No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1631	Name Withheld		4557	I write this in support of Dying with Dignity. I strongly believe in Dying with Dignity and that is how I wish to end my life. This is my story. I am 71 years old with an auto-immune disease. In spite of the research there is still no positive outcome except to try and stop or slow the progression. My specialists have said all we are trying to do is keep you from a wheelchair. However, in spite of medication and care provided to me by both my specialist and GP I live with pain, sometimes off the chart and at other times a simple two out of ten. I live a life of chronic pain and that wheelchair on the horizon is coming closer and closer. There will be a day when I will no longer be able to feed myself or go to the toilet by myself. I do not wish to be fed like a baby or sit for hours in a dirty nappy until a Carer has time to look after me. I fear my mind will still be sharp and I do not wish to live a life of pain sitting, hour after hour, waiting, waiting for death, as I watch my body slowly disintegrate and rot away. I have already made enquiries with Dignitas in Switzerland for that day. I am happy to say, after 6 months of intense discussion, I now have my children on board with my wishes. However, I do not see why I have to leave my own country in order to Die with Dignity. Dying is part of the journey of life and not something to be feared. I consider the quality of life far outweighs the quantity. I consider it my right to die peacefully at my moment of choosing.	Yes
E1632	Jeffery	Tolhurst	4567	Our family has just had to watch our father / Husband die from Fibrosis of the Lungs as well as Lung cancer, to watch my father gradually suffocate and deteriorate to where he was finally put to sleep to stop his pain and suffering but he then lasted another 4 and half days in this state before passing. Not only did this take away any dignity my father had the suffering of our family was prolonged , I personally wanted to take legal action against the State and Federal governments as there is no need for this suffering of my father or our family, my father wanted to go and wanted him to go to stop his pain and suffering . We won’t allow animals to suffer like this and when there is no hope of a cure or help to a person why should we as human beings allow our loved ones to suffer. I watched my dog be put to sleep and she was gone before I asked the how long it would take, my father should have had this dignity allowed to him to go when he chose , not to linger on and on in pain and trying to get a breath , fighting for air all the time, it just not right. PLEASE CHANGE THIS STUPID POLICY AND DO NOT ALLOW THE MINORITY , CHURCH TO GIVERN THIS , LRT PEOPLE MAKE UP THERE OWN MINDS , I SOMEONE DOES NOT WANT TO BE ASSISTED IN DYING THAT IS THERE CHOICE BUT WE MUST HAVE THE CHOICE	Yes
E1633	MICHAEL	COLLINS	4820	I am totally opposed to any form of Voluntary Assisted Dying . (Question 25) I am deeply concerned that both the nature of Questions 26-38 and their linking to Question 25 , are not only obfuscatory but suggest a whitewashed pre-ordained outcome . This concern is enhanced further by the misguided linking of aged care and palliative care , vitally important in their own right , to this inquiry , to further defuse focus on Question 25 . I reiterate : I AM TOTALLY OPPOSED TO ANY FORM OF VOLUNTARY ASSISTED DYING .	No

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				I am a physician and have had both parents in an aged care facility. I am fortunate to have the assistance of my wife, a medical doctor, and my two brothers, both engineers. Both parents were fully self-funded retirees. My mother (78y) was admitted in Nov 2017 for essentially terminal care following surgery and chemoradiotherapy for a large glioblastoma multiforme, passing away in May 2018. My father (90y) was admitted directly from rehabilitation following resection of multiple lower limb skin cancers. Prolonged immobilisation and urinary incontinence meant that he could no longer be managed at home, even with maximum residential assistance. He is still a resident. My brothers and I hold EPoA and are Health Attorneys under AHD. There are many things to say: Entry into and selection of care facilities is a complex and poorly defined process, eventually requiring engagement of a broker. The remuneration of the broker was unclear. The whole process is ill defined and not streamlined. Securing an ACAT assessment took weeks. The RAD for reasonable accommodation ranged between $400,000 - $1,150,000 per person. Initial negotiation with the aged care facility was more like a real estate transaction rather than a supportive entry into a care environment. There are so many fee components and possible discounts. My brothers summed this up very well: “After paying taxes for so many years and not receiving a pension, just when people are at their most vulnerable, the Government and aged care providers are out to screw you.” I fully support their sentiment. As many relatives and friends said the only way to keep the facility on point was to be polite – but have a foot on the ‘throat’ at all times. I have filed formal complaints on several occasions, but in a spirit of trying to improve care for all residents. My parents were probably fortunate that at least two sons always present to engage with management, and two physicians present in the family. Cynically this is probably the main reason for care being of a reasonable standard, but having to be always on watch deprived me from spending time with my mother as a son during her last months of life. I will try and forgive, but cannot forget. Physical facility: Brand new, but poorly designed, with sharp and unprotected corners, no vinyl bumpers on walls (an excuse to charge capital refurbishment fees on ‘exit’), inaccessible fittings, shelves and switches. I understand the architects were PDT – who have previously designed hospitals. Fittings and appearance worn very quickly. Multiple leaks and administration unresponsive to replace the very cheap fans and room safes even if faulty. Cannot install better quality even if offer to pay. Television screens for example are 26” 4m away – for people with poor vision. Inadequate areas for relatives and residents to congregate. Only one access path for wheel-chair / walker patients. When lift failed – isolated for 3-4 hours. Staffing: No defined staff: client/resident ratio. Minimal (one RN and 2-3 AIN/EN for 40-60 residents)staff on weekends and night shifts, even in high level care areas. Staff try their best, but often have limited English skills. A GP with practice nurse apparently visits once per week. I had to ask for my father to be placed on antidepressants. There was no transfer of records from his previous GP.	

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E1634	David	Macfarlane	4059	Both parents suffered falls which resulted in loss of independence during their care: my mother fractured vertebrae, my father a fractured neck of femur requiring hemiarthroplasty and leaving him wheelchair bound. Management were helpful, but under constant pressure to perform, attract new residents, and constrain costs. Activities / Allied Health - There is minimal effort to keep patients engaged at a level consistent with physical and intellectual capacity to improve quality and maintain quality of life and reduce burden of care. Easiest to wheel patients out into lounge and leave watching TV. Activities often banal. Minimal physiotherapy / speech pathologist / occupational engagement or feedback. Often had to initiate and pay for additional care. Visiting dentist charges 4x that of local dentist with no health fund rebates. Relatives often unaware. No excursions. No outdoor activities. Frequent loss of labelled clothes. At one point there was an entire dining room on an unused level full of clothes without labels.Food: Very limited choice, No fresh fruit or vegetables. Choice of menu very limited. Set months in advance by head office. Have not seen if dietary deficiencies. Understand spend less on meals for aged care residents than for people in detention and correctional facilities. I can believe it. Despite often being involved in the care of terminally ill patients I still find it difficult to write about this aspect. After my mother fall / was dropped (requiring admission to a private hospital) I was told that there was no fracture. A CT performed at my request revealed fractured vertebrae and ribs. She had to be lifted by hoist for the last few months of her life, often crying in pain. There was supposed to engagement with the palliative care team from a major southside hospital, but the only visit they made was at my insistence. I had to ask for medications to dry secretions and relieve distress – something no son should be asked to do. I saw no use of modern analgesics. Eventually regular staff were assigned to my mother where shifts permitted, and those staff are to be commended for their efforts. Dying patients nursed in standard rooms with standard staff ratios. I had to identify my mother's naked body was identified for the funeral directors -no wrist band. These facilities are not hospitals, but places where increasing numbers of people live. There needs to be a balance between dignity, affordability, minimum standards and compassion. Currently this is patently lacking.	Yes
E1635	Linda	Allen	4306	I am in full support of quality aged care and quality palliative care. I have witnessed first-hand great examples of quality palliative care and would like to see more funding allocated to both these areas. By and large, we are talking about people who have paid taxes, contributed to their various communities and raised families. They deserve better treatment than to have their lives thrown away for the convenience of others.	No
E1636	Cecelia	Murray	4103	Aged care is particularly targeted by the inquiry as an area where the natural end of life is occurring and these members of society required a quality of life commensurate with good health care, palliative care and good medicine. Cost should not be a limiting factor in providing resources for these people who are valued members of our community. The dignity of life is on going and in Australian society our public and private health care systems are legally responsible for this. The Catholic Church and other religious organisations are at the forefront of this provision and should be well provided for. As a result, no Australian should slip through the net of valued care by ensuring that accommodation is readily available for all budget types and the aged are not led to believe they are a drain on society. Every one has intrinsic value and dignity including those with dementia, mental disorder, disability or terminal illness. It is discrimination against these most vulnerable members of our communities to propose euthanasia as a solution to suffering , pain or as a mere convenience. The Australian Medical Association opposes Euthanasia as unethical as it does not subscribe to good palliative care where pain and suffering has to be alleviated or good medicine where depression and psychological factors may be responsible for consent to such a practice . Life is sacred - given by God and taken by God. This precludes the practice of prolonging life which is regarded as not being within the boundaries of ethical medicine. It is mercy killing and not doctor has the right to commit murder which is never dignified. According to present law it is illegal to be an accessory in taking a life and should remain as such. The problem of the giving of informed consent to be euthanized cannot be overcome but opens the floodgates to the discarding of valuable human life. Every single life has equal value and this cannot be overridden.	No

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E1637	Deborah	Tolhurst	4567	Our family has just had to watch our father / Husband die from Fibrosis of the Lungs as well as Lung cancer, to watch my father gradually suffocate and deteriorate to where he was finally put to sleep to stop his pain and suffering but he then lasted another 4 and half days in this state before passing. Not only did this take away any dignity my father-in-law had the suffering of our family was prolonged . We won't allow animals to suffer like this and when there is no hope of a cure or help to a person why should we as human beings allow our loved ones to suffer. I watched my dog be put to sleep and she was gone before I asked the how long it would take, my father-in-law should have had this dignity allowed to him to go when he chose , not to linger on and on in pain and trying to get a breath , fighting for air all the time, it just not right. PLEASE CHANGE THIS STUPID POLICY AND DO NOT ALLOW THE MINORITY , CHURCH TO GIVERN THIS , LRT PEOPLE MAKE UP THERE OWN MINDS , I SOMEONE DOES NOT WANT TO BE ASSISTED IN DYING THAT IS THERE CHOICE BUT WE MUST HAVE THE CHOICE	Yes
E1638	Tammie	Watson	7250	Allow people the dignity to say goodbye to themselves; they've well and truly already weighed up how much harder it is for them to stay.	Yes
E1639	Judith	Buckley	4170	It is difficult to endure suffering and witness the suffering of others but we do not believe, as practicing Catholics, that legislation allowing a human being to take the life of another human is right. Yes there may be a few cases where it is the only compassionate thing to do but the law cannot easily discriminate. On this basis we lodge our objection to any changes in the law that will allow voluntary assisted dying at the end-of-life stage – VAD (Voluntary Assisted Dying). We understand this is a vexed issue our community faces as we have had personal experience of going through the heart-wrenching process of watching an elderly relative suffer a major stroke and then wither away in a nursing home; unable to feed or toilet herself. This experience forced us to question the church's teaching on euthanasia. It was difficult for us to see why the law would not allow this person to be taken out of their suffering. At the time VAD seemed the only compassionate and humane option. However, we have since learnt of the unfolding drama around the legislation of euthanasia and assisted suicide in the Netherlands and other countries where euthanasia and assisted suicide has been legalised. Euthanasia and assisted suicide were legalised in the Netherlands in 2001 and since then further changes to the law are now being proposed. Dutch medical doctor and Catholic Theologian Cardinal Willem Eijk is currently fighting a proposal for a new Bill that will allow assisted euthanasia on demand with a recommendation that no age limit be attached to the legislation. Our concern is that the legislation depends on interpretation of the law by individuals and that there is a danger of opening the door to relaxing access to euthanasia on almost any grounds at the determination of the patient, who may not be in a clear state of mind, with the consent of a well-meaning but perhaps ill-informed doctor or medical team. The number of doctor-assisted deaths in the Netherlands rose from nearly 1,000 in 2010 to over 2,000 in 2015. More worryingly, the number of mental health patients (in the Netherlands) who have been euthanized has quadrupled over a four-year period. In 2015 the House of Commons in Britain voted by a large majority to reject the bill to legalise euthanasia and assisted suicide due mainly in part to the recommendations of Professor Theo Boer, a former Dutch euthanasia regulator who warned the British parliament "not to go there". Boer told the British parliament that the interpretation of the legislation in his country had got out of control. I am also concerned that conscientious objection by private hospices, such as Catholic hospices, will lose the right to object to the law. In 2017 a catholic rest home in Belgium was fined 6,000 euros because it prevented doctors from euthanizing a 74 year-old terminally ill patient. Dealing with and managing human suffering is a complex area requiring sophisticated, compassionate and dedicated health care practitioners and practices which takes time and a great deal of resources. With advances in palliative care practices elderly patients can receive good care that ensures their dignity. This is the way forward rather than the deliberate killing of an individual to deal with the suffering. One of my concerns with the legislation is that expediency, masquerading as compassion, will be the determining factor in euthanising many of our elderly. How will the government prevent pressure from family members and spouses who put pressure on their elderly relatives to take the VAD option? How will the government know or determine if a nursing home is not applying pressure to a resident to take this option, dressing it up on compassionate grounds when in fact a more mercenary reason is at hand? Therefore, we strongly object to any changes in the VAD law.	No

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E1640	Confidential				No

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E1641	Name Withheld		4005	AGED CARE: I work with staff who provide care for older people receiving residential and community care. In my opinion, the staff who work in Aged Care are not educationally prepared – their training is not appropriate or adequate. A. Registered nurses: (i) There are insufficient registered nurses working in aged care. (ii) Many of the registered nurses working in aged are inexperienced. Often New Graduates are employed and they quickly work with minimal supervision. This means they do not have the experience necessary to identify and assess changes in the health care of the older person and therefore appropriate and needed referrals may be delayed. (iii) In addition, the New Graduates have not yet developed the practice discipline required of the role and do not know how to direct or delegate the care staff who frequently take over the management of the shift. (iv) Many of the New Graduate nurses employed in Aged Care are from culturally and linguistically diverse backgrounds with basic English skills which further contributes to risk for the Elderly. Personal care workers/Assistants in nursing: (i) The TAFE training program for Certificate III or IV in Aged Care is insufficient. The trainers are often care workers themselves (not registered nurses) and therefore the theory behind the skill is lacking. (ii) Many students who undertake the Certificate III or IV training do not have English as their first language and are many are new immigrants. This makes it difficult for them to understand and apply the training they have been given. (iii) Language difficulties contribute to mistakes in care delivery. (iv) Many of the students who undertake Certificate III or IV training go into Aged Care because there is a skills shortage and they are likely to get a job. This is not the right reason to enter a career which requires the worker to really want to work in a caring industry. Mostly these days, the carers become Aged Care Workers because they need a job not because they have the caring attributes. END-OF-LIFE PALLIATIVE CARE: My mother received end-of-life and palliative care at home during 2016. We were extremely happy with the services, however we were involved in a regional program that was in receipt of additional funding at the time. I think more services are required to meet the needs and choices of Queenslanders . I believe more education is required to ensure the public understand what Palliative Care is and what Dying with Dignity really means. The community need to be helped to understand that dying in pain rarely occurs with good palliative care. I would like the Government to allocate more funding resources to improving the availability of palliative care services and community education. VOLUNTARY ASSISTED DYING: Voluntary assisted dying (VAD) should Not be allowed in Queensland under any circumstances. Many people that I talk with think it's an option to dying in pain however, education about good palliative care could address this. So many people have no idea what growing old is about or how they will feel when they are old - many think if they loose their independence, life is not worth living. Most say the do not want to be a burden to others and that is why VAD is being entertained by them. This is very sad because they do not understand the value of their life. I am in favour of high quality aged care and palliative care - NOT VAD which is of serious concern to me. If VAD were to be accepted, we are sending a terrible message to others if we agree with them that the life of the most vulnerable (the elderly and those with a disability) is not worth living. Our community needs to be assured that all life matters always, and life is worth living. We should be telling everyone this. Not telling them if things become difficult, their life can be disposed of. VAD goes against everything I believe and everything I have worked for.	No

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E1642	Lisa	Cook	4670	To the Hon QLD Health Committee, I would like to address the section under Voluntary Assisted Dying. It is with a heavy heart that I am compelled to send this submission. Under issues for consideration, most of the questions I cannot answer as I am not in favour of any scheme, or any definition we wish to use. It is what it is , helping to kill someone. No amount of safeguards will change this. As History has shown and Human Nature being what it is, you allow it for one group of people, soon it will be open slather (as has happened time and again in the so called regulations of Abortion Laws. I have lost people I love due to Cancer, and I am a Carer for my Mum. However, their DIGNITY is worth more than what they can or cannot do. We are Human Beings, Not animals, we deserve better then this. I urge the Committee to consider very carefully the implications of allowing Euthanasia in this State. How sad for other Countries where the Government has allowed this to happen.	No
E1643	Confidential				No
E1644	Jeanette	Peters	4500	My mother recently passed away at the age of 94 years 4 months. While she may not have had an 'advanced disease', her circumstances, resulting from a stroke, left her with no prospect of cure or improvement and resulted in some 10 months in residential aged care with loss of dignity, unable to communicate, move in any way on her own and fed only 'thick' foods or fluids. She 'died by the day' for 10 months. The Health Directive she completed, indicating she was not to be left in a vegetative state, should this occur, was 'unable' to be acted upon by the medical profession. What can family say to someone in this situation other than: 'The Government requires you to suffer every hour of every day until you take your last breath, because that is the law.' Documents signed indicating choices at end of life need to be acted upon without fear of repercussions. The law needs to change to allow either an aged person, or the family of the aged person, to manage their end of life with dignity and respect. The circumstances of being aged and frail to the extent that a person considers their life has no further meaning or worth, should be considered characteristics in relation to voluntary assisted dying (VAD). How will meaningful decisions be made about VAD unless people involved in making decisions at government level physically visit residential aged care facilities and speak with or see the end of life 'living' of the aged! VAD should be able to become legally part of a life plan for the very aged. There should be no restrictions such as terminal illness or other physical conditions. Special conditions should be included in any VAD scheme for the aged and frail. If the truth could be accepted, many aged and frail people would choose a VAD scheme rather than face a very real future of being forced to end their days in a potential vegetative state or simply living each remaining day saying, 'I hope I don't wake up tomorrow.'	Yes
E1645	Deb	McPherson	4879	I know terminally ill people and their loved ones who've had to expereince just hanging around waiting to die, that is not dying with dignity it's traumatic for everyone If dying is the only pathway left they shouldn't have to decide to starve themselves to make it happen so they don't lingering on even longer. I want quality of life not just to be alive!	Yes
E1646	Bindi	Tiemes		Everyone should have the right to die when they chose in a safe and supported environment before they are forced to end their life alone and in most of the time horrifying situations for family left behind.	Yes
E1647	Anne	Bailey	4551	In my view aged care and Palliative care have my full support in so far as the people being cared for are being kept comfortable, assisted by loved ones with help from professional doctors and nurses when required. Voluntary assisted dying is unethical and unnecessary when elderly, sick or dying patients are given the love and care they need. Every life is precious and worthwhile, regardless of how little or much the person is capable of, and worthy of our help and support.	No
E1648	Jennifer	McClelland		After watching my mother struggle to her very last breathe with pancreatic cancer, after being in constant pain for 6 months, i am a massive supporter of assisted dying. I believe that a person with a terminal illness has the right to die on their own terms and with dignity, not at the whim of a person or people who are not emotionally invested in this persons life. A group of politicians will not have the right to tell me that i cannot die with dignity when my day comes.	Yes

