

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Monday, 18 March 2019 6:40 PM  
**To:** Care Inquiry  
**Subject:** Voluntary assisted dying

[REDACTED] [REDACTED]

Hello,

I'm glad to hear Queensland is looking into voluntary assisted dying for it's residents.

I'm a big supporter of appropriate legislation to support voluntary assisted dying, and strongly encourage us to adopt this as we have seen in Victoria already (and other countries around the world).

Thank-you again,

[REDACTED]

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Tuesday, 26 March 2019 7:30 AM  
**To:** Care Inquiry  
**Subject:** FW: end-of-life and palliative care  
**Attachments:** Day 1.jpg; Day 2.jpg; Day 3.jpg; Day 4.jpg; Day 5.jpg

[REDACTED]

Hello.

I wasn't aware that this inquiry was on until reading Campbell Newman's story in the Courier Mail about his Mother.

I would like to submit my family's story.

My mother has been in an age care facility for over 10 years due to her age and dementia slowly taking over, and the past 18 months in palliative care, as she could no longer walk, talk or feed herself, just lie on a portable bed or stay in her room – no life for anyone!

On Saturday 10<sup>th</sup> February our family was contacted by the Care facility asking if we could come to see our Mum. It turned out she had had some kind of stroke and was comatose. The nurses were doing all they were allowed to do but under the current law could not administer anything to help her pass away. Consequently, we had to watch our Mother for 5 days slowly slip away. She was 98 ½ years!

I wanted to know why, under my mother's circumstance, there is no dignified way for them to die, without making them spend days, sometime weeks, suffering for no good reason?

I am hoping that common sense will prevail and the Qld Government will allow assisted dying especially for people like my mother whose had no quality of life for nearly 2 years??

Regards,  
[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 Janice Bateman

Day time phone number: [REDACTED]

Email address: [REDACTED]

Address: [REDACTED] Kenmore, Qld

Postcode: 4069

## What would you like to tell the committee?

I would like voluntary euthanasia to be made available to anyone with a terminal/incurable illness, regardless of how long they are likely to survive. To force people to be in unendurable pain which cannot be relieved before they become eligible to access voluntary euthanasia is inhuman.

Individuals suffering from such illnesses as motor neurone disease, or any other progressive, fatal illnesses, should be able to choose how long they wish to endure pain, disability and dependence on others for their day to day care. This should be their decision, not a decision made for them by 2 doctors who should only have the responsibility to confirm the individual's diagnosis.

Advance Health Directives should have provision for individuals to request access to voluntary euthanasia in the event that they are diagnosed with dementia, and at what stage of their disease they would require this intervention.

Palliative care in Australia is currently difficult to access, and not always of good quality.

**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)

People are still dying painful and distressing deaths despite so-called palliative care, when the simple act of placing the patient into an induced coma and allowing them to slip away peacefully could easily be done.

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: \_\_\_\_\_

Send your completed form via email to [care.inquiry@parliament.qld.gov.au](mailto:care.inquiry@parliament.qld.gov.au)

### 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:** Rentals [REDACTED]  
**Sent:** Thursday, 7 March 2019 12:21 PM  
**To:** Care Inquiry  
**Subject:** Euthanasia Concerns

**Categories:** need to follow up with sender - missing information

I am an elderly retired Registered Nurse and very concerned about legalising Euthanasia. I have worked in hospitals and Nursing homes and cared for many clients with terminal illnesses.  
Our focus should be on Very GOOD Palliative Care NOT on just assisted dying.  
Very ill people need our best support to be cared for in comfort. Free of pain , depression and fear.

The medical approach has always been accepted that we could just increase the drugs to keep a person pain free and comfortable.  
In many cases we knew the high doses would eventually end life but it was never deliberate killing !

I believe untrained persons do not understand what the term 'dying with dignity' really entails.  
The attitude of legalising 'assistance dying ' is only promoting 'a sad desperate fix ' !

This is irrational and irresponsible and also puts our Health Care Professionals in a very compromising situation.  
Legalising Euthanasia would open a Pandora's box of problems with mentally incapacitated people etc.  
Our Medical Professionals have taken an oath to preserve life. Support needs to be physical, emotional and spiritual to really care and reassure the ill person.

We all only have one life to live...  
May we care enough to assist each other to 'live well' as long as possible.  
Thank you for caring !

Regards  
Roslyn Massey (retired RN)

Sent from my iPhone

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Monday, 18 March 2019 10:35 AM  
**To:** Care Inquiry  
**Subject:** Euthanasia

[REDACTED] [REDACTED]

Having recently turned 70, the threat of euthanasia hangs over me like a dark cloud. Will I be vulnerable once I cease to be in full control of my faculties? Could I be interpreted as asking for what I don't want?

As someone enjoying the slower pace of life, cups of tea in the garden, sleeping whenever I feel tired, peaceful days, reading; will I, do I, feel guilty at living off the public purse?. Should I be making way for the young and desperate? Freeing up funding for the needy?

Will I see the needs of my children being unmet on account of my continued presence? Will I see it as a duty to 'get out of the way'?

The pressure of these thoughts will torment me and poison the pleasures left to me.

I don't want this kind of whatever future I have left.

And what if I get sick? Will I feel obliged to 'let go', rather than strive to recover?

Dread is what faces me, with all these governments facilitating death, at both ends of life...abortion, euthanasia!

Life is looking ugly.

Respectfully yours,  
[REDACTED]

Sent on the go with Vodafone

[REDACTED]

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**From:** Lynette Wymer [REDACTED]  
**Sent:** Thursday, 7 March 2019 1:31 PM  
**To:** Care Inquiry  
**Subject:** Voluntary Assisted Dying

[REDACTED] [REDACTED]

Dear sir/madam

I would like to offer my thoughts on the above possible legislation. I am 72 years of age and apart from the usual array of health problems associated with old age, I am otherwise fit and so far have all my faculties.

However, having witnessed most of my friends and family's demise I am constantly in a state of apprehension regarding my eventual passing. Having no family and as I said most of my friends are gone, the remainder very elderly, leaving me with the prospect of the possible situation of being alone and at the mercy of the public Health System, which no doubt you have NOT experienced to your good fortune.

I have witnessed and been subject to some very ordinary treatment over the years but hold no malice for the underpaid and overworked medical fraternity.

This does not assuage my concerns regarding the lack of control and independent choices I might have should I suffer a stroke or other ailment that will render me incapable.

I would like to die with dignity but more importantly not left lying in my own excretions and agony **alone** and **totally reliant** on how busy the particular medical facility is for care and relief.

If the public had more faith and trust in the failing health system there wouldn't be the overwhelming support for self induced euthanasia, notwithstanding, the issue of being able to decide on the most humane and civilised choice of ones death should not even be questioned.

Sincerely yours,

Lyn wymer

Hope you're having a nice day. :)

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Tuesday, 12 March 2019 5:52 PM  
**To:** Care Inquiry  
**Subject:** End of life choice

[REDACTED] [REDACTED]

Hello I don't normally write to governments but this subject is one that needs my input.

When terminally ill, the only person who should decide when to terminate or end ones life is the owner of that life.

I really don't care what other people want for their end of life choices but their choice should have no impact whatsoever on my choice.

The red herrings of it will lead to .... should be treated with the contempt they deserve.

Why do I feel so strongly, my Father Keith Buttle was only weeks from his death and he knew it, Dad could not walk, talk, shower, toilet himself or feed himself.  
He was being fed nasally.

Dad disliked people trying to prolong his misery and protested many times in different ways. My Father often pulled the nasal feed tube out which was then forcefully reinserted.

To ensure Dad could not remove the nasal tube my 70 year old Dad was tied to the bed until he no longer had the strength or health to remove the tube.

When I complained to the nursing staff I was told the restraints were taken off for 10 minutes every hour.

Sadly my Dad suffered because of someone elses decision.

So as to stop the misery and suffering that my Father endured, I ask that you let people have a choice to leave this life with some dignity and not suffer because of someones else's decision.

Warm Regards  
[REDACTED]



[REDACTED]

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**From:** Brian Murphy [REDACTED]  
**Sent:** Friday, 15 March 2019 11:52 AM  
**To:** Care Inquiry  
**Subject:** Voluntary Euthanasia

[REDACTED] [REDACTED]

## Voluntary Euthanasia Submission

Health Committee

Parliament House Qld 4000

15.3.19

To Whom It May Concern

Submission from BONZA in favour of Voluntary Euthanasia.

I am the editor of the Boomer Advocacy web site [www.bonza.com.au](http://www.bonza.com.au) (Baby Boomers of NZ & Australia) and have been in the role for over 20 years. During that time, I have continually identified the priorities and the beliefs of my generation through one to one meeting, large public gatherings of over a thousand at Expos and Centrelink presentations, emails to the web site from readers and supporters and on-line votes on the web site and therefore have accessed many thousands of them on many issues affecting Boomers including the issue of Voluntary Euthanasia.

