family, my family, in recent years, indicate the desperate need for a caring and regulated system of voluntary assisted dying in Australia, which need significantly surpasses the personal religious beliefs (and their illegitimate imposition into the Executive and Legislative processes) of our so-called political *leaders*.

Such systems exist and work successfully overseas, and Australians deserve the right of choice in this matter, and the right to die with dignity.

I give permission for my submission to appear on your website, and of the publication of my comments as a submission.

Sincerely,

**Malcolm R. McKellar**

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 1:08:44 PM

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Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

Ever life is valuable and as we age or become sick we struggle, as in other stages in our lives with purpose and value. The greatest thing humanity has is love and we express our love, show our love the greatest by taking care of people in those times of vulnerability and often as we show love, respect and care, we give back to people there value and identity. Building a community that values life, values people regardless of what they have to offer is building a selfless, caring loving community . To agree with people that they have no value, no hope, no future is often partnering with them in their depression and helplessness that circumstances have pushed them into. Let's build a strong loving community that gives life, hope and value to everyone and does not take away or devalue the quality of lives of the sick or aged. The doors of abuse , through convice , dare I say money issues , inheritances that Are opened up by legalising assisted suicide , is not the type of community that we want to build for our parents, ourselves or our children - so many people fight hard to live, we spend so much on medical breakthroughs to enhance quality of life and length of life - let us continue to build and support life and hope not facilitate those who are going through depression in their fear of the future and helplessness to give up and die.

Sincerely,  
Jane Leonard

[REDACTED]  
[REDACTED]  
Reedy Creek, AU-QLD 4227

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** voluntary assisted dying  
**Date:** Tuesday, 12 March 2019 10:43:12 AM

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Dear Committee members:

I wish to take this opportunity to make a plea for legislation in Queensland to provide opportunity for voluntary assisted dying. You could note that I am 83 years of age as from April 17th, and not surprisingly find myself having to consider the end of my life before too long. So far my health is holding up. But at my age I have encountered the problems of friends dying slowly and agonisingly from terminal cancer, and in one case, motor neurone disease, and I have watched the terrible end in so called "natural" dying in a wasted body, in severe pain (relieved only by large quantities of morphine) and the sufferer having to endure in addition to their own progressive suffering, the suffering of their loved ones watching the wretched and miserable slide into death.

The opponents of assisted dying seem to have personal strong religious beliefs about something called sanctity of life. Firstly, I do not hold such beliefs. Secondly I do not wish to prevent such believers seeing it out to the bitter end in their OWN situation. But I strongly argue that they have no right to determine my own choices in these matters, choices now becoming accepted in other free democratic societies, and indeed now in Victoria. Secondly beliefs in such sanctity of life seems to disappear in the case of authorised military combat against "enemies" and the police, or more commonly in giving families an opportunity to turn off life support in extreme situations. I see no difference in having my own right to end my life where medical opinion is certain about the impending terminal nature of death by cancer or other causes.

We are not a legally religious society with laws determined religious edicts on personal matters. We are a secular society, ruled by reason and scientific knowledge. That is the basis of your committee on health matters, I am certain.

I thank you for receiving my submission.

Athol Chase, (BA Hons, PhD)

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 12:37:00 PM

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Re: I am a Queenslander - assisted dying is not caring

Dear Rob Hansen,

Legalised euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable. Legalising assisted dying will change the community's views towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying.

Sincerely,  
Russell Shields

[REDACTED]  
[REDACTED]  
Peregian Beach, AU-QLD 4573

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** There are no effective safeguards from abuse  
**Date:** Tuesday, 26 March 2019 12:37:39 PM

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Re: There are no effective safeguards from abuse

Dear Rob Hansen,

Legalised euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable. Legalising assisted dying will change the community's views towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying. I strongly believe that legalising euthanasia is against the God's will.

Sincerely,  
Ashley Schneider

[REDACTED]

[REDACTED]

Toowoomba, AU-QLD 4350

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Some ideas that sound good are just too risky  
**Date:** Tuesday, 26 March 2019 12:42:41 PM

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Re: Some ideas that sound good are just too risky

Dear Rob Hansen,

Regarding the Queensland Parliament's inquiry into aged care, end-of-life and palliative care services, I wish to express my concern and opposition for any move to voluntary assisted dying. When it comes to euthanasia, there are no safeguards that prevent it from abuse, as medical mistakes happen all the time and hence opening the legal and ethical minefield of allowing doctors to administer poisons to help people die represents profound change. Legalised euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable. Legalising assisted dying will change the community's views towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying. Therefore I totally oppose any such moves to go down this destructive and backward path and would hope the committee not accede to such a move and give in to any self-serving submissions that don't respect life as sanctity.

Sincerely,  
Rodney Dart

[REDACTED]  
[REDACTED]  
Palmview, AU-QLD 4553

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** There are no effective safeguards from abuse  
**Date:** Tuesday, 26 March 2019 12:47:00 PM

---

Re: There are no effective safeguards from abuse

Dear Rob Hansen,

Why are we making it easy to kill our old and our young? Medical mistakes happen all the time and hence opening the legal and ethical minefield of allowing doctors to administer poisons to help people die represents profound change. Legalised euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable. Legalising assisted dying will change the community's views towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying. We need to provide end of life CARE - not end of life. We need to value life, especially towards the end. Please help vote against any bill that supports voluntary assisted dying.

Sincerely,  
Alexis Christenson

[REDACTED]  
[REDACTED]  
Woolloongabba, AU-QLD 4102

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 12:49:56 PM

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Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

Dear Rob, Legalised euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable. The medical profession has been built upon sustaining and improving life, not death. Legalising assisted dying will change the community's views towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. It may perpetuate elderly abuse and the legalisation of assisted murder. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. It also fails to consider hope and restoration. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying, whether this is their desire or otherwise. There is a high risk that those around them pressure them to feel to be a burden. Sincerely, Vivienne

Sincerely,  
Vivienne Turnbull

[REDACTED]  
[REDACTED]  
Ormiston, AU-QLD 4160

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 12:52:33 PM

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Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

I understand the debate about Euthanasia is underway and I wanted to voice my strong concern over what would be a completely wrong decision should a yes decision be made. At a high level the sanctity of life must be protected for the following reasons: 1. Legalised euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable. 2. Legalising assisted dying will change the community's views towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. 3. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. 4. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying. Additionally there are numerous cases of wrongful death, mis diagnosis and actions taken without proper consent, issues that we cannot afford to happen here in Australia. Sincerely Daniel Lowe

Sincerely,  
Daniel Lowe

[REDACTED]  
[REDACTED]  
Marcoola, AU-QLD 4564

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Some ideas that sound good are just too risky  
**Date:** Tuesday, 26 March 2019 12:56:33 PM

---

Re: Some ideas that sound good are just too risky

Dear Rob Hansen,

Legalised euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable. Legalising assisted dying will change the community's views towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying. I agree with all of the points mentioned above, Please give them serious consideration. Sincerely, Wayne Winter

Sincerely,  
Wayne Winter

[REDACTED]  
[REDACTED]  
Toowoomba, AU-QLD 4350

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care must be the priority  
**Date:** Tuesday, 26 March 2019 1:09:29 PM

---

Re: Palliative care must be the priority

Dear Rob Hansen,

Medical mistakes happen all the time and hence opening the legal and ethical minefield of allowing doctors to administer poisons to help people die represents profound change. 1. Legalised euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable. We cry every time there is a road death, yet we want to bring this form of licensed killing to our state. 2. Legalising assisted dying will change the community's views towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. 3. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. 4. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying.

Sincerely,  
James Watt

[REDACTED]  
[REDACTED]  
Brisbane, AU-QLD 4154

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care must be the priority  
**Date:** Tuesday, 26 March 2019 1:12:40 PM

---

Re: Palliative care must be the priority

Dear Rob Hansen,

I find it fitting that this semi-Marxist Labor government wants to murder both the young and the old. I am formally objecting to any shift in policy regarding euthanasia towhit the outcome is identical to the immoral abortion laws that are currently in place, viz: a murdered human being. Should this abhorrent legislation pass, [REDACTED]

[REDACTED]

Sincerely,  
Andrew Powter

[REDACTED]  
[REDACTED]  
Clifton, AU-QLD 4361

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Some ideas that sound good are just too risky  
**Date:** Tuesday, 26 March 2019 1:13:13 PM

---

Re: Some ideas that sound good are just too risky

Dear Rob Hansen,

thank you the opportunity to express my views I am against Euthanasia because of my belief that it is God who gives and takes life there is perfect time and healing plan of God to live or die. Miracles do happen until the person is alive or even in a coma

Sincerely,  
Abida Peltola

[REDACTED]  
[REDACTED]  
Kingsholme, AU-QLD 4208

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** There are no effective safeguards from abuse  
**Date:** Tuesday, 26 March 2019 1:15:12 PM

---

Re: There are no effective safeguards from abuse

Dear Rob Hansen,

Every life is precious and should be protected. Any legislation that makes it legal to effectively kill someone, no matter if it is euthanasia or abortion or the death penalty, is not acceptable. We are not God, we do not have the power or right to decide who dies and why. It is murder no matter how it is labelled. Spend the time and money to actually help the elderly so they don't desire to cut their lives short. Put resources into life enrichment and opportunities rather than into how to enable an early death. Life is always precious whether it has been short or long. The elderly have so much to offer and so much to teach us if we just give them the chance. Say no to euthanasia!

Sincerely,  
Nicole Baquero

[REDACTED]  
[REDACTED]  
Tennyson, AU-QLD 4105

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** We are a caring state  
**Date:** Tuesday, 26 March 2019 1:15:32 PM

---

Re: We are a caring state

Dear Rob Hansen,

Suicide, until recently, was regarded as an offence against humankind because it deprived one's family and community of a member prematurely and denied them the opportunity to care for the individual. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying. The focus should be to expanding palliative care for all who are suffering, especially for those who are nearing their life on earth.

Sincerely,  
Helen Connell

[REDACTED]  
[REDACTED]  
Mermaid Waters, AU-QLD 4218

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** We are a caring state  
**Date:** Tuesday, 26 March 2019 1:25:32 PM

---

Re: We are a caring state

Dear Rob Hansen,

I am writing for you to reconsider legalising euthanasia as it devalues human life and will not protect the vulnerable. Isn't there another way? A way that we can rather help people through their problems as legalising assisted dying will change the community's views towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. Where does one draw the line? Do we have the right to choose life or death? Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances and may feel they are unable to manage a deteriorating condition. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying. We are creative people and there can be a better alternative if we seek it, we will find it that will work for both sides. Sincerely, Kathryn

Sincerely,  
Kathryn Seaton

[REDACTED]  
[REDACTED]  
Maudsland, AU-QLD 4210

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care must be the priority of the Q.L.D. Parliament  
**Date:** Tuesday, 26 March 2019 10:40:43 PM

---

Re: Palliative care must be the priority of the Q.L.D. Parliament

Dear Rob Hansen,

one thing is certain when it comes to assisted dying, there is no protection from abuse.  
Sincerely, Ann Sinuefield

Sincerely,  
ann sinuefield

[REDACTED]  
[REDACTED]  
murgon, AU-QLD 4605

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** We are a caring state  
**Date:** Tuesday, 26 March 2019 11:02:42 PM

---

Re: We are a caring state

Dear Rob Hansen,

<write your submission here> Please do not legalise euthanasia. Giving life the highest possible value is the sign of a civilised society . So called legislated safeguards will no doubt be touted . The inevitable abuse which has followed after legalised euthanasia overseas should be evidence enough for our state to abhor following suit. Sincerely, Judith Wilson.