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E1649	Paul	Fahey	4053	The importance of quality aged care has been lived by myself and my siblings as our mother lived to the age of 94 years. Our aim was to ensure mum could remain at home for as long as reasonably possible and therefore services such as meals on wheels, cleaning, gardening, maintenance and safety modifications to the home became very important. Advice on the latter via assessment and report was very helpful although the lead time was frustrating…and the cost for ramps, hand holds etc was significant. Mums payment for some of these services was necessary because of availability, timeliness or quality issues. Assessment by family members of timeliness and quality was almost always retrospective which sometimes had unacceptable consequences for mum. Even with regular visitation from family members, the risk of exploitation by unscrupulous people was present including door to door salesmen and even charities (~6) regularly asking for donations. Having said that, there was also honest, caring and kind people who helped my mum…most had known my mum for some time, but not all. Visitation from a family member could be days apart and so the risk of mum falling and not being able to call for help was always present. Personal alarms are a great idea however mum would regularly leave it on her bedhead and would not wear it in the shower. Mum broke a hip from a fall, we weren't sure which came first but she was too disoriented to press the personal alarm. She spent a cold night and the next day in her nighty on the floor, luckily she had not turned the heating off before the fall. Mum was a strong, independent person had raised four children under difficult circumstances and yet was particularly vulnerable even in her own home. There are a councils, state and federal funded programs and not-for-profit programs that are designed to help people stay at home and many are well run and reliable however each cover one or two issues and are not holistic, they lack coordination and quality is variable. Funding and continuity therefore is critical but so to be quality well trained staff and a sufficient number of them. Families play a leading role but what if an aged person has no family or they live in another state or even another country, which is a growing trend in today's society? The number of issues are many however I'm certain the commission will hear many descriptions as mine, the solutions are not rocket science but do require well thought out holistic programs with properly trained staff. I hope this short description of one family's experiences will help the commission in some way. On the question of voluntary assisted dying, I watched mum following a severe stroke fighting to the end, despite pain and paralysis. Doctors acted appropriately in providing pain management and monitoring for over a week before mum passed away. I don't thinks it was our (mum's children's) right to decide when and how our mother should die, nor do I think a doctor should have that right. How is it that being old and or terminally ill that people, either family or doctors should all of a sudden have that right? We don't have the right to take our own lives, why should we have the right to take others. In both cases we have the power to do these things but that doesn't make it right, nor should it therefore be made legal. Being born and dying is an undeniable truth, we have no choice as to the circumstances of either, this also is an undeniable truth…we may not like those circumstances and they may be unbelievably painful (mind and body) for the person involved and those caring people around them however life is about providing support and care and yes love to those in this situation. The situation is not just about those who are old and/or sick but also about those around who need to take responsibility and support. Isn't killing the person just another one of life's quick fixes, so this hurt, this pain just goes away? Had my mum not died after a week and instead kept going for months would that have changed my mind about VAD…I was distraught the night before mum died because I knew the hospital would not take up a bed for much longer and she would be transported to a nursing home that had an ability to deal with a high needs patient. Three of the four siblings lived interstate, how were we going to ensure mum was cared for and that she knew we were there for her? I knew in this circumstance the road ahead was going to be painful, very disruptive to all our lives and our wives, husbands, children's lives as well. The answer is the siblings would have worked it out regardless of the disruption, it would have unintended consequences but loving someone as much as we loved mum always does. The real question is, how to we show people that we don't know, that same love and care? I don't see how killing them is the answer.	No

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E1650	Name Withheld		4017	As a nurse with extensive experience in care of the aged,end of life and the palliative care and being an octagenerian I speak with a degree of understanding of the above. Over a period of 65 years I have witnessed a great yearning on those who have been personally experiencing one or all situations. It has been a longing for quality care as the answer to individual needs. Whilst much had been achieved in previous years the marked absence of skilled qualified staff in aged care/end ofl life care has been a moot point since such improvements of the late eighties . /nineties. A sustained effort is required from our Parliamentry members to enable a caring ethos to be achieved allowing those in need to be cared for in their own homes without crippling the financial situation for careers and to free hospitals for acute care whilst maintaining well staffed end of life/or palliative care in a safe pain free environment of their choice	No
E1651	Margaret	Carr	4013	As fellow human beings, we have a moral obligation to protect life from conception to natural death. Euthanasia is the intentional killing of a person whose life is considered not worth living. No one has the unchallenged right to judge whether a person's life has value - not the person assisting suicide or indeed the person requesting it. The impact of such a choice has a deep impact, firstly on immediate family, then friends and the wider community. If we reject life, we are rejecting the values that make us a civilized society.	No
				I would like to tell the Committee that 1) I am against any legislation being passed to allow for Voluntary Assisted Dying; 2) I am concerned about the quality of care being given to residents of aged care facilities; 3) I am concerned for the staff of aged care facilities 4) I am concerned for vulnerable people receiving care in their own homes. 1) Voluntary Assisted Dying I have read many of the submissions by people who have witnessed the suffering of loved ones during serious illness or the trauma caused by dementia. Their testimonies are very moving. I, too, have seen such suffering, but I believe it is wrong to take a life even with the patient's consent. We have seen the concerning results of VAD laws being enacted overseas, even with strict guidelines. I fear that a future socialist government in Australia will put an end to the lives of those it sees as a "burden on society", just as abortion laws in Queensland now permit abortion on demand, the killing of unwanted unborn babies right up to birth. I also fear the prospect of surreptitious coercion of the vulnerable by family members into giving consent. Recommendation:- We must aim to improve palliative care, home and nursing-home care, disease prevention and methods of pain relief rather than terminate the life of the sufferer. More attention should be given to the benefits of alternative medicine in preventing disease (such as dementia and Parkinson's), in healing disease (such as cancer), and in relieving pain.	

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E1652	Cecily	Mac Alpine	4819	2) Quality of care in aged-care facilities Adequate staffing:- A number of submissions spoke of the problems caused by inadequate staffing, for example, less time being spent with each patient, difficult patients taking up more of the carer's time resulting in quiet patient's needs being neglected, carers and nurses being run off their feet leading to exhaustion and health issues of their own, resulting in even fewer staff members to care for residents' needs. Recommendation:- Frequent, unannounced inspections to ensure that adequate staff/patient ratios are being maintained, with help offered to nursing homes that are struggling. The emphasis should be on helping them to maintain standards, not on punishing them for not doing so. Nutrition:- Most nursing homes realise the value of good nutrition, but it can be costly. One of the problems is the amount of waste. Perhaps smaller portions could be given to residents with smaller appetites. Also I would like to see nursing homes being allowed to provide vitamin and other natural supplements for their residents. If sufficient extra virgin coconut oil were given to patients daily many of them would soon no longer have dementia. Symptoms of Parkinson's disease would also disappear and general health improve. Such supplements would be cost effective. Recommendation:- Regular inspections with advice for n/homes as to how to keep costs down while maintaining good nutrition. 3. Staff in Aged-care facilities I am concerned that care staff in aged-care facilities are not being adequately trained before being employed. There is much that can only be learned 'on the job' but preparation is also very important. I am concerned that they are not being paid enough to do an often very stressful job. I am concerned that they are not always being informed of their rights as well as their responsibilities before commencing employment. Recommendation:- a) A review of training of aged-care staff with adequate on-going support for carers in employment. b) An immediate increase in wages. 4. Home care of vulnerable people I am concerned that carers of sick, elderly or otherwise vulnerable people in their homes are not being adequately screened before appointment, sometimes resulting in the abuse and/or neglect of the patient. One of my neighbours was beginning to suffer from Parkinson's disease and dementia. Her eldest son was appointed as her carer. He was autistic (Aspherger's Syndrome). He accepted the money but did little to care for his mother, on the contrary he abused her verbally, even in the presence of the Blue Care nurses, and physically as the bruises on her body showed what he did to her in private. She was eventually put into a nursing home against her will where she stayed for three years, her sons seldom visiting her, until on one occasion a visit was followed by her death. We do not know if it was a pillow over her face which sent her into shock and a coma but she died soon after. Recommendation:- Carers should be carefully screened before being accepted as carers of their relatives at home. Organisations such as Blue Care should be required to report any abuse which they witness to authorities. The nurses involved in my neighbour's case were themselves very responsible and gave good care to their patients. The organisation was at fault here.	No

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
1653	Kate	Russo	4850	I feel very strongly about the need for Voluntary Assisted Dying laws. I recently had first had experience of the limitations and cruelty of these laws with the death of my father last year from bowel cancer. Despite being terminal, and having all treatments withdrawn, he was forced to starve and dehydrate to death, instead of having a choice of how and when to die. It took him 22 days to die, as he wasted away feeling disappointed and helpless that he had no choice. It was heartbreaking for him, and devastating for us. We live in a caring society. Yet the existing laws forced unnecessary suffering on my father, and my family. It is a basic human right to have a choice about what happens to us when we die. Here is my story: My father died from bowel cancer, aged 70, on August 14 2018. Dad was fiercely independent, and had only ever lived on the family farm based 18km outside of Ingham. Being a farmer and also having mostly outdoor jobs requiring physical labour, he was extremely fit and active every day, and was healthy most of his life. He was married all of his life to my mother, had three children, and was a grandfather to three. From early 2017, he started developing bowel symptoms. After several months, he required emergency surgery for an acute bowel obstruction. During the surgery, he had an anaphylactic reaction and almost died. Along with a massive tumour, part of his bowel was removed and he required a stoma. It wasn't until he got home after his ten-day recovery that his cancer diagnosis was confirmed. But there was good news - it was early stage, and the surgery was successful in removing the tumour. He commenced chemo, and after a tough six months he was given the all clear and was scheduled for a stoma reversal. He hated the restrictions that his chemo and stoma had on him, and was looking forward to getting back to physical and outdoor activities on the farm. While waiting for his surgery, which kept getting canceled, he started again experiencing bowel blockages. Over time, he could barely eat or drink even small amounts, and his weight plummeted. He was finally admitted to Townsville Hospital and given TPN, where all nutrition is administered directly into the bloodstream, to rest his bowels to prepare for surgery. Surgery revealed the cancer had returned aggressively, and here were too many tumours and adhesions obstructing his bowel that nothing surgically could be done. He was too unstable for any further chemotherapy. All his options were gone. He was given up to six months to live. In reality, it was only three months, and those final three months of his life were horrendous. Following his surgery, he could no longer tolerate eating or drinking as his bowels no longer functioned. Any attempt resulted in painful blockages and vomiting. The TPN was keeping him alive in the hospital setting, but we lived 140km away, and to go home the TPN would be removed. We fought hard for him to remain on TPN, but were denied. At first he did not want to die. He tried to explore options for chemo, but being unable to eat or drink meant he was denied. He continued to waste away. We managed the best quality of life we could knowing that every day was precious. It was a very clear situation – without food or water, noone can survive. He did not have long to live. He reached the point where he had enough, and was ready to go. He made the decision to stop his overnight drip – the only thing that had been sustaining him for weeks. We thought he would die within days. But being so fit and healthy, his body kept going. And going. Once he reached day seven without the drip, he decided it was too much to continue to wait, and wanted to choose the moment to die. Together as a family, he discussed his wishes with a doctor. We were all shocked to learn that nothing could be done to help things along. Living was suffering, and he wanted his body to stop. But he had no choice – he had to wait until his body stopped. He felt utter helplessness and felt he had been let down so badly. Before, he had to fight to be given the options to live. Now, when he no longer had the energy to fight, he was forced to keep going. In the end he was forced to endure two more weeks of no sustenance. We watched helplessly, every day, as his spirit gave up before his body eventually ceased all function. In no way are we faulting the palliative care he received, which was exceptional. Our key frustration is the existing law that does not give the person dying any control over how this happens - one final act of dignity. My father strongly supported Voluntary Assisted Dying. Unfortunately, even though he was the one most affected in this situation, he had no voice, and no choice. How is it helpful for anyone to go through what my father did, or us as a family who had to sit by and watch? It was inconceivable to me that options to help him survive were withdrawn, but options to help him die without suffering were not available. I am grateful for the opportunity to strongly support the change in law to allow everyone the choice in this situation to die with dignity.	Yes

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E1654	Sharyn	Kerr	4132	Spend 24 hours in a palliative care unit or an understaffed nursing home and you'll see why this enquiry is absolutely essential. Personally, I am waiting for results to see if my wretched breast cancer has in fact metastasized to my liver. Treatment underway but not everybody survives. If the worst were to happen- I would want my choice to end my suffering before cancer slowly and painfully kills me.	Yes
E1655	Tony	Plucknett	4500	Issues currently under examination by the federal Royal Commission regarding the elderly and seriously ill can only be worsened by the adoption of by Voluntary Assisted Dying (VAD). Given recent issues/scandals against the elderly by "carers" supposedly acting in their best interests, how can we be sure that such a vulnerable group will not be vulnerable to abuse of VAD? Evidence from other countries shows that adequate safeguards are impossible, with children, mentally ill and other physically healthy people being granted euthanasia. I have a very strong personal belief in valuing and respecting human life. I was able to support my parents as they passed away. My Father in 2003 as a result of cancer and my Mother in 2018 due to health complications in old age. My Father died at home with the care and support of Karuna Hospice Services Ltd and my Mother in a residential aged care facility in the northside of Brisbane. Both of my parents were provided excellent end of life palliative care. They were comfortable, knew what was going on around them and passed away peacefully. Their doctors and nursing staff were well trained in providing quality end of life palliative care. Should VAD be introduced these very same doctors and nurses would be put into the position where they would be forced into ending some people's life rather than what underpins their training - valuing and respecting human life. There should be more investment into quality end of life and palliative care for all Queenslanders, not into VAD and the open licence to fully develop a culture that treats vulnerable humans as expendable. As well as the potential of coercion and bullying of aged and vulnerable people. I also witnessed the passing away of my wife's parents in the past eight years. Both of them died in the Palliative Care Unit of the Prince Charles Hospital in northside Brisbane. Again, they both received excellent end of life palliative care and the staff involved were wonderful, caring people. The issue here is that while this is an excellent service it is not very big, I think 10 beds at the time. If services like these were expanded and most support and investment provided there would be much more visible support for aged and vulnerable people in our community and little, if any, support for people to be terminated under the banner of VAD. My Submission Argument - That Voluntary Assisted Dying is NOT adopted. Rather more support and investment be undertaken into end of life and palliative care.	No
E1656	Joan	Hardy	4014	I strongly object to Voluntary Assisted Dying because it is ethically wrong and totally against my beliefs.	No
E1657	Barbara	Hardy	4014	It is morally wrong and against my beliefs	No

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1658	Neil	Muirhead	4304	I believe that elderly Australians and those with a terminal illness that is causing major distress should have the fundamental human right to decide for themselves when their life comes to an end. A recent Roy Morgan survey found that 85% of Australians are in favour of allowing a doctor to “give a lethal dose when a patient is hopelessly ill with no chance of recovery and asks for a lethal dose.” (Roy Morgan, November 10, 2017. Finding No. 7373). Other surveys show support for voluntary doctor-assisted dying for terminally ill patients ranging between 66% and 85% over the years from 2007-16. (Colleen Cartwright, Emeritus Professor, Southern Cross University, and Charles Douglas, Senior Lecturer in Clinical Ethics and Health Law, University of Newcastle. In The Conversation, May 1, 2017, updated February 28, 2019). I personally experienced the slow and horrific death of my mother from stomach cancer. She lay dying in a hospital bed for 3 months after the doctors ceased treatment of the cancer because there was nothing more they could do to treat it. By the time she died she had the appearance of a skeleton covered with skin. She remained lucid and rational until close to the end. She frequently expressed the wish that the doctors would end her suffering. I profoundly believe that no human being should be forced to endure such a death. In addition, I believe that elderly people whose quality of life has become so poor that life has become unbearable for them should also be entitled to request assistance in ending their life. Such people may be constantly sick and in pain. They may be bed ridden, and thus require the assistance of nurses, medical staff and family for things like eating, using the toilet, changing clothes, and bathing. This can be very degrading for people, and many do not want to be a burden or remembered by their family in such a way. Such people should be given assistance to die with dignity if that is their expressed wish. Giving them the opportunity to choose when they die and how they die lets them take control of their own life. Opponents of euthanasia of any kind argue that once it is legalized the controls over who can access it and who administers it will inevitably become loosened and the system will be misused and/or abused. This is what is known as the “slippery slope” argument. Currently euthanasia of some description is legal in these jurisdictions (with the year it became legal): Switzerland (1942), Oregon, USA (1997), The Netherlands (2002), Belgium (2002), Luxembourg (2009), Washington USA (2009), Montana, USA (2009), Vermont, USA (2013), Province of Quebec (2014), Colombia (2015), California, USA (2016), Canada (2016), Colorado, USA (2016), Washington D.C., USA (2017), and Victoria, Australia (2019). Voluntary assisted dying has been legal in some of these jurisdictions for some time, and there is no credible evidence that it has been abused in any of them. The Journal of the American Medical Association is a peer-reviewed medical journal published by the American Medical Association. In 2016 it published an article “Attitudes and Practices of Euthanasia and Physician-Assisted Suicide in the United States, Canada, and Europe.” The article concluded that “Euthanasia and physician-assisted suicide are increasingly being legalized, remain relatively rare, and primarily involve patients with cancer. Existing data do not indicate widespread abuse of these practices” (JAMA. 2016 Jul 5;316(1):79-90). The Victorian legislation has extremely stringent standards that must be met before permission for voluntary assisted dying can be granted, with 68 safeguards in place in the legislation. In respect of the Victorian legislation, in 2018 David Copolov, AO, Professor of Psychiatry and Pro Vice-Chancellor, Monash University, and Julian Savulescu, Uehiro Chair in Practical Ethics at the University of Oxford wrote an article called “Victoria's voluntary assisted dying law isn't on a slippery slope” in the Monash University LENS. They wrote that "There are several other reasons to believe that the road ahead will not be a slippery slope for the Voluntary Assisted Dying Act. The foundations upon which the legislation is based are extremely strong, solidly grounded on understanding public sentiment and accessing wide-ranging expertise." (Published 14 August 2018).	Yes
E1659	Eron	Poidevin	4017	I am 83 years of age and have dementia I am in the care of my wife a nurse of many years. I am aware a fundamental need exists in the community for appropriately trained staff to service the aged.,infirm and those requiring palliative care. It is my firm belief that these needs can be met with optimum outcomes if fully implemented , that is a caring sustaining environment	No