Data from the on-going vote on the issue, which is located on the web site, has it as 80% in favour of voluntary euthanasia of hundreds who voted. That figure if projected to all Australian Boomers could mean that 4 million of the 5 million Boomers would agree with voluntary euthanasia which is a resounding yes vote.

It is not an issue that causes great debate among the younger generations in my opinion because they are too busy discovering the wonders of this world of ours, but more of an awakening of human empathy for those who have had to deal with it with family and friends as they approach palliative care due to terminal illness. It takes a great toll on you personally to watch someone you love to die in pain without much human dignity and you have to ask yourself why it couldn't be different.

Three former Queensland Premiers (Beattie, Bligh and Newman) for instance, have all changed their mind on the subject and are now in favour after witnessing the deaths of their parents as has newspaper columnist Nikki Gemmell who wrote so emotionally about her mother's suicide in 2015 -

*Elayn's "bleak and desperate death" opened Nikki's eyes to the euthanasia debate. The author penned a column for The Australian about the shock, the grief and the overwhelming guilt she felt after her mother's death. "[It] broke our family," she wrote. "I felt skinned, felled by vulnerability and a sense of failure; a danger to myself and others. Was this very modern death empowerment or despair? Selflessness or Selfishness?"*

*"If only we could have been there, if only we could have held her hand. It could have been so different if we could have just surrounded her with love," Nikki said of her mother's death.*

## **We age, I believe, in three stages.**

Stage One: Over 50s who suddenly realise that they are being treated as seniors and are introduced the first time to ageism when they are the brunt of the jokes.

Stage Two: Over 60s who see the finishing post for work and are in a mad rush to gather superannuation. It is about this time for most that their parents start to enter the sick to terminally sick stage and they are responsible for their welfare and the process of their palliative care in many cases.

Stage Three: Over 70s to death when the body is rapidly deteriorating, and friends and siblings are dying around you and you begin to worry about how you will die when your turn comes.

It is in these last stages of life that people become more aware of their mortality and when their health declines then voluntary euthanasia becomes more relevant. We want to die with dignity and not be a burden on society and surely it is our right to decide how to die.

I have no problem with the fact that certain religions would frown on the act but if the majority are in favour then we should make it our own business and make that decision personally without the beliefs of others condemning us to an undignified painful death.

Indeed, what a difference it would make to our society if we could gather our families when we are told no more can be done for our health and enjoy their company one last time before we entered a room for our passing with the assistance of an injection.

The positive memories that process conjures surely far outweighs the 'dying surrounded by loving family' scenario that leaves out the agonised and terrified soul in the bed who probably hasn't uttered a word in days.

## **Marshall Perron's (Former NT Minister) Open Letter on Euthanasia also moved me and defines the big picture so well.**

*Dear Sir/Madam,*

*I believe there is an unrecognised phenomenon in Australia that should be of concern. I refer to the growing incidence of rational suicide by the elderly and the terminally and hopelessly ill. This letter is being sent to all state and Territory coroners to increase awareness of this important issue.*

*Australia has an ageing society. While lifespans are extending, death itself is increasingly the result of debilitating degenerative disease of mind and body. Medical advances provide for dwindling life to be sustained until medicos allow death to occur. Terminal sedation, the standard response for intractable symptoms, is common and considered undignified. Some people are determined to avoid spending their final months or years as a demented patient.*

*More and more Australians are rejecting this period of futile suffering and exercising autonomy over their own death. While many such suicides are understandable, I contend that some of them would at least be*

*delayed, or even not eventuate at all, if the victims were able to seek and receive assistance to die from others.*

*A result of being denied assistance is that many of these deaths are unnecessarily premature, lonely and violent. Premature because the individual has to act while they have the physical and mental capacity. Lonely because the individual is aware that assisting a suicide is an offence and they do not want to implicate family or friends. Violent because they must use whatever means to die they can access. There is a high level of interest in learning how to die peacefully and importing illegal substances to achieve that aim.*

*I suspect you regularly receive reports of deaths where evidence indicates the individual was terminally or hopelessly ill and considered their life was (or will become) unbearable. Providing the person was competent and acted without coercion from others, the event can be considered to be a rational response to their circumstances.*

*The number of rational suicides known to individual coroners is certain to be only a fraction of those actually taking place. ABS and other institutions acknowledge that suicide is (and has always been) under-reported for a variety of reasons. One that is particularly relevant in cases where the individual is terminally ill is that death by inhaling inert gas is undetectable if the apparatus used is removed (illegally) before the body is 'discovered'. Death is recorded as being the result of natural causes and as such, not reportable to coroners. There is anecdotal evidence that such disguised deaths occur regularly in Australia.*

*What we do not know is the number of unsuccessful attempts at rational suicide; cases where the individual botched the process through inadequate investigation, preparation and/or failure of equipment. Having to act alone can be fraught with difficulties.*

*The vast majority of rational suicide cases are known only to the immediate family. The public, policy makers and politicians are blissfully unaware of the scale of the distress, and will remain so without the official watchdogs, coroners, exposing what is happening behind closed doors.*

*I contend that when investigating a suicide clearly related to voluntary euthanasia, a coroner should consider and report on whether he/she believed the person was motivated to kill themselves while they maintained the capacity to do so, and that in all probability, if they believed they could lawfully receive assistance to end their life at some later point in time, the person may well have deferred their decision to die. It would seem this evaluation and conclusion could be undertaken under the 'why' heading in the list of objectives of the coroner.*

*Additionally, in the case of a violent suicide (e.g. firearm, hanging etc.) the coroner could also consider whether the act would likely have been less violent and thereby lessen the anguish for family and others involved in the aftermath, if the person had lawful access to a more tranquil way to take their own life.*

*Reports of double suicides, murder suicide or attempts at such actions are occasionally reported but may not be infrequent. Where these appear to be motivated by fear of losing control over end of life decisions a coroner could, as a matter of public importance, consider recommendations that will help prevent or reduce future deaths of a similar kind. It is surely in the public interest that violent suicides are reduced and rational suicide delayed, even if they cannot be prevented.*

*Rational suicide exists, it is time we acknowledged it officially, defined it and quantified it.*

*I appeal to you to consider establishing guidelines that would reveal the numbers of euthanasia suicides and make recommendations to reduce the adverse effects. A starting point might be the adoption of a common definition of rational suicide or euthanasia suicide. Coroners could also recommend Parliament, Government or a Law Reform Commission review the law on assisted suicide considering the reality of rational suicide. - Marshall Perron*

**I would urge all Queensland politicians to vote with your conscience and for the greater good and make voluntary euthanasia a reality in this state.**

Brian Murphy

B. Ed, Dip. Teaching, Dip. Professional Counselling, Cert. IV Community Services, Cert. IV Training and Assessment, JP (Com. Decs)

Grey Army CEO Australia 1997

Grey Skills NZ Founder 1998-2001

BONZA Website Editor 2001-2019

Centrelink Personal Adviser 2002-2007

Maturelink Consultant Centrelink 2006-2007

Employment Adviser 2007- 2014

Mature Age Expo Organiser 2004-2007

Reinvent Your Career Key Speaker 2009-2010

Brian Murphy

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Virus-free. [www.avg.com](http://www.avg.com)

[REDACTED]

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**From:** Julie Harris [REDACTED]  
**Sent:** Friday, 15 March 2019 1:25 PM  
**To:** Care Inquiry  
**Subject:** Euthanasia

[REDACTED] [REDACTED]

My views on this debate are the same today as they were the days my dear mother and grandmother passed away.

I still become upset after witnessing my mum declining in health...having to be showered and dressed. She was a modest and gentle woman. Mum always said she never wanted to have someone wiping her bottom but unfortunately it happened.

Mum would cry and say she didn't want a shower as she was embarrassed. So many things occurred that breaks my heart. I cared for her as I didn't want her to go to a nursing home

Mum started to get dementia and then she simply stopped talking. She started having seizures and I would call ambulance.

After last seizure when ambulance took her to Tweed hospital they informed me she didn't have long.

I knew she would want to be home and the ambulance brought her home where she passed away the next night

My grandmother was same as Mum ...would rather die with dignity than be reduced to wearing adult nappies etc.

I want to be in control of my exit from this world. I entered it alone and have been living my life on my terms.

I believe that each person in Australia should be able to write down their wishes by legal document. This way when they end up losing their dignity... slowly dying...they and only they should have the right to make the decision how they pass.

My dear beautiful Mum would have been able to have her death in dignity as she always wanted.

Regards

Julie-Anne Harris

[REDACTED]

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**From:** Jane Little [REDACTED]  
**Sent:** Friday, 15 March 2019 1:26 PM  
**To:** Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee  
**Subject:** Better health

[REDACTED] [REDACTED]

To whom it may concern,

This idea of assisted dying greatly bothers me. It is giving up when the medical profession says, "go home & get your affairs in order", meaning you are about to die. If the patient believes this, accepts it without a fight, then life can be over quickly.