Sincerely,  
Judith Wilson

[REDACTED]  
[REDACTED]  
Kurwongbah, AU-QLD 4503

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** We are a caring state  
**Date:** Tuesday, 26 March 2019 11:30:58 PM

---

Re: We are a caring state

Dear Rob Hansen,

Please, I beg you, do not consider legalised euthanasia because it is incompatible with a society that values human life and seeks to protect the vulnerable. This is another form of murder! Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. **PLEASE DO NOT CONSIDER THIS ASSISTED MURDER!**

Sincerely,  
Leo Hammar

[REDACTED]  
[REDACTED]  
Scarborough, AU-QLD 4020

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 10:19:28 PM

---

Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

I watched a documentary on the ABC regarding a very astute professor who decided to end his life. The sadness that it inflicted on his family before & after his death & the fact that most of his family weren't sure it was the right choice. I have had three family members die from terminal cancer & the care they received was outstanding & they all passed away peacefully & we had many wonderful years with them as a result of the care they received, which we wouldn't have had if they had chosen to end their lives on receiving the fact there cancer was terminal. I believe that many families will be left broken hearted because loved ones choose this way of dying because of fear & that some families will have other reasons to encourage family members to go down this path. I believe there are too many grey areas to make a sound decision on this matter Sincerely  
Joyce Hodgson

Sincerely,  
Joyce Hodgson

[REDACTED]  
[REDACTED]  
South Johnstone, AU-QLD 4859

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 10:17:26 PM

---

Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

I wish to bring to your attention the deep concerns I have as follows: Legalised euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable. Legalising assisted dying will change the community's views towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying. As a fellow human being who will one day stand to be judged before a Holy and Just God, I would like to urge you to take the action your position of influence and authority affords you on this matter. To stand up for what's right takes tremendous courage and I trust that you are equal to this task and pray for strength and wisdom for you. Thank you for taking the time to read this email.

Sincerely,  
Natalie Cooper

[REDACTED]  
[REDACTED]  
Capalaba, AU-QLD 4157

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** We are a caring state  
**Date:** Tuesday, 26 March 2019 10:14:14 PM

---

Re: We are a caring state

Dear Rob Hansen,

Please do not allow Euthanasia. Euthanasia does not allow for the value and importance of life to be recognised. It is a slippery slope. If someone is fighting a disease or reliant on multiple drugs and treatments to stay alive and are too weary and ready to pass on and die then allow them to stop the drugs and treatments, whilst making them comfortable as they pass. Euthanasia has the potential to kill healthy people who just need support and love. I have read heart breaking articles over the years about people who after experiencing a breaking up then go for euthanasia, people who previously requested euthanasia being injected with the drug whilst begging and pleading it not to happen even before the process began. Many other stories that are not okay. Life is precious and builds societies. Support, care, council and help people more in their situation.

Sincerely,  
Emily Gordon

[REDACTED]  
[REDACTED]  
Kawana, AU-QLD 4701

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 10:12:54 PM

---

Re: I am a Queenslander - assisted dying is not caring

Dear Rob Hansen,

I am against the move for euthanasia and assisted dying. If this practice is allowed to take place in this state I believe it will be dangerous and carried out with no safeguards to prevent abuse towards the dying and elderly. This system could lead to abuse and as there are already medical mistakes this action could give doctors and or nurses the an unethical way of administering poison to rid society of those they would deem a burden. Legalised euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable. Legalising assisted dying will change the community's views towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying. I am against this move to legalise euthanasia and urge the committee to stop the support of voluntary assisted dying and euthanasia. It is a dangerous concept and can be taken further and used for any reason. Everyone has a right to life and should not be placed in or exposed to this as a formula to end someone's life, whether they are in palliative care or are frail and in need of care. Thank you.

Sincerely,  
Theresa Martin

[REDACTED]  
[REDACTED]  
Bundaberg, AU-QLD 4670

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Some ideas that sound good are just too risky  
**Date:** Tuesday, 26 March 2019 10:03:12 PM

---

Re: Some ideas that sound good are just too risky

Dear Rob Hansen,

There are no safeguards for those who feel they have become a burden to their families and/or society. These are the vulnerable ones who may be persuaded by persons who do not honour them and who could benefit financially by having them euthanised. I have witnessed beloved family and close friends who have contracted terminal conditions who have spent their last days in palliative care who have left this life peacefully and with dignity and honour. There are too many unknown factors and no safeguards from persons with bad intentions. All life is precious and to be honoured. Thank you for your careful consideration.

Sincerely,  
Hedy stevenson

[REDACTED]  
[REDACTED]  
Southport, AU-QLD 4215

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 10:01:47 PM

---

Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

I ask you to please consider just how impossible it would be to put foolproof safeguards in place that would protect the vulnerable whether elderly, sick, or disabled if euthanasia is legalised. Life is a precious gift that we have been given, and our laws are to protect that. Thanks for taking the time to consider this.

Sincerely,  
Robyn Davies

[REDACTED]  
[REDACTED]  
Ayr, AU-QLD 4807

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** We are a caring state  
**Date:** Tuesday, 26 March 2019 9:57:02 PM

---

Re: We are a caring state

Dear Rob Hansen,

Murder and assisted suicide is not right, no matter what faith you follow. As a Christian I believe it is wrong and is against God's will for humankind. God created each and every one of us and we must help look after our elderly until God's timing comes into each situation as He knows best when to take them. We each must do our best to take care of them either at home or palliative care. This is only becoming an issue because a lot of people aren't equipped or financially prepared to stay home and help out our elders, so the Government may need to do more to support families with elderly who need care. Loving and caring for them until their death is right. Please don't make Euthanasia legal. Thank you very much for reading this.

Sincerely,  
Filomena Iocco

[REDACTED]  
[REDACTED]  
Alger, AU-QLD 4115

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care over assisted dying  
**Date:** Tuesday, 26 March 2019 9:39:05 PM

---

Re: Palliative care over assisted dying

Dear Rob Hansen,

I write to voice my concern about the possibility of legislating assisted dying as an end-of-life option. I have experienced close elderly family members reach the end of their lives and do not see the introduction of assisted dying as a wise move at all. The medical facilities and treatments are already available to allow pain management and palliative care with dignity and I am worried that if this option becomes available then there will in some cases (if not most) appear a new and implicit pressure to 'go early', either to not be a burden or possibly through manipulation by family members or other acquaintances with less than genuinely caring motivations. I know there are family carers who have gone through similar or worse end-of-life family situations who advocate for this option to become available but i do not believe they are able to fully rationalise the implications of such a fundamental change to the sanctity of life society-wide. The problem with radical departures from accepted wisdom and tradition is that cans of worms are invariably opened up. As an example, the ALP federal platform has recently changed to use health funding to the states as a threat to push through very controversial and I believe very unwise 'assisted dying' services for the unborn. This stand from a major, supposedly mainstream political party is a bizarre and unprecedented deviation, even from just a few years ago. There is little doubt that an equally lacking sense of wisdom and genuine health concerns (in regard to the intervention of government towards intentional termination of humans) will also come to bear on this subject as for that one. Thank-you for the opportunity to submit this short, off-the-cuff, response. I am not a professional writer or lobbyist.

Sincerely,  
Cameron Todd

[REDACTED]  
[REDACTED]  
Sunnybank, AU-QLD 4109

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Some ideas that sound good are just too risky  
**Date:** Tuesday, 26 March 2019 9:32:20 PM

---

Re: Some ideas that sound good are just too risky

Dear Rob Hansen,

Euthanasia is just too risky to allow it to be legal. As a support worker, I have seen doctors offload unnecessary medications on vulnerable people because there is no-one to speak up for them. If such abuse can be committed with everyday medication, how can we police something as dangerous as a lethal dose?

Sincerely,  
Kathy Rosenberger

[REDACTED]  
[REDACTED]  
Inverlaw, AU-QLD 4610

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Some ideas that sound good are just too risky  
**Date:** Tuesday, 26 March 2019 9:31:31 PM

---

Re: Some ideas that sound good are just too risky

Dear Rob Hansen,

Euthanasia, no matter how you look at it, is murder. It is not our right to take a life. God is the only one to give and take life. In switching off a life support machine, not administering available God given medicines or not making available palliative care is going against God and any person involved in any way, will answer to God come judgement day. This country was founded on Christian values and we need to get back to these values and principles.

Sincerely,  
Helmut Heim

[REDACTED]

[REDACTED]

Victoria Point West, AU-QLD 4165

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Submission to the Inquiry into Aged Care, End-of-life and Palliative Care  
**Date:** Tuesday, 26 March 2019 9:24:06 PM

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Submission to the Inquiry into aged care, end-of-life and palliative care  
I wish to tell u a story of my mother in law Mary. She is an amazing 84 woman. Australian born to Sicilian parents. Mary is a very special lady. Fabulous mum to 6 children including twins. Loving grandmother and great grandmother. Amazing seamstress, cook and friend to all who encounter her kindness. Mary has been a devoted member of the Catholic Church and never missed a service until last year when she became unwell. Last year she suffered eye damage due to infection and this has led to many other problems. She had a fall and suffered a broken hip and since then she has been unable to care for herself and live independently in her home with her husband Seb whom she has been devoted to for over 60 years. Due to the loss of vision in both eyes Mary is now suffering from a syndrome called Charles Bonnet Syndrome. She has had to move to the aged high care nursing home in her town. Mary can be as sound of mind as us all but the syndrome causes her to see things that are not there. It is a torment to her mind. Even with her eyes closed she can still see the vision of things in front of her that aren't there. It causes her to hallucinate and she truly believes there are strange people and objects in her room. She cries daily and her sufferings are tragic to see. Truly heartbreaking for her husband and children to witness this and no one can help her. This wonderful lady even with her devotion to the Catholic Church has told us that she wants to die. She told my husband and I and all her children that she can't do this anymore and now believes in dying peacefully with Voluntary Assisted Dying. She said the mental torture is worse than any pain she's felt in her life. She is constantly frightened by the visions, and cries with fear of how many years she has to bear this agony. Mary knows all her children and grandchildren and can carry a normal conversation about any topic, but at the same time she sees the visions and sometimes a voice that will accompany the visions which makes her fearful and terrified and emotional. I would have never thought that Mary with her devoted beliefs would ever see the importance of giving humans the right to make this decision for themselves. But Mary has. She does not want to be going through this agony any longer. Mary's mother lived a long life to the age of 102, so she fears she could be suffering this horrific life for many years. I have never pushed my views on any one but I have believed in Voluntary Assisted Dying since 2009 when I had to help care for and watch my mother Beryl die a slow and undignified death from Motor Neurone Disease. My mother was a talented wonderful lady who became a vegetable in her own body. Mum still had an amazing mind and understood all till the day she died. Mum wanted to die and if it was possible she would have ended her life. So I please ask that the Inquiry consider these illnesses and the individuals and families who are helpless to help their loved ones. Mary and my mother Beryl do not deserve to suffer any longer than they want. They are of sound mind in my opinion and deserve the dignity returned to them that they have shown to this world. Thank you. Gayle M Vecchio. [REDACTED]  
[Home Hill](#) Q4806. [REDACTED]

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Good idea or chance for quick inheritance  
**Date:** Tuesday, 26 March 2019 9:16:12 PM

---

Re: Good idea or chance for quick inheritance

Dear Rob Hansen,

Assisting people with various health issues, especially the elderly, sounds good as a release for those in considerable pain and/or inability to fend for themselves. There is a risk that it could become an opportunity to receive an inheritance sooner by "legally" killing and other reasons of selfishness. It's a very fine line. Human life is precious.

Sincerely,  
Sharon Robinson

[REDACTED]  
[REDACTED]  
Meadowbrook, AU-QLD 4131

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** There are no effective safeguards from abuse  
**Date:** Tuesday, 26 March 2019 9:13:17 PM

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Re: There are no effective safeguards from abuse

Dear Rob Hansen,

I wish to express my strong opinion against the proposed move to voluntary euthanasia I have witnessed some challenging circumstances where very dear folk have felt that their physical conditions were a burden on others and wanted to avoid imposing extra demands on people who care for them It is very sad to think that as a Nation who would declare that human life is valued there are no safeguards for people in such a vulnerable state Please do not pass legislation which jeopardizes the value of human life for the vulnerable!