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E1660	Teresa	Gittins	4012	In response to Question 25 of the Issues Paper, I believe that voluntary assisted dying (VAD) should not be allowed in Queensland. Every human life has inherent value which and, as such, should be protected. This includes the lives of the handicapped, aged, sick and dying persons. Indeed, these people deserve our special care and concern as their situation often leaves them more vulnerable and reliant on the care of others. Even if euthanasia is freely requested by people of sound mind, the choice to die in this way gives dangerous public witness to the idea that there is such a thing as a 'life worth living'. This tempts society to make judgements about the lives of other sick, dying, disabled or elderly people in similar circumstances and can lead to abuse, manipulation and erosion of care for the most vulnerable people among us. Voluntary assisted dying is the intentional killing of a person by act or omission. If VAD were to be legalised it would mean that ultimately there would be bureaucratic standards which dictate whether somebody should live or die and whether somebody's life was worth living or not. In effect, VAD would become state-sanctioned killing of those members of society whose lives no longer have value and whose lives no longer need to be protected, as decreed by a third party. This is hugely problematic and overseas examples have shown that it is practically impossible to frame and enforce safeguards restricting euthanasia to the point where it is no longer terminally and chronically ill adults whom doctors are assisting to die but indeed mentally ill and depressed people (Luxembourg), children (Belgium) and newborn babies with birth defects (Netherlands). In all of these cases, these lives have been considered as not worth living by the state. It is my belief that our governing bodies and medical institutions should strive to value and protect every human life, regardless of age, ability or health. Our elderly, sick and dying Queenslanders deserve our compassion and high-quality aged care and palliative care. In the face of despair and suffering, the onus on our governing and health authorities is to try to eliminate the suffering by treating the symptoms, including depression, rather than to eliminate the sufferer. We can and must do better than this in Queensland. Every person has value regardless of age, ability or health.	No
E1661	Linda	McClelland	4121	I am not a member of any organisation working towards the introduction of Voluntary Assisted Dying within Queensland. However as an interested Queensland resident, who has witnessed up-close the death of family members receiving excellent palliative care, I have read extensively around the issues and wish to express my full support for the position statement from Dying with Dignity Queensland (https://dwdq.org.au/position-statement/) and their 17-page submission to your committee. I do not feel qualified to add anything substantial to DWDQ's very thorough submission, but would just like to make the follow short reflections arising from direct experience: -Whilst I acknowledge that high-quality palliative care is essential, there are limits to the extent that even the best palliative care can relieve suffering. -Claims that palliative care can alleviate suffering are overly focused on physical pain. There is insufficient acknowledgement of the burden of psychological and emotional pain inflicted by being forced to go through an extended process of dying, and by the appalling symptoms and indignities that can accompany the last weeks or months of some illnesses. -There is no good reaon for forcing a person to go through the extended process of dying against their wishes, or for living with a condition that they find intolerable. Objections to VAD based on concerns about coercion or the devaluation of life can be addressed by sound practice supported by good legislation. Objections based on religious beliefs have no place in public policy.	Yes
E1662	Kathryn & Phillip	Taylor	4741	Everyone should have the right if they have a terminal disease,to die with dignity	Yes
E1663	Jacob	Knaap	4130	Please let people for themself decide how they want to die.Let not someone else's religion be a factor in my decision. Therefore a referendum would be the only way to get a honest answer. I know for sure most people I talk to are of the same opinion.	Yes
E1664	Hendrika	Knaap	4130	I like to decide for myself how the end of my life is going to be. Let not someone else's Religion stand in the way of my decision please. Therefore the only honest answer will be through a referendum.	Yes

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1665	Alastair	Scarr	4350	I support assisted dying under certain conditions. Human life is a special gift to be protected and enjoyed. Death is an inevitable part of life. There are conditions where suffering is greater than anything that may be offered by loved ones, faith or medicine. Where we have the means to end such suffering it is ethical, kind and appropriate to allow that person to die in comfort and on their own terms. My very beloved uncle suffered with motor neurone disease. There exists no meaningful relief. Due to a lack of options he chose to suicide. This resulted in additional stress for family as a police and coronial investigation (appropriately) took place. I recall thinking that I hope, if I'm ever in his situation, I would have the courage to kill myself. I hope I'm never in such a position. I may not be able to prevent myself or others developing a terminal condition. But I hope my words might help change our law, so that I might have more peaceful alternatives than my uncle.	Yes
E1666	Gill	Boswell	4116	I think if you are lucky enough to die surrounded by professional medical staff who engaged in helping you be more comfortable in the dying process then that is great, I saw this happen with my mother who died recently. But there is no guarantee of this. You hear terrible stories of people who die in agony. I also don't want to prolong my life, its not fair on medical staff, family on the individual (I.e. myself)	Yes
E1667	joan	Morrissy	4014	I believe voluntary assisted dying is not the right way for Queensland to go. I believe more money should be put into caring for the sick and elderly and allow them to have better quality life. It is possible for the sick to live with dignity if the right medical treatment and help is available.	No
				We need to have that legal right of Voluntary Assisted Dying. It is a basic right of a person to not to suffer, have pain, and medical interference against their wishes. Voluntary assisted dying should be made available to the person wanting to end his or her life after being diagnosed with a terminal illness and a few months to live. Palliative care aims to make life as comfortable as possible, with the focus on quality of life. However, there are situations where not having a legal right to end your life only prolongs suffering. My husband died in August last year, from stage 4 bowel cancer. He could no longer eat or drink, and all he experienced was pain, vomiting and nausea. He really wanted to die at home on his terms, but that was not to be as we were remote and couldn't make him comfortable as he needed to be. My family was fortunate as we could stay in palliative care room 24/7 at the local hospital so we could be with him. He was disheartened when he enquired about ending his life within his control, and the doctor said there was nothing he could do in that regard because of the existing laws, which in this situation sounded inhumane. He was forced to die slowly, from starvation and dehydration. What is the purpose of forcing life when there is no living to enjoy? Each day he would say [redacted]. another day to go through this. I've had enough of this." No amount of pain relief could give meaning in such circumstances. He had already said his goodbyes. He was even joined by his two life-long mates to have that last drink together - even if it did kill him. It didn't. For 22 days he wasted away, with no sustenance. Although he was ready to go, he was forced to wait for his body to cease while he slowly lost his dignity and control. And we as a family were forced to watch. It is not easy to see someone you love die. You feel like crying to the world, but you are strong for them and you try not to let your helplessness override you. They are the one suffering, and you don't want to add to the suffering. But the laws made the situation intolerable.	

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E1668	Teresa	Russo	4850	I watched him go from a fit and active man who handled his life with dignity and control, to skin and bones. He was not the man he was, not the husband I knew. I was forced to watch him die from dehydration and starvation. In the end he didn't know that we were with him as he drew his last breath. My lasting impression is of how he suffered and lost his dignity as he lay wasting away. This has made my grieving for him so much worse. You would not let a dying animal suffer, if you did that would be cruelty. So where is the justice that forced my husband to suffer for 22 days, until he died from dehydration and starvation. The laws that are meant to protect people forced him to endure cruelty. The law is wrong and needs to change. Because of the existing laws, my husband didn't have any say about his death. He clearly was terminal, yet he had no control of the suffering he experienced. He should have been able to die within his own control, when he wanted, knowing he was surrounded by his family. He should have known he would drift peacefully away. Laws should protect from suffering, from being forced into humiliation, loss of awareness, and loss of dignity. Current laws create these situations, not protect from them. I have a right to die with dignity and to be aware of the love of my family surrounding me. This should come at a time when I am still able to acknowledge them. I have a right to choose when I can close my eyes for that final peaceful path. It is my decision when I die - my life, my feelings, my choice.	Yes
				I am not in favour of euthanasia. My reasons are that firstly; others make the decision for other people with very little empathy for their particular situation. My brother's experience was that he was being treated for cancer. At a certain point, he had exhausted all methods of treatment and was given only a couple of weeks to live. He was classed as palliative and was immediately given very high doses of morphine without asking him or his partner. When he asked why he was suddenly feeling so terrible, he was told that this was normal hospital procedure. He immediately checked himself out of hospital and weaned himself off of all morphine. When he had to go back to hospital, he negotiated with them to only give him low rates of morphine. He then retained his sharp presence of mind to within half an hour of his passing away. This example shows that when others make life or death decisions for others, that they don't always have the best interests of them in mind. From the hospitals point of view, they need the bed space so they try to hasten death. They also think, that from their point of view, that patients would want to die quickly and have as much sedation as possible so they were not able to think clearly about their immanent demise. My second example is that of my wife. She was diagnosed with cancer by our GP doing a test that showed she had cancer before she had any symptoms. We were living near a country town and had to drive for an hour to get treatment. After some cycles of chemotherapy, the oncologist told us that our doctor was very wrong to use that test. When we asked why, he said that in his opinion, it would be better having an extra month of the blissful ignorance of not knowing about the cancer, and then dying quickly. After that revelation, we felt we had to find a different oncologist, and seeing that the only other oncologist in that region also had a poor rapport with patients, we then had to travel three hours' drive to go to a capital city where we could find an oncologist with some true empathy. My wife was glad of every minute that she could spend with her children. She was able to participate in both her sons' weddings and also hold two newly born grandchildren in those three years that she had between diagnosis and death.	

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E1669	Charles	Bazley	4500	My third example is that when my wife was declared palliative, the doctor in the hospital called me into a meeting with another doctor and nurse and they all tried to talk me into giving my wife very high rates of morphine to hasten her death. However because I knew what had happened to my brother, I strongly resisted. However it was not pleasant because I felt that they were ganging up on me and using their power as doctors to try to force their opinions on me. They did not seek to ask my wife either which I thought was disgusting! My second reason is that it has a negative effect on society. My example of that is my nephew who committed suicide. He was only young in his early twenties and suffering extreme depression. He was very close to his mother and she thought that their love for each other would keep him from doing anything rash, even when he mentioned to her that he wanted to go to Bunnings and buy some rope. She just laughed it off. Unfortunately many including me in our wider family did not know that he was suffering depression, although we don't know if wider family support would have helped, but it certainly would not have been a bad influence on him. Unfortunately he followed through on his suggestion and got some rope and ended his life. This has had a devastating effect on his mother. If there was euthanasia in our society, there would be an even more powerful influence on young people to end their lives. It has been documented that those whose suicide attempt is unsuccessful are usually very grateful later, that it was unsuccessful. The other point that this brings up is how will one define when it is justified to end one's life? Will depression be a reason? Depression is often hard to diagnose. My third reason is that it puts undue pressure on medical staff who have to supervise and assist people, or maybe even have to be the one, to take someone's life. Every person's situation is different and it is hard for an outside person to know all the factors as to whether to say "yes this person should die …?" or "no not this one …?" Medical staff are often sleep deprived, and they all have different personal beliefs, and so should not have to be in a situation where they have to make decisions with a pressure of time without knowing all the facts; or contrary to their beliefs just because some politician says that they have to.	No
E1670	Adele	Barnes	4670	Voluntary Assisted Dying, Euthanasia, should NOT be allowed in Queensland. The high level of suicide rates is already appalling and now some people want killing yourself or asking others to kill you to be considered morally acceptable and to be made lawful! They wrongfully assert that the alternative is an agonising death but that is not true as all pain can be mitigated with good palliative care. My mother passed away at 95 after a long illness. She was lovingly looked after by family and nursing staff and died very peacefully with palliative care. If euthanasia is legalised then life will change, there will be "slippery slope". The vulnerable will feel uneasy, the push to make euthanasia a right will be inevitable, the frail and aged will feel obliged to volunteer and our values as a community will shift. The Australian Medical Association is against euthanasia of any kind.	No
				Both the Australian Medical Association and the World Medical Association are opposed to euthanasia of any type and this includes assisted suicide. Best medical practice involves the highest ethical standards whereby doctors operate with integrity and seek out all means to save lives and heal sick people. Euthanasia and assisted suicide are incompatible with the doctor's pivotal role as a healer as well as the Hippocratic Oath whereby they are bound to uphold ethical standards of practice and ensure they provide optimal life-giving care to their patients. Those in favour of pushing the euthanasia agenda falsely assert that terminally ill patients are left to die agonising deaths with no sense of dignity. The truth is that good palliative care practices allow for patients to have almost all their pain mitigated and to receive compassionate and dignified care. Doctors are called to a life of service that respects and values all human life, and that calls for them to eradicate the pain and sickness of their patients not to eradicate their very existence. There is no dignity in taking your own life or having doctors take it for you, and certainly no dignity in being known throughout history as the 'throw-away' society for not just material possessions, but our very own civilians – our sons, daughters, mothers, fathers, and so on. One has only to look to Europe to see how the legalisation of euthanasia has led to serious manipulation and abuse despite so-called 'safeguards'. In the Netherlands, these safeguards are regularly ignored with euthanasia now tolerated for babies born with a disability, for teenagers experiencing mental problems, for those suffering from Alzheimer's and dementia diseases (who cannot consent) and for those who may be experiencing an episode of temporary depression and wish to end their mental anguish. In addition, Belgium is now euthanizing their children as they slide further down the slippery slope into utter barbaric, uncivilised and murderous practices. Where is the example of humanity, compassion and dignity in these cases?	

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E1671	Confidential				No
E1672	Judith	Gisler	4280	As a registered nurse who has worked in aged care, I am very much in support of voluntary assisted dying. Pallative care however well managed is a very undignified way of end of life and seen many symptoms that cant be successfully managed.	Yes
E1673	Confidential				No

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E1674	Confidential				Yes

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1675	Jenepher	Bowler	4122	Look past your preconceived ideas about the idea of God or whoever only having the right to choose when death occurs and think about the humane idea of people with no quality in earth. These people are experiencing a living death and should have a right to decide themselves. Please consider this	Yes
E1676	BARBARA	JONES	4055	I write both from a Registered Nurse perspective, and from watching my beloved sister die a slow, undignified death at 60 years of age from early onset dementia which was diagnosed when she was 53 years of age. I carry the genetic risk of developing this horrific disease, and also have experienced a cancer diagnosis. I am currently in remission, with a diagnosis of stage 3. Each experience from my nursing career, my experience as a family support person, and my own has left me with no doubt in my mind that the current palliative care services and treatment options are woefully lacking in caring for patients through the current 'palliative care' service/system. Regardless of how well-meaning the caregivers are, there is no way to manage the absolute tragic outcome of allowing our fellow human beings to go through an undignified and painful death. There is currently no choice they have but to starve to death when nutrition is withheld according to a choice that family members have to make on their behalf as it is the only one offered to shorten their death. I believe society will look back at how our fellow human beings have been denied a dignified and painless death and be very very ashamed to recall this period in history. There must be a way we can progress humane management for people such as my sister. The memories of how terribly helpless her loved ones felt are etched in my memories forever. I felt I failed her as her sister and as a registered nurse. Please rectify this.	Yes
E1677	Rita	Mactaggart	4740	I support voluntary assisted dying and would like the laws changed so that myself and family can choose to end the suffering should we be terminally ill and dying in pain anyway. My father died over a period of three weeks after being demented for years. When he was a grazier he would not have let his sheep dog suffer so. Please listen to kind hearted people. Put the checks in place. Take away the taboo about death. We will all die one day anyway. Why suffer more than necessary?	Yes
E1678	Michael	Fordyce	4154	We are faced with an ageing population and thus there will be an increased need for services to assist those less able to help themselves. This means there will be an increased demand for affordable residential aged care facilities - and this will be exacerbated by the increasing number of retired people who will be living in rental accommodation and who can no longer afford the ever increasing rents. Governments at both state and federal level should be doing more to provide low cost or affordable housing (as well as aged care) as otherwise we are going to find more and more of our older population become homeless. It should also be recognized that along with an ageing population many are still able to look after themselves for longer and for those fortunate to own their own homes, there should be tailored home-care packages to allow people to do so. And if there were more affordable "council houses" this would also allow more people to retain their independence. We have seen many cases of abuse in aged care facilities and this highlights the lack of training and resourcing of staff. While no abuse can be tolerated it becomes understandable if there are underpaid, badly trained staff working long hours in what must be stressful situations. Thus we must lift the standard by ensuring adequate staffing levels by those with proper training. The major issue is palliative care and much more must be done in this area to provide more resources to ensure high quality for those nearing the end of life. And this does not include voluntary assisted dying (VAD), or euthanasia, and to even consider the intentional killing of a person whose life is considered not worth living should be a grave matter of concern for us all. "Dying with Dignity" is a phrase often used by those promoting VAD but we can provide a dignified end to a person's life if we provide the necessary resources to those who provide palliative care with love, care and compassion. And we do not want our older members of the community to feel they are worthless or to be pressured into feeling that they must end their life because their life has become valueless. Just like another piece of garbage to be thrown away. Proponents of VAD claim that safeguards can be built in but evidence from overseas indicates that no matter the safeguards there will still be cases where someone feels pressured to accept they are "worthless" and have become a burden to their family or society - and no person should ever be put in that situation. So the answer to No. 25 - Should voluntary assisted dying (VAD) be allowed in Queensland? Is an emphatic NO!	No

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1679	Confidential				No
E1680	Confidential				No
E1681	Confidential				Yes

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1682	Paula	Robinson	4751	I would like to encourage the committee to ensure that the aged and the dying of our community are looked after and treated with true dignity, and that they have their needs met by the providing of effective medical and palliative care. I am against euthanasia and medically assisted suicide. I am concerned that people in a vulnerable state such as the elderly, lonely or sick would feel pressured to request to be euthanised. Legalising euthanasia will open the flood gates to all sorts of abuse of trust and will lead to non-voluntary euthanasia. It will damage the trust and confidence a patient has in their doctor and the health care system. I have already noticed a hesitation of elderly persons to go to hospital in fear that they will be "put down". I would like to see more Government resources put into palliative care where the individual needs of the patient can be provided for and a person can die with true dignity.	No
E1683	john	Greathead	4014	Please do not make voluntary assisted dying legal in QLD. Rather please ensure a properly funded palliative care service is available to all those who find themselves facing a terminal illness. The measure of a society is how well we care for our marginal and our disadvantaged. Let's work much harder to support those who are nearing death with proper palliative care.	No
E1684	Beverley	Bossy	4018	My submission is about voluntary assisted dying. As a nurse working with people with chronic, long term conditions, I have witnessed too many protracted, painful and distressing deaths. I have sat at 3am holding the hand of a 65 year old man with end stage heart failure - not yet terminal but in abject despair because he had no prospect of a cure whilst his contemporaries were planning their retirements, travelling and enjoying life. He had totally lost control over his life. How kind it would be for him to be able to decide when and how he would die, instead of gasping for air and unable to perform even the most basic activities of daily life. Another woman with chronic blood cancer had elected to stop all treatment and was admitted to hospital to die. She wasn't in pain but really wanted her life to end - it took a few weeks and every day she was in despair that she was still alive. There are so many more people that spring to mind as I type these words, people whose last days were spent in hospital being given palliative care - essentially being kept in a semi comatose state by pain medication whist their family members watched and waited and faced all the stress of watching their loved one die slowly and unable to communicate. The voluntary assisted dying model makes so much sense, on moral and compassionate grounds. Please do all you can to implement the process.	Yes
				I thank the committee for the opportunity to respond to this very important inquiry. There are many different and varied aspects that contribute to this inquiry and I respectfully urge the committee to consider that this is not a black or white issue. It can be a very emotive issue, while at the same time, it is a vitally important issue for all Queenslanders. All citizens deserve the best medical care we can provide. In many instances there are huge gaps in the aged care and disability sectors in what care can be realistically achieved and the level of care expected. Aged care and disability services desperately need a huge influx of trained and competent staff to be able to provide the care that is needed. Particularly, many people wish to remain in their own home environment for as long as they possibly can and while adequate care can be maintained. It is inordinately more cost effective to provide in-home care than it is to build and maintain institutionalised care. I would urge the committee to heed the voice of the community and provide more funding for training, resources and personnel to enable this sector to tailor individual care plans. When aged care and disability services work well, there is harmony within the community, within staff and, most importantly people receive the health care, social and emotional assistance they need to be able to function with a degree of autonomy. Voluntary assisted dying is a paradox to good health care. It assumes that the medical profession, nursing and community agencies are not capable of supporting people through the dying process, which has existed since the dawn of time. It is unconscionable to expect that medical practitioners and nursing staff would be expected to participate in actions which destroy life, given that their very nature is to promote and maintain life. In fact, the Australalian Medical Association (AMA) states in quite explicit wording on their official website that they do not support voluntary assisted dying. In other regions around the world where voluntary assisted dying has been legislated, there has been a common and standard experience that this legislation has been abused. The right of human beings to live without discrimination as to their usefulness to society is a paramount right. When any person's existence is devalued and allowed to be eroded, then society has failed. There are numerous reports published worldwide that confirm that, once voluntary assisted dying legislation is enacted, then humans deemed to be inferior are simply euthanised.	