From birth, people should be taught to take responsibility for their own health & the direction their lives take. However, without the relevant education, about the food they eat, the roles played in their bodies by correct nutrition involving the minerals & vitamins that steer the biochemical processes essential to life, many people do not eat correctly & are unable to maintain good health.

Most of our soils are mineral deficient leaving the food we eat lacking essential nutrients, which does not help the situation. We should be adding essential minerals to the soil, with humus, compost, fungi, to cultivate healthy plants to eat in the first place. Deficient soils produce unhealthy plants unable to supply essential nutrients..

The aim should be prevention of disease by correct eating & living habits. Rarely a visit to a doctor results in anything but a prescription for drugs. Given, antibiotics have saved countless lives, but there is inadequate follow up with advice about returning the gastro-intestinal tract to its natural working state by replacing the essential bacteria that have been killed by the antibiotics. Probiotics are not generally prescribed or recommended.

As a Chiropractor, medical herbalist, nutritionist, the solution is glaringly obvious to me. These modalities should be applied long before the medical profession declares the patient incurable & starts talking about euthanasia. I have had great success with patients by using adjustments, correcting the diet & prescribing nutrients when the condition indicates evidence of lack of essential nutrients. Pelvic & spinal adjustments can spare some patients surgery with all the complications.

All avenues should be tried before any discussion arises about ending a life. This has not been done. There is so much more I could write.

Regards,  
Dr Jane Little  
[REDACTED]

[REDACTED]

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**From:** Jane Targett [REDACTED]  
**Sent:** Friday, 15 March 2019 1:41 PM  
**To:** Care Inquiry  
**Subject:** Voluntary Assisted Dying

[REDACTED]

[REDACTED]

Why when I lay upon my death bed,  
Should my demise not be lead,  
By commonsense and caring thoughts,  
Surely this should become what "ought"!

Why ought this differ because of age,  
Children should not have to be 'brave'!  
If they cannot choose, then others should, End their life, they would if they could!

For me this is not a question of faith, It is a travesty that we bow to 'grace'!  
Please take a stance against current stupidity, Legislate for dying with respect, show affinity!

Sent from my iPhone

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Friday, 15 March 2019 5:14 PM  
**To:** Care Inquiry  
**Subject:** My View on assisted dying

[REDACTED] [REDACTED]

To Whom It May Concern,

*Voluntary Assisted Dying, Aged &*

*Palliative Care*

I wish to make a submission on my views re the above topic.

After watching a number of my family members die a slow death in aged and palliative care I have become a strong advocate for legalising voluntary assisted dying.

I would support legalising such an act with the following limits :-

- the person should be above the age of 18 years
- the person choosing to die should be of sound mind and having normal self-awareness
- there should be a signed (by the person choosing to die) statement that outlines their choice, including the when and how
- that it is available only to those that have engaged in all available and reasonable medical treatment and where their condition is terminal and when there is no further medical intervention available that will add to their quality of life (not quantity of life).

I know that if I were to find myself in a situation which prompted me to consider voluntary dying, I would like to know that it was a legal option that I had.

I believe that in that same way that we choose the way that we live, we should be able to choose the way that we die.

Thanks

[REDACTED]



[REDACTED]

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**From:** [REDACTED]  
**Sent:** Saturday, 16 March 2019 8:24 AM  
**To:** Care Inquiry  
**Subject:** Submission: Confidential

[REDACTED] [REDACTED]

I would like to voice my support of voluntary assisted dying. It should be legalised in QLD. I believe it is a human right. I believe that people have the right to choose to die without stigma, in their own country...in their own state. As an older Australian, it seriously worries me and stresses me out that this is currently not the case. If the situation arose for me personally, which I hope it does not, I would not be able to afford to go to a country, which gives people this right.

[REDACTED]

[REDACTED]

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**From:** Paul Broughton [REDACTED]  
**Sent:** Saturday, 16 March 2019 9:41 AM  
**To:** Care Inquiry  
**Subject:** VAD

[REDACTED] [REDACTED]

To the commissioners,

We as an ageing couple are very supportive of this idea.

Having been remotely witness to a relative in the Netherlands going through assisted dying, a very kind but also confronting process.

Having experienced generations before us tortured by pain & helplessness unnecessarily, both disease as in pathology, psychological, also physical injury.

We feel there has been many examples in other countries which can have great bearing on the range of issues.

We feel that there should be no age limit.

That religious or philosophical restraints should not weigh on others decisions.

That a wide range of venues should be available.

That individuals have the option to be provided with practical & appropriate means to self administration as well as accompanied & assisted practically in dying.

There are situations where fast decisions & action are appropriate & also very considered & informed & staged provisions.

As a couple we feel the resources of our communities & families are best used for the next generations, instead of often futile attempts to prolong painful & unwanted extra time in this life, when we feel it is time to go, we want to be able to legally achieve our wishes appropriately in an environment of love care & support.

Thank you for this opportunity,  
Regards Paul & Patty Broughton

[REDACTED]

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**From:** Joyce Kelly [REDACTED]  
**Sent:** Saturday, 16 March 2019 10:05 AM  
**To:** Care Inquiry  
**Subject:** A LIVING WILL and EUTHANASIA.

[REDACTED] [REDACTED]

The following will is probably commonly available now but, years ago, on request, I was sent this copy by an EMINENT ENGLISH SURGEON, DR PAUL BRAND. FRCS: CBE (Commander of the British Empire)

To my Family, my Physician and any Hospital :

I Direct that I be allowed to die and not be kept alive by artificial means and Heroic measures.

I ask that medication be mercifully administered to me for terminal suffering even though this may shorten my life.

I hope that you who care for me will feel morally bound to act in accordance with this urgent request.

Signed:

I have signed this 'Living Will' and have signed copies in varies places, including my purse and my Beach Bag.

Before the days of 'Living Wills' and Euthanasia meetings and membership, I nursed my loved Father through Liver / bowel cancer under Doctor's and Blue Nursing supervision. I also attended my Mother's needs during her last days in hospital in her 90th year.

With reading material of his choosing to distract and frequent massage every day my Father did not have any bed sores and he was enabled to die in his own bed as he fervently desired.

I shared their pain which was always worse at night. I'd phone for a Dr to attend my Father to administer pain killing injections but with every care I could possibly give to my Father and Mother, under the best supervision, I was appalled at how useless was palliative Care then. I know it has improved considerably since then but recently, as a patient in a prestigious hospital I observed that many Doctors and Nurses were most concerned at extending life at all costs and the cost included extended shocking pain. I was so sympathetic to the terminal patients and horrified that empathy was virtually absent! So terribly sad and painful for such patients!

From Joyce Kelly.

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Saturday, 16 March 2019 11:09 AM  
**To:** Care Inquiry  
**Subject:** My Submission

[REDACTED] [REDACTED]

To the committee,

I am definitely in favour of voluntary assisted dying. I have witnessed the pain and suffering endured by my father in 1999, and recently with my mother.

My father begged to be "put down" as he called it. He had no chance of survival but was kept in hospital for 5 weeks. Our grief was only ended when he did finally pass away.

My mother was on 24 hour oxygen and strong painkillers for the last year of her life. She was 95 at the time of her death.

So please legalise this initiative.

King Regards

[REDACTED]

[REDACTED]

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**From:** Dan Farrelly [REDACTED]  
**Sent:** Saturday, 16 March 2019 4:13 PM  
**To:** Care Inquiry  
**Subject:** Voluntary Assisted Dying Submission

[REDACTED]

[REDACTED]

Life is a great gift. Throwing it away is joining the disposable society which now seems to be all around us, and with which I do not agree.

I do not support voluntary assisted dying. Life is hard for EVERYONE and full of pain for MANY, I think the answer is connecting people to help each other deal with their issues whatever they may be.

Regards,  
Dan

[REDACTED]

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**From:** Josephine Lynch [REDACTED]  
**Sent:** Sunday, 17 March 2019 12:21 PM  
**To:** Care Inquiry  
**Subject:** HCDSDFVPC, PARLIAMENT HOUSE

[REDACTED] [REDACTED]

Dear Sir/Madam

My husband and I wish to voice our opinion on the proposed Voluntary Euthanasia debate.

We are two retirees in our 60s. About ten years ago my husband was diagnosed with quite a rare cancer. At the time there was no pattern of treatment for this form of cancer and it was a very scary time for us and our family. However, through masses of chemotherapy and radiation he successfully came through and is once again leading a healthy life for which we are most grateful.

Not for one second would we have given up and consented to him being euthanised, even if it had been legal and he was offered this option. Life is far too precious and we believe every day is to be lived and fought for, if necessary. In our opinion it is degrading in the extreme to "put down" another human being like an animal if they are sick or too old "to matter".