Sincerely,  
Sylvia Huxham

[REDACTED]  
[REDACTED]  
Innisfail, AU-QLD 4860

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Some ideas that sound good are just too risky  
**Date:** Tuesday, 26 March 2019 9:07:59 PM

---

Re: Some ideas that sound good are just too risky

Dear Rob Hansen,

<write your submission here> All life is precious. Sadly many people exploit the elderly. Families can't wait for elderly relatives to die so they can collect their inheritance. The elderly feel as though they are a burden and so might agree unwillingly to be put to death. Who do we trust I this world especially when it comes to our lives. Please do not go ahead with this bill but improve palliative care Sincerely John Smith

Sincerely,  
John Smith

[REDACTED]  
[REDACTED]  
brisbane, AU-QLD 4130

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 8:51:44 PM

---

Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

<write your submission here>

Sincerely,  
Clint Walker

[REDACTED]

[REDACTED]

Strathpine, AU-QLD 4500

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care must be the priority  
**Date:** Tuesday, 26 March 2019 8:35:47 PM

---

Re: Palliative care must be the priority

Dear Rob Hansen,

<I wish to express my concern with the proposed Euthanasia laws in Queensland. Life is indeed the most precious gift but I fear that if this law is introduced, elderly people will feel pressured to seek to end their life. Also, I believe that people with even a temporary depressive illness will seek to end their life, when with medical and loving support they could go on to enjoy a rewarding and satisfying life. Sincerely, Lynne Ashford.

Sincerely,  
Lynne Ashford

[REDACTED]  
[REDACTED]  
Middle Ridge, AU-QLD 4350

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 8:27:56 PM

---

Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

Please regard this as my formal objection to the upcoming bill to legalise euthanasia.  
Sincerely, John Freudigmann

Sincerely,  
John Freudigmann

[REDACTED]  
[REDACTED]  
Rosedale South, AU-QLD 4123

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** We are a caring state  
**Date:** Tuesday, 26 March 2019 8:26:33 PM

---

Re: We are a caring state

Dear Rob Hansen,

I understand many people support euthanasia as they do not want to see people suffer. My problem with euthanasia is the moral dilemma of “playing god” and policing and implementation of it. While it can be argued that there will be safe guards like many things you will only know the consequences of any legislation many years after it is passed. Euthanasia has the possibility of being abused. Let’s face it the surgen who developed abortion ,I am sure, had no idea that it would be regarded as a legal contraceptive in 2019. I stand against abortion and euthanasia and call on you not to support any legislation that legalises these pursuits. Sincerely Peter Baum.

Sincerely,  
Peter Baum

[REDACTED]  
[REDACTED]  
Mackay, AU-QLD 4740

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** There are no effective safeguards from abuse  
**Date:** Tuesday, 26 March 2019 8:20:01 PM

---

Re: There are no effective safeguards from abuse

Dear Rob Hansen,

I am disappointed that the subject of legalised euthanasia is even being discussed. We are just opening ourselves up to too many loopholes with euthanasia. We need to protect and help the vulnerable people in our community, not expose them to the dangers of abuse and feelings of being a burden to society. For those with a terminal illness, excellent palliative care is available where the person is able to die with dignity, surrounded by loved ones.

Sincerely,  
Gloria Hamilton

[REDACTED]  
[REDACTED]  
WILSONTON, AU-QLD 4350

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Remember what God says about euthanasia in the Bible  
**Date:** Tuesday, 26 March 2019 8:19:55 PM

---

Re: Remember what God says about euthanasia in the Bible

Dear Rob Hansen,

`Thou shalt not kill' - Exodus 20:13 Sincerely, Evan Coombs

Sincerely,  
Evan Coombs

[REDACTED]  
[REDACTED]  
KEPERRA, AU-QLD 4054

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# Inquiry into aged care, end-of-life and palliative care, and voluntary assisted dying

The Queensland Parliament's Health Committee is considering how aged care, end-of-life and palliative care are delivered for Queenslanders. The committee is also considering, and seeking views on, whether voluntary assisted dying should be allowed in Queensland.

We want all Queenslanders to have their say on these important issues. See the committee's issues paper for more information. Let us know your views below.

The committee is taking comments for the inquiry until 15 April 2019.

**Return by 15 April 2019**

Please send your comments to:

Health Committee  
PARLIAMENT HOUSE QLD 4000  
Fax: 07 3553 6699

Or scan and email it to:  
[careinquiry@parliament.qld.gov.au](mailto:careinquiry@parliament.qld.gov.au)

## Your details:

~~Mr~~/Ms/Mrs/Dr:

GLYNIS ENRIGHT

Day time phone number: ( )

Email address:

Address:

Russell Island Postcode: 4184

## What would you like to tell the committee?

My 87 year old mother has been in palliative care for almost one year. She has advanced Alzheimer's. Once a vibrant independent well travelled woman, she now has no detectable enjoyment of life. I visit her weekly and each time I pray for her to die. She is a bag of bones with no ability to even turn herself. She has no recognition of loved ones and is prone to aggressively picking at her very fragile skin. She wears mittens on her hands. The care she receives is exemplary at her facility. I agonise that she has <sup>that</sup> foregone assisted dying & yet I see the anguish, cost, and lack of dignity <sup>that</sup> tears my family apart.



**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care must be the priority  
**Date:** Tuesday, 26 March 2019 1:26:05 PM

---

Re: Palliative care must be the priority

Dear Rob Hansen,

Thank you for the opportunity to comment on the proposal related to voluntary assisted dying. I do not support this for the following reasons: 1. Civilized society values, nurtures and protects human life and always endeavours to protect the weak and vulnerable. The proposal runs counter to this value and will tend to diminish a perception of the value of life esp in the aged-care area. Palliative care is a more dignified offering. 2. Increased pressure will be placed on the vulnerable and those caring for them to "take an easy way out". 3. Voluntary "Assisted Dying" opens the door to money making opportunities for drug companies and a new type of medical personnel not necessarily working to accepted ethical standards.

Sincerely,  
Genevieve Gall

[REDACTED]  
[REDACTED]  
Pimpama, AU-QLD 4209

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care must be the priority  
**Date:** Tuesday, 26 March 2019 1:26:08 PM

---

Re: Palliative care must be the priority

Dear Rob Hansen,

<write your submission here> Be tolerant of the vulnerable in community. No one has the right to commit murder. Palliative care is only option. Otherwise you make people feel guilty for being alive.

Sincerely,  
Julie harth

[REDACTED]  
[REDACTED]  
Tewantin, AU-QLD 4565

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** We are a caring state  
**Date:** Tuesday, 26 March 2019 1:28:00 PM

---

Re: We are a caring state

Dear Rob Hansen,

I am very concerned about the push to legalize euthanasia in Queensland. These types of interventions sound good initially, but as times passes, it becomes apparent that they have negative consequences which were not anticipated. This includes the parameters for who is eligible for euthanasia becoming wider and wider as time passes, people being bullied into requesting euthanasia by other family members and unscrupulous businesses taking advantage of people when at their most vulnerable. There is already very ample pain relief available to people who are terminal, to the point that they actually pass away from the amount of pain relief medication they need at the end, before the actual disease kills them. This process is humane for the ill person as well as their family members, and it is not open to the abuses which will happen is euthanasia is legalized. Other countries where euthanasia is practiced are documenting these abuses listed above. Human nature in some cases, looks out only for 'self', and there will be those who manipulate this law to their own advantage to the detriment of the sick, aged, the vulnerable and the dying. Human life is sacred, and should be treated so right until the natural end of life. It should not be treated as a commodity. If we as a society believe that it is justifiable to kill people in some circumstances, where will that stop? These types of arguments always start with one exception in certain circumstances but these exceptions increase over time. Look at Nazi Germany...they didn't start burning Jews in incinerators at first, they just made them wear a yellow star and look where it ended up. Euthanasia will be very detrimental for us as a state and a nation. It is a DEATH focus, rather than a LIFE focus. Please also remember, that the children who grow up watching their elders do this, will be the ones making the life and death decisions when we are old, and they will not have an appropriate respect for life. The consequences could be appalling.

Sincerely,  
Laural Millican

[REDACTED]  
[REDACTED]  
Rangeville, AU-QLD 4350

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 1:30:32 PM

---

Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

As a nurse I am disturbed that the various Governments in our country would even consider making it possible to end the life of another person legally (though of course this applies in the case of abortion already). I do not believe it is necessary to legalise or promote euthanasia as in this country there is adequate provision for very good medical care of those who are sick and dying. Euthanasia in fact oversteps the line of "do no wrong" and puts both medical and nursing staff in a very compromising situation where they are required to do the very opposite of the things they have been taught and trained to do. I never ever want to be put in this situation. I could not possibly, with a clear conscience, end someone's life. Once this door is opened, I fearfully believe there will be far-reaching consequences including a devaluing of human life, a decrease of compassion amongst medical and nursing staff, and possibly psychological impacts lasting a lifetime. Please do not take us into that scenario.

Sincerely,  
Ruth Curtis

[REDACTED]  
[REDACTED]  
Brinsmead, AU-QLD 4870

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 1:31:30 PM

---

Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying.

Sincerely,  
Susan Bishop

[REDACTED]  
[REDACTED]  
Tugun, AU-QLD 4224

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care must be the priority  
**Date:** Tuesday, 26 March 2019 1:32:25 PM

---

Re: Palliative care must be the priority

Dear Rob Hansen,

Hello rob, I am writing with grave concerns at the proposed introduction of a bill, that legalizes euthanasia in Queensland. After having had a long journey with my father in a nursing home, with diminished mental and physical capacity, I dread the possibility of our vulnerable elderly being discarded this way. I feel it was an amazing experience and opportunity for reconciliation, and opportunity to display the love and compassion that every human is deserving of, especially those most vulnerable. My father was well-cared for, and passed away with incredible dignity, thanks to a very skilled and compassionate palliative care team. Please consider palliative care as a priority as you debate this very sensitive issue. Ours is a family most appreciative of it!

Sincerely,  
Carol Gaske

[REDACTED]  
[REDACTED]  
Boonah, AU-QLD 4310

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 1:35:42 PM

---

Re: I am a Queenslander - assisted dying is not caring

Dear Rob Hansen,

At 82, the son of a mother who lasted to 97 (and whose grandfather lived to 101) I can tell you there is not a moment any of us would have wanted our lives shortened. "Assisted dying" is an euphemism for murder -- nothing else. It has no place in a civilized society. **DO NOT ALLOW "ASSISTED DYING" in Queensland.** Call it by its true name and nobody will support it. Sincerely, Donn Desmond Byrne Samford Valley, 4520

Sincerely,  
Donn D Byrne

[REDACTED]  
[REDACTED]  
SAMFORD VALLEY, AU-QLD 4520

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** My personal experience relating to life and death choices.  
**Date:** Tuesday, 26 March 2019 1:40:21 PM

---

Re: My personal experience relating to life and death choices.