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E1685	Janette and Austin	Dobson	4700	That is not a scenario we should contemplate for Australia however, once enacted, this legislation has been proved to be abused resulting in increasing rates of death or suicide. There are very few patients whose physical pain cannot be relieved to a bearable level with the array of pain-relieving medications available today. Built resistance could enable all of us to enjoy the life we have, whether it be longer or shorter. From worldwide experience it appears that, once VAD is enacted, it is extremely liable to exploitation in that the conditions or reasons or conditions eligible for euthanasia become very fluid and sometimes almost trivial. I personally do know what it means to live life with chronic pain. It can be difficult, but it does not prevent me from living a very full and fruitful life, involved in volunteering with a number of community organisations. Many groups have been working very hard to ensure that all life is respected, among them organisations such as BeyondBlue, or GROW and a myriad others, that attempt to help the community recognise when a member is not coping as well, or is at serious risk of harm. If we can be proactive in reducing harm and supporting each other in the community, why would we even contemplate that anyone's life is not worth living. Voluntary Assisted Dying is a terrible misnomer for murder and it should have no place in Australian society. I myself (Janette) live life with a chronic illness Psychological, mental and social pain is quite real too, but the inquiry would be wise to promote programs or activities that build and strengthen resilience within the community, rather than seeking to extinguish life. Euthanasia is not an easy solution. There are many facets to the life of each person, not least personal, familial or communal. The life or death of each of us effects the whole of society. If we can provide adequate pain relief, good social supports, built resilience in the face of disappointment or altered circumstances, then we should be able to support each member of our community from birth, through a life lived fully, to the natural progression to death.	No
E1686	Coral	Schwager	4680	When people have suffered enough, people should say that they are ready to go. If you know that your health issues are going be long, painful, suffering.. which causes pain and suffering to you and your loved ones.. then you should be able to decide enough is enough.	Yes
E1687	Beryce	Nelson	4313	After watching two people close to me die very slow and painful deaths from terminal conditions I strongly support the move to legislate to allow such people to have the opportunity to die with dignity. I would also support a move to allow older people suffering from painful and untreatable conditions to be allowed to end their lives with dignity.	Yes
E1688	Confidential				No

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1689	Loris	Doessel	4626	The construction of suitable self-contained homes to enable those who can self-manage to age in place is essential. Our small town of about 2000 residents is in dire need of such suitable accommodation so that people do not have to move hundreds of kilometres to take up possibly available accommodation elsewhere. My research has shown that such a two-bedroomed home would cost approximately $350000 to build. These homes could be happily inhabited by two people with access to visiting carers but must be built in reasonable proximity to paths to shops and doctors etc to enable people not to become "shut-in". With the aging population and the miracles of modern medicine, I believe it is not possible to provide enough staffed accommodation homes to meet future need. As an example, should care staff ratios need to be 1:5 (which I would consider low in dementia cases), that would mean that 5 residents would have to fund 3 wages (shifts) per day on top of all the other expenses of living in a residential facility. It seems that the current alternative is a nursing home or retirement village room, where available. This is extremely disheartening and reduces quality of life for those who can still manage themselves and are not extraverts or of an inclination to herd. Twelve years observation of my paraplegic mother in her unit of a supported care village does not inspire me with confidence in the happiness of inhabitants, not because of staff quality but because of the numerous illnesses, personalities and capabilities that are clustered together. No amount of increased staff ratio will change the fact that competent and intelligent people are forced to live with mildly to severely demented people while they "wait for God". It makes no-one happy. I believe that people afflicted with more than mild dementia should be provided with the option of more spacious "nursing home" accommodation in a rural area (land is cheaper) with large gardens and maybe neighbouring childcare or animal paddocks to give these people something to enjoy watching. I further believe that the staff needed for this type of accommodation are more likely to enjoy their job and quality of life if working in such a place because it takes a special sort of person to care for dementia patients. Training is not enough. They must have the right personalities.I believe that if the surroundings are more calming and home-like the residents would be easier to care for and may themselves enjoy life to the best possible level. I believe that reasonable to quality of life is essential and consideration of ways to provide this must be taken in the near future as numbers swell, available places are taken up and residences become unsuitable for people who are no longer active in body / mind or both. It is cruelty to herd all animals together in a field and provide sustenance and a vet while calling this care. There is much more to care than providing what ticks the data boxes. Forget the data boxes and let people make people happy. It should be observable without more red tape and reports. In the world we now live in, word gets around about unsuitable accommodation. Please let there be a whole new design of accommodation to meet future need. On the matter of Voluntary assisted dying, it is time for Australia to come together with the same set of rules throughout, enabling volunteer assisted dying when there is no chance of recovery from a miserable and painful condition that cannot be relieved by reasonable palliative care. I believe Victoria's laws would make suitable guidelines. If you can tell me why someone should linger in agony because medicine can keep them alive for a few more days, weeks or months, it had better be a good explanation. Please consider quality of life as considered by the people enduring it rather than those who criticise from an uninformed and unempathetic distance. The pointless suffering of the individual, their family and those who nurse them must be considered. This is not asking for general euthanasia, it is asking to enable a sufferer's wish to end their own suffering.	Yes
E1690	Elisha	Willix	4035	Let people have a choice to die with dignity.	Yes
E1691	Lydia	Treloar	4285	Letting a person die is not humane. Each organ shuts down and the family are also left traumatised watching as their loved one cannot function. It's a long hard process to die and people deserve the right to die with dignity. Unless you have lived this you will never understand how horrible it is. If a pet gets sick you get the option to put them to sleep as they will no longer suffer and they cannot fix them the same should be given to humans	Yes
E1692	Margaret	McMaster	4504	Regarding VAD being allowed in Queensland. I have a strong objection to euthanasia , the truth is that euthanasia is really assisted killing. Homicide should never be legal. What is required is for the government to put more money into the palliative care budget to provide additional medical care specialist,so that all Australians can receive the end of life care they deserve. Euthanasia. that is assisted killing, is the ultimate form of elder abuse. The misnomer "assisted dying" hides what euthanasia really is	No

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				1. The aged care system is partially meeting the current needs of Older Australians through the provision of CHSP, HCP and RACF services. CHSP services are first entry to homecare services until a person can get a HCP; although HCP waiting lists need to reduce (i.e. time of assessment to time of allocation). Centralising assessment is positive via MAC although it still is a pain point for users and selection of service providers arduous if you don't know how to migrate around the system. RACF staff to resident ratios need urgent attention. Palliative care funding for community homecare needs to be reviewed to allow greater number of people to die at home if that is their wish. This funding should consider inclusion of other services that complement the existing health professional services (generalist and specialist) e.g. end of life doulas). Since inception of MAC - there is a distinct lack of client continuity particularly in the CHSP funded arena. The assessment and allocation process via MAC has led to multiple different service providers being involved for individual CHSP clients. This is extremely confusing for the client and their families when the client then undergoes a form of 'reassessment' by the variety of different organisations supplying the services; multiple documents / charts / careplans in the client's home; multiple invoices (client co-contributions) due to the variety of service providers. Prior to this system (MAC) - there often was a primary service provider who coordinated the client's services. Centralising HCP (CDC and via MAC) so that providers don't get direct HCP allocation - has been a positive move as has CDC; as this now means package utilisation is being maximised for those person's across Australia who need a HCP. 2. Wait times for HCP allocation as above statement. There needs to be a review of a) management of surplus funds; b) basic daily fee charged; and c) removal of Level 1 HCP (basically another type of CHSP service but at a greater cost to the consumer). Re the basic daily fee (BDF) – no need to charge this fee when there is a build-up of a surplus which is often not being used; and the admin for organisations is burdensome. Also there is the option for if a client needs more services then to a) get reassessed for a higher HCP or b) to pay for private services which may be cheaper in the long run than paying the BDF. 3. Standards of home care provided. Elder abuse in residential is mandatory reporting. In home care settings it is not. It is up to the organisation to have in place robust policy and procedures for elder abuse in the community. Many organisations consider elder abuse as a critical incident (which it is) but it is not mandatorily reported externally like it is in residential care. This is a significant flaw in our system and we are letting down some of our most vulnerable community. 6. HCP –there are insufficient number of packages based on the reports of waiting lists particularly for Level 3 & 4. Suggest abolish Level 1 funding by either allocating these funds to Level 3 / 4 HCP or creating a Level 5. 7. Insufficient staff in aged care sector to meet current and future workloads. RACF often have a revolving door of staff; or staff working longer hours than they are paid leading to 'burning out'. Disparity in pay, superannuation, entitlements is a real issue in workforce attraction and attrition in both residential and home care settings compared to e.g. Qld Health funded positions. The ageing workforce is an issue in home care e.g. personal care workers undertake the more strenuous physical tasks e.g. personal care & domestic duties. Organisations who focus on staff wellness programs may find their workforce attrition and accidents/incidents reduce due to an improvement in their health and wellbeing; albeit still an ageing workforce. 8. Skill mix - More RNS required per shift in residential care. There are consistently unsafe and unsatisfactory RN to resident ratios. This needs urgent review. 18. & 21 Current palliative care services do not fully meet the end-of-life needs for clients and their support persons. Mixture of insufficient funding; prognosis limitations of "3 months"; need to explore other supportive roles in end –of-life care ie. Pall care doesn't necessarily mean there is a need for greater nursing services - but a need for services that support the dying person and their support person/s spiritually, emotionally etc). Terminology is very important. The word "palliative" is either unknown or holds a variety of different connotations for people.	

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E1693	Jacqueline	Williams	4122	19. Gap = Limited support in grief and loss for the support person/s - anticipatory grief and post-death of a loved one. 20., 21 & 24 We need to consider inclusion of death and dying; and conversations around these topics as a mandatory part of health professional, health worker and community education. The government needs to consider talking about death and dying as part of school curriculum. Particularly with the ageing population. We are a death phobic, death illiterate society which by default places 'barriers' in purposefully planning, discussing and preparing for end of life. Needs to be a growth in Compassionate Communities social movement. VAD - if it is legalised in Qld - supports only some people who meet the ‘eligibility’. I support VAD as long as there is rigor to the process. Victoria leading the way. As a nation, we have yet to address or provide adequate palliative care services for those persons who cannot - due to illness or accident - suffer from conditions that are life-limiting, non-curable and whose quality of life is questionable e.g. advanced dementia, catastrophic strokes and brain-injury etc. VAD criteria seems to exclude these important members of our society who can't enact the requirements for VAD. There needs to be community understanding informed choices about pall care options for these members of our community.	Yes

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E1695	Alan	Sayce	4810	At the young age of 15 I had to watch my mother die in agony, many times over a 2 year period, pleading with Dad and i to put her out of her misery, I remember kneeling down the side of her bed praying to God to take her, then feeling terrible guilty about it, at one time i walked in just in time having to fight with Dad, who looking back now must have been physically and emotionally a broken man [redacted], We never ever spoke about that incident again. I can vividly remember the day mum died, watching her rolling around and making unintelligent noises, eventually dying with her face all twisted up and mouth open in a snarl in obvious agony, it would have been a lot kinder for everyone involved if she could have had assistance, she would not have gone through all that agony. We volunteer in and around cancer wards and as good, skilled and dedicated the staff are ,they don't always have the answers	Yes

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E1696	Joseph	Bette-Bennett	4500	I'm strongly in favour of allowing terminally ill people access medical assistance in ending their own lives. We recognise when our pets are suffering and allow us to euthanise them to end their suffering despite the pain that it causes us. Having euthanised two loved pets in the last year, I can certainly say that this was not an easy choice but something that I feel was correct. If legal, it's something that I would do for a loved human, despite the heartbreak I would endure. I'm also firmly of the belief that the resistance to this choice comes from peoples' religious beliefs rather than any evidence based studies and I don't understand why a country that espouses freedom of belief allows other people's religious beliefs to prevent me accessing medical assistance. I am confident that this government can draft laws that protect the vulnerable whilst allowing us to make our own decision about end-of-life choices. The truth is that people are currently making the choice to end their lives without medical assistance or are travelling overseas to obtain that assistance, leaving those too poor or too infirm with no choice but to wait for the inevitable without assistance.	Yes
E1697	Liang	Seow	4073	I appreciate that there is suffering on the part of the dying but in today's age and with the advancement of palliative care, that suffering is very much alleviated and one is given the opportunity to die naturally, gracefully and with dignity. We should not be "playing God" in deciding the time and place of one's death. Furthermore, there is also the chance that God may divinely intervene and bring healing to the dying person in supernatural ways. So we should let God decide on the final outcome of one's life. If we allow voluntary assisted dying, then we start to embark on the slippery slope of deciding who lives and dies in the future when one has outlived his/her purpose in life. So I respectfully request the committee to consider this very serious issue and not allow voluntary assisted dying in this State of Queensland.	No
E1698	Lyn	Giddings	4626	Lyn has lived in a supported living retirement village since becoming a paraplegic 12 years ago. She chose this option as medical advice was that she would be unable to care for herself but she did not wish to "burden" her children and their families. As it happened, Lyn was able to "purchase" a unit at the village but this has somehow made her ineligible for receipt of rental allowance with her pension despite the many fees associated with her "home" being equal to rent and when she eventually leaves, the unit will be on-sold in line with the village operator's rules and with a significant percentage going to the operator. With over 100 units in the village, Lyn is the longest serving tenant and has been forced to watch many sad and miserable lives lived until their natural end. Her greatest wishes are: - to see some open space and the horizon - not to have her personal space invaded by others - not to spend quite so much time watching, listening and responding politely to demented residents. Lyn is helpful and positive and has a small group of friends who are able to enjoy sensible discussions. Being surrounded by others not of like mind and good nature can become stressful. She has observed the hard work done by carers and notes that it is very exhausting caring for some clients on a full-time basis. Lyn is concerned that the continual push to train the unemployed to meet future demands in aged or palliative care totally ignores the fact that carers must have the right personality. If they do not have that natural caring and empathetic personality, they will fail at their employment and cause misery to those they were supposedly trained to help. Lyn has had years to consider her position as her ability to self-manage declines. There have been several near-death experiences but she continues to live in constant pain and determined positivity, sometimes hiding in the car-park under an umbrella, reading a book to find her own piece of space in the outdoors. She has hoarded morphine pills and decided against taking them in case they didn't "finish me off properly". She has considered other options of how to exit with some dignity when she can no longer care for herself. She has no wish to lie like a log and have people do undignified things to her just because she is still breathing. Her brain works very well, so please consider how you would feel in such a situation. Lyn's other very real and constant dreams are that she can walk again and that she never has to go to the toilet. A very big part of her day is dedicated to managing toileting and catheter so I can see why such dreams would be the height of happiness. Lyn wants it to be possible to choose her time to die when it all gets too painful and too difficult. Please let this become legal soon to remove one more miserable weight from her thoughts.	Yes

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E1699	Graeme	Busby	4350	In 2009 my mother was admitted to hospital. She had a radical operation for breast cancer some 30 years before 2009. This involved cutting the breast bone and it was wired up in closing the operation. by 2009 the wire ends were protruding through the skin, this required constant dressings. In 2009 she was 95 year old and her skin was like tissue paper.In 1992 she had a heart valve replaced. By 2007 this valve was leaking and she was constantly out of breath, even from simply walking up stairs. Given her age no further operations were possible. She spent approximately 40 days in hospital before her death due to organ failure in September 2009. She was ware of her position, and wanted to end her life on her own terms. This was supported by documentation. My father who was also in his nineties was by her side every day. Our family supports voluntary assisted dying with strict controls. Please ensure the campaign is successful.	Yes
E1700	Confidential				Yes
E1701	Helen	Chan	4073	Every human being has a right to being taken care of by the Community especially if they are unable to take care of themselves either in the later part of their life (aged care) or those who are requiring palliative care. My own parents who were originally from Malaysia, have been blessed to live in Australia in the later part of their life. They have benefited from government subsidies which have helped to make life much easier for them in their senior years. My mother also benefited from good palliative care in Royal Brisbane Hospital in the last 2 weeks of her life. The medical team ensured that she was in as little pain as possible and the nurses were caring and compassionate. My Mum passed away peacefully with my father and I holding her hands in Dec last year. I hope that the Australian Government will continue to ensure that the elderly, the sick and the dying will be provided with good medical care, domestic care and palliative care. There will be no need for voluntary assisted dying if people are provided with proper medical and palliative care especially in the area of pain management.	No
E1702	Christine	Francis	4670	As a registered nurse who has worked in 3 aged care establishments in 2 states, I am relieved that there is an inquiry into conditions in aged care facilities. I believe that many centres do not have sufficient appropriately educated/trained staff to provide timely care to residents who are deserving of dignity & respect. I am against euthanasia, popularly called voluntary assisted dying. Life is a gift and I believe the gift is from God. No person has ever chosen to be born. That is not possible. Consequently we do not have the right to end this gift. Choosing to end God's gift is morally risky territory. Pain management needs more research & funding. Intractable uncontrolled pain is very difficult to watch in our loved ones. If medication that relieves pain has a side effect of shortening life, that is different in intent from setting out to end life.	No
E1703	Amanda	McKee	4570	I think this is a great idea. For the last six weeks i have watched my mum dying in Gympie Hospital. Mums wish was to go as she is terminally ill. No doctors or nurses will listen. I think it is very cruel to see my mum in continuous pain and very sick. It breaks my heart to see my mum like this daily and people in parliament should be listening as well... at the end of the day i am not being cruel to my mum as i would like to let mum Die in Dignity and peacefully. Not every day, prolonging her death... so so sad.	Yes
E1704	Alyson	Hardaker	BD14 6BE	As a British national I am submitting my support with reference to the voluntary assisted dying. My dearest friend is terminally ill and despite her illness and umpteenth round of chemo during the last three years and she is tirelessly campaigning for people to have a choice at the end of life. My vote is in support of her with regards to voluntary assisted dying. I believe that people who are capable of making their own decisions should be afforded the option to make the choice to end their own life when they are terminally ill.	Yes
E1705	Debra	Edwards	4064	I now have my aged mother living with me. She has tried to extract a promise from me which I can't possibly fulfill. I know that when I'm where she is now, I'll ask my children to do the unthinkable, or I will just stockpile medicine & do it myself. Could you watch Soylent Green? The scene where the old bloke has the most beautiful, peaceful death. We could do this! Please give us some dignity at the end.	Yes
E1706	Dan	Cahill	4570	Its so sad watching my mother in law dying in Gympie Hospital for the last 6 weeks and no one is listening.	Yes