We believe it is a function of every government to protect and care for the people they are voted in to serve, not to legalise something that will make it easy to kill them off for the convenience of others. Now, I realise this is not what is being proposed exactly at the moment but we all know in our hearts once a law for "voluntary" action is passed it is only a matter of time before it is extended to other circumstances i.e. where those with Power of Attorney can decide to euthanise vulnerable people in their families. We would be utterly ignorant to think otherwise.

We do not believe there is ever a time when it is acceptable to take human life, whether it is at the beginning or at the end of our existence. If we stoop to this way of life we are no better than animals and in fact most animals protect their families to the death.

We agree to our comments being used as a submission but do not consent to our personal details being published in any way.

We are private citizens and not part of any group or organisation.

Sincerely

Josephine & Brendan Lynch

██████████ name withheld

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

I am submitting these thoughts and observations purely on my own behalf. I am classified as elderly, and am a retired registered nurse who has worked in nursing homes and the community, and volunteered as a personal carer in a hospice, I live on my own and have 3 children and 5 grandchildren.

I strongly believe in **voluntary** euthanasia I stress voluntary, and I sincerely hope that your committee will recommend introduction of voluntary assisted dying in Queensland, it is a personal decision if we wish to die at a chosen time and not for politicians or any other body to dictate how or when.

I hope the following comments will help explain my reason.

I have seen too many patients who were mentally and/or physically incapacitated and consequently in permanent care. Those who are physically incapacitated are very often depressed with their situation, in fact I have a friend in a nursing home at the moment who is saying 'I wish I was dead', she is being 'well cared for' but has absolutely no quality of life, (anti-depressants are not the solution).

It is situations like my friend is in, or knowing that I could develop dementia and end up in an institution that I wish to avoid, by having the option of voluntary euthanasia I could achieve this, but with the present law this would not happen. It is my body, and I feel very strongly that I should have the right to end my life when I wish, or, if I am no longer mentally capable that my written wishes are executed as I desire, (my family know my wishes).

As the situation is at present, people are either having to smuggle drugs into Australia and use them whilst they are capable of self-administering or going overseas to have an assisted death, both situations have to occur prematurely. How much better to be able to die at home at my time of choice? or to have the reassurance that if my worse night mare occurred I would be able to have euthanasia, peace of mind is very important, as I have grown older this has become even more so, hopefully the situation may never arise.

The other reason I strongly believe in voluntary euthanasia is, I have seen numerous people die a very unpleasant death, not because of lack of medication or care, but because with certain medical and/or physical problems, there are no effective/successful treatments. I have had 2 cancer operations (internal), I dread the thought of having a slow end to my life, for whatever reason, especially a terminal cancer.

I like to think staffing in nursing homes has improved since I worked in them, but the home where I worked was very understaffed for the number of high care patients, and from what I read in the press today nothing has changed, if this is the case, the issue needs to be an ongoing concern and a ratio of staff to high care patients worked out, knowing that some high care patients will require more time and staff time than others.

Hospices are being recognised and utilised by the community more and more. The Queensland Government needs to acknowledge this and enable realistic funding to be legislated to help the hospices to remain open, thereby enabling terminally ill people, who are unable to die at home, be cared for out of the hospital environs.

I hope my comments are taken in the context that I have written them, constructive, to help you formulate recommendations to Parliament that will remedy all the issues I have mentioned.

[REDACTED]

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**From:** Phillip Crockford [REDACTED]  
**Sent:** Monday, 18 March 2019 7:32 PM  
**To:** Care Inquiry  
**Subject:** Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying

[REDACTED] [REDACTED]

Thank you for the opportunity to make a submission on this important subject.

I think it is important that Queensland have robust and comprehensive VAD legislation. Not the narrow, watered-down Victorian model which leaves out important social considerations for people with severe degenerative conditions.

Many religious groups are, of course, opposed, and want to impose their beliefs on the rest of our society, but it seems to me that the vast majority of people who have actually experienced a loved one dying a prolonged death with great suffering and total loss of human dignity are very much in favour of legislation that would give people the legal choice to get assistance with ending their own lives.

Australia does not kill its citizens with capital punishment, nor should the state enforce prolonged pain and suffering when death is inevitable. In Australia we cherish our freedom and our democracy is prosperous on many levels as a result. This should be extended to having the freedom to sanely and voluntarily end my own life when I cannot bear the pain and/or the quality of my life is extremely poor with no prospect of recovery.

Some further considerations:

As the issues paper suggests, there is enough experience in other legislations to draw on and draft comprehensive legislation that has adequate safeguards and protections against exploitation, but at the same time covers a wide range of conditions and possibilities.

Specifically, I would urge the parliament to consider the case of long-term degenerative disease, where a person is facing many years of an extremely poor quality of life from a degenerative condition. The recent Victorian legislation is extremely conservative and completely fails to take account of this type of situation.

I support "conscientious objection" provisions for qualified medical personnel who would contravene their own beliefs by assisting another person to die voluntarily. I am a secular humanist and while I don't think religious groups should be allowed to foist their beliefs on others by curtailing their freedoms in a way that causes great suffering, equally, religious people should not be compelled to act against their beliefs.

Thank you again for the opportunity to make a submission on this important matter, and thank you for holding this inquiry.

Kind regards

Phillip Crockford  
Samford, QLD 4520



[REDACTED]

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**From:** Pamala Crumblin [REDACTED]  
**Sent:** Tuesday, 19 March 2019 9:46 AM  
**To:** Care Inquiry  
**Subject:** In confidence- assisted dying

[REDACTED] [REDACTED]

Hello

I would like to advise that I fully support a persons right to die with dignity.

Should a person become ill or have an accident that impacts their quality of life they should be able to decide if they would like to die.

We put animals down when they are suffering - which is humane. I believe it is wrong that we prolong people's lives who are suffering and if they had a choice would choose assisted dying.

Thanking you

Pam

Get [Outlook for iOS](#)

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Tuesday, 19 March 2019 10:10 AM  
**To:** Care Inquiry  
**Subject:** Qld euthanasia inquiry

[REDACTED] [REDACTED]

To the inquiry

My view is that we place our confidence in palliative medicine through our wonderful hospital and medical care system. I do not support euthanasia. Euthanasia is morally wrong. 'Dying with Dignity' is an emotional term used for marketing euthanasia. Preserving life is what is truly dignified and demonstrates man's humanity underpinned by a civilized, moral and wise society respectful of all its members. Euthanasia is a slippery slope and because it is not truly underpinned by morality and goodness, (although its proponents would say it is), it encourages in society, a greater propensity towards toleration of evil acts. I am also fearful that if euthanasia was to become legalised we would see over time less research into continuous improvement of palliative medicine.

Yours sincerely

[REDACTED]  
Riverwood NSW

Sent from [Outlook](#)

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Tuesday, 19 March 2019 12:06 PM  
**To:** Care Inquiry  
**Subject:** Submission regarding euthanasia

[REDACTED] [REDACTED]

To whom it may concern,

I am writing to you to present my submission regarding the issue of euthanasia.

I am a Registered Nurse with almost fourteen years experience in both the public hospital and aged care settings. I have worked in many areas and departments including ICU, Emergency, surgical, medical, paediatrics, palliative care, rehabilitation, patient safety and quality, aged care and currently work in Medical Imaging.

My experience over the last fourteen years has given me valuable insight into the many and varied ways in which patients can be supported and cared for in what can often be very difficult situations. Patients I have cared for have often been given terminal diagnoses, have come to us via traumatic circumstances and many have had difficult social situations.

My experiences have shown me the many ways doctors, nurses, occupational therapists, radiographers, pathologists, cytologists, visiting specialists, families and communities care for individuals. We each in our own particular way strive to care for each of our patients with dignity, care, respect and concern for them as a whole person. Regardless of a persons societal status, gender, ethnicity, age, religion or other distinguishing characteristic, we care for that person with the utmost care and as a team we provide world class health care.

Our Nation has a robust system of integrated facilities and resources to care for the needs of the terminally ill and dying. With palliative care services, hospices, Chaplin's in every hospital, access to support networks and a caring community of individuals, charities and support people to rally around the individual in what is often their most difficult season of their life.

I have cared for patients whose loved ones take turns to stay with them by their bedside. Pain specialists and dedicated pain teams work tirelessly to titrate analgesia to provide comfort and care for those at end of life stages. I have sat and held the hands of individuals taking their last breath and beforehand worked with my colleagues to help keep the individual comfortable. Following strict guidelines on medication administration to ensure comfort is maintained while also not hastening passing. This is front and foremost in our minds as we desired to help those at the end stages of life remain comfortable, while knowing full well that the very medications we administer have the potential to bring about their passing if not handled or given correctly.

My colleagues and I work to provide comfort, care, support and expert medical attention to each and every individual we meet. My colleagues in rehabilitation work to improve muscles strength of those with spinal injuries or stroke, volunteers spend time with patients uplifting and encouraging them, physios work on building strength and coordination, further still occupational therapists work at modifying homes to provide adequate and appropriate access and function to those with reduced capacity to help them live enriched lives.