Dear Rob Hansen,

I have a unique and personal experience that relates to this issue that I want to share. In 2007 I took medication that in my case had the effect of neutralising my immune system, (Neutropenia is the correct term), and while I unknowingly had no working immune system I contracted a very common and normal bacteria that because there was no immune system to stop it caused gas gangrene in my left thigh that spread rapidly. I had a red mark on my leg on day, and it was black the next. As you can imagine this wasn't good! The only way to stop this infection, (the flesh was already dead/infected etc), was to cut it out, so I am now a high level amputee, having no left leg at all. The day after my leg was amputated, I was very, very sick still, (the infection had pumped toxins through my body for one), and a scan showed that the infection was also in my upper arm and in my chest wall. As stated previously the only way to get rid of this infection was to cut it out, which would have meant removing a portion of my chest wall and an arm. At this point, being a family with a strong faith many prayers were said, and I can only credit those prayers with the fact that the infection in my arm and chest wall that showed up in scans was not there when they opened the areas up in the operating room. The key point though is that had that infection been present, the Doctors has indicated that they would let me die rather than let me live with an amputated arm and leg due to the high level of disability. These Doctors involved are good people. They worked very hard to get me through, and showed unending levels of kindness and care through the ups and downs of recovery, for which I am forever grateful. I now live a productive life, hold down a good job and enjoy a satisfying family life with my wife and three children. The key point is though that I don't believe my life would be not worth having if I had the further level of disability of losing my arm in addition to my leg. These wonderful, caring people in the healthcare setting that I hold in high regard also could have made a decision that I would have profoundly disagreed with, and I believe to have been wrong. So as you can imagine, the point is that decisions about life or death should simply not be made by people. I can understand not extending life saving treatment past a certain point in very specific circumstances, but my very personal experience has shown that even very caring, very talented and thoughtful people should not have the right to choose to end someone's life. I hope this has been helpful to your investigations and thank you for taking the time to read it. I'm happy to discuss my personal experience further if that's of any benefit.

Sincerely,  
Andrew Ballantyne

[REDACTED]  
[REDACTED]  
Springwood, AU-QLD 4127

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 1:40:37 PM

---

Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

I respectfully ask that you consider the long term effects that allowing a euthanasia bill will have on those who are most vulnerable. There are those who would use it as an tool to destroy those whom they no longer valued in our society. There are just too many variables to make it a 'safe' option.

Sincerely,  
Helen Mays

[REDACTED]  
[REDACTED]  
Norman Park, AU-QLD 4170

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 1:46:05 PM

---

Re: I am a Queenslander - assisted dying is not caring

Dear Rob Hansen,

I am very much afraid assisted dying will be the commencement of what many would regard as a "slippery slope" towards our society being able to dispose of those considered unproductive or an inconvenience to the community at large. Therefore I absolutely cannot support it and I sincerely hope proposed legislation is not passed.

Sincerely,  
Robert McDermott

[REDACTED]  
[REDACTED]  
HELENSVALE, AU-QLD 4212

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# Inquiry into aged care, end-of-life and palliative care, and voluntary assisted dying

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We want all Queenslanders to have their say on these important issues. See the committee's issues paper for more information. Let us know your views below.

The committee is taking comments for the inquiry until 15 April 2019.

**Return by 15 April 2019**

Please send your comments to:

**Health Committee**  
**PARLIAMENT HOUSE QLD 4000**  
**Fax: 07 3553 6699**

Or scan and email it to:  
[careinquiry@parliament.qld.gov.au](mailto:careinquiry@parliament.qld.gov.au)

**Your details:**

Mr/Ms/Mrs/Dr: Renee Sheil

Day time phone number: ( ) [Redacted]

Email address: [Redacted]

Address: [Redacted] 100 Woombat Postcode: 4350

**What would you like to tell the committee?**

As a nurse I have seen a lot of sick/terminally ill patient suffer a undignified death at times painful death due to restraints imposed on them by our legal system. Not only should those patients be allowed to choose when they die, but they should be allowed to determine how. My job as a nurse is to advocate for my patients rights "let them be heard" - "choose their treatments" and support them in their decisions. We have the right to freedom of speech to enjoy our lives free from violence but we have no rights when it comes

to choosing how & when we die (unless  
Societal) from a terminal illness. It is  
our right to choose this for ourselves  
NOT be dictated to by our legal system  
what gives them the right to choose  
for us.

Dying patients are often forced to die  
slowly in a hospital as their families  
(or best of) can no longer care for them  
at home.

My question to you is - is this fair?  
- would you want to die in hospital  
away from your family?

Please attach extra pages as required **FOR GOODNESS SAKE PLEASE VAD**

**Publication of your comments:**

The committee may publish your comments as a submission. For comments provided by individuals, the committee will first remove personal contact details such as phone numbers, street addresses and email addresses.

I agree with the publication of my comments as a submission  Yes  No

**Request for the comments to be treated confidentially by the committee:**

If you have provided personal information or other information you would like to be kept confidential by the committee and not published, please explain briefly your reasons why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you providing comments on behalf of others or an organisation?  Yes  No

If yes, please tell us the name of the person or persons or organisation: \_\_\_\_\_

Their daytime phone number: : \_\_\_\_\_

What is your relationship with that person or persons, or your role in the organisation? \_\_\_\_\_

I am authorised by ..... to provide these comments on their behalf.

Signature:..... Date: .....

**Need Help?**

If you have any questions about the inquiry or making a submission, please call the committee secretariat:

07 3553 6626 or 1800 504 022 Free call

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 1:46:56 PM

---

Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

Life is precious at all ages - it is not dispensable at will. Death comes to all of us naturally & that is the way it should be.

Sincerely,  
Kasturi Vaska

[REDACTED]  
[REDACTED]  
Tarragindi, AU-QLD 4121

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care must be the priority  
**Date:** Tuesday, 26 March 2019 1:47:34 PM

---

Re: Palliative care must be the priority

Dear Rob Hansen,

Our current medical provision of Palliative care allows people to die pain free, with dignity and knowing that all was done medically to help them achieve life. This gives comfort to those left behind grieving for the lost love one. No-one is plagued in future with the nagging feelings of guilt that comes with knowing that one was responsible for the murder of another. There are cases of women choosing to have their breasts removed out of fear of getting breast cancer. Thus with the legalisation of euthanasia people who simply FEAR the changed circumstances that a deterioration in their condition might bring could seek out assisted suicide. What a tragedy that would be. Everyone should be shown to be valued and supported through these difficult times. Passing through the door of death is final. There is no way back. It cannot be undo. There is no magic pill to reverse euthanasia. A person may feel at a point in time that being killed is what they want, but would they have second guessed if given time? Do you know what awaits a person after death? Have you been there? Therefore are you in a position to legislate for people to die before their time, putting undue pressure on already vulnerable people? Please do not support this dangerous act of euthanasia. It will only lead to the devaluing of human life by society and people making a decision they may regret, but are no longer here to tell anyone.

Sincerely,  
Sarah Gibson

[REDACTED]  
[REDACTED]  
Hope Island, AU-QLD 4212

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** We are a caring state  
**Date:** Tuesday, 26 March 2019 1:48:29 PM

---

Re: We are a caring state

Dear Rob Hansen,

<I would like to put forward my opinion that we as a society should be doing more to value human life in general, and the lives of the sick and elderly in Australia. I do not support assisted dying in any form. It removes the opportunity for families to care for their sick, from which great connection can happen, adding to the richness of our lives journey. There will never be enough protection in place to protect the vulnerable from unscrupulous people. The elderly who are sick may feel that they don't want to be a burden on their families, and choose to cut their lives short, when in actuality, the families want them to be there in their lives, and want to support them. Legalising euthanasia will likely lead the change in societies values, with younger generations despising the sick and elderly. >

Sincerely,  
Julie Rach

[REDACTED]  
[REDACTED]  
Oakhurst, AU-QLD 4650

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 1:58:27 PM

---

Re: I am a Queenslander - assisted dying is not caring

Dear Rob Hansen,

I believe that assisted dying is morally wrong, that our great and merciful God will decide the right time for us to die. I also believe that the family of an elderly person could put pressure on them to die so as not to use up money that could otherwise be left to the family to inherit. Palliative care is a better option, using pain killers to make our last days easier. Please do not bring in such legislation!

Sincerely,

Alison Cunningham

[REDACTED]  
[REDACTED]  
Wynnum, AU-QLD 4178

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Some ideas that sound good are just too risky  
**Date:** Tuesday, 26 March 2019 1:57:04 PM

---

Re: Some ideas that sound good are just too risky

Dear Rob Hansen,

Vote "NO" to euthanasia in Queensland! Medical mistakes happen all the time and hence opening the legal and ethical minefield of allowing doctors to administer poisons to help people die represents profound change. Legalised euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable. Legalising assisted dying will change the community's views towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying. Note the key words from the statements above are PROTECT THE VULNERABLE! If this legislation were to pass this very statement would be 'nil and void' allowing lives to be taken unnecessarily!

Sincerely,  
NARELLE MYORS

[REDACTED]  
[REDACTED]  
GRACEMERE, AU-QLD 4702

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** There are no effective safeguards from abuse  
**Date:** Tuesday, 26 March 2019 1:56:00 PM

---

Re: There are no effective safeguards from abuse

Dear Rob Hansen,

As an almost 70 year old, I am totally against euthanasia in all its forms. As far as I can see there are absolutely no effective safeguards. Medical diagnoses can be wrong . Unscrupulous people can put undue pressure on family members or others for their own gain. Regards, Ian Letchford

Sincerely,  
Ian Letchford

[REDACTED]  
[REDACTED]  
Cabarlah, AU-QLD 4352

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** There are no effective safeguards from abuse  
**Date:** Tuesday, 26 March 2019 1:55:26 PM

---

Re: There are no effective safeguards from abuse

Dear Rob Hansen,

As the law currently stands in Queensland the following crime would be judged for what it is; first degree murder. I beseech you, in particular for the sake of the vulnerable, do not recommend legalising the deliberate killing of our fellow human beings. "A Dutch doctor who was reprimanded for administering a lethal injection to an elderly woman with dementia despite her 'resistance' is now under a criminal investigation. An inquiry into the 74-year-old woman's death revealed that the woman, who had Alzheimer's, was surreptitiously given a coffee containing a sedative, and then had to be held down by her family as she appeared to struggle against the injection. The chief public prosecutor at The Hague is investigating whether there are grounds for criminal charges to be laid against the doctor." Sincerely John Dekker

Sincerely,  
John Dekker

[REDACTED]  
[REDACTED]  
Birkdale, AU-QLD 4149

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 1:49:41 PM

---

Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

I strongly disagree with legalised euthanasia because it is incompatible with a society that values human life and seeks to protect the vulnerable. Legalising assisted dying will change the community's values towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. The elderly may feel that they are burdening their families because of declining health and instead of dying of natural causes, take the convenient option, do not to inconvenience their families. The natural course of life is to be born, live and eventually decline and die. Is it right to rid the earth of all that is inconvenient, eg. those with disability and those with, decline in old age. Isn't there something to be learnt in helping our aging loved ones, and the disabled in the community. I reiterate, I strongly oppose this plan of legalised euthanasia. Sincerely, Julie Murphy.

Sincerely,  
Julie Murphy

[REDACTED]  
[REDACTED]  
Wynnum, AU-QLD 4178

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** There are no effective safeguards from abuse  
**Date:** Tuesday, 26 March 2019 1:48:57 PM

---

Re: There are no effective safeguards from abuse

Dear Rob Hansen,

Murder is illegal whether it is legislated or not. Changing the name does not change the deed. If the government wants it so badly let them be Euthanized. Countries where it has been introduced eg The Netherlands, elderly people are afraid of going into hospitals for even minor surgeries because they fear they will not come out ALIVE. Any government that thinks it has the power as to whether people live or not shouldn't be in power. Andrew Lawson

Sincerely,  
Andrew C Lawson

[REDACTED]  
[REDACTED]  
Bray Park, AU-QLD 4500

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 2:05:49 PM

---

Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

It is with great concern I address you regarding the inquiry of supporting voluntary assisted dying. One thing is absolutely certain when it comes to euthanasia, or “assisted dying” and that is there are no safeguards that prevent it from abuse. Medical mistakes happen all the time and hence opening the legal and ethical minefield of allowing doctors to administer poisons to help people die represents so many irreversible dangers. I have worked in palliative care as an Occupational Therapist, providing high quality health care to clients in their own homes, so their last days can be comfortable and surrounded by friends and family. Although it is a tough, emotionally charged and difficult time for all involved, every life is valuable. This is a time where the vulnerable needs protection and support, especially from the health care profession. Regardless of the length of time, life is sacred! There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying. This is the last thing clients, family and friends should be considering! They need support and comfort, not a degradation of their life and their feeling burdened by decisions that can’t be undone. Please protect the vulnerable in our community and support the value of all human life!