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1707	Brandon	McKee	4570	Its so sad to see my Grandma dying in Gympie Hospital and no one is listening to her wish... I have spent the majority of my working life as a Registered Nurse. Recently I worked for three years in community nursing where part of my role was going into nursing homes giving Intravenous antibiotics, to bed ridden people with dementia with what I could see only as no quality of life. While there has been much debate about poor care in nursing homes, I would say care is given to the best of the ability of the nurses but the residents are without a voice. Worse still some may have a voice but are trapped in a body where they can't speak. Those that can't walk are hauled in large slings onto the toilet which is the most undignified thing that can happen to anyone. They rely on the nurse to wipe their anus, and private parts properly. This may not always happen. Recently while working in a busy general medical ward I was acutely aware that one of my patients was sitting in his own faeces for quite a while but as I had more acute medications to give to sicker patients, I couldn't get to the patient in the time I would have liked to. This is a daily occurrence for many nursing home patients who are reliant on others to change their pads at a time of the workers convenience and not always when the patient has soiled themselves. Is this how we want to end up? My local GP just said to me, he went to a nursing home once and he never wanted to go back. You can't window dress the slow decline to a vegetative state that many people find themselves in. Where due to food and continued medications, people are kept alive.	Yes
E1708	Confidential				Yes
E1709	Confidential				Yes
E1710	John	Hare	4573	I make this submission in support of Voluntary Assisted Dying on the basis that, should it become law, appropriate safeguards would be included in the legislation. I appreciate that the issue of "safeguards" is, in itself, contentious. My support for Voluntary Assisted Dying is based on three major considerations: - the rights of the individual. As one who holds liberal values I believe in the rights of the individual over the State. I appreciate this statement enters the realms of political philosophy and I acknowledge the statement is very broad. There are, of course, situations when the rights of the individual must be subsumed to the interests of the State (security of the realm, etc) but that notwithstanding I cannot see why the State should determine whether I should end MY life in situations where there is no quality of life and where pain is unbearable. Having read the harrowing stories of many of the submitters I cannot countenance going through what they or their loved ones have had to endure. - Economic; the cost burdens on the individual as well as the State (both Commonwealth and the States). While this argument may appear mercenary, I cannot see the point, especially with an ageing population, why society should meet the huge costs associated with care when the very recipients indicate they wish to end their suffering. - Personal. I wish to die with dignity. As someone who has no extended family I do not wish to be "left" in a home - no matter how good the care facilities or the carers might be. I do not wish to be "kept alive" .	Yes

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1711	Joseph	Hempel	4213	Question 25: Should Voluntary Assisted Dying (VAD) be allowed in Queensland? I most ardently urge the Queensland Parliament to reject any legislation that seeks to legalise Assisted Dying/Euthanasia in the state. The views held by many when it comes to matters of life and death in our current culture have now become so impassioned that some even dare to raise inquiries such as Question 25. The legalising of euthanasia is the golden ticket to freedom from responsibility for both the victim and the ones to whom care is entrusted. It's completely counter-productive to legalise euthanasia as it would utterly undermine all attempts to combat suicide in the state. Why attempt to curb suicide if its to be legislated as a 'human right'? As seen in Belgium and the Netherlands, children are now allowed to take their lives if they so choose. Canada is now pushing to allow child euthanasia without parental consent. Who's to say they can't if it's a right? Are we to discriminate based on age when it comes to assisted dying? It's a slippery slope. It would be practically impossible to restrict euthanasia to the elderly only. We must not be fooled by the claims that there are 'safeguards' against euthanasia for children as US lawyer and commentator, Wesley Smith highlights, 'safeguards' are only there to make legislators (and everyone else) feel a little less guilty about legislating for state-sanctioned killing. All the top medical advisories in Australia are opposed to such legislation. Even the World Medical Association opposes euthanasia. It's the most basic and fundamental practice of a doctor or any medical practitioner to care for the sick and dying. The legalising of euthanasia will place enormous amounts of pressure on the sick and dying. Anyone who feels they are a burden on their family or carers will undoubtedly be inclined to end their lives out of fear of being inconvenient. The aspect of 'choice' is practically non-existent. The excuse that euthanasia is needed in some cases to end the pain and suffering of a patient does not stand when placed under scrutiny. The palliative care that can be provided nowadays can mitigate practically all pain from a patient. I, therefore, prompt the Queensland Parliament to resist any legislation that endeavours to legalise state-sanctioned killing.	No
E1712	Maggie	Inglis	4702	the option for assisted dying should be available to everyone, as a right to die with dignity rather than suffering a prolonged and exaggerated death	Yes
E1713	Jennifer	Saunders	4223	My Mum and Dad were in a nursing home for the last years of their life; Mum had Alzheimers and Dad vascular dementia and in-home care did not meet all their needs. Mum died in April 2012 and Dad two years later in April 2014. I was a constant visitor to their nursing homes and for the last three years I have volunteered at a local nursing home near my home. So I have some experience in the aged care world and am constantly saddened by so many aspects of that world. My Nana (Mum's mother) also suffered from Alzheimers and Mum spent many years travelling from one side of Brisbane to the other by public transport many times a week to visit her, and Mum's greatest fear was developing dementia and ending up like Nana. To that end, she prepared a Living Will, should she end up in the same situation as Nana, stating that her end of life was never to be prolonged in ANY way and she investigated any and all means of euthanasia. Of course, once you have developed Alzheimers, the ability to end your own life is taken away from you. Had voluntary assisted dying been an option, she would have included in her health directive that she would wish for that to happen and her journey would have been so much LESS harrowing and sad. MY DEAREST HOPE IS THAT ONE DAY THERE WILL BE AN OPTION, WHILST OF SOUND MIND AND FULLY UNDERSTANDING WHAT A DIAGNOSIS OF ALZHEIMERS MEANS, TO INCLUDE THAT REQUEST IN A LIVING WILL. I DO understand how important the safeguards are but I believe with my whole being that the last couple of years of Mum's life were as she had always dreaded, and had NO quality ... she was at the mercy of someone else for EVERYTHING needed to keep her alive, while unable to move or speak, to let us know if something was wrong, or painful, or if she was hungry or thirsty, too hot or too cold. Then at the very end of her life when she couldn't swallow without choking, as requested she had no food or water so for a week I sat with her and watched her die of hunger and thirst. My poor little Mum ... no-one should have to suffer like that. There are so many things wrong in the aged care facilities I have experienced and I know other submissions will cover all of those things. It seems that the bottom line is the be-all and end-all and the actual welfare and quality of life of our residents is a long way down the list, if not right at the bottom. So many of the lovely friends I have made in the nursing home where I volunteer could have so much MORE quality of life and hopefully the Royal Commission will make this a reality. But for my Mum and Dad and some of my current lovely residents who LONG to be released from their physical struggles and be at peace is why I am writing this.	Yes

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1714	Laura	Campbell	4670	I would like to express my complete rejection of legalising any form of voluntary assisted dying. Life, all life, is precious. In my opinion, VAD is a only a way to ease the burden of caring for those that are dying or feel hopeless. Being able to assist someone to die is about easing our community’s responsibilities to those that need our care and attention the most. What we should be doing is giving these people peace of mind, caring love and purpose - not washing our hands of a difficult task. I have seen my mother cared for by professional, yet caring people in the last stages of her life. She was in a great deal of discomfort, however there was always someone there to see to her needs and her life ended peacefully, quietly and pain free. VAD is a selfish act on the behalf of those that see it as a “good” and dignified way to end a life.	No
E1715	Lyle	Capel	4069	I support the legalising in Queensland of voluntary assisted dying, or otherwise described as voluntary euthanasia. It is very clear that with modern medical treatments, it is possible to keep people alive far longer than people may wish to live. It is now often the case that people are being forced to live for many years when quality of life is very poor. In the past most would have died well before this time by natural causes. However due to modern medical treatments and the current laws many people feel forced to keep living, when they would prefer to choose control of their own time of death in a dignified and compassionate way.	Yes
E1716	Ian	Single	4751	I believe assisted dying is a must .	Yes
E1717	Simome	Schmierer	4055	Everybody who is suffering from a terminal disease should have the right to die on their own terms. Die with Dignity. Watching my father and our whole family suffer whilst Dad was suffering and dying from Pancreatic Cancer was unbearable. My Dad watching his mother suffer and die an horrendous death from the same cancer was also heartbreaking. I'm hoping that I not anyone else in my family are diagnosed with this insidious disease, if I happen to - I hope this submission is successful. Thank you for your time. If anyone on the committee has been a witness to a loved one suffering, I would hope they will back all submissions whole heartedly.	Yes
E1718	Astrid	Allison	4680	You often here and see those suffering in great pain. We help our pets die without the ongoing suffering, so why make our loved ones suffer longer if they want to die in peace and with some dignity left.	Yes
E1719	Michele	Adeney	4064	I would like to say that most of us will live into old age and that I feel we must do all we can not to cheapen life. The way we care for the elderly, the sick (physical or mentally so) and anyone else in distress should emphasise the innate value that each person has. Knowing some of the people I have known, I think it would be a very bad idea to allow VAD. The pressure that could be brought to bear on people already feeling unwanted and a 'burden" would be immense with the passing of any legislation to allow Euthanasia. That VAD is even considered for people under 40 years of age seems very retrograde in terms of any Country reaching its full potential and seeing its citizens as the most important asset a country can have.	No
E1720	Confidential				No
E1721	Elizabeth	Boniface	4075	Let’s direct the money to assisting high quality aged care and dignified palliative care.	No
E1722	Dianne	Pelecanos	4171	To be able to choose the option of dying with dignity should be a right for all people. If the situation becomes intolerable and a person has clearly stated they no longer wish to suffer they should be legally able to end life. Voluntary assisted dying would make things easier for those who want it without them having to break the law. Appropriate safe guards will need to be in place including consultation with the appropriate medical professionals and the capacity of the person involved. People with strong religious views or those who just object need not use the end of life option but neither should they prevent people having control over their death. I have read that having the choice doesn't mean people will take advantage of the option it is often just a comfort knowing it is available and at the end of life when people have no hope or control over their medical condition to die with dignity is so important.	Yes

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1723	Denis	McGrath	4160	I would like to comment on the proposal about voluntary assisted dying. All medical advances have been made to enhance and prolong life and euthanasia is contrary to this principal. I feel that if it is legalized the respect for human life will be diminished and some lives will be less valued than others.	No
E1724	Trent	Cullinan	4670	I do not support voluntary assisted dying in any capacity. Every single life is precious and is a gift from God. None of us can boast about being the masterful creator of a person, and by the same logic, none of us has earned the right to end life either. These are two things that are out of our domains as mere creations of God. Creating and ending life has always been in the hands of our creator, and it's always intended to be that way. The moment we arrogantly allow ourselves to play God over something as huge as life itself, we can expect to spiral downwards into even further evils. It's human nature to keep pushing boundaries and to normalise deviancy in the name of being 'progressive', as if it's always good. In modern society's fascination with being 'progressive', you find conserved truth and morality to be prominent casualties, because progressivists are hellbent on blurring more and more lines of right and wrong that have been clear and obvious for centuries past. By suddenly standing out against the generations of forefathers and foremothers, who had clearly opposed killing humans, and claiming that you are somehow morally more enlightened than they were in supporting euthanasia, raises red flags. Why would your new moral reasoning supersede theirs? Unlike humanity's knowledge base, which constantly grows with time, moral reasoning doesn't really change. So all of our ancestors are just as credible at moral reasoning on issues as we are today. there's a good reason why humanity has been against voluntarily ending life for centuries. It's because it's immoral and dangerous for society. Their strong moral stance on this should not be ignored for it speaks of wisdom that should be heeded. Suffering has always been a part of humanity and it's good to seek measures to alleviate it. And as noble as this pursuit is, it should never supersede the more critical moral law of preserving life. It must be bound by this law. It holds society together when we value the sanctity of everyone's life, no matter who we are. Enshrining this value in law, means protecting people who are vulnerable or unable to defend their right to life. It protects them from devious, heartless people for starters, who might just want the elderly person's inheritance money. Or maybe they're just sick of supporting them. But with a legal avenue to end their life, these devious people can manipulate a way to make this happen to these vulnerable people. Hopefully these arguments give some compelling logical and moral reasons as to why voluntary assisted dying should remain illegal.	No
E1725	Robert	Wagner	4575	A law needs to be passed allowing assisted dying. If there is a diagnosis from two doctors showing that there is no recovery from an illness and the person is in a lot of pain they should be able to choose to end their life. Besides their own pain there is also the pain of the family or loved ones looking after the sick person, sometimes they have to look after them for months. This can change a person. My father took 12 months to pass away, he had said everything to his family and was ready to go. He thought about taking his own life but his only way would have been with a gun. He knew it would be harrowing for my mother to find him, also he was worried that the police might try to blame my mother. We do the humane thing for animals but we make humans suffer, it's not right. Also there is the added cost to either the family or the tax payer to keep people going.	Yes

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1726	Natasha	Morrison	4068	Please find below my submission for the Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying. I appreciate the opportunity to provide input into the inquiry and as a Queenslander I want to make it known what kind of state I would like Queensland to be. My submission is against voluntary assisted dying and I would like to respond to Question 25 in the Issues paper (Health , Communities, Disability Services and Domestic and Family Violence Prevention Committee Paper No. 3, 56th Parliament, February 2019 Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying) Should voluntary assisted dying (VAD) be allowed in Queensland? Why/why not? No, voluntary assisted dying should not be allowed in Queensland because voluntary assisted dying is the intentional killing by act or omission of a person whose life is considered not worth living. Every human person is intrinsically valuable and their innate dignity of life needs to be preserved. Additionally, voluntary assisted dying should not be allowed in Queensland because the legalisation and normalisation of voluntary assisted dying will lead to patients feeling, or in fact being, pressured to into ending their life in order to placate perceived or actual wishes of family, friends, and even medical staff. In the same way that abortion in Queensland is now the “responsible” decision of a mother in uncertain or undesirable circumstances, so too voluntary assisted dying will become the “responsible” choice for the terminally ill and elderly Queenslanders so as not to burden their families or friends or oppose medical advice. I urge Aaron Harper, Mark McArdle, Michael Berkman, Martin Hunt, Barry O’Rourke and Joan Pease as Committee members of Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee to listen to my view as a Queensland resident and to allocate more resourcing to providing high quality aged care and palliative care for Queenslanders.	No
				I do not believe Voluntary Assisted Dying (VAD) should be allowed in Queensland for several reasons. All my reasons rest on the belief that a human life inherently has value and that every person should be treated with dignity and respect. Firstly, I am concerned by the reports that VAD overseas is being undertaken on patients who are not choosing death for themselves, but because of how their life affects others around them. A study reported upon within the British Journal of Cancer (1) states that, of the approximate 10% of cancer patients in Belgium choosing assisted suicide, in 28% of cases a reason for the end-of-life decisions was “wish of the family”, and in 12.4% of cases, the “unbearable situation for relatives” (reasons identified by certifying physicians after death of patient based on patient’s medical file). This is not an insignificant number of people who are being influenced to choose death in consideration not of their own needs but the needs of those around them. I would contrast this situation with a scenario where a person suffering an illness feels the endless love they deserve, and knows only support whilst fighting their disease or being cared for to the end. Providing euthanasia as an option to sick people inhibits an individual's and society's ability to see patients as valuable life worth being cared for during their suffering. Secondly, I am concerned about euthanasia without consent or completely voluntary consent. In the Netherlands, an unnamed woman over 80 had expressed a wish to die when she identified "the time was right”. As reported, "The nursing home senior doctor was of the opinion that she was suffering intolerably, but that she was no longer in a position where she could confirm that the time was now right for the euthanasia to go ahead", owing to dementia. Nonetheless, the doctor decided that the woman's circumstances made it clear that the time was now right. The lady was euthanized after her doctor putting a sedative in the patient's coffee. The patient woke up despite the sleep-inducing drug and then tried to resist the procedure. The doctor enlisted the help of family members to hold the objecting patient down so that the doctor could administer the lethal injection. It is known that, several days before this circumstance, the patient had said several times 'I don't want to die' (2). This example highlights the difficulties with the possibility of people changing their minds, and of the topic of consent for people with dementia.	

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E1727	Alana	Mosely	4012	A second example involves a woman named Margareet, who states that her mother was euthanised without consent. Margareet's mother was admitted to hospital for pneumonia and was given an injection, with hospital staff telling the sick woman that “You have difficulties breathing, so we will give you something to sleep”. However, the woman died. The doctor informed Margareet “I called the GP who said she was lonely, she was depressed, she didn’t want to go out of her house, therefore we decided it would be better not to treat her anymore” (quotes recalled by Margareet) (3). In addition to lack-of-consent, coercion of consent is a real concern. Helen discusses how her mother was admitted to hospital due to an infection, and then was approached (without Helen being present or aware) with discussion about end-of-life options. After Helen heard about this from her mum, she asked a second doctor for medical opinion, which led to her mother being allowed to eat meals and which resulted in return to health (4). We have often heard it said, "Better to let a guilty person go free than to have an innocent person sentenced to jail". Applying this thinking to voluntary assisted dying, I do not think the human race has yet been able to demonstrate that it is able to develop a euthanasia law that achieves its goal of ending suffering upon request whilst successfully preventing people being euthanized against their will or under pressure from external parties. Thirdly, I am concerned about euthanasia being legalised based on public support desiring to end physical suffering for terminally for mental illness, but then euthanasia being gradually exploited and expanded. Euthanasia is offered in the Netherlands for those suffering mental illness, with the number of reported cases rising. With mental illness, there are challenges in guaranteeing voluntary consent considering the patient’s capacity of judgement, which may be impaired by their psychiatric condition (5). I also worry about recent discussion about linking euthanasia and organ donation (6). Or about ending the life of newborn children with disabilities (7). In the end, euthanasia challenges us to consider the question, is it better to be dead than to suffer? To give a challenging example, many people on this planet suffer in poverty, but the question of offering assisted suicide to the poor is not debated. Though I can understand how we wish to show mercy to the terminally ill, I believe stepping-back and thinking in that big-picture context helps indicate the truth that doing the positive thing and actively supporting a suffering human during their life respects the value and dignity of a person much more than offering death. 1) https://www.nature.com/articles/s41416-018-0070-5 2) https://www.independent.co.uk/news/world/europe/doctor-netherlands-lethal-injection-dementia-euthanasia-a7564061.html https://www.dailymail.co.uk/news/article-4166098/Female-Dutch-doctor-drugged-patient-s-coffee.html https://www.lifesitenews.com/news/dutch-govt-panel-hopes-case-of-forced-euthanasia-committed-in-good-faith-ca 3) http://www.epcc.ca/wp-content/uploads/2018/05/EPC-Fatal-Flaws-Pamphlet-outside.jpg 4) http://www.epcc.ca/wp-content/uploads/2018/05/EPC-Fatal-Flaws-Pamphlet-inside.jpg 5) https://www.bbc.com/news/stories-45117 6) https://jme.bmj.com/content/43/9/601.abstract 7)http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/to-live-	No