My colleagues and I on the front line of health provide world class care, compassion, pain relief, improve quality of life, support families, provide psychological counselling, modify homes, encourage, stand along side and sometimes even hold the terminally ill patients hand and shed a tear as they pass away.

Families and patients thank us for the care we provide, they tell us that we've been vital in their recovery, or making the most of their lives. For the hours we spend caring for them, preventing pressure sores, washing them, talking with them and providing encouragement. We don't do it for the thanks but for the understanding that we play a

vital and important role in caring for the vulnerable, the ill, the dying, the scared, the weak and breathing life sometimes literally, often figuratively into their experience of life.

Dignity, compassion, pain relief, expert care.

For these and so many other reasons I cannot and do not support euthanasia. We, as a nation, provide incredible care to the patients we encounter. Your continued support of us in this vital area is greatly appreciated.

People can and do die with dignity in Australia. I have witnessed it first hand.

Thank you,

With kind regards,



Registered Nurse.

Sent from [Mail](#) for Windows 10

[REDACTED]

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**From:** Joanne Frankland [REDACTED]  
**Sent:** Tuesday, 19 March 2019 3:01 PM  
**To:** Care Inquiry  
**Subject:** Voluntary assisted dying

[REDACTED] [REDACTED]

To whom it may concern,

Thank you for offering me the chance to respond with my views to your email about voluntary assisted dying in Qld.

I strongly suggest that it NOT be legalized. I believe that it is murder and only God has the right to take a life. I also understand that some people are in extreme pain towards the end of their lives and this should be reduced as much as possible, but to help end a life is like playing God. This is very serious! We are not God. Let God be God and humans be humans.

Kind regards  
Jo Frankland

Sent from my Samsung GALAXY S5

[REDACTED]

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**From:** Shelly Underwood [REDACTED]  
**Sent:** Tuesday, 19 March 2019 9:29 PM  
**To:** Care Inquiry  
**Subject:** Volunteer assisted Dying.

[REDACTED] [REDACTED]

Hello I'm writing on behalf of the petition for the above. I watched my Dad die from cancer it was the most degrading thing he has ever done. My Dad was a hard working tax paying man who supported his family in every way he could. To see my father go from a strong man to someone that was nearly unrecognizable with his weight lose ect. He suffered in silence never letting out a cry of pain. You could see in his eyes the pain he was in. He said that he would of chosen to go with dignity instead of the way he went. Not able to eat no being able to take him self to the toilet, throwing up all over himself. He said this is No way to live and a man should be able to say when he has had enough in a terminal illness. My mother had to care for my father and that's the pain she has to live with seeing him breakdown in front of her every day getting sicker and sicker knowing that he is just waiting to die because there is nothing more that can be done. Yet when my father ended up going to palliative care they gave him morphine to control the pain. We all no that they give them extra morphine at this time and it does help them to cross over quicker and in less pain. I think we should all decide when our body's and minds can no longer function healthy. Please let people die with dignity, with there family's around them and let there last breath be when they have decided. No one has a right to tell us when to die except ourselves. Please vote yes so people can die with dignity. Thank you, Michelle Underwood Sent from my iPhone

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Wednesday, 20 March 2019 8:21 AM  
**To:** Care Inquiry  
**Subject:** Residential Aged Care Costs - Anonymous Submission

[REDACTED] [REDACTED]

Dear Madam/Sir,

Having placed both my aunt and my mother into residential aged care in the past couple of years, I have become astounded at the current, and every increasing, costs for the Refundable Accommodation Deposit (RAD).

For a single room with an ensuite at the Estia Yarra Valley facility, the RAD is now \$430,000. This was \$295,000 in 2016. This is in country Victoria with houses only fetching around \$350,000 or less generally.

For the same type of room at Regis Whitfield, the cost is now around \$460,000. This is in regional Queensland with the prospective resident's home fetching far less than the required RAD.

This is putting a terrible strain on families (who themselves are at retirement age) as they try to cover the RAD balance rather than the resident (or family) having to pay the exorbitant interest rate (was 5.72% pa) charged with an ever diminishing bank balance. Not to mention the ongoing monthly costs of medication (sometimes as high as \$120 per month).

I consider that this is out of control.

These organisations are making a very healthy and increasing profit. By way of example –

Estia Profit after Tax - \$27.6m in 2016, \$40.7m in 2017

Regis Profit After Tax - \$56.8m in 2016, \$61.1m in 2017.

I'd also like to point out the exorbitant annual remuneration paid to some senior staff in these organisations, with huge increases year to year. Again, by way of example – Y2017 \$1.001m

increased to Y2018 \$1.102m. For **only two executives, the total remuneration reported was Y2017 \$1.589m increased to Y2018 \$1.823m.**

Another charge I would like to question is a daily fee of \$10.36 (including GST). This covers a hot breakfast, television in the room and Happy Hour twice per month. Residents are being charged this fee regardless of whether they use these services. For example, some never have a cooked breakfast, some have their own television, and some never partake in the happy hour drinks. This is unconscionable on the part of the facility to charge this.

I don't question at all the care that is provided by the two facilities I have mentioned. The care has been of the utmost quality. I am simply using these two facilities as an example of the costs. The problem will be endemic of all facilities.

I wish my submission to remain anonymous.

Kind regards,  




[REDACTED]

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**From:** Vicki Stannard [REDACTED]  
**Sent:** Wednesday, 20 March 2019 2:57 PM  
**To:** Care Inquiry  
**Subject:** Voluntary Euthenasia

[REDACTED] [REDACTED]

How long must we wait for this dignified way of dying to become legal? To have the choice to die in peace with those we love and who love us by our side.

We must be grateful to those brave enough who are willing to stick their necks out at times to assist dying, to inform the public, and rally for change in government.

I cared for my partner for many years at home but the last 12 mths were so difficult for us both. He had terminal cancer in the bones, liver, lungs and bowel, Everything was tried - the chemo, radiation etc requiring many trips away for treatment. There was no hope of recovery. Just an exhausting, and fruitless experience for us both.

Finally, 10 days before his death he went to Palliative Care in the hospital where I was with him most of the time. Unfortunately, when the time came for him to pass during the night, I was 10 mins late getting back to be with him!! This after 35 yrs together and the last 10 caring for him through various operations and a heart attack. Despite the hospital trying to keep him in comfort, I saw him experience dreadful pain and anxiety at the end, and my own health suffered.

If only I could have laid by his side at home with my arms around him, and our children there to say goodbye without fear of legal consequences, his suffering would have been much less and the ending for all of us would have been a dignified and comforting experience. It would also be a much less costly exercise for our health system.

LET US DIE WITH DIGNITY!!!

Vicki Stannard

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Tuesday, 9 April 2019 2:20 PM  
**To:** Care Inquiry  
**Subject:** Re: Euthanasia Introduction

[REDACTED] [REDACTED]

Dear Kelly Tremlett,

My apologies for the omissions. Only because of the presence of some odd folk in our midst these days I prefer that my name and address be withheld if my submission is published. Daytime phone number is (07) 3488 2448.

Thank you for contacting me.

All good wishes,

[REDACTED]

[REDACTED]

Cleveland  
Qld 4163

[REDACTED]

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**From:** Hazel [REDACTED]  
**Sent:** Saturday, 23 March 2019 11:25 AM  
**To:** Care Inquiry  
**Subject:** Inquiry into aged care, end of life and palliative care, and voluntary assisted dying

[REDACTED] [REDACTED]

To The Health Committee,

As a 78 year old woman with my end of life nearing, I have grave concerns about entering an aged care facility. The fact that an inquiry has been commissioned, shows that there very serious problems in this sector. Hardly a week goes by without some serious breach of patient care or rights is publicised. I feel that it would be very detrimental to aging people for "assisted Dying" to be introduced at this time.

There is quite a lot of evidence showing great abuse of 'assisted dying' situations in Countries where this has already been introduced. While on the surface it might seem kinder, I fear the misuse will be much more harmful.

Only God can decide when one's time is up and he will provide the strength needed.

I have already put my wished regarding end of life in writing, including an enduring power of attorney, so am sure that only my wishes will be carried out.

I hope the committee will think of us as people and not numbers or commodities.

Thanking you  
Hazel McCarrick

Sent from [REDACTED] for Windows 10

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Saturday, 23 March 2019 2:19 PM  
**To:** Care Inquiry  
**Subject:** Submissions on Euthanasia Bill

[REDACTED] [REDACTED]

To Whom It May Concern,

I am against the Euthansia Bill. If this bill is passed, it corrodes our cultural, values and ethical framework of QLD health care institutions. It gives the engenic and utilitarian tendencies in some of the population open licence to fully develop a culture that treats vulnerable humans and expendable. Moreover, it is difficult to safeguard this practice with children, mentally ill and other physically healthy pepole etc. Euthanasia is an irreversible decision: is full consent possible? We can not be sure that anyone choosing VAD is fully informed.