Sincerely,  
Sharon English

[REDACTED]  
[REDACTED]  
Bundamba, AU-QLD 4304

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 2:05:41 PM

---

Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

Dear Sir or Madam, I am against euthanasia, there appears to be no effective safeguards. This could lead to abuse of the proposed system. Plus killing anybody isn't right. Yours sincerely Janet Letchford

Sincerely,  
Janet Letchford

[REDACTED]  
[REDACTED]  
Cabarlah, AU-QLD 4352

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 2:01:16 PM

---

Re: I am a Queenslander - assisted dying is not caring

Dear Rob Hansen,

I am opposed to euthanasia because it is murder.

Sincerely,  
John Kent

[REDACTED]

[REDACTED]

Beechmont, AU-QLD 4211

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** There are no effective safeguards from abuse  
**Date:** Tuesday, 26 March 2019 1:59:46 PM

---

Re: There are no effective safeguards from abuse

Dear Rob Hansen,

I do not support euthanasia as it is abuse of our right to live and if assisted is murder. This suggested bill is wrong and should be dropped. Elizabeth Martin

Sincerely,  
Elizabeth Martin

[REDACTED]  
[REDACTED]  
Forest Lake, AU-QLD 4078

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 2:16:43 PM

---

Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

<Life is GOD given, let GOD take it away, without human intervention of any kind  
PLEASE

Sincerely,  
ian boettcher

[REDACTED]  
[REDACTED]  
bundamba, AU-QLD 4304

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 2:15:45 PM

---

Re: I am a Queenslander - assisted dying is not caring

Dear Rob Hansen,

I want to be counted amongst those opposed to euthanasia. I have worked as a nurse for nearly 50 years, including palliative care and the elderly. All life has value. Any legislation for assisted dying would have the potential for abuse. High quality care for the terminally ill and support for those with chronic diseases should be included in our health care system. These people must not be made to feel as though they are a burden on society, just for wanting to stay alive .

Sincerely,  
Denise Peterson

[REDACTED]  
[REDACTED]  
Atherton, AU-QLD 4883

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 2:14:43 PM

---

Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

I write to express my disquiet that assisted suicide will become legal in Queensland. I am a recently retired former GP. During my years in practice I provided palliative care, particularly to female patients. One thing that impressed me time and time again was the concern of these women that they were a burden on their families. It worries me that should assisted suicide cease to have legal sanctions that vulnerable frail women may come to believe they have not only a right to end their lives, but a duty to do so. I know that many people will write in with horror stories about painful prolonged deaths of loved ones. After many years of looking after dying patients I have seen that The pain of loss is not diminished, despite the beliefs of those who have experienced that pain, by rapidity or medical intervention. What diminishes the pain a little is compassionate care and reassurance that everything is being done and will be done to keep the dying person comfortable. For some people nothing will ever be enough. I find it inimical to the medical mindset to be purposefully responsible for the death of a patient. It seems incomprehensible that on the one hand we worry about increasing suicide rates, and on the other, remove legal barriers to assisting suicide in other circumstances. This seems a case of cognitive dissonance. One of the problems with legalising behaviours is that there is a shift in public perception from undesirable but legal, to desirable, to mandatory. So in this case the shift to social opprobrium for those with lingering illnesses who do not avail themselves of assisted suicide is inevitable. I concede that the care of the dying leaves a lot to be desired in Queensland. However I believe that the answer is in better care, not in the removal of those who need care, Sincerely Margaret Crawford

Sincerely,  
Margaret Crawford

[REDACTED]  
[REDACTED]  
Bundaberg, AU-QLD 4670

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** There are no effective safeguards from abuse  
**Date:** Tuesday, 26 March 2019 2:14:21 PM

---

Re: There are no effective safeguards from abuse

Dear Rob Hansen,

Euthanasia is open to abuse and should not be considered by Queensland Parliament. Only our God has the right to take life, should we go into that area we are transgressing His Law. I am sure there are many other ways to assist the sick and suffering.

Sincerely,  
Cecil Chapman

[REDACTED]  
[REDACTED]  
Brisbane, AU-QLD 4123

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Some ideas that sound good are just too risky  
**Date:** Tuesday, 26 March 2019 2:12:00 PM

---

Re: Some ideas that sound good are just too risky

Dear Rob Hansen,

I am concerned about the actions of assisting the elderly to end life. All age groups are a valuable part of our community and each stage of life be respected and supported. I have the privilege of working in aged care with elderly patients as an occupational therapist and my role is to find options for people to live safely and well in their chosen living environment. There are always options to cater and support the elderly to live their life with respect and support. Assisted death should not be one of them.

Sincerely,  
Melody Crawford

[REDACTED]  
[REDACTED]  
Loganlea, AU-QLD 4131

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 2:20:16 PM

---

Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

I don't believe euthanasia should be legal. With the prevalence of elder abuse, the selfish nature of some children, you would be naive to think there are no Doctors who would be prepared to be compensated for agreeing to remove an elderly person they consider a nuisance. Also, for a person who is depressed and feels life is not worth living and wants to die, it would be wrong to euthenase them. I think it becomes a slippery slope.

Sincerely,  
Alva Connelly

[REDACTED]  
[REDACTED]  
Peregian Springs, AU-QLD 4573

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care must be the priority  
**Date:** Tuesday, 26 March 2019 2:22:45 PM

---

Re: Palliative care must be the priority

Dear Rob Hansen,

<Most of the elderly people have contributed to the community at large in various ways during their active life, If that was not the case then the obvious prosperity of our modern day society is a myth. It also strikes me how many elderly people in their seventies and older are still serving in our community and are still active to participate in the social activities which are at the heart of a healthy nation, What have the younger generation to look forward to if they do not see that we care for the elderly and respect them for what they have done to the community and country during their active working days.

Sincerely,  
Stephanus van Tonder

[REDACTED]  
[REDACTED]  
Bonogin, AU-QLD 4213

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 2:23:20 PM

---

Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

There are no safeguards that prevent euthanasia from abuse. Euthanasia was legal when Hitler came to power. This enabled him to exterminate all those considered a burden on society- the elderly, those suffering intellectual or physical disabilities, the homeless - many thousands of people were legally euthanised (murdered) within a couple of months of him winning the election. Then when he took power all he had to do was slightly tweak the law to enable him to declare the Jews non-human and society didn't even consider it wrong. Even if you don't believe another Hitler will happen - and that is very dangerous thinking - but under normal everyday living medical mistakes are happening all the time. This opens the legal and ethical minefield of allowing doctors to administer poisons to help people die represents profound change. Legalised euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable, again pointing back to my first point that a society which devalues life is capable of allowing mass murders. Legalising assisted dying will change the community's views towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. There are no guarantees the medical profession are correct with their diagnoses. Too many people I personally know including myself, have had doctors misdiagnose our ailments. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. If euthanasia had been legal, my husband would have been pressured to end his life because after all with his chronic kidney disease he was only going to live another couple of years, that is well over 20 years ago now since he was told he only had a few years to live. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This eventually will bring great pressure from the medical profession and society for them to choose assisted dying even when they do NOT desire to die early. Then what about those elderly whose relatives are only interested in their family members inheritance. Too easy to claim they have a condition, to find a doctor who agrees and that will allow them to legally murder with the nice word euthanasia to make them feel good. Don't say doctors wouldn't do that - there was a doctor who was tried for murder for assisting people to die early. Why has our notion of this being murder changed in such a short time? This is a sad indictment of the state our society has sunk to when we consider easy ways to remove burdens in our lives including people. What is truly ironic is that we live in a society that is prizing itself for living longer than any previous generations and this society is now choosing to shorten their lives.

Sincerely,  
Vicki Park

[REDACTED]  
[REDACTED]  
Ipswich, AU-QLD 4305

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** We are a caring state  
**Date:** Tuesday, 26 March 2019 2:23:35 PM

---

Re: We are a caring state

Dear Rob Hansen,

I believe legalising euthanasia is incompatible with our culture - a culture that values life. If assisted dying becomes legal it is a very slippery slope that will change views towards our elderly and those with a disability, and the sick. Euthanasia/assisted dying will no doubt be sought for people who are not necessarily dying, but who simply fear some perceived deterioration in their health/life. I am concerned there will not be any safeguards preventing people from feeling that their medical condition is becoming a burden on their family and this will pressure them to choose euthanasia. Sincerely, Anne Halford

Sincerely,  
Anne Halford

[REDACTED]  
[REDACTED]  
Everton Hills, AU-QLD 4053

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 2:28:38 PM

---

Re: I am a Queenslander - assisted dying is not caring

Dear Rob Hansen,

God, the one and only Creator, has given life to you and to me and to every other person . God considers you, me and every other person of value and loves each one. As we are all created by God, despite warts and all in our different circumstances, we are to respect and value life not take it away according to human "compassion" . Margaret Powell

Sincerely,  
Margaret Powell

[REDACTED] u

[REDACTED]  
Carina, AU-QLD 4152

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 2:29:13 PM

---

Re: I am a Queenslander - assisted dying is not caring

Dear Rob Hansen,

The problems I see are as follows; -How can we ever know that the vulnerable won't be euthanised simple to get rid of them, when Countries that have VAD show that they cannot provide adequate safeguards, - VAD is an irreversible decision - How can we be assured that anyone choosing VAD is fully informed - Please note that Medical Professionals say NO! <write your submission here>

Sincerely,

Ken and Lorraine Page

[REDACTED]  
[REDACTED]  
Forest Lake, AU-QLD 4078

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 2:31:59 PM

---

Re: I am a Queenslander - assisted dying is not caring

Dear Rob Hansen,

Our society values human life as noted by the outcry over the recent Christchurch bombings and similar incidents in Australia. I do not desire to see elderly people, or the disabled, or the sick, having their life shortened just to stop others loving and caring for them, maybe at their cost in time and money. It is not a "quick and easy " solution just for selfish reasons. I fear that it may be forced on people by family members. They should not be seen as a burden on those around them as this may put pressure on them to choose assisted dying. Please do not allow this to be voted on here in Queensland. I know there are those in our society who will abuse it.

Sincerely,  
Ailsa Denner

[REDACTED]  
[REDACTED]  
Helensvale, AU-QLD 4212

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 2:33:09 PM

---

Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

<This is to say that I oppose euthanasia in any form because I believe in the value of human life and the need to protect the vulnerable in our society. In the history of our country, terminally ill people have been given humane assistance in their suffering in the form of palliative care, to assist them in their final time of suffering, with appropriate nursing and care with friends and family beside them. Euthanasia is not the solution to chronically or terminally ill people and needs to be approached with caution.write your submission here>

Sincerely,  
Helen Roberta Warren

[REDACTED]  
[REDACTED]  
Loganholme, AU-QLD 4129

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 2:34:21 PM

---

Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

I am opposed to assisted dying/voluntary euthanasia for sick and elderly people for the following reasons: It is contrary to a doctor's oath to "do no harm"; It devalues human life and gives no protection for the vulnerable; It preys on the fears and perceptions of vulnerable people, such as feeling a burden or future treatment or pain; It gives unscrupulous relatives the impetus to convince "unwanted" people to terminate life for their own gain; It is against human compassion and society's duty to care for the sick and elderly; There is medical intervention that can alleviate pain and fear, and help people at the end of life in a gentle and caring manner. These are just a few reasons. A very real concern is the attitudes of people and governments toward the sick and elderly. In Victoria I know patients who have been told by doctors and nurses that if they stop treatment it could be "all over for them in a week" even though they have clearly stated they want to live, and that they could make way for younger patients. This indicates that younger people are more valuable which is not the case. All humans are important and valuable. Coercion by trusted medical professionals when one is sick and weak is frightening and would leave a person feeling worthless and scared. It is an abuse of trust. This is merely a money saving issue for the health budget and is against duty of care. This is a very slippery slope. Problems in other countries with "voluntary" euthanasia have already been flagged and are not to be ignored. Please show the world that Queenslanders value all people and have care and compassion for sick and elderly people. Each of us is getting older. Is this the future we want for ourselves? I would look forward to assistance with dying peacefully, not early. Please keep my name and personal details confidential. I have an unusual name that could be easily traced, and do not wish to be contacted about my views. You are welcome to publish my comments only.