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1728	Christopher	McMahon	4170	My submission is restricted to the issue of 'voluntary assisted dying' (VAD). I oppose the introduction of such actions in the State of Queensland. I respectfully suggest that the proponents of such 'reforms' are misguided. I accept that it is not easy to standby while the ones we love undergo pain and suffering as they face their demise; empathy for their plight is understandable; we want their suffering to end and for them to be at peace; however, the reality is that we all must face death. The Committee asks if there is to be VAD, who should be eligible/excluded. I submit no person should be eligible and everyone excluded. Those who propose VAD suggest those experiencing unendurable suffering should have access to it. The concern though is the determination of who is/not experiencing unendurable suffering is an entirely subjective experience. Psychological factors play a significant role in all illness; some persons are more stoic than others. Persons experiencing depression/symptoms of worthlessness and/or hopelessness are at an increased risk of experiencing 'unendurable suffering'. These persons are also at risk of manipulation by others and/or be under the impression that their ongoing existence is a burden to others/society (whether or not that is true). Proponents will say that it is an individual's right to choose to die and that safeguards can be put in place to prevent the matters I raise from occurring. But can they? I suggest not. Firstly, there are numerous examples where society's rights override that of the individual, especially when it is for the benefit of society as a whole as opposed to a particular individual. Further, it is inevitable that safeguards will be 'watered down' with ongoing examples of persons who should be given the choice. The Committee asks how a VAD scheme can minimise the distress of a person and their loved ones. The answer it cannot except cheapening life. Death might be inconvenient to some but it is a reality. The Committee also asks about conscientious objection. It would be outrageous that a person who opposes VAD be required by the State to participate in the scheme; there should be no such requirement nor any obligation to refer a person wanting VAD to anyone else. Lastly, it is my submission that legalising VAD poses a threat to the social, legal and cultural norms underpinning a civil society and is an assault on the dignity of human life. This Committee should reject the proposal.	No
E1729	Rosmarie	Dr Erben	Qld 4113	I fully support the submission of the Doctors for Assisted Dying Choice!	Yes
E1730	David	Wyatt	4223	Voluntary assisted dying should be a basic human right for any person over 65 years.	Yes
E1731	Derek	Miller	4178	Don't kill. It's bad.	No
				In 2017, in response to the Victorian government's discussion paper of its Voluntary Assisted Dying bill, Dementia Australia tabled an important submission. Titled "A good death is my right", it was headed by the following declaration from a sufferer of the illness who made her wishes crystal clear about how she wanted to die: "I want to die at home. I want to die in our bed, in our bedroom, with my partner with me. I want to be able to see our beautiful garden and hear the song of the lorikeets and parrots and rosellas outside our bedroom window. I want to hear music we've enjoyed over our lifetime together, as well as music of my childhood and youth. I want to be surrounded by familiar things because it will have a deeply containing and comforting psychological effect." Probably most of us would like to be so lucky. But for anyone with dementia, such wishes are naturally balanced against awareness of the especially awful indignity of what in reality awaits: the slow physical, intellectual and emotional disintegration of the self in full view of those who love and cherish you the most, long past the point of recognition. I am writing this for my mother, Sue. Sue is 71. She has been bedridden for 15 months and in full-time care for over four years. She began suffering symptoms of early-onset dementia in 2002, was forced out of the workforce a few years later, and was diagnosed with Alzheimer's disease in 2011. She is no longer cognisant of her surroundings, or who she is, let alone anyone else. She is unable to communicate, though she remains as verbal as ever, an incoherent stream-of-consciousness babble. Reflexive flapping means I am unable to even hold her hand. Her disease, however, will not kill her. It will take an infection of some sort: most likely inhalatory pneumonia, developed when food is taken into the lungs as the swallowing reflex becomes impaired. That's less likely, now she's fed a pureed high-nutrient liquid. Or she'll simply lose the ability to swallow and she will begin to starve. None are nice ways to go, but with an advance health directive we were lucky to obtain before her diagnosis, we at least know we are past the point of intervening when an infection finally strikes. We can only "make her comfortable". However, we all know, were it legally possible, she would have asked us to intervene far sooner. In fact, she has. Directly and repeatedly. In the end, the Victorian legislation passed without provision made for dementia sufferers and their families.	

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E1732	Andrew	Stafford	4067	The health minister, Jill Hennessy, accepted that would disappoint many people, but argued that it was vital that there was no querying a person's competence and capability in choosing to end their lives as they wish. It is an understandable response: Sue clearly lacked competence to make decisions when she put myself and other members of my family in the position she did. But she didn't lack that competence over a career that, for much of the previous 20 years before her diagnosis at the age of 62, was devoted to aged care policy as a senior public servant in Queensland Health, following many years with Blue Care. If anything, she knew too much: she often told me Alzheimer's disease was her worst nightmare, because she saw what it did to people. In its submission, Dementia Australia recommended that psychological suffering ought to be recognised in the legislation as well as physical suffering; that mental illness should be clearly defined as distinct from cognitive impairment, and that people with degenerative disorders could make an enduring request for assisted dying in an advance care plan. It also argued that declining quality of life and function was a better measurement of eligibility for those with degenerative illnesses, and that limiting eligibility to those with a prognosis of days or weeks of remaining life expectancy effectively discriminated against those who were just as sure of their end – only less sure of exactly when it would arrive. Dementia is a terminal illness, there is no cure and contrary to common misconception, it is not a natural consequence or by-product of age. However, the risk increases as we age and here the statistics are frightening. Around 425,000 Australians are suffering from the various forms of the disease. It is the second-leading cause of death in Australia, after heart disease. As the baby boomers enter their dotage, the numbers will increase. By 2025, it's projected that over half a million Australians will suffer from dementia. Their families will suffer with them, in ways we can measure (time out of the workforce; stress and anxiety-related health effects, family and marriage breakdowns) and ways we can't: grief doesn't have a price tag. Of course, people with dementia may still lead fulfilling lives for many years before bodies and minds inevitably begin to pass the point of no return, sometimes not knowing that anything is actually wrong. All of us find hope and joy in the smallest things in the face of our physical and mental frailties. It's what gives us our will to live. But the point should be clear: there also exists a quite rational will to die a better death than the one we know lies ahead of us once our fates are sealed. I am not suggesting this is easy. We all need to be cognisant of the legal, ethical, spiritual and moral issues surrounding assisted dying. But dementia is an illness that cuts to the heart of what makes a life worth living, and whether individuals have the capacity to decide for themselves in advance when they believe that threshold has been passed. As more and more Australians slip into the fog, what is urgently needed is a clear-headed discussion. I am happy to appear before the inquiry, if invited, to further that discussion.	Yes
E1733	James	Morrison	4068	I appreciate the opportunity to provide input into the inquiry. My submission is against voluntary assisted dying and I would like to respond to Question 25 in the Issues paper (Health , Communities, Disability Services and Domestic and Family Violence Prevention Committee Paper No. 3, 56th Parliament, February 2019 Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying): "Should voluntary assisted dying (VAD) be allowed in Queensland? Why/why not?" Voluntary assisted dying should not be allowed in Queensland because the legalisation and subsequent normalisation of voluntary assisted dying will lead to patients feeling, or in fact being, pressured to into ending their life in order to placate perceived or actual wishes of family, friends, and even carers and medical staff. In the same way that abortion in Queensland is now the "responsible" decision of a mother in uncertain or undesirable circumstances, so too voluntary assisted dying will become the "responsible" choice for terminally ill and elderly Queenslanders so as not to burden their families or friends, consume resources or take up beds in care facilities which could be used by others, or oppose advice of carers or medical staff.I urge Aaron Harper, Mark McArdle, Michael Berkman, Martin Hunt, Barry O'Rourke and Joan Pease as members of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee to listen to my view as a Queensland resident and to instead allocate more resourcing to providing high quality aged care and palliative care for Queenslanders.	No

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1734	Davina	Rauchle	4722	I'm a Pharmacist and I oppose euthanasia both morally and ethically, I believe supporting euthanasia is dangerous to our culture and the mental state of Health care workers who would be required to help in that process and to the trust between doctors and patients I think euthanasia is just another name for suicide and I find it hypocritical for our state to support euthanasia while trying to decrease suicide rates. I have read articles on euthanasia in other countries and given that some other countries allow euthanasia to be requested by the family rather than the individual themselves a sign of how dangerous it would be to allow in this country because of the risk to our vulnerable elderly or disabled being urged to commit suicide rather than being to live out their days and given wrongful deaths have already happened in other countries that have this legislation is shows legal safeguards are insufficient. Also after hearing about euthanasia of children and mentally unwell individuals in some places and other documented issues show that once euthanasia is legalized it is often later expanded in effect like in Bulgaria where they had the first child euthanasia in 2014, I don't believe we should change our laws in this as I believe it would be detrimental to Australian culture as a whole	No
E1735	Name Withheld		4121	• I am completely opposed to 'voluntary assisted dying'. • I think that palliative care support is relatively good in Queensland, though would strongly welcome any extra funding and support for this. • I think that aged care in our State requires urgent review, a major overhaul and more support. I speak with concrete experience in these matters, having nursed (along with other family members) both my father and my mother at home, during long periods of terminal illness, right up to and including their deaths. Both illnesses were very difficult - one involved Liver Cancer and the other, Motor Neurone Disease. I have experienced the amazing support of palliative care experts, hospital staff, home nursing care support and other programs to allow people to be supported at home. The drugs available to keep the dying comfortable and relatively pain free, are more than adequate and can be managed extremely well. The fact some people are calling for voluntary assisted dying due to their perception of pain during terminal illness, would seem to indicate that we need more funding in Queensland to promote awareness of and enhance the existing great palliative care services already available. Whenever I hear people complain that pain can't be managed, I remember the fact that when my father died (in a situation where his pain was very well managed) I was confronted with the problem of having to dispose of a whole container full of strong pain injections! We need to recognise that life comes from God and that therefore, we do not have the right to take a life. Even for those who do not believe this or believe in God at all; starting a process where people 'decide' on the value of an individual life is an extremely dangerous precedent to set. We saw how that turned out in Nazi Germany, for example. Commencing voluntary assisted dying in Queensland will exacerbate and legitimise the already alarming rates of suicide in our community. What message will this send, particularly to young or vulnerable Queenslanders? Over my lifetime, I have regularly visited a very large number of individuals in a range of aged care settings, including watching people die there. I foresee massive issues and potential for abuse of the aged and vulnerable in these settings, should voluntary assisted dying be allowed. No health professional should be forced to take the life of another. The Australian Medical Association and all of the peak medical bodies around Australia are opposed to voluntary assisted suicide for good reason. When confronted with terminal illness, both of my parents and our family chose life; with all its pain and peace, suffering and love; challenges and joys. I can honestly say that while they were the most challenging and difficult times of my life, they were also the most special and precious. I would not want this experience to be taken away from me. Because of our family's choice, I also recognise that I was, with the help of my faith, able to heal so much more effectively and return to a demanding full-time job straight away. The depth of courage and love my parents showed through their last illnesses and the depth of love that I could express for them, by caring for them in this way; allowed them to die with true dignity.	No

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1736	Michele	Peters	4503	Voluntary assisted dying (VAD) – (voluntary Euthanasia and assisted suicide) should be allowed in Queensland. Voluntary Euthanasia and assisted suicide: 1. Terminally ill Australian residents who are expected to have less than six months to live or Australian resident’s condition must be incurable, with no chance of improvement and they must suffer unbearable mental or physical suffering 2. Also, unless the patient can’t make a request / be counselled e.g. in a coma, dementia: o Person must make request to die voluntarily and repeatedly. o Counselling should be compulsory for the patient and there should be a minimum of 3 counselling sessions with qualified counsellors. In at least one of the counselling sessions, the Power of Attorney and or relatives/friends should be able to attend in they so choose, to listen to the patient’s wishes and understand the benefits of VAD. If the patient chooses, the Power of Attorney and or relatives/friends can attend another counselling session. At least one session should just be the patient and the Counsellor. 3. Person does not need to be competent when voluntary Euthanasia is carried out if a valid advance directive was completed when they were competent. If the person isn’t competent or hasn’t included it in a valid advance health directive, their enduring Power of Attorney must also agree to voluntary Euthanasia. 4. People aged 16 – 18 can access voluntary euthanasia if they have a reasonable understanding of their own interests and parents or guardians have been involved in the decision-making process - Patients aged 12 – 15 can access voluntary euthanasia if the conditions above apply and their parents or guardians consent to the decision. 5. Medical practitioners should be allowed to hold a conscientious objection against VAD. If practitioners hold a conscientious objection VAD, they should be legally required to refer a patient to a practitioner that they know does not hold a conscientious objection. 6. For voluntary Euthanasia: - Patient’s life ended by a physician (3 physician’s must agree) 7. For voluntary assisted suicide: - Patient ends their own life (3 physician’s must agree). Whilst hospitals, nursing homes etc do their best to: •Keep patients pain to a minimum, it can be difficult to find the right level of pain killers and this can be painful and stressful to the person and their relatives and friends. •Look after patients, they have limited resources including staff. As patient’s health declines they find they can’t feed themselves, it takes a lot longer to eat and drink and they can’t go to the toilet by themselves. There is not enough staff to spend sufficient time helping the patients with their basic needs. It can be frustrating and stressful for some patients, their loved ones and some staff. People (mentioned in point 1 above) should have the right to decide when and how they die. I believe assisted suicide (where appropriate) is better than unassisted suicide, and that euthanasia should not have to be carried out in a hospital e.g. could be done at home.	Yes
E1737	Confidential				No
E1738	Craig	Hancock	4670	VAD should not be allowed. My father died of liver disease last year. For a time there was a cycle where toxins would build up in his brain, he would go a bit crazy and then go into hospital and the toxins would be removed and he would be fine for a while. This was hard for all of us but would have been even harder if euthanasia was a possibility. If there was that option it would have weighed heavily on his mind and added to the stress he and mum were already enduring. In the end he accepted his path and I could speak proudly at his funeral - This would have been very different if he took the coward's way out with VAD. At no time in hospital did we ever feel that VAD should be an option, The doctors were always accommodating without crossing that line of taking life. Dad had no Advanced health directive but made it clear he didn't want to be resuscitated - The Doctors accepted his wishes. The final time when the toxins built up and he fell into a coma, the doctors could not fix it and he died after 3 days with pain relief but no artificial feeding.	No

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1739	Luke	Garske	4060	I am a thoracic physician with experience caring for patients with a range of severe lung diseases in Brisbane. I am currently in full time private practice but have had extensive experience in the public system. I have had the privilege of caring for many patients throughout a journey which starts with diagnosis of their condition, leads to treatments with uncertain outcome, and ultimately ends in their death. I was present at my father's death, and my daughter has a severe intellectual disability and has severe distress at many times. I am yet to find a patient where the current approach has truly failed the patient and their family, provided there is an adequate team with adequate resourcing for palliative care. The response to the need to improve the experience of suffering before death must be to increase access to better resourced palliative care. Voluntary assisted dying (VAD) is a simplistic and fear-driven solution which will have unintended major consequences for many patients and their families as well as society. Having a legislated VAD option will change the relationship between the treating physician and the patient. This will have negative ramifications for society as a whole, and how patients view their place in society at a particularly difficult period. I do not believe there are any safeguards which can prevent negative impacts of VAD legislation on the physician-patient relationship, both for patients who will ask about VAD, as well as for the more numerous patients who will not. VAD legislation would change the dynamic of the patient journey and the physician-patient relationship. It is common for a patient diagnosed with an advanced lung disease, with expected survival of less than a few years and no curative options, to discuss euthanasia. Most often, this is the patient's way of saying that they fear that they will be a burden to family members or the community, or they fear severe distress before they die. With our current philosophical and legal framework, this question can be addressed in a fairly straightforward and empathetic way. I explain that my goal is to relieve as much distress as possible, but that there may be some discomfort along their journey which I will work hard to relieve. I try to relieve their fears that they will be a burden on society, which for many patients is as simple as encouraging them to discuss this fear with their family, who may welcome an opportunity to provide care for their loved one. Where that is not possible or sufficient, patients are frequently not aware of services which can help. As they start to appreciate the possible solutions, their fears of being a burden or excessive suffering usually diminish. At the end of these discussions, the patient recognises that I am a partner with them on a difficult journey, that I will do everything I can to help them, and that I will give them as much control as possible. The patient and their family will then generally perceive me as the medical professional as being 'on their side' and somebody who they can be completely honest with and wants to 'try as hard as the patient would want' to prolong their life. Patients are sometimes excessively anxious to prolong life, and sometimes may have excessive interventions to try to achieve this goal. If these patients now ask themselves whether I am making a judgement as to whether their quality of life, or medical condition, warrants my ongoing efforts to work in partnership with them, we can no longer have the same honest transparent relationship with an easily shared common objective, to work together to achieve the best life possible in difficult circumstances. VAD would produce extra anxiety, fear and insecurity in what is already a challenging area. A further concern is that healthcare is becoming increasingly complex and expensive. There is no doubt that training is needed for most doctors in recognising when patients are approaching end of life, and it is very time-consuming for health professionals to spend the necessary time to help patients avoid burdensome treatments that excessively prolong life and often lead to significant impairment of quality of life and distress. There is also no doubt that much greater resources are needed in both palliative care services and chronic pain management. If there is an option to end life earlier than through natural causes, society will inevitably face increasing financial pressure to make it easier to end life earlier. VAD will be more affordable for the rest of society than good quality palliative care and chronic pain management. I also have philosophical concerns about the effects on society when patients expect to choose VAD to avoid any suffering or distress. Some individuals may pursue the VAD option out of fear and anxiety. It will be impossibleto prevent some patients having VAD despite the probability that they will only experience mild or moderate distress.Measurement of parameters such as distress is impossibly complex. It is Inevitable that defining severe distress will be subjective and inaccurate. Although we must make every effort to relieve distress and suffering wherever possible, we must also recognise that there are often unexpected positive consequences of suffering for both personal growth and relationships. A society that seeks to avoid all suffering will lose its positive, caring values.	No
E1740	Confidential				Undecided

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1741	Lenore	Keough	4054	I have an elderly mother whom I am assisting to navigate the process of getting a home care package so she can hopefully remain at home after her terminally ill husband (not my father) passes. She is in a rural area. My sister and I live a 6 hour plane + drive trip away from our mother, so I am very grateful that some preliminary services can be made available to her as a result of her isolated location while she waits for a home care package. But I think the queues for receiving a home care package are way too long. We've been told to expect at minimum a 12 months wait and quite likely longer. My mother's husband is the driver in the household, and also she is beginning to have short term memory problems, therefore she is quite reliant on him. When he was diagnosed with terminal cancer late last year and we realised that my mother would need a home care package to support her when her husband was gone, we got the ball rolling, but he will quite likely pass away some time before the home care package is available, and we are quite worried that his passing before the package is available may precipitate an earlier than necessary shift into residential care for my mother. Another issue we've become aware of is the limited services available in a rural location (this may be true everywhere, but certainly true in my mother's location). Suppliers for services my mother needs under the interim support arrangements mentioned above are not available (i.e. the suppliers have 'closed their books' and many of them don't even offer a waiting list). Finally, while the ACAT assessor who is handling my mother's case has been extremely kind and helpful and has made many aspects of the situation much easier, the overall process of going through the system of applying, being assessed, and then being responsible for sourcing services from suppliers is absolutely bamboozling to my mother, and I daresay to many if not most elderly people trying to navigate it. It all sounds very fine that the end user is being given choice and control - but what they need more of is support and assistance and advice to go along with their ability to choose. It's currently just extremely difficult, confusing and stressful.	Yes
E1742	Peter	Mackay	4031	life is precious. No one has the right to end their life or someone else's life. To do so is tantamount to murder. Whether with their permission or not there is no excuse. We were all born under incredible odds when the science of life is considered. Nothing is a coincidence. Life is given for an ultimate purpose & that is to do one's bit to make this earth a better place. We are to support each other through the good & not so good. We are here to be our brothers help. To give to others & expect to receive when we need. Dont pity party with someone when they are down & life is heavy. Encourage to the good so they can find strength to see they have a purpose & can overcome circumstances to ultimately achieve a God ordained destiny. Whether you agree or not, we are here for a relatively short period of time before we move on. We need to leave earth a better place for us being here. We must help people to have a purpose & find their God ordained destiny. As it is written Choose life over death & seek life to be abundant.	No
E1743	Paul	Ruhl	4740	Euthanasia-(Voluntary Assisted Dying) should never be allowed in the state of Qld, nor any other state or territory in Australia. My reasons are as follows., As a society we have a duty to protect those who are weak , handicapped or vulnerable. All life deserves respect and those among us who are physically or mentally weak, for what ever reason,deserve that respect even more. As such Euthanasia is an affront to the dignity of the person. It should go without saying that dying is a part of living and as such and in respecting their dignity each person has the right to live until natural death. Any legislation which proposes an intention to take a life destroys/ attacks the very Foundation of Law on which our society is based, in that ending a life other than through a natural process is in effect the killing of a person. Our society has correctly always outlawed any killing of any person. We cannot do evil that good can come of it. Not only would such legislation be an attack on the Foundation of Law it would also undermine/ shatter the Foundation of Medicine and Health and as such the Doctor ,patient relationship. Doctors who aspire to enhance the lives of their patients should never be involved or forced by legislation, to end a patient life. The reason Euthanasia should never even be considered is that a solution is already available to assist the dying. Medicine has and is already excelling in the care of the dying in a painless manner through Palliative Care. This charitable process is rich in maintaining the dignity of the person and needs to be encouraged. The Governments at all levels via the respective Health Departments need to increase funding and enhance the capabilities of Palliative Care Centres already available and expand on them. In addition an education program expounding the benefits of Palliative care needs to be implemented.	No
E1744	Margaret	Davey	4207	Euthanasia inherently devalues human life, particulary those who are elderly, sick or disabled and like abortion, instead of protecting and assisting the most vulnerable in society, euthanasia would legalise their state sanctioned killing. The elderly sick would be too afraid to go to hospital	No