In conclusion, if Euthanasia Bill is granted in Queensland, it will open up a flood-gate of killing vulnarble people, such as: the elderly, people with physical and mental issues, etc... It will promote a society with no place for the elderly and the sick... We all will grow old, every one of us, including people who are promoting this bill at the moment. Will you want others to promote Euthanasia on you when you reach an old age?

Sincerely yours,  
[REDACTED]

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Wednesday, 27 March 2019 6:18 PM  
**To:** Care Inquiry  
**Subject:** I am a Queenslander - assisted dying is not caring

[REDACTED] [REDACTED]

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

Dear Rob Hansen,

I would like to put to you a few words for my views against any assisted dying or euthanasia. I feel that there is good cause that these issues should not be taken lightly and should involve well publicised whole of community discussion. I believe in all cases that life should be allowed to take its natural course in its own due time. For we as humans do not have a clear and unbiased judgement on the matter of who, when or under what circumstances it could be enacted. Technically any form of 'assisted dying' is still murder and or killing. Merciful though it may seem in some cases, it will inevitably be abused and taken advantage of. This is the reason why I stand against it. If this door is opened it will be impossible to close it and slowly more compromise will follow. I strongly reccomend that we keep the current laws that prohibit euthanasia in all its forms. Thanks for your time hearing my opinion.

Sincerely,

[REDACTED]

Mount gravatt  
Mount gravatt, AU-QLD 4122

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Inquiry into aged care, end-of-life-palliative care and voluntary assisted dying  
**Date:** Tuesday, 9 April 2019 2:05:15 PM

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Ms Sue Stern [REDACTED] Alderley 4051

As I am not a believer in God I do not appreciate those who are making decisions regarding my end of life. We see every day inquiries into Aged Care/Disabilities etc.

It is obvious there is not enough funds to give quality care to the sick and dying. There's not enough Palliative Care available either. I see nothing noble in keeping people alive in a vegetative state - neither would the recipient - if they knew.

The thought of taking matters into one's own hands is frightening - making things worse instead of better. The safeguards that are in place where end-of-life is available are sufficient to ensure the solemnity of the step about to be taken.

People in their thousands die daily in wars. If anything is obscene that is. There's no sanctity there and they are regarded as collateral damage.

Medical people should be safeguarded at such times. This is something the population has been wanting for years. Sweep away the misguided emotionality and give us a choice.  
Sue Stern

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Tuesday, 9 April 2019 7:52:33 PM

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

Dear Rob Hansen,

<write your submission here>

Sincerely,  
Ray Herron

[REDACTED]  
[REDACTED]  
Caloundra, AU-QLD 4551

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Legalised assisted dying will inflict terrible mental stress on the elderly  
**Date:** Tuesday, 9 April 2019 7:08:21 PM

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Please accept our submission to the inquiry into voluntary assisted dying.

We strongly oppose the legalisation of assisted dying and ask that you rule it out at an early stage from your consideration of legitimate end-of-life care options.

This is because even the availability of legal assisted dying would inflict terrible psychological pressure on elderly or severely ill people to prematurely end their lives when they would otherwise have no desire to do so. And this pressure will only increase if it were ever to become the dominant method for disposing of old people. In such a climate, effective palliative care would be scarce and much more expensive, increasing the pressure to submit to doctors' and relatives' wishes especially when there are fewer people of working age to bear the cost of medical care for the elderly as the population ages.

We therefore pray that the committee will use the opportunity presented by this inquiry to safeguard Queensland from these outcomes before the financial arguments begin to weigh more and more heavily upon the debate. In order to protect the availability of effective palliative care choices, we pray that you will recommend that assisted dying not be legalised.

Yours sincerely,

Stephen and Carol Porter

[REDACTED]  
Burpengary  
QLD 4505



**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Please don't recommend euthanasia - its too dangerous  
**Date:** Tuesday, 9 April 2019 1:46:56 PM

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

Dear Rob Hansen,

Please DO NOT recommend Euthanasia or Voluntary Assisted Dying. I care for the upholding the dignity of all human life until its natural end. The Australian Medical Association is against euthanasia. Why is that do you think? Doctors are trained to cure and heal not to kill. What about 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'? With recent issues / scandals against the elderly, how can we be sure that such a vulnerable group will not be subject to abuse of VAD? Overseas evidence has shown that adequate safeguards are impossible with VAD being extended to children, mentally ill and other physically healthy people being euthanized, some against their will, because it has become an easy option. Life is life after all! There will always be suffering in life but suffering, even though one tries to avoid it, also brings people together as we 'suffer' together and be there for each other. It makes us stronger and more compassionate. VAD may seem an alternative and compassionate choice for individual cases, but as a society we cannot afford laws that creates an underlying current of a culture of death rather than preserving life. Thank you for your considerations. Yours sincerely Helen Plant

Sincerely,  
Helena Plant

[REDACTED]  
[REDACTED]  
Forest Lake, AU-QLD 4078

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Assisted dying should not be legalised  
**Date:** Tuesday, 9 April 2019 8:32:29 PM

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Please find below my submission to the committee.

I ask you to focus your enquiry's attention on improving palliative care availability in Queensland. Better palliative care options will really improve end-of-life choices, whilst legalised assisted dying will only result in more coercion of the elderly and less real choice.

The truth is that legalised assisted dying ultimately devalues the right to life for everyone, especially the most vulnerable. Please consider that the elderly already experience financial and emotional abuse and assisted dying would only exacerbate this; because it creates the public perception that the most vulnerable people in our community may legitimately be coerced or pressured to "stop being a burden" on others or the health system. The result is that people who do not want to die will be killed; at first by 'giving in' to pressure from relatives and doctors and in the future completely against their will, as now sometimes occurs in countries such as Holland.

Furthermore, to co-opt the medical profession to legitimise and assist is particularly disturbing. Euthanasia violates medical ethics of "first do no harm," and upends the role of the doctor as healer and carer, pressuring him to do what is in the best interests of the hospital or health budget instead of his patient.

I therefore pray that the committee will recommend that assisted dying not be legalised, but will make many positive suggestions about how genuine palliative care can be improved.

Yours faithfully,

Josephine Herman

[REDACTED]  
Ipswich  
QLD 4305

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** I am a Queenslander - assisted dying is not caring  
**Date:** Tuesday, 9 April 2019 5:36:11 PM

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

Dear Rob Hansen,

I believe there are no safeguards that prevent assisted dying from abuse. Our most vulnerable, the sick, the disabled and the elderly need our protection they don't need a society that feels they are a burden or that they are better off dead. That is not the attitude of a caring society. We already have abuse in our aged care system as has been shown in the recent findings and I feel that legalisation of euthanasia would open a way for our elderly to be further abused by using an easy solution in the form of death. This would also affect our disabled and sick whose helpless situation could be abused by staff and those with power over them. I also would like to highlight the situation of medical staff whose whole aim was to assist and maintain life not to take it. By allowing legalised assisted dying these devoted medical staff will be forced to assist dying when it may be totally against their ethical and moral values. I don't see how forcing people to do this is of any benefit to our society.

Sincerely,  
Christine Bell

[REDACTED]  
[REDACTED]  
Rochedale, AU-QLD 4123

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**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Voluntary assisted dying .  
**Date:** Tuesday, 9 April 2019 1:57:10 PM

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Let me please state at the beginning , I am a very strong supporter of the above .  
I am 72 and have watched family and friends die over decades.Often in the most hideous prolonged ways.  
Given choice all would have preferred to die with dignity intact, not in the often various torturous and degrading ways and having this decline and pain witnessed by loved ones.Often for months,at times for years.  
( Starting at a healthy 80 kg and dieing a year later36kg...)  
Not good to witness the wasting and loss of most basic functions.

I am waiting for final results on a likely life threatening illness and am committed to no matter what happens, I will Not be waiting until I'm increasingly losing control and function before I Exit this life.

A major problem with suicide is it's messy and someone has to clean up the mess.....  
car..train.. rope...etc.  
None nice and can leave the finder traumatised for ever.

There has got to be a better way.

I have often wondered on how long those against  
V.A.D would choose to leave their pet in such dire pain and suffering, before they took their pet to the Vet ?

Suicide has been discussed by those close to me over the years and some have taken this option , which always leaves a brutal residue of guilt and lack of adequate goodbyes .

V.A.D. and the knowledge of its availability would have gone a long way to alleviate much of the murkiness associated with this final process an.inevitability we all must face .

Let us face it with courage and the doing of :  
"The right thing".

This does not deny the right of those who wish to prolong theirs or their loved ones suffering.

I note: the actual uptake of V.A.D. is only represented at about 3.5% of national deaths in the countries where it is legal.

Virtually no abuses of the  
process are recorded.