Sincerely,

[REDACTED]

[REDACTED]

Aspley, AU-QLD 4034

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 2:34:50 PM

---

Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

I am concerned that our great state of Queensland has become preoccupied with death. In particular, euthanasia. I believe that our hospitals and doctors should be allowed to keep their oath to preserve life without confusion or opposition. Assisted dying, is incompatible with a society that values life. Also it has been witnessed in other countries where this practice has been legalised, that there are no safeguards against its abuse. People who are at their most vulnerable will be coerced into premature death by a society that comes to believe that our elderly and disabled are a burden on the community and need to be removed. This is not what I want to see happen to our state or country.

Sincerely,  
Robyn Foley

[REDACTED]  
[REDACTED]  
Park Avenue, AU-QLD 4701

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Submission Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying  
**Date:** Tuesday, 26 March 2019 2:42:12 PM

---

Re: Submission Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying

Dear Rob Hansen,

As a citizen of Queensland I am very concerned with the proposed introduction of euthanasia into our state. The term assisted-dying is a misnomer. Dying is a natural state in which we pass from life to death, while assistance implies aid and palliative care. What is called assisted-dying or euthanasia is much more aptly termed assisted killing. For killing is the taking of a life. And what is being proposed is that medical professionals act in a manner to cause death in a patient. Causing death is not assisted dying, but assisted killing. This needs to be made clear. What is being legalised is killing human beings in certain circumstances. This raises grave moral concerns in a society and profession that is supposed to protect innocent human life. I once volunteered in a nursing home in Canada where euthanasia was made legal. I will not forget a time when I was talking to an elderly woman who was bed ridden, but too scared to go to hospital due to the fear that she may be killed. It is a fact that laws are pushed. Recently I was listening to the ABC and a physician was promoting legalising euthanasia in order to protect medical professionals who already overdose patients in order to bring about their death. This is illegal. If euthanasia becomes legal it won't be long until we see either the sick pressured into taking their own lives, or medical professionals determining that a patient should die without the consent of that patient as has happened in other countries such as the Netherlands. Whether or not such actions are made legal by legislation. What our society needs is to show greater respect towards our elderly. We should not devalue their life by legislating that under certain conditions we may kill them. Instead we should invest in greater palliative care. I was recently at the death bed of an elderly woman who died in a local hospice that receives no government funding. The care the staff showed towards her, the way they managed her pain, was amazing. This is what we need. It might be more expensive than killing someone, but it is certainly worth the expense. You cannot put a dollar value on life. All innocent life ought to be protected under law.

Sincerely,  
Tyson King

[REDACTED]  
[REDACTED]  
Annerley, AU-QLD 4103

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** There are no effective safeguards from abuse  
**Date:** Tuesday, 26 March 2019 2:56:15 PM

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Re: There are no effective safeguards from abuse

Dear Rob Hansen,

The legislation being proposed by the Queensland government totally undermines the sanctity of life and makes it something that can be disposed of if someone chooses. God is the one who creates life and the only one to take it. No matter how many so-called safeguards may be proposed for the legislation, there will always be abuse which will essentially result in government sanctioned murder. It turns the basic practice of medicine away from the time honoured Hippocratic Oath to something that Hitler would have been proud of. He also believed that doctors had the right to dispose of human life according to government dictates. It seems that the Labor Party has a love affair with all things to do with death from unborn baby murder to elimination of terminal patients as well as those who feel that they are a burden to their family and society. It would also be too easy for those who have a financial interest to convince the susceptible elderly to "choose" death. The government should improve palliative care rather than see death as a quick fix. It is about time that the Labor Party returned to its original Christian roots regarding the sanctity of life rather than acting like the Angel of Death.

Sincerely,  
Graham Leach

[REDACTED]  
[REDACTED]  
Burpengary East, AU-QLD 4505

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 2:55:46 PM

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Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

I am a Queenslander. I am very concerned about assisted dying. I think it is wrong, and also, not a good solution to problems. 1. The elderly are already subject to abuse and neglect. There is no protection against being made to feel a burden, and so "choosing" "voluntary" euthanasia. 2. Legalised euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable. Legally killing sick or old people will devalue life and human dignity. 3. It compromises medical personnel, who move into being bringers of death. 4. It is a quick but inappropriate response to a problem - just kill it - instead of providing the services, respite, and hospice beds needed, so that people can live out their end of life stages with dignity.

Sincerely,  
Jacoba Lowry

[REDACTED]  
[REDACTED]  
Conondale, AU-QLD 4552

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Some ideas that sound good are just too risky  
**Date:** Tuesday, 26 March 2019 2:55:37 PM

---

Re: Some ideas that sound good are just too risky

Dear Rob Hansen,

Euthanasia should not be legalised ! All life is precious, especially those who are elderly, disabled, or vulnerable to abuse by family, society or even the medical profession. I urge the committee and the Parliament to reject any bill promoting assisted death. It is an affront to the dignity of human life.

Sincerely,  
David Janes

[REDACTED]  
[REDACTED]  
Urraween, AU-QLD 4655

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - it is often used against people's will  
**Date:** Tuesday, 26 March 2019 2:45:41 PM

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Re: Please don't recommend euthanasia - it is often used against people's will

Dear Rob Hansen,

I grew up with an active, go-getter grandmother, the one we always knew would live to 100. And she did. My whole life, my Nanny was fit, healthy, and nothing was too hard for her. She overcame every challenge in front of her, and did so with a good attitude. Yet, when she was 100 years old, she suffered a stroke. When my parents and I went to see her in the hospital in Gladstone, she was unable to speak as well as before and had partial paralysis on one side of her body, but she was still full of life. When I was saying goodbye to her, she said "Pray for me". I asked her, "Nanny, what do you want me to pray for?" and she responded, "That I get well." This was a woman who never gave up. But unfortunately, my father's siblings did. It was only as we were on our way home that it dawned on us what was actually being planned for my grandmother. We had wondered why there was no active treatment taking place... why they were not feeding her intravenously or otherwise. Why they were not giving her fluids, but just wetting her mouth. After we thought about something one of Dad's siblings had said, we realised that both the family and the hospital staff were choosing to not give her any chance to survive. They were deliberately planning to euthanase her by denying her nutrition and hydration! Once home, my father did all he could to speak with the Doctors and medical staff involved, change the hearts of his siblings, and get this plan overturned. But to no avail. As soon as he could (a couple of days later), he drove the four hour trip back to Gladstone, but by this point, the deliberate deprivation of nutrition and hydration to my grandmother had taken their toll, and he knew he would not survive past this point. This whole situation has devastated my parents and I, and my family. It should never have happened, but that's the point. If situations like this are occurring when euthanasia is not legal, what sort of can of worms would be opened up if the government chooses to make it legal? If family and medical manipulation, control, intimidation and simply 'culling' the ones some people feel society has no more use for is that easy in the current environment, how much more will we see these things occur in an environment where it is actually considered by some as acceptable? Once euthanasia is allowed, this opens the door to assisted suicide - an appalling slight on any society, who would take a person who is obviously depressed or mentally ill, and help them to end their lives instead of restoring them! Euthanasia is murder and has no place in a civilised nation! Please don't recommend euthanasia.

Sincerely,  
Ainsley Shepherd

[REDACTED]  
[REDACTED]  
Gayndah, AU-QLD 4625

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** There are no effective safeguards from abuse  
**Date:** Tuesday, 26 March 2019 2:48:06 PM

---

Re: There are no effective safeguards from abuse

Dear Rob Hansen,

Legalised euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable. The number of vulnerable people are increasing, e.g. people without partners or family or support groups so may feel that this is the only solution. Legalising assisted dying will change the community's views towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. It puts the power of life and death in the hands of a person who may or may not have their best interests at heart. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. It is human nature to fear the unknown especially when it comes to sickness and pain. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying. Please consider these facts very carefully in your deliberations. Thank you, Janet Dean

Sincerely,  
Janet Dean

[REDACTED]  
[REDACTED]  
Forest Lake, AU-QLD 4078

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** assisted dieing with dignity  
**Date:** Tuesday, 12 March 2019 11:32:23 AM

---

My name is Malcolm Herbert and I am 79 years of age and have seen my grand mother and mother stricken with Alzheimers disese and now my wife of 56 years is being treated for the same condition , with no hope of a cure . To watch the people you love most in the world and not be able to do anything positive to reach out them is as heart breaking for the extended family as is mystifying and confusing for our loved ones .No body can ever wish to see human life wasted or taken away however there must come a time when all efforts have been exhausted and failed , the next step must be considered . Pain and a failing body is a reality and cannot be covered up or ignored . I am in the position to know the difficulties in suggesting finalizing a human life and should I ever be in the condition to make such a decision I would hope my family would be kind enough to follow my direction an allow for me to pass away in peace and grace . For this reason I would support the notion of regulated end of life law .

Yours Faithfully  
Malcolm Herbert

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 3:04:32 PM

---

Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

Human life is to be lived without ending it early. Please do not recommend euthanasia-it is too dangerous. If a family member wants access to their inheritance, euthanasia has the potential to be abused.

Sincerely,  
Ruth Baills

[REDACTED]  
[REDACTED]  
Flinders View, AU-QLD 4305

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care must be the priority  
**Date:** Tuesday, 26 March 2019 3:08:12 PM

---

Re: Palliative care must be the priority

Dear Rob Hansen,

<Euthanasia is incompatible with a society that values human life and protects the vulnerable, like the children on Maunus Island. There have been no safe guards proposed that prevent people from feeling that their medical condition is becoming a burden to those around them. This could eventually pressure them into choosing assisted dying. It is not fair to give these vulnerable people the euthanasia option. Palliative care must be the priority. Sincerely, Margie Lloyd.

Sincerely,  
Margie Lloyd

[REDACTED]  
[REDACTED]  
Mooloolaba, AU-QLD 4557

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 3:11:28 PM

---

Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

Legalised assisted suicide will definitely change the way that society views the elderly. I believe that society would start to view the elderly as having no value to our society, and eventually would see it as an easy option rather than care and medical attention. Yours respectfully Rhonda Jackson

Sincerely,  
Rhonda Jackson

[REDACTED]  
[REDACTED]  
Alexandra Hills, AU-QLD 4161

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Some ideas that sound good are just too risky  
**Date:** Tuesday, 26 March 2019 3:12:03 PM

---

Re: Some ideas that sound good are just too risky

Dear Rob Hansen,

From a Christian viewpoint, life is not ours to take. We don't like to see people suffer, but it's just part of life and we have to accept God's will, like it or not. Ann.