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1745	Stan	Francis	4109	I wish to make a submission to your inquiry regarding Voluntary Assisted Dying. I am 80 years and 4 months old. I was diagnosed with Motor Neurone Disease April 2018. • It is unknown as to how I acquired it. • It has no cure. • The only medication available in Australia "may lengthen one's life expectancy by up to three months" • My life expectancy is two and a half years to five years from diagnosis. • My muscles are dying I have limited mobility and I will continue to decline until I have no muscular functions including my breathing. • To be kept alive it is anticipated that I will need tube feeding, a tracheotomy with possibly mechanical breathing, and complete toileting, as well as 24 hour monitoring to ensure I don't choke to death, and not even being able to scratch an itch. • This is not living, this is "existing". • With Motor Neurone Disease, there is no meaningful outcome, no cure, no hope for improvement. • I would rather have a legal Voluntary Assisted Dying Programme than get to the stage of "just existing" for the sake of "living". This is why I am advocating for an act of Parliament that legalises Voluntary Assisted Dying in Queensland. (I have seriously researched the possibility of travelling to Switzerland on a one-way ticket to make use of their Voluntary Assisted Dying Programme.) However, I would much prefer to be able to pass from this world with my family with me, in my own home, in a dignified manner and before I become a vegetable purely "existing" for the sake of complying with the current laws of Queensland. I have also investigated the Victorian situation, due for introduction in June 2019. However, they have a clause that requires that the participant has lived in Victoria for at least 12 months. I agree with the Victorian Voluntary Assisted Dying Act 2017. It would appear that they have given a great deal of time and research into Voluntary Assisted Dying before passing the Act. I would suggest that the Queensland committee base their recommendations on the principals indicated in the Victorian Governments act. I consider it a good starting point. In summary I totally recommend that the Queensland Government introduce an Act similar to Victoria. It is important that people with an incurable disease be allowed to pass from this world: •With dignity. •At a time of their choosing. •Before one "becomes a vegetable", or suffers from excessive pain, without the hope of improvement or cure. •With one's family around them. •Without having to consider flying to Switzerland. •Without the indignity of existing just to comply with the current laws of Queensland. Because a person's wish to end his or her own life, in circumstances where continuing to survive is purely existing rather than living, is a human right recognised by a number of courts throughout the world. Therefore I am strongly recommending that your committee recommend to the Queensland Government that they should follow Victoria's, and other forward-thinking countries and states of the worlds approach, and implement an act to legalise Voluntary Assisted Dying.	Yes

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1746	Liane Didi	Simons	4272	The evolution of medical technology, which has allowed people to postpone death in many cases, has led to the aging of many people with chronic health issues. Most older people are on multiple pharmaceutical medications which also have their own side effects. Also, the increase in cancer, and the medical approaches to this disease has led to younger people's lives being extended. I believe a very important question is raised 'just because we can, does this mean we should?' The ethical questions of VAD have to a large degree been created by the current practice of keeping people alive at almost any cost. It has also led to a situation of over 85s having the largest percentage of suicides. Clearly, something is not right in this scheme of things. There is also the issue of the money spent on people in the last 6 months of their lives and the pressure on the hospital system, issues with aged care and the general cost of all of this for the individual and the government. I think it is very important to consider that we have forsaken quality of life for quantity of life in some instances, especially with the aged. Many people are kept alive following a stroke, for example, with no quality of life, but unable to die. This is not right. As far as palliative care goes, I would like to see the government putting serious money and support into community hospices, like Karuna in Brisbane. This would allow people the choice to die at home if they wished, in familiar surroundings. This would have to be cheaper than all the elders dying in ICU. Also small community hospices for those whose living arrangements are not conducive to dying at home, for example, there is no primary carer or their complex care needs is too much for the family to deal with. A big need with all this is community death education, and I applaud the uptake of the Compassionate Communities Intiative by Qld Palliative Care. I would also like more discussion around the option of VSED, Voluntary Stopping Eating and Drinking. Personally, I would like to have support of a doctor to deal with pain and anxiety to do this at the end of life if needed. It is a legal option in our system already. It would be good if this possibility was discussed with elderly or ill people who expressed the desire to die. For one story see www.phyllisshacter.com/the-vsed-choice/. As concerns VAD, I think it should be an option, especially for those with a terminal illness. But also for elders. For people over 85, many of whom would have died if it wasn't for medical intervention. In my father's case, he had open heart surgery at 85. Afterwards he developed dementia from the anaesthetic and even though he was alive, he was not happy with his quality of life. I think that medical students and doctors need a lot more education in having conversations with people who are very ill, especially in explaining to them the possible side effects of surgery and treatments. I believe that people, health consumers need to be better educated about their choices. I think a big problem is how hidden death has become. This has led to a lot of fear and seeing death as a failure and something terrible, instead of the sacred, natural ending to a life. I think death needs to be reclaimed from being a medical event back to being a social, community event. with more people dying at home, and families being empowered and supported by death doulas and/or community nurses to care for their dead at home, this fear would lessen, death would come into it's natural place and perhaps we wouldn't feel so scared that we have to postpone it at any cost. My personal view is that I am not interested in living on medication for the rest of my life. I am 63 and at this point of my life feel that once my body is no longer able to sustain itself naturally, I am happy to die, rather than live in such a way that I cannot enjoy my life anymore.	Yes
E1747	Theresa	Mohr	4610	I diagree most strongly with any form of assisted dying. Thete is good quality paliative care available for all people and noone has the right to end anothets lfe prematurely or othetwise.	No
E1748	Confidential				No

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1749	Michael	Martin	4152	There need to be more resources and medical specialists in the areas of aged and palliative care. They are both very under resourced. Qld needs over 60 additional palliative care specialists. Current analgesia has greater potency and with effective protocols for their use pain control is much better. It has been standard practice for many years that heroic efforts should not be made to keep terminally ill people alive. This includes the use of antibiotics. Advanced Health Directives provide for the making of decisions in line with the person's wishes. It is also accepted practice to give palliative treatment including analgesia even if it means hastening death. Beyond this I believe that voluntary assisted dying should not be legalised. Voluntary Assisted Dying (VAD) runs counter to doctors duty to preserve life and to do no harm. There is doubt as to whether impartial decisions can be made in a highly emotional situation. Also significant factors that are outside both relatives and professionals awareness may have a large bearing on decision making. Voluntary assisted dying (and euthanasia) is based on an unsubstantiated extension of human rights to this area and also to the use of emotional but also deceitful ideas such as dying with dignity. Rights have become poorly used with people claiming anything they want as a right. The term dying with dignity is misleading because while we all wish this how much control we can and should have as individuals, relatives and professionals is unclear. Experience in countries where VAD and euthanasia are legal shows that the majority of applications are on mental health grounds not physical. This suggests that there are significant issues about attitude, emotion and psychology that drive many of these cases not the physical illness. An improvement of psychiatric services to the aged and terminally ill is necessary and may help address some of these issues. Finally any legislation needs to allow practitioners to not participate on conscientious grounds. Otherwise they become conscripts to laws which are devaluing life.	No
				I would like to put forward the following information for consideration to the inquiry into aged care, end-of-life and palliative care and voluntary assisted dying by the Queensland Parliament’s Health Committee. Background: My father was born in England in 1935 and emigrated to Australia in 1966 with his wife and family. Dad was a hardworking, physically active person who led a healthy lifestyle. He was medically fit without any major health issues until in 2005, due to a heart arrhythmia, was fitted with a St Jude Medical Cardiac Pacemaker. In 2007, Dad was further diagnosed with Parkinson’s Disease and Dementia at the age of 72. My parents live on the Gold Coast and in mid-April, 2012, Dad was admitted to the Gold Coast Hospital, Southport after a major fall at home due to his deteriorating condition. During this hospital stay, the doctors’ advised Mum that she could no longer look after Dad at home and he would need to be placed in a nursing home. It was a confusing time and Mum felt that she was given limited choice, if any, with regards to this decision or Dad’s care. I was not with Mum during this time but when speaking to her, I believe Mum felt the decision of placing Dad into a nursing home was taken out of her hands even though she was very able in mind and body, and with increased family support and agency support, may have been able to look after Dad at home. The process all happened so quickly that the family did not feel that they had the opportunity to explore this option. Dad was released to the care of a nursing home but within a few of days was admitted again to hospital due to pneumonia, before being returned to the nursing home and then a further emergency admission to hospital as his condition had deteriorated rapidly. It was at this last admission to the Gold Coast Hospital on the 26 April, 2012 that the emergency doctor spoke to the family about putting a “Do Not Resuscitate Order” on Dad’s file. I had had conversations with Dad after he was diagnosed with dementia and I was aware what his feelings were and we agreed to the order.	

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E1750	Sally	Hedley	4211	Dad was moved to the Renal Ward later that day and over the next few days was visited by groups of doctors. During these visits, Dad's condition over the past few years was discussed and we confirmed the "Do Not Resuscitate Order". The family also asked questions about the options for Dad's end-of-life care as we knew he would not want to continue life in his current condition. The family agreed to commence end-of-life care as we believed this was in line with Dad's wishes. During the week of 30 April, the family spoke to the Senior Doctor about the timeframe and what to expect with during end-of-life care. The family was concerned that Dad's pacemaker could impede the process. The doctor assured us that the pacemaker would not be a problem. Given Dad's poor condition it was expected not to take more than a week. On Friday, 4 May, whilst my Mum and myself were sitting with Dad, the nurse advised that Dad was showing signs of being in the final stages of life and we were asked to phone the other family members. I was holding Dad's hand and feeling his pulse slowing, then stopping and then rapidly restarting many times. Dad did not die that day. After this day, I spoke with the doctors, on several occasions, regarding the pulse restarting and my concerns that the pacemaker was keeping Dad alive by the pacemaker "doing it's job". The nurses were also concerned as Dad's urinary output had not slowed even though he had nil food/water since commencing the end-of-life care. The family requested that the pacemaker be switched off but the Doctors, again, advised that the pacemaker was not an issue. On Friday, 11 May, after two weeks of watching my Dad's body wasting away to skin and bones, his skin becoming pale, then grey and then covered with bruises from blood pooling even though he was regularly turned and repositioned by nursing staff, the nursing staff having difficulty with his subcutaneous cannula due to his body condition, feeling his pulse slowing, stopping and then rapidly restarting, I was distraught and again strongly requested the Doctor to turn off the pacemaker. The doctor agreed to discuss the situation with the Cardiac department. I was advised later that day that it would require a technician to turn off the pacemaker and they could not morally ask a technician to take part in this process. It was decided that a technician would turn the pacemaker down to return Dad's heart to the state it was before the pacemaker was fitted. When the technician attended to turn down the pacemaker, later that afternoon, he asked me how long my father had been in this condition and when I advised him two weeks, he sadly shook his head. Dad died approximately two hours later and this time as I held his hand and felt his pulse, it slowed a few times, slowly trying to restart and then finally ceased. Conclusion: I am writing to request that the Health Committee consider the following: •More information and medical advice/counselling be given to families regarding the family member requiring support and what "at home" support is available so families can make an informed decision. •the effects of any artificial implants/mechanisms be given due consideration as part of the end-of-life care and that there is more awareness of their effects. •the legislation for VAD include not only people with terminal conditions but, as well, people with conditions that are incurable and with no chance of improvement. Thank you for considering the above and if you require any further information, please do not hesitate to contact me.	Yes
E1751	Jane	McAdam	4170	As a practicing dentist - 35 years - I treat individuals living with terminal/incurable illnesses, working around their treatment regime, physical limitations, and, sadly, observing their decline as their illness takes over. Whilst being brought up as a Catholic, I believe religion should play no part when considering proposed legislation. Why shouldn't an individual, in the end stages of life, have the right to a peaceful death? I certainly would. I see no purpose in prolonging life when death is inevitable. Life is more than the mere act of breathing. We must respect humanity and each individual's beliefs, including the right to a merciful and compassionate peaceful passing. Palliative Care simply does not always ensure a peaceful death. I have patients who have lost loved ones and who share their personal sad stories as they grieve not only because of their loss but because of the incredibly traumatic circumstances leading to that death. It is important that each individual has the right to that very personal choice.	Yes

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1752	John & Lenore	Clarke	4670	We are opposed to the proposal to make Voluntary Assisted Dying legal in Queensland. We firmly believe that people who are dying should be offered Palliative care and not be given the right to kill themselves by lethal injection or some other deadly means. So called safeguards against system abuse by doctors & self interest groups seems to have numerous loopholes ,based on overseas information, that even allows new born babies with a disability to be euthanized. A similar problem arises when patients who have Dementia or Alzheimers and are incapable of making informed decisions themselves. The go ahead to euthanize can be made by some so called expert who completely takes the decision out of the patients hands. It is highly probable that this decision could be totally against the patients wishes.	No
E1753	Gail	Hunter	4061	I have recently retired from my career as a professional social worker. I am a passionate advocate and supporter of proposed legislation for the introduction of voluntary assisted dying. Whilst this topic is proving to be highly contentious for many reasons, I believe this is a fundamental human right for any individual who finds themselves in the end stages of life, for only they can appreciate what is acceptable to them and what they are able to endure. Important to remember that the proposed legislation is when individuals have already lived through pain and suffering because of their illness and they are in their final stages. Why should they not have assistance to hasten this suffering? What is to be gained by drawing out every last painful breath? It is unfair for this to be denied by others on the basis of religion or politics. Safeguards do need to be in place but there is no reason why this cannot be achieved. I fully support voluntary assisted dying legislation for those that seek to use it.	Yes
E1754	Confidential				Yes
				I am writing to strongly recommend that voluntary assisted dying not be introduced into Queensland. Despite a traumatic decade as a teenager where I had to endure watching my father, my mother and my step-father succumb to different forms of cancer, I believe a decision to implement voluntary assisted dying into our state, particularly for those diagnosed with a terminal illness, would be a terrible decision and one with horrible implications. When I was just 11 years old my father was diagnosed with six brain tumours. Following a course of radiotherapy all but one tumour had dissolved. Unable to operate, the doctors predicted that my father would live for no more than two months and that it would be a time of tremendous suffering. Thankfully he would go on to live for another six months and despite his suffering, our family experienced some beautiful moments together during his ‘borrowed time’. The most beautiful moment came just two weeks before he died when my parents, who had been divorced, were reconciled back together, something that would mean so much to me later in life. Six month after my father died, when I was just 12, my mother was diagnosed with breast cancer. Following chemotherapy she became quite ill, so ill in fact that the doctors gave her just two days to live. But how wrong they were! She would go on to live for another 7 years and 4 months, most of which were full of good health. In those next few years she would re-marry (and become a widow again), meet five more of her grandchildren and see me graduate from high school. But most importantly for me, we were able to create lasting memories together, whilst building a close friendship with one another. Had voluntary assisted dying been an option for my parents at the time, in the midst of their excruciating pain and not wanting their family to also endure their suffering, they could have quite easily pursued that option in order to ‘die with dignity’. However, in turn I would have been robbed of just over seven beautiful years with my mum, I would never have seen my parents reconciled back together and most importantly, I wouldn’t be the person I am today.	

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1755	James	Mitchell	4878	I can understand why society would want such an option. Those that have ended their lives on their own accord need not be shamed, as I'm sure these actions were done as means of protecting loved ones from also having to endure their suffering. Throughout my mother's battle she would constantly apologise for making us go through the pain with her, as she explained how much harder she'd found it to watch loved ones die from cancer, as opposed to going through it herself. It scares me to think what she might have done had the option of voluntary assisted dying been there for her, in order to protect us as a family. I know what it's like to watch loved ones suffer. Its horrible. I remember sitting at my desk to study for my year 12 exams, trying to drown out the screams of my step-father down the hallway, who had already been given the maximum legal amount of morphine to deal with the pain from his bone cancer. It was like living in hell – literally. But his suffering, along with the suffering of both of my biological parents, brought out a beautiful side in us as a family. It gave us an opportunity to step up and love in the way we were created for. If there's anything positive that can come from the recent Christchurch shootings, it's the reminder that sometimes it takes suffering and adversity to bring out the best in humanity. Whilst I've seen the worst a terminal illness can do to someone, I've also seen the beauty it can bring. If we genuinely want to progress as a society we need to learn to value life, which means we need to learn to embrace the suffering that comes our way and not run away from it. Suffering is part of the human existence, no medical science can remove that completely. But what we can change is our perspective. If we could change our perspective on suffering, choosing to embrace it rather than run from it, maybe we'd have a society that experiences more joy in life and much less pain. As the committee deliberates on how to move forward from here, I encourage you to consider my story and what that could look like for me in a state that does provide an option to voluntarily seek assistance to die. What might I have missed out on? I hope we can agree, in that the government should be doing more to find ways to encourage society to embrace life, not end it.	No
E1756	Confidential				No
				High-quality aged/palliative care is paramount to this inquiry and the government should be urged to allocate funding and resources in this area in lieu of legalising voluntary assisted dying. VAD (Euthanasia) is not a solution. Legalising the killing of humans in this manner is against basic human rights, subverting the moral and ethical standards we are proud to uphold in our country. Under the criminal law, the act of killing falls under both murder and/or manslaughter. Even being an 'assistant' in the process would make one an accessory to murder. Advocates of VAD make heart-felt pleas about loved ones 'expressing a desire to die' - yet not one of these concerned family members seemed to consider that this 'expression' may have been due to depression or the mental state of the patient at the time. Such a request can be used by an invalid to gauge their worth to others. Today most people are aware of the delicate nature of mental health and removing the stigma surrounding it, yet offering euthanasia as an option following such an obvious cry for help (or even a basic need for validation) is merely confirmation that they ARE worthless, an unwanted burden on their families and society - that their lives are not worth living; that all hope is lost. How can that be regarded as dying with dignity? Moreover, legalising VAD would completely undermine funding and resourcing of aged and palliative care, as euthanasia would clearly be the most feasible option. For example, in Holland it costs less than $100 to be euthanised - what a steal! However, there is no returns policy for euthanasia; no satisfaction guaranteed or you get your money back...	