A practical note:  
I have read 80% of health dollars are spent in the last year of our lives .  
No callousness intended ...  
However the cost saving of this process would be counted in multi millions  
per annum.

I am not removed from this and it could be sooner rather than later....  
Maximum safeguards must be in place !

Thank you  
[REDACTED]

I GIVE PERMISSION FOR MY SUBMISSION TO BE PUBLISHED ON YOUR WEBSITE.

[REDACTED]  
Coolum Beach .  
4573



**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** No assisted dying legislation can ever be adequately safeguarded  
**Date:** Tuesday, 9 April 2019 8:55:32 PM

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Our submission to the Assisted Dying Inquiry:

We urge you not to recommend legalising assisted dying in Queensland.

No matter what safeguards are put in place, no euthanasia or assisted dying law is ever safe from abuse. In time, as international experience has shown, the financial and social pressures to shorten life prove far too great; and the safeguards built into the legislation prove far too little to stop wide-scale coerced, and in some cases, involuntary killing. Consider the testimony of Dutch Professor Theo Boer, once an advocate for the Dutch euthanasia laws and a member of the evaluation committees, who recently told the British Press, “I was wrong! Don’t go there!”

And Ethicist Wesley Smith explains that this outcome is inevitable: “The carefully shaded moral distinctions in which the health-care intelligentsia and policymakers take so much pride are of little actual consequence in the real world of cost-controlled medical practice, in busy hospital settings, and among families suffering the emotional trauma and bearing the financial costs of caring for a severely brain-damaged relative. Once killing is seen as an appropriate answer in a few cases, the ground quickly gives way, and it becomes the answer in many cases.”

When ‘assisted dying’ is legalised, those dying have little real power to resist it and their real end of life options are greatly diminished. Please consider these dangers and recommend Queensland does not go down this path.

Yours sincerely,

David and Marilyn Rowsome

[REDACTED]  
Mount Gravatt  
QLD 4122



# 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: Dr Catherine Grant

Day time phone number: ( ) [REDACTED]

Email address: [REDACTED]

Address: [REDACTED] Yeronga QLD Postcode: 4104

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

I am fully supportive of voluntary assisted dying being allowed in Queensland.

I believe in the right of all people to die with dignity. I wish to live in a society where people are able to access this right.

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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 <sup>eg</sup>

**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: ..... *eg Grant* ..... Date: ..... *8/4/19* .....  
**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:** Gwenda Jayawardhana's Submission To Euthanasia Inquiry  
**Date:** Tuesday, 9 April 2019 4:41:59 PM

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

I wish to put forward a submission to your Question 25: Should voluntary assisted dying (VAD) be allowed in Queensland? Why/why not?

As an Aged Care Chaplain, I understand some of the difficulties that can come with the ageing process particularly when a person's quality of life deteriorates. It is hard to see a loved one suffer (in our eyes) even when adequate pain medication is given. There can be a desire to speed up the process and see the person 'put out of their misery'. The person themselves may even wish for this to happen! However, allowing a person, or a physician, to induce a person's death through voluntary assisted dying (VAD) is fraught with danger, misconception and is unethical.

The Bible reminds us that it is the Lord God, our Creator, who gives life and takes it away (Job 1:21). He is the one who numbers our days (Ps 90:12) and who gives us breath (Job 33:4). When we choose to decide when our life is to end, or we place that decision into the hands of a physician or relative, so that they can assist us to bring about our own demise, we are choosing to play God!

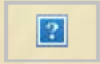
Palliative Care is a much more valid, and ethical option, in helping to mitigate someone's pain and ensure that they have a good, peaceful death....in God's timing. Enabling individuals and physicians to make the decision for VAD in Queensland, or indeed throughout Australia, opens the door to terrible manipulation and potential abuse. Every person's life is valuable as we are created in God's image. The elderly, sick, disabled or terminally ill are not simply to be 'done away with', even if this is their supposed choice. There have already been cases of people being "euthanised" against their will and tragically Belgium is now also euthanising children!

The suggestion of legislating Voluntary Assisted Dying (VAD) in Queensland is to be squashed immediately. The legislating of VAD is not good government and will only continue to erode the moral fabric of society in Australia!

Yours sincerely,  
Mrs Gwenda Jayawardhana

**Mrs Gwenda Jayawardhana**  
**Aged Care Chaplain**  
**Carinity Clifford House**

[REDACTED]  
[REDACTED]  
Carseldine Qld 4034



Virus-free. [www.avast.com](http://www.avast.com)

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Euthanasia  
**Date:** Tuesday, 9 April 2019 6:31:16 PM

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To Whom it May Concern

I wish to express my strong objection to allow Euthanasia in Queensland.

Life is precious at either end of our lives and those years in between.  
We are no less human when we are sick and dying and the palliative care available in our State of Queensland in our Hospices and Hospitals is First Class and people are allowed to die with dignity.

The dying are cared for in an Ethical manner where they are kept comfortable and free of pain.

Any change to allow euthanasia to be freely exercised is against nature and will lead many people to die when they still have the right to live.

Yours Faithfully

*Gabrielle Saide*

[REDACTED]  
[REDACTED]

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Assisted dying should not be legalised  
**Date:** Tuesday, 9 April 2019 7:46:29 PM

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Please find below my submission to the committee.

I ask you to focus your enquiry's attention on improving palliative care availability in Queensland. Better palliative care options will really improve end-of-life choices, whilst legalised assisted dying will only result in more coercion of the elderly and less real choice.

The truth is that legalised assisted dying ultimately devalues the right to life for everyone, especially the most vulnerable. Please consider that the elderly already experience financial and emotional abuse and assisted dying would only exacerbate this; because it creates the public perception that the most vulnerable people in our community may legitimately be coerced or pressured to "stop being a burden" on others or the health system. The result is that people who do not want to die will be killed; at first by 'giving in' to pressure from relatives and doctors and in the future completely against their will, as now sometimes occurs in countries such as Holland.

Furthermore, to co-opt the medical profession to legitimise and assist is particularly disturbing. Euthanasia violates medical ethics of "first do no harm," and upends the role of the doctor as healer and carer, pressuring him to do what is in the best interests of the hospital or health budget instead of his patient.

I therefore pray that the committee will recommend that assisted dying not be legalised, but will make many positive suggestions about how genuine palliative care can be improved.

Yours faithfully,

Mrs Elizabeth Fais

[REDACTED]  
Cornubia  
QLD 4130

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Submission to the inquiry into aged care, end-of-life and palliative care and voluntary assisted dying  
**Date:** Tuesday, 9 April 2019 9:31:54 PM

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Dear Health Committee,

We are strongly opposed to voluntary assisted dying, both on practical and moral grounds.

Some may be tempted to believe that this would increase the choice available to those dying, but in reality it would diminish choice because of the pressure imposed on patients to end their lives by budget-conscious hospitals or even family members. We therefore hope that the committee will see fit to rule out assisted dying as being beneficial to the community at an early stage of the inquiry.

We also wish to stress that assisted dying cannot really be considered as a medical option at all. From the earliest times, medical professionals have defined themselves as healers, a calling which could not be more dissimilar to those who deliberately kill or facilitate death. The Hippocratic Oath makes this distinction very clear by forbidding doctors to 'give a deadly drug to anybody if asked for it, nor making a suggestion to this effect'. We therefore hope that the committee will not confuse assisted dying with the work of medicine.

For the reasons mentioned above, we urge the committee to reject assisted dying and instead concentrate on improving real end-of-life options, such as access to quality palliative care for all in Queensland.

Yours sincerely,

Peter and Morvyth Howard

[REDACTED]  
Calliope  
QLD 4680

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** No to VAD. yes to quality aged care and palliative care.  
**Date:** Tuesday, 9 April 2019 1:31:07 PM

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Thank you  
Margaret Quane  
[REDACTED]  
Sent from my iPad

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Dying with dignity  
**Date:** Tuesday, 9 April 2019 5:19:35 PM

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My wife and I have no immediate close family, this law would give great comfort to us, should the time come when a terminal illness strikes us.

We both support voluntary euthanasia over palliative care.

Kevin and Zara Cruickshank

[REDACTED]  
[REDACTED] Condon Qld 4815

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Legalised assisted dying will inflict terrible mental stress on the elderly  
**Date:** Tuesday, 9 April 2019 8:34:05 PM

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Please accept my submission to the inquiry into voluntary assisted dying.

I strongly oppose the legalisation of assisted dying and ask that you rule it out at an early stage from your consideration of legitimate end-of-life care options.

This is because even the availability of legal assisted dying would inflict terrible psychological pressure on elderly or severely ill people to prematurely end their lives when they would otherwise have no desire to do so. And this pressure will only increase if it were ever to become the dominant method for disposing of old people. In such a climate, effective palliative care would be scarce and much more expensive, increasing the pressure to submit to doctors' and relatives' wishes especially when there are fewer people of working age to bear the cost of medical care for the elderly as the population ages.