Sincerely,  
ann colwell

[REDACTED]  
[REDACTED]  
Kingaroy, AU-QLD 4610

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 3:17:07 PM

---

Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

Already Queensland Labour has totally ignored the opinion of Queenslanders with the introduction of late term abortion; the brutal murder of unborn children and instituting protection for the inhuman butcher who perform the procedures. When will you learn; 'YOU ARE NOT GOD' Now you want to play god with the lives of our senior citizens. THIS IS NOT YOUR DECISION TO MAKE. There is no place for euthanasia in Qld.  
Sincerely Bruce Wilding

Sincerely,  
Bruce Wilding

[REDACTED]  
[REDACTED]  
Wondai, AU-QLD 4606

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 3:25:21 PM

---

Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

I am very concerned about how this Bill maybe abused. It is already happening and our elderly are precious. Pls do not agree to this as it is impossible to guard against abuse. It is not our right to take a life. Sincerely Glenys Page

Sincerely,  
Glenys Page

[REDACTED]  
[REDACTED]  
Warner, AU-QLD 4500

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 3:28:29 PM

---

Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

<write your submission here>Dear Mr. Hansen, I write to ask you to vote against the legalising of murder of the vulnerable in our society, for that is what euthanasia is. Apart from the fact that inadequate safeguards are in place, it has been reported that in other countries when viable options are presented the person contemplating such a drastic move often changes their minds. Instead of moving down this dark path surely it would be better to offer more positive assistance eg. Adequate pain control, counselling for depression etc. The elderly, disabled, depressed etc. of our society should not be viewed as expendable simply because of their situation but should be valued and given help in any other positive way possible. Euthanasia has the potential for abuse of those most in need of protection. Too many laws these days have been passed which strike at the very heart of the vulnerable and innocent (eg. unborn babies). Please do not add this latest atrocity to the list but stand up and be counted as someone who will be seen to care and do the right thing. Thank you for your consideration of the vulnerable in our society. Regards Diane Wilson

Sincerely,  
Diane Wilson

[REDACTED]  
[REDACTED]  
Brisbane, AU-QLD 4053

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 3:33:17 PM

---

Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

<write your submission here>Thank you for the opportunity to make a submission. I believe human life should be protected from conception to natural death. Therefore, I oppose this legislation.

Sincerely,  
Thera LeFeuvre

[REDACTED]  
[REDACTED]  
Gullier, AU-QLD 4812

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queensland resident - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 3:36:23 PM

---

Re: I am a Queensland resident - assisted dying is not caring

Dear Rob Hansen,

Please do not make euthanasia / assisted dying an option in Queensland. It is very much open to abuse as has been the case in various places that have allowed it. You should instead put your efforts towards additional care for people.

Sincerely,  
Hugh Cartmill

[REDACTED]  
[REDACTED]  
Tamborine Mountain, AU-QLD 4272

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care must be the priority  
**Date:** Tuesday, 26 March 2019 3:36:52 PM

---

Re: Palliative care must be the priority

Dear Rob Hansen,

<I am aware questions are being asked as a precursor to try changing the law to allow assisted dying. Calling it euthanasia does not alter the fact it is murder. I want to register my disbelief that this could possibly be done without putting the elderly, disabled or mentally ill at risk of being manipulated or shamed into something that is inhumane to start with. For a start, doctors are under oath to try to assist living, and secondly, miracle cures happen and depressed people get well, given a chance. We should love our elderly, value them and care for them, not remove them. Its high time society in general stopped trying to play God and trying to get rid of any one who may cost something to keep alive. Some of these are soldiers without whom we may not be in this country at all. So , my vote would be definately not . Palliative care must be the priority. submission here>

Sincerely,  
Pamela McKean

[REDACTED]  
[REDACTED]  
Veteran, AU-QLD 4570

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care must be the priority  
**Date:** Tuesday, 26 March 2019 3:40:42 PM

---

Re: Palliative care must be the priority

Dear Rob Hansen,

I request that the Queensland Government think seriously before they make a decision regarding assisted dying. Our society values human life and we should do that right up to the end of a persons life. There are many options now for palliative care to help keep those that are nearing the end of their life comfortable and allowing them to spend extra time with their loved ones. We so often as we get older find things harder and think that maybe we would be better of if we didn't have to suffer our aches, pains and illnesses. Unfortunately they are part of our life. I suffered a severe illness and am very grateful that the doctors were able to help me get through it. It has allowed me to spend time with children and grandchildren. Yes I may not be able to do the things I used to do, but I can still enjoy life. It would have been a terrible mistake if I had been offered assistance to die. We should encourage those with deteriorating medical conditions to not feel they are a burden, by offering counselling and assistance. My mum is 95 years old and I give thanks everyday for the care and assistance she gets, with her failing health, she still enjoys her life. We did not make the decision to be born into this world and we should not make the decision to leave. Sincerely Heather Cann

Sincerely,  
Heather Cann

[REDACTED]

[REDACTED]

Victoria Point QLD, AU-QLD 4165

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Some ideas that sound good are just too risky  
**Date:** Tuesday, 26 March 2019 3:48:17 PM

---

Re: Some ideas that sound good are just too risky

Dear Rob Hansen,

<write your submission here>I do not believe in murder....strictly against euthenasia!

Sincerely,  
Mrs lorna amos

[REDACTED]

[REDACTED]

Bli Bli, AU-QLD 4560

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care must be the priority  
**Date:** Tuesday, 26 March 2019 3:54:21 PM

---

Re: Palliative care must be the priority

Dear Rob Hansen,

\*There are no safeguards that prevent euthanasia from abuse. \* Assisted suicide could be sought by people who fear an uncertain future, or are not wanting to be a burden on their families. \* Euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable. Sincerely Evelyn Ham

Sincerely,  
Evelyn Joyce Ham

[REDACTED]  
[REDACTED]  
Buderim, AU-QLD 4556

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** THE MAJORITY OF QUEENSLAND BELIEVE IN GOD AS THERE MAKER!  
**Date:** Tuesday, 26 March 2019 3:55:48 PM

---

Re: THE MAJORITY OF QUEENSLAND BELIEVE IN GOD AS THERE MAKER!

Dear Rob Hansen,

Queensland does not need legalised Murder or Suicide. These options are open to every Citizen 24/7. What is not Lawful is for Relatives, Friends or the Medical Fraternity to end the Life of another. To change the laws against Murder or Suicide is to give Men or Women the legal protection to end another's Life. God provides Life and He is the only one to end Life without Eternal consequences. To hoodwink people to think they will not have to answer to God for Murder or Suicide is to effect them and the perpetrator, for Eternity. Murder and Suicide is to Bodily end their Earthly Life and for their Spirit and Resurrected Body to spend Eternity possibly apart from God. No, this Cowards word of Euthanasia is against God our Maker and an assault against a Human Being who is made in the Image of God. Please do not proceed with this Legislation to save the Health Budget and Taxes. God bless Grant Chandler

Sincerely,  
Grant Chandler

[REDACTED]  
[REDACTED]  
RAILWAY ESTATE, AU-QLD 4810

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Some ideas that sound good are just too risky  
**Date:** Tuesday, 26 March 2019 3:56:43 PM

---

Re: Some ideas that sound good are just too risky

Dear Rob Hansen,

It is with great alarm I look at the proposed changes to allow for voluntary assisted dying (euthanasia). In this time where the elderly are abused by families, they can easily be manipulated into believing they are nothing but a burden on their loved ones. It would be very difficult to legislate properly to protect people from being made to feel this way. I work in an accounting practice and at times we see the children of clients try to manipulate them financially and take decisions out of their hands, only to line their own pockets. If they can do that, then they can make them feel so guilty they can convince them they have no quality of life etc., and virtually push them into believing euthanasia would be best for them, taking away all their pain and suffering. Elderly relatives should be honored and cared for after a life of working hard and sacrificing for their offspring, unfortunately, our society does not take care of our loved ones as we should. I care for my own elderly mother who has dementia and I consider it an honor to do so. I see how she completely trusts me and she has that security I would never do anything like this, but if she ever felt she was a burden, I can see how vulnerable she could be to such suggestions. Dealing with relatives that are elderly or terminally ill is a part of life that we all need to deal with as it is given to us. It is part of life, as hard as it is sometimes. Life is hard, you can't legislate it away. Even for that person who is suffering, they only have one life and it is so precious. A lot is done by nursing/medical staff already when someone is near death to help them, we don't need to actually kill them! Sure there are those cases when it looks like the merciful thing to do, but what about all the times that it would be abused? How could the government believe it has the God given authority to legislate this which would result in people abusing this system? Regards Julie Henderson

Sincerely,  
Julie Henderson

[REDACTED]  
[REDACTED]  
GAVEN, AU-QLD 4211

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 3:57:14 PM

---

Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

<write your submission here> Life is a gift. It is presumptuous of us, to usurp the authority of God, Who alone gives life, and to take it upon ourselves to make the decision to use euthanasia, for ourselves or for others. We can only know so very little of the ramifications of legalising these decisions, in any life. Even a doctor, who might consider himself qualified to take such a course, has very little understanding, and is answerable to God for the life he/she judges to be expendable. A civilisation flourishes when it affirms and celebrates life, acting with compassion and the loving care of others, but history shows us that it will inevitably be destroyed, when it resorts to such presumption as the deliberate taking of life, whether it be by abortion or euthanasia. We are on a very slippery path if we consider taking such action. It may be politically incorrect these days, yet nevertheless true, to say that 'God is not mocked!' We pray for righteous government, in this State and in this land. S.A. Jones.

Sincerely,  
Shirley Jones

[REDACTED]  
[REDACTED]  
Toowoomba, AU-QLD 4350

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 4:02:26 PM

---

Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

Sooner or later there will be a relation of a sick person who for monetary gain wants that person dead. Any legislation that makes this easier is unsafe in the extreme. A sick person is vulnerable to all sorts of suggestions. What is a terminal disease today may be completely curable tomorrow. Many people committed suicide because they had Aides. Now they can lead an almost normal life with the disease. This is only one example and science is advancing at an amazing pace. Sincerely, Jeffrey Fredrick

Sincerely,  
Jeffrey Fredrick

[REDACTED]  
[REDACTED]  
Meadowbrook, AU-QLD 4131

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 4:05:55 PM

---

Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

I respectfully ask that you do not allow euthanasia to be law as there are inherent dangers to such a law. Abuse of the elderly is already evident in our state of Queensland. Legalising voluntary euthanasia would simply add to this abuse.

Sincerely,  
Robert B Couper

[REDACTED]  
[REDACTED]  
Cornubia, AU-QLD 4130

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Some ideas that sound good are just too risky  
**Date:** Tuesday, 26 March 2019 4:09:26 PM

---

Re: Some ideas that sound good are just too risky

Dear Rob Hansen,

dear Rob Hansen .....there is no way that i will ever support euthanasia / 'mercy killing'....it's too risky !!!

Sincerely,  
paul Shelden

[REDACTED]  
[REDACTED]  
Cedar pocket, AU-QLD 4570

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** SUBMISSION from June Colley  
**Date:** Tuesday, 26 March 2019 4:12:35 PM

---

I am a retired nurse who whilst working specialised in providing palative care to residents in the community of Noosa .for 12 years

This care was provided in the family residence if the family made a strong request. I always explained to the family the gradual loss of ability that the family, member was likely to suffer.and possibly the

Of course the patients wishes of utmost impotence in.this decision.

All family members were kept informed of all the likely trauma the patient was likely to suffer. And of coure also the stress the relatives would endure .

The GPs also were included in these talks. And of course the patient was incuded in these discussions .

Explaining to the familes just what to expect was often very difficult.

As these patients condition worsens,and the painevels increased it was extremely difficult to provide any relief for the patient or the other family members.

Whilst I am writing this I can remember the several requests from the family and ,of course the patient requesting that they or I should be able to end this sufferng.

They all remarked that if animal was ,left to suffer like that; that would legal issues they would have to face.

AS I am writing this Many of these memories. are coming back to me.

I sincerely hope that campaign is successful in getting changes to the current laws.

In closing I wish to state I can still remember the requests from most my patients and relatives ,Why can,t you give something to end this suffering,  
,Thank you for the opportunity of being part of this campaign

JUNE COLLEY

address [REDACTED]

I

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Some ideas that sound good are just too risky  
**Date:** Tuesday, 26 March 2019 4:28:35 PM

---

Re: Some ideas that sound good are just too risky

Dear Rob Hansen,

Euthanasia is a dangerous road to go down. Politicians screw the public to much already and abuse their powers under unconstitutional laws they make up for themselves. Adding euthanasia will just give them another tool to get rid of people who disagree with them or become a burden to lessen the income from their extortion rackets.