I therefore pray that the committee will use the opportunity presented by this inquiry to safeguard Queensland from these outcomes before the financial arguments begin to weigh more and more heavily upon the debate. In order to protect the availability of effective palliative care choices, I pray that you will recommend that assisted dying not be legalised.

Yours sincerely,

Juanita Brown-Duthie

[REDACTED]  
Greenmount  
QLD 4359



**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Elderly abuse already shows that people will be pressured into dying  
**Date:** Monday, 8 April 2019 4:33:40 PM

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

Dear Rob Hansen,

There are people, likely mostly elderly who will be pressured into dying, virtually saying your life isn't worth anything to anyone any more. This is terrible. And there have been people who have not even been sick, but have taken their own lives so they won't have to go through sickness in their coming years. Even if people are dying from a terminal illness, there are places and treatments they can have to help them during that so difficult time with palitive care. No, I cannot agree with what is hoped to be law regarding euthanasia. <write your submission here> Sincerely, Corinne Lindsay

Sincerely,  
Corinne Lindsay

[REDACTED]  
[REDACTED]  
Rochedale South, AU-QLD 4123

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## INQUIRY INTO AGED CARE, END OF LIFE AND PALLIATIVE CARE AND VOLUNTARY ASSISTED DYING

### SUBMISSION SUPPORTING VOLUNTARY ASSISTED DYING

1. My wife and I reside in Queensland and wish to lodge this submission in support of voluntary assisted dying in Queensland. We are aged 76 and 77 years respectively. My wife, a veteran and RN, worked in aged care for 25 years. I am also an Air Force veteran having served in a number of conflicts. We are both in good health for our age. Both of us well recognise our advantage in having DVA gold cards, thus easing financial pressures for health, and possibly aged care.
2. **Worse Life Events than Voluntary Assisted Dying.** Right at the outset, my wife and I state that, in our life experiences, there are worse life events than voluntary assisted dying. Some medical conditions such as cancer, major stroke, dementia and alzheimers can be extremely painful and leave sufferers in a vegetative state totally dependent on others for every function. Facing a lingering death with no realistic prospect of recovery, and dependent on others for every function, the quality of life is negligible. In such circumstances, the path to the point of dying can be extremely painful, demeaning, degrading, and undignified. In such circumstances, pets would be put down. Having the option of voluntary assisted death gives each individual a choice.
3. For these reasons, we believe that voluntary assisted dying should be legislated in Queensland.
4. **Definition.** The definition of voluntary assisted dying should not be limited to cases of terminal illness, but also include incurable, irreversible, progressive chronic conditions that significantly degrade the dignity and quality of life of the sufferer.
5. **Mechanism.** We believe that people should be allowed to write a 'living will' when they are of sound mind and body, granting an enduring power of attorney to someone that they trust responsible for ensuring that their stated wishes are honoured in any situation where they cannot communicate or speak for themselves.
6. **Availability of Voluntary Assisted Death.** We believe that voluntary assisted death should be available to adults over the age of 18 years. We believe that the person does not need to be competent at the time when voluntary assisted death is carried out, as long as a valid, prior directive 'a living will' was completed when they were competent. Consequently, they do not need to administer the drug themselves, nor be able to swallow it, and that a medical practitioner, other health care professional or their appointed agent, be legally permitted to administer the drug on their behalf.
7. **Process.** We believe that the process to allow a person to legally access voluntary assisted death should involve:

- confirmation by two medical professionals that the individual meets the required criteria;
- a case conference involving the individual in question if they are competent at the time, his/her GP or specialist doctor, plus the next of kin and/or appointed agent to verify that voluntary assisted death is in accordance with the person's wishes, either because they are able to express this themselves, or they have completed a legal, advanced directive expressing their wishes;
- establishment of a Review Committee comprising not only medical representatives but lay persons. A simple, straightforward submission would be made to the Review Committee by the GP or specialist doctor, or the appointed agent, recommending that voluntary assisted death be supported. The Review Committee must be under an obligation to make a decision within 10 days;
- counselling being available but not be mandatory; and
- utilisation of any reasonable location expressed by the individual if they are able to do so, and if not, as expressed by their appointed agent, which may include the individual's own home.

The most important issue is that the decision is made promptly, the process is simple and that voluntary assisted death takes place at a location of the individual's choosing, or their agent.

8. **Conscientious Objection by Medical Practitioners.** Medical practitioners should be allowed to hold the right to conscientious objection, but he/she should be legally required to refer the individual to a practitioner that they know does not hold such an objection.



Geoffrey Philip Willans

CASHMERE QLD 4500

7 Apr 19



Mary Helen Willans

CASHMERE QLD 4500

7 Apr 19

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Committee for End of Life and Palliative Care for Queenslanders  
**Date:** Monday, 8 April 2019 12:28:35 PM

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To whom it may concern,

We have long held the belief that those who choose the option of dying, due to ill health, should be afforded humane assistance in this choice.

Voluntary assisted dying should be a viable option for those Queenslanders - and all humans - who choose to do so.

yours sincerely,

Russel and Pamela Davidson

*Russel and Pam Davidson*

[REDACTED]  
[Palm Beach QLD 4221](#)  
[REDACTED]

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Assisted Suicide and Euthanasia Enquiry  
**Date:** Tuesday, 9 April 2019 10:12:34 AM

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To make the obvious point, voluntary assisted dying which in fact is assisted suicide and euthanasia are not related to palliative care. They are distinctly different issues. The Queensland Government has, in what can be described as a most cynical exercise, deliberately conflated these matters into a single inquiry.

**I am registering my opposition to these practices of euthanasia and assisted suicide**

but on the other hand, argue for improving the provision and availability of palliative care in Queensland.

**Assisted suicide and euthanasia never have been, nor will they ever be, part of the practice of palliative care.**

Your sincerely  
Patricia J Fischer  
[REDACTED]  
Rangeville Q 4350

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Debate on assisted dying  
**Date:** Tuesday, 9 April 2019 11:59:03 AM

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I am very concerned about legalizing assisted dying. I am 83 years old, gave birth to 10 children and adopted another, all of whom have great care for me, but life today demands so much of younger people - live in far-reaching places, both need to work to survive, etc that if I become a burden, as is becoming possible, and am suffering, I feel some family would see it a blessing for me to be assisted to die.

In medical circles today minimizing pain is a priority so that people in Australia do not suffer in dying, yet drugs such as heavy morphine does hasten death. Others on dialysis choose to discontinue treatment, others with cancer choose not to have chemo, so there are options. It seems to me that this legislation is to serve those who wish to have the freedom to assist others to die, than those facing death.

Thank-you for the opportunity to have my say.

Patricia Mullins

[REDACTED]  
SOUTHPORT 4215

**From:** [REDACTED]  
**To:** [Care Inquiry](#)  
**Subject:** Submission to Inquiry into Aged Care  
**Date:** Monday, 8 April 2019 5:53:05 PM

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Monday 8 April 2019

Peter Beinssen

Postal Address:

[REDACTED]  
Buddina Qld. 4575

Residential address:

[REDACTED]t  
Minyama Qld. 4575

My name is Peter Beinssen. I was born in Sydney in 1939.

My father died in 1981, and my mother died in 1999. Both suffered lingering deaths that they would like to have hastened by some days as their decline and their suffering became intolerable. In the case of my mother she received increasing amounts of palliative medication for some days prior to her death which seemed to her and to her family in attendance, to be pointless and demeaning.

I had a close friend and colleague die a prolonged and distressing death from cancer in the Mater Hospital in Townsville. He was given ever-increasing doses of morphine to which he became more and more tolerant so that the doses had to be continually increased.

Before he died he asked the palliative care nurse to stop 'zonking him out'; as he wanted to see the sunset from the hospital balcony despite the pain that he would have to endure to do so. Then he wanted his life to end. His wish was not granted, his medication was significantly increased, he remained in a confused and unhappy haze. He did not see that sun set.

He finally died without his wife and children at his side. Although they had been with him day after day, they had become so distressed by his suffering and by their own sense of helplessness at that they were unable to make his wish come true that he be given a fatal dose of something while they were there and while he could acknowledge their presence.

At one stage he even asked me to hit him over the head with a shovel ! (He retained his sense of humour but he was distressed, sad, frustrated, fuzzy-headed, and perplexed that he had to end his life in this undignified way). To me, and to his friends and family this prolongation of a life that was at its end, seemed cruel, undignified and unnecessary.

I believe that there are many circumstances which warrant a voluntary assisted dignified death and that this should be legalized in cases where it is the clear and rational wish of a terminally ill person especially if the close family concur with that wish. In the above three cases this wish

was unambiguously stated at the time and had been documented in writing prior.

There are clear benefits of dying, preferably at home, at a time of ones choosing.

I give my permission for this letter to appear on your website.

Peter Beinssen