Sincerely,  
Steven A Stringer

[REDACTED]  
[REDACTED]  
Lower Beechmont, AU-QLD 4211

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** There are no effective safeguards from abuse  
**Date:** Tuesday, 26 March 2019 4:30:42 PM

---

Re: There are no effective safeguards from abuse

Dear Rob Hansen,

<My name is Robyn Fowler Smith and I am a middle aged woman. My mother this week will be 93 and highly values her life and existence here on earth and has done much to make this world a better place. There is no way that I would want to shorten her life or any other elderly person's life. Please do not agree to euthanasia for the elderly. Life is very precious and breathing is the miracle of life. The elderly are already vulnerable and do not need the breath of life to be taken from them because people believe in euthanasia; no matter what age they are or what sickness they have. There was a time the elderly were highly valued as were all members in society for what they contributed and for what we could learn from them, or how we could give back to them for their many years of service and input into our lives and country. Many elderly have much to give and wisdom which I am sure many would be interested to hear if there were interested ears and hearts. Sadly, many elderly have grown weary and suffer from debilitating diseases but it is no reason to feel responsible to shorten their lives. Please consider.>

Sincerely,  
Robyn Smith

[REDACTED]  
[REDACTED]  
Coomera, AU-QLD 4209

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 4:34:52 PM

---

Re: I am a Queenslander - assisted dying is not caring

Dear Rob Hansen,

Though clothed in the language of compassion, the notion of assisted suicide further erodes human dignity and worth. Already abortion to full term attacks the sanctity of life for the unborn and now the spectre of assisted suicide threatens the elderly at the point at which they are most vulnerable. There are no safeguards in place and the same regulatory prohibitions which forbid attempts to persuade pregnant woman to reconsider their decision may well preclude family members from speaking with elderly relatives about the 'decision' they might have hastily come to. The whole thing smacks of a neo-Malthusian determination to rid governments of the need to care for non productive members of society and I stand unequivocally opposed to this proposed legislation.

Sincerely,  
robert scott

[REDACTED]  
[REDACTED]  
Clear Island Waters, AU-QLD 4226

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** We are a caring state  
**Date:** Tuesday, 26 March 2019 4:39:05 PM

---

Re: We are a caring state

Dear Rob Hansen,

Thank you for being given the opportunity to offer my opinion on the matter of euthanasia. I am completely against any form of killing people, except the worst type of criminals or in self defense. My reasons include: I am a christian and my religion does not allow it. The person making the decision to terminate life may not have all of the facts; he/she may have an ulterior motive that is undisclosed; The person may actually recover if kept alive. Like everything, once a start has been made there is no telling where it will end. First the aged and infirm; then who next? The proposed legislation seeks to terminate the lives of good persons when, at the same time, we have the most vile criminals kept in luxury. Surely this is hypocrisy? Get rid of the bad before the good! Yours faithfully Bill Peach

Sincerely,  
Bill Peach

[REDACTED]  
[REDACTED]  
Gordonvale, AU-QLD 4865

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Say no to legalised euthanasia. Palliative care must be the priority  
**Date:** Tuesday, 26 March 2019 4:41:41 PM

---

Re: Say no to legalised euthanasia. Palliative care must be the priority

Dear Rob Hansen,

In Queensland we value human life therefore legalised euthanasia and assisted suicide is incompatible with a society that seeks to protect the vulnerable. Legalising assisted dying/suicide will change the Queensland community's views towards our elderly people, those with a disability, and those with a physical or mental sickness. It presents a too "quick and easy" solution in the form of death as a means of population control and pain control when we already have well appointed and regulated palliative and hospice care facilities. My own father's final months were managed extremely well in one of these facilities up to his passing from old age to eternity. My understanding is suicide is an illegal act and generally bring much mental pain and suffering for those left behind. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. People need support to die with dignity not for expediency. I understand the current form used by people to assign authority for their medical decisions is an effective tool for when they become weakened as they understand it protects them from feeling that their medical condition (mental or physical) may become a burden on those around them. I have seen my own mother use this tool set up with the assistance of her doctor, children and legal counsel to effectively manage her transition over 3-4 weeks the result of a massive stroke from life on earth to a life eternal. Represent me to say no to assisted suicide and legalised euthanasia. Respectfully yours,

Sincerely,  
Anne-Marie Hryniuk

[REDACTED]  
[REDACTED]  
Eagle Heights, AU-QLD 4271

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 4:42:24 PM

---

Re: I am a Queenslander - assisted dying is not caring

Dear Rob Hansen,

Legalised euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable. Legalising assisted dying will change the community's views towards our elderly people, (of whom I am one) those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring, as we are hearing about in other countries that have taken this path. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying. Your sincerely,  
Mrs Evelyn Shepherd

Sincerely,  
Mrs Evelyn Shepherd

[REDACTED]  
[REDACTED]  
Little Mountain, AU-QLD 4551

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Palliative care must be the priority  
**Date:** Tuesday, 26 March 2019 4:45:51 PM

---

Re: Palliative care must be the priority

Dear Rob Hansen,

Palliative care must be a total priority. Nobody is allowed to take the life of another person.

Sincerely,  
Elizabeth Kurpiel

[REDACTED]  
[REDACTED]  
Petrie, AU-QLD 4502

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[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Saturday, 30 March 2019 8:22 AM  
**To:** Care Inquiry  
**Subject:** We are a caring state

Re: We are a caring state

Dear Rob Hansen,

<Legalised euthanasia is incompatible with a society that values human life and seeks to protect the vulnerable. Legalising assisted dying will change the community's views towards our elderly people, those with a disability, and the sick. It presents a "quick and easy" solution in the form of death. Assisted suicide will undoubtedly be sought for people who are not necessarily dying, but who simply fear the changed circumstances that a deterioration in their condition might bring. There are no safeguards that prevent people from feeling that their medical condition is becoming a burden on those around them. This will eventually pressure them to choose assisted dying.write your submission here>

Sincerely,  
elizabeth Kurpiel

[REDACTED]  
[REDACTED]  
petrie, AU-QLD 4502

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Some ideas that sound good are just too risky  
**Date:** Tuesday, 26 March 2019 4:47:26 PM

---

Re: Some ideas that sound good are just too risky

Dear Rob Hansen,

I want to add my voice of dissent to any legalised form of euthanasia. Because I am a Christian, apart from legitimate war or a legal death penalty for capital crimes, I believe that God alone has the right to give & take a life. I also think that it is very bad timing to be discussing this issue before the commission on aged care is completed. This may uncover some sad truths on why people feel the need to end their lives. Reasons that can be addressed in very practical, non lethal ways. I have been in health care for over 30 years, I understand the need for good palliative care. In general, people who are not in pain, are made to feel loved & valued will not want to end their life. If someone is suffering from these things then that is where we have failed & need to do better. I know that I am probably writing this letter to someone who is not a Christian, someone who does not truly understand God. If that is you, then all I can do is to tell you that I will not vote for anyone who supports legalised euthanasia. Sincerely David Chandler

Sincerely,  
David Chandler

[REDACTED]  
[REDACTED]  
Amamoor creek, AU-QLD 4570

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 4:48:11 PM

---

Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

To whom it may concern, My wife (Kathleen Ann) & I are both extremely concerned at the huge PUSH to legalize Euthanasia, or Assisted Dying as we believe it is called now. We are both elderly & do NOT fancy anyone else deciding when we are going to leave this earth. Only God can decide that. We know that many elderly people SOMETIMES have bad days, & possibly feel that they cannot go on, but we know of MANY friends who are in their nineties & still able to function at home. If this "Assisted Dying" garbage comes into operation, it will almost certainly lead to some people who do not want to die, falling victim to this scheme, from the pits of hell. Do the ALP/Greens want to get rid of those who, in their minds no longer serve a useful purpose, as well as those thousands of poor unborn babies, MOST of whom are aborted for purely social reasons. Well, the time is coming when we shall ALL have to answer for the choices we made & the schemes we brought into Law...many of them very BAD ones too. Please listen to the voices of the elderly & do NOT allow this ABHORRENT law to be passed in this once great State of Queensland. Many of our former politicians would be turning in their graves if they could see just what is being FOIST UPON us all now.

Sincerely,  
Edward & Kathleen Ann Pitt

[REDACTED]  
[REDACTED]  
Albany Creek, AU-QLD 4035

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 26 March 2019 4:54:38 PM

---

Re: Please don't recommend euthanasia - its too dangerous

Dear Rob Hansen,

Euthanasia will lead to forced/pressured agreement even against an unwilling or unable to resist person. It seems to me that it may lead to it becoming compulsory for the disabled, chronically ill, fragile or even just aged persons of certain years. I am afraid that some (medical) parson/s may take my life when really against my will, but because they just think it best or even right. This would be a travesty against the dignity of human life and in fact a crime in my understanding. Sincerely, Kevin Clarke

Sincerely,  
Kevin Clarke

[REDACTED]  
[REDACTED]  
Ormiston, AU-QLD 4160

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 5:02:29 PM

---

Re: I am a Queenslander - assisted dying is not caring

Dear Rob Hansen,

<write your submission here>My experience in the 2nd WW about euthanasia is enough for me to not trust any body or government with my wishes how to die. Let it be a natural and unassisted death. Sincerely, Pieter Timmer.

Sincerely,  
Pieter timmer

[REDACTED]  
[REDACTED]  
Chermside west, AU-QLD 4032

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** We need to love the elderly  
**Date:** Tuesday, 26 March 2019 5:06:50 PM

---

Re: We need to love the elderly

Dear Rob Hansen,

I wish to assert that euthanasia will provide more problems than it will solve. In the same way a stream of water flows down the easiest path, people tend to take the easiest path also. Sometimes, the easiest path can include taking advantage of people. History and numerous current examples from around the world reveal that euthanasia would be a terrible decision causing far more harm than good. Given the elderly already have so little, this act against the elderly would surely be a mistake. With many thanks, Alistair Laval.

Sincerely,  
Alistair Laval

[REDACTED]  
[REDACTED]  
Robina, AU-QLD 4226

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 5:07:22 PM

---

Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

Life is a precious gift and it should never be left to the decision of another human to take it away. We call that MURDER. Being in my 70's I know what potentially is ahead of me. I have been present with many relatives who have passed at the end of their lives. Hospital staff are amazing the way they care for the dying. There is NO REASON to change what is not broken. I am very, very concerned that the approval of the euthanasia practice could open a door to unscrupulous individuals seeking advantage for themselves. This is a door that must remain firmly locked. Leave it to the medical profession who have been handling this issue capably since Adam was a boy. There is NO REASON to change.

Sincerely,  
John Busch

[REDACTED]  
[REDACTED]  
Sippy Downs, AU-QLD 4556

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 26 March 2019 5:28:14 PM

---

Re: I am a Queenslander - assisted dying is not caring

Dear Rob Hansen,

Assisted dying is murder or suicide. Dr's are human and can mistake when a person will die. Last year a relative of mine (lives in qld) was ill, the dr said 'I could write a death certificate today, that's how sure I am'. Well, 4 months later she is still living at home and eating and conversing. I am 100% against 'assisted dying' or any other terms this may be called. Sincerely Gwentyth walker

Sincerely,  
Gwentyth Walker

[REDACTED]  
[REDACTED]  
Storm King, AU-QLD 4380

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 26 March 2019 5:28:33 PM

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Re: Elderly abuse already shows that people will be pressured into dying

Dear Rob Hansen,

I feel there are no safeguards in place that will make assisted dying safe from abuse. Doctors are expected to uphold human life .They should not have to participate in taking life. I believe assisted dying is immoral and is a black mark against the society we live in. It takes away the value of human life. There a already things in place like do not resuscitate, written into our medical records if we choose. I believe the government is looking at the economics of assisted dying as the cost of carers ,social workers,Doctors, medications, facilities,pensions etc.is a strain on the economy . We must remember that the elderly deserve the care that they receive. They have worked hard all their lives, paid taxes and bought up their family's and contributed to society. They do not deserve to have assisted dying hanging over their heads. Yours sincerely, Beryl Dusza

Sincerely,  
Beryl Dusza

[REDACTED]  
[REDACTED]  
Westbrook, AU-QLD 4350

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