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1757	Julia	Kelly		Voluntary assisted dying will inevitably lead to involuntary assisted dying - no amount of precautions could prevent this from happening. Consider Nazi Germany, Holland, and now Belgium. As Churchill once said: "Those who fail to learn from history are doomed to repeat it." Instead, the government should allocate more funding to palliative care so that our loved ones can truly die with dignity, surrounded by loved ones and qualified, caring health professionals. Recently, I met a 76 year old lady who has been living in an aged care facility for nearly 8 years. Over 30 years ago, she had a severe stroke. She was told she would never walk or talk again. She was in such excruciating pain that at the time she thought all she wanted was to die. But after 3 months, she said her first coherent word. Then another. And another. Now she talks a hundred miles a minute. The stories she told me! She has had a full life (with ecstatic highs and some terrible lows that served only to make her stronger and the highs more beautiful in contrast). In retrospect, she is emphatically glad that she did not have the option of VAD, as it would have robbed her of the past 30 years and all the joy it has brought her - even though she had no way of knowing at the time of her stroke. She is still a little frail (she is 76!), she still endures a lot of pain but she is determined to continue to live her best life and bring joy to everyone she encounters until the natural end of her days, thanks to the care she receives at her facility. High quality aged care and palliative care is what Australia needs - not euthanasia. Thank you for considering this submission. "Hope springs eternal in the human breast" - Alexander Pope	No
E1758	Theresia	Timson	4670	I believe in the sanctity of life. I do not wish to see assisted dying legalized. There is a danger of abuse, as happened in the Netherlands when assisted dying was made legal. Aged parents were coerced to end their lives by their families, as they were a financial or emotional burden. There was even a case where assisted dying was performed against the wishes of the person, but the person was assisted to die. We need to have laws to protect a person's life, not to take it away.	No
E1759	Cheyenne	Mackay	4031	I choose LIFE LIFE LIFE & LIFE more abundantly. I am deeply opposed to any form of assisted dying & shall never vote for any person whom I know would stand for or agrees with assisted dying, otherwise known as murder. Anyone who wants voluntary assisted dying to come into our society is in my personal opinion a friend of death & will be answerable to GOD. Anyone in Parliament who disagrees with assisted dying but votes for it anyway due to bullying by other members in Parliament, should not be in Parliament. All assisted dying proves is that some people are valued less in society than others & for this conversation to be taking place it is clearly stating that point & implying that you agree they are a burden to others so should opt out, with your blessing so to speak. I do not believe people want to die, but they want to escape the sickness, pain or trap they are in whether it be mentally or physically. These people actually need a miracle because mankind has no answers for them, so enter Jesus Christ, the answer to their pain. Many born again Christians (not all), have witnessed true miracles & healings. My husband, daughter & myself being among those who have witnessed healings for ourselves that can only be described as supernatural. We personally know others who have been healed of diseases, mental illness & addictions as well. Those who feel they have lost all hope & want to opt out of life in my opinion should seek first the supernatural healing power of God which is made available through Jesus Christ, who if you haven't heard died for our Salvation & was whipped for our healing & Hallelujah He is raised from the dead. I challenge everyone in the committee to literally ask this one question: Jesus if you are real, reveal Yourself to me & send someone across my path this week with a personal message from God that no one else but me knows the answer to? Then, ask the Holy Spirit to lead you to a Pentecostal Born Again Church who believes in the Salvation & healing power through Jesus. In my opinion. (Do the challenge, you have nothing to lose).	No

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1761	Linda	Litherland	4506	My mum was unconscious for 4 days dying slowly in aged care if I hadn't argued until I got a morphin pump for mum she would have been dying in pain because she couldn't say for herself but the grimace on her face & moans was obvious that she was in pain. My Dad has advanced Dementia & is dying slowly WITHOUT DIGNITY. My parents had done Advanced Health Directives, adamant they DID NOT want to be kept alive when there is NO QUALITY OF LIFE. Anyone against this obviously hasn't had watch a cherished loved one suffer needlessly. When they had specified legally when they were of sound mind their wishes. Why then could this not be part of the Advanced Health Directive which is a legal document. The truth is hard to swallow but Death comes to all & I personally DONT wish to linger without a genuine Quality of life. I've had relatives die slowly in terrible constant pain from Cancer; the pain medication thru palliative care weren't helping, they were terminal; who in their right mind wants to go thru unbearable pain when u have no chance of recovery. Anyone that wishes to end the pain deserves the right to. The reality is we can't live forever, therefore commonsense and humility must prevail when there is no quality of life. I am 100% in favour.	Yes
E1762	Anne-Maree	Moreau	T8A 2B9	As a health care worker who deals with terminal patients on a daily basis, I see the pain and suffering of patients and their families on a daily basis. Obviously there need to be rules around how it happens, but there needs to be a peaceful way for these people to pass on.	Yes

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E1763	Mark	Pinner	4132	I have suffered liver desease since age 18. Now 50, cirrhosis of the liver. Also many other afflictions because of this. A demeaning and degrading way to die. Hospital after hospital, tests, so many medications and Dr visits, the list goes on. Give me some dignety to die when I have had enough. Not when my body can't take any more. I deserve something piecefull.	Yes
E1764	Trudy	Clarke	4814	I believe life is a gift. I don't feel we have the right to say when we want to end it. Dying is a part of life, we just don't talk about it very much. I would like to see us improve our palliative care services, to make the process of dying, a journey of feeling being loved and supported. Pain management should be done well, so that people shouldn't have to suffer excruciating pain.	No
E1765	Confidential				Yes
E1766	Ma Bernadette	Gonzales		I do not wish to support euthanasia.	No
E1767	Daniel	Gunning	4115	Care of the vulnerable is at the heart of the Gospel of Jesus Christ and we as Christians cannot silence our concern on this issue. Euthanasia is the intentional killing by an act of omission of a person whose life is considered not worth living and Pope Francis has referred to as a "throwaway culture", and as Christians we strongly oppose. we urge our Government to allocate more resourcing to quality aged care and palliative care instead of looking for ways of "getting rid of the aging and sick" who are our brothers and sisters.	No
E1768	Alfred	Jeffs	4740	The elderly in our society through all history have served society and the younger generations of their time throughout their whole lives. We should be very grateful for their contribution to help build our society. They should be respected, loved and provided with the best care during their later years. Palliative care is a crucial aspect of caring for the elderly and many other who are suffering or dying of cancer. Assisted dying does not provide them with a dignified death. No law will ever dignify the taking of any life. There is immense volumes of data and research that show how destructive euthanasia is to society mentally, social, and spiritually (to those who believe). We can see the future results of such laws in foreign countries who have many years of experience. People with Autism, chronic fatigue syndrome and mental illness are now being assisted with dying, instead of fulfilling our duty to assist them in obtaining a better quality of life. As one Doctor who specializes in palliative care stated, " I have never seen anyone die in pain in palliative care". It's all about the facilities, training and funding. Increase funding and necessary training of palliative care specialists to improve the lives and dignified death of cancer sufferers.	No

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E1769	Vera	Santos	4115	Repeating the word of our Archbishop, which perfectly describes my Christian opinion: Care for the vulnerable is at the heart of the gospel of our Lord Jesus Christ, which is why we faithful to the Gospel, have something to say on the issues of end-of-life and palliative care and voluntary assisted dying. We are in favour of high quality aged care and palliative care, and we urge the government to allocate more resourcing to these areas. But the proposal of voluntary assisted dying (VAD), or euthanasia, is of serious concern for all of us who believe in God and should be a concern to every citizen, as we are all going to grow old at some stage. It's important to understand what it is we're talking about. Euthanasia or VAD is not simply the ceasing of treatment of a terminally ill patient – like removing life support after all possible treatments have been explored. Rather, euthanasia is the intentional killing by act or omission of a person whose life is considered not worth living. This is what Pope Francis has referred to as a 'throwaway culture', and one we, as a human being, must oppose. Every human person is intrinsically valuable, endowed with dignity and a gift to us all. The tragic reality that some people find themselves in a situation where they feel that their life is no longer worth living should inspire us all to reach into their lives with love, care and compassion rather than consign them to voluntary assisted dying. In this, our rejection of VAD comes with an obligation – that we ourselves work to ensure that all those in our life know that their lives always matter and are always worth living.	No
E1770	Resi	Fuessel	4559	I would like to quote a Media Release from the New Zealand Organisation "Family First New Zealand" from 12 May 2014. Although it is 5 years old, and refers to the euthanasia debate in New Zealand I believe the information is still relevant and also applicable to the voluntary assisted dying debate in Queensland. https://www.familyfirst.org.nz/research/killing-me-softly Media Release 12 May 2014 A report on the history of the euthanasia debate in New Zealand and an examination of the law and the research evidence overseas warns of the potential for even greater levels of elder abuse if euthanasia were to be decriminalised in NZ. The Report "Killing Me Softly – Should Euthanasia Be Legalised?" by Professor Rex Ahdar of Otago University says that safeguards can only go so far, that coercion is subtle, and that patients will ask themselves why they are not availing themselves of it. He warns that the potential for abuse and flouting of procedural safeguards is also a strong argument against legalisation. The report was commissioned by family group Family First NZ in response to another promised attempt to change the law by Labour MP Maryan Street after the upcoming general election. The report warns that in practice, safeguards can only go so far, and that coercion is subtle. The everyday reality is that terminally ill persons and those afflicted with non-terminal but irreversible and unbearable physical or mental conditions are vulnerable to self-imposed pressure. They will come to feel euthanasia would be "the right thing to do", they have "had a good innings", and they do not want to be a "burden" to their nearest and dearest. Simply offering the possibility of euthanasia or doctor-assisted suicide shifts the burden of proof, so that patients must ask themselves why they are not availing themselves of it. A recent study found that 32 percent of all assisted deaths in the Flemish region of Belgium were done without the patient's explicit request. The requirement to report euthanasia has not been fully complied with in nations that have legalised euthanasia either. There is some empirical evidence too from these same nations that the availability and application of euthanasia expands to situations initially ruled out as beyond the pale. For example, euthanasia has been extended to enable minors to avail themselves of it with parental consent in the Netherlands and, most recently, Belgium. Labour MP Maryan Street has been reported as saying "Application for children with terminal illness was a bridge too far in my view at this time. That might be something that may happen in the future, but not now." The report also notes that the majority of the medical profession and national medical associations around the world have been resolutely against the introduction of voluntary euthanasia or physician-assisted suicide, amidst real concerns that the role of the doctor would be irrevocably changed from healer to, at times, killer; from caring professional who saves lives to one who takes them. Inevitably, patient trust would be eroded. The report concludes that any decriminalisation of euthanasia will introduce the era of "therapeutic killing". ENDS	No

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1771	Sylvia	Jeffs	4740	Euthanasia is wrong and is NOT dignified. Stop pushing people to die and give them respectful, loving care; EFFECTIVE PALLIATIVE CARE. It is a lie that the majority of elderly want euthanasia. It is being pushed by a minority who don't care about the effects it has on our society. Making euthanasia legal does not make it dignified by forcing society to participate in their death. We see the effects on foreign societies where this has been allowed. Over whelming evidence shows of a culture pushing to encourage society to give up and embrace assisted dying. A dying society and culture. We have been warned with clear evidence to STOP now. A sad day when politicians cannot be trusted to help and assist us.	No
E1772	Roland	Jeffs	4740	Is our government failing to provide effective health services? I believe we are failing our elderly population in providing effective palliative care. Better funding and training of this area would be the most beneficial, humane and moral care for our people. Why are we contemplating the use of assisted dying? Taking one's life is NOT dignified, nor is encouraging anyone to do so. We already see the failure of euthanasia in other countries, where no safe guards can protect, eventually eroded where society is now taking the lives of the mentally ill, or anyone who is suffering in any faculty. Some politicians suggesting that elderly are a burden on society and should be removed to lighten the load on the health care systems. This commentary has already begun in Australia. Why are we not doing more to assist their suffering? Assisted dying is misguided empathy, but is also an easy fix with absolute lack of morals and care.	No
E1773	William	Nagle	4125	Aged care is something that has mainly increased due to the lack of family involvement in caring for our elders. It aligns with the other end of the scale regarding family placing children into daycare. We are constantly being bombarded with what we need to buy and how we ALL need to work, both husband and wife, at the detriment of the basic building blocks of society, the family. If the need to have everybody working then ultimately we will all be in need of aged care at some point as there will be no family to support us. Ultimately if we are all working then taxes need to be allocated to looking after those that are currently working (future aged care) and those that have worked and are now in need of care. from my experience the current system seems to be based on how much you can afford. If like the most of us we live a fairly meagre life on an average income, there is limited choice to the level of care and the wait to get into suitable accommodation is long. I have found those aged care homes at the lower end of the scale seem to be understaffed with very high turn-over of residents as they are only admitted when desperation kicks in. VAD is simply euthanasia or suicide and denies the person their last fight before entering the next life. At best it reduces the load on the institutions that are already at capacity. It is not only degrading to the person going through the last stages of life that i fail to see how they could be thinking clearly (after seeing my Mother go through cancer, chemo there is no way she was in her right mind to be able to make that decision) it would have only served to ease the pain of family members watching her go through it. My mother survived to live another 5 yrs and in no uncertain terms did she want to be euthanaised even in the worst times of therapy and at the time the doctors were even telling us that the chemo was no use and palliative care was the only way).	No
E1774	Kirsten	Burke	4152	With over 10 years health care experience across pre-hospital, aged-care, palliative care and disability I've seen a variety of clients at a variety of different stages of their disease, aging or injury process and can confidently say that in some circumstances where quality of life has been replaced with either constant unmanageable pain, an inability to communicate or move, loss of control of body functions including bowel, urine, swallow, speech, or all of the above that the pain, discomfort and torture some people are put through is completely inhumane and greater control of a person over their life and death is needed, in particular voluntary assisted dying to prevent the torture of our mothers, fathers, brothers, sisters, children and spouses. Our families deserve better, the Australian people deserve better- they deserve the choice to safely end their lives voluntarily and without shame and judgement.	Yes
E1775	Stefan	Rey	4075	High quality aged care and palliative care, is of upmost importance and we would urge the government to allocate more resourcing to these. Rather, Voluntary Assisted Dying (VAD) or euthanasia is the intentional killing by act or omission of a person whose life is considered not worth living. The legalizing of VAD is the legalisation of muder/suicide and opens the door to putting psychological pressure on the aged who can be made to feel like they are a burden and manipulated into having their life prematurely terminated.	No

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				I am writing to support the introduction of voluntary assisted dying laws in Qld. As a child with an elderly mother whose mind is rapidly degenerating, and as a trained bioethicists, I believe there are times when death is a good to the one who dies. Working at a medical school you can see the thinking of young students that the aim of any treatment is to save a life, that life is the ultimate goal. But such a life may be condemning someone to endless suffering, and condemning those around them to the agony of watching their loved one slowly, but inevitably, grow weaker, experience more pain, and maybe after months of this, die. The British House of Lords recognised that the quality of life should not be overlooked in cases of people, or their loved ones, requesting the ability to end a life, and hence it ruled in a landmark case that life support from Anthony Bland should be removed. Modern patient care is based on the principles of autonomy, nonmaleficence, beneficence and justice, so it may be appropriate to consider these aspects when determining under what circumstances death is a good for the one who dies. In the medical setting autonomy is the right of the patient to have input into the direction their treatment will progress in. For a patient to act autonomously they must be competent, informed and free from coercion. Nonmaleficence and beneficence together cover the concept of working to benefit the patient, not harming them, while justice may be considered treating like patients equally and in ways appropriate to their needs. Bearing these ideals in mind Beauchamp and Childress developed the following set of conditions which they believe, if satisfied, justify euthanasia. 1. Voluntary request by competent patient 2. Ongoing patient-physician relationship 3. Mutual and informed decision making by patient and physician 4. Supportive yet critical and probing environment of decision making 5. Considered rejection of alternatives 6. Structured consultations with other parties in medicine 7. Patient’s expression of a durable preference for death 8. Unacceptable suffering by the patient 9. Use of means that is as painless and comfortable as possible Issues of patient autonomy are covered by consideration of patient competency, decision making and consistency of desire for death. Consideration of treatment options, consultation with other medical parties, suffering by the patient and a requirement for the means of death to be as painless and comfortable as possible take into consideration the dual principles of nonmaleficence and beneficence. Presently most medical practices respect the right of an autonomous person to refuse, or withdraw, life sustaining treatment, so as to bring about the death of that person. However a similarly autonomous person who may have a heavy burden of pain and suffering, but is not on life sustaining treatment, is often denied the right to arrange their death by mutual agreement with their physician. At present, in most medical practices, their only option would be to refuse nutrition and hydration or to be given palliative care until they die a natural death. The availability of assisted death to these patients, with the conditions outlined above, would address this apparent injustice. Whether a life is worth living is up to the individual. While one patient may see the prolonging of life as needless suffering, another in the same situation, in the same pain and with the same dismal outlook may cherish any extra time they get to share with family and loved ones. One patient may believe in the sanctity of life, another may give more consideration to quality of life. So under what circumstances is death a good for the one who dies – I would say to answer that, you would need to ask that the person that is dying – I believe by introducing legislation to allow voluntary assisted dying you are giving that one last decision back to the individual.	

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E1776	Lynn	Woodward	4814	Whilst I respect objections based on religious views, I think we need to be mindful that not all people hold such beliefs. Why then should their rights and beliefs be held as less important? Asking for, and receiving assistance to die does not impact those who believe in the sanctity of life, but it certainly impacts those that are suffering and wish to end such suffering. I personally would like to see a very flexible law allowing VAD, I believe people should be able to make such a request in a well informed Advanced Health Directive. People suffering from dementia, or other illnesses that affect their mind, should not automatically be ruled out of access VAD. If they had made that decision earlier in their life, whilst in a competent state, then those wishes should be respected. Ultimately it is about empowering people. In Oregon, with the Death with Dignity Act allowing patients to have access to a lethal dose of medication, it has been found that many people get the prescription filled, but die a natural death. The knowledge that you can end your suffering on your own terms, just to know you have that choice, is very powerful. I believe the people of Queensland would like that choice. Over one's mind and over one's body the individual is sovereign. John Stuart Mill On Liberty 1859.	Yes
E1777	Therese	Mulheran	4178	I disagree with helping people commit suicide for any reason whatever. Doctors have taken an oath to "do no harm to people". How can they in good conscience assist them to die or even "play God" and decide to assist a death without the patients approval. This bill is subject to all sorts of manipulation and abuse,	No
E1778	Roslynn	Brown	4128	My hubby and I have always been advocates of VE.... I was a member of WAVES when we lived in WA. My darling now has advanced prostate cancer and I dread how he will feel in his last days. Please help us.	Yes
E1779	Di	Morris	4163	We should have the right to die with dignity. We give our pets dignity in the end yet not our loved ones	Yes
E1780	Confidential				No
E1781	Jerom	Fox		To legalise voluntary assisted dying is to encroach dangerously on our society's moral bedrock - the idea that each human life has inherent value. Please do not vote this through.	No
E1782	Michael	Perkins	4014	I object to changing the law to include VAD This was previously carried out by Adolf Hitler using 'Gas Chambers' during the second world war. It started with good intentions of removing disadvantaged/ disabled people from society to remove the cost from the governments. Please don't follow other countries. Only dead fish flow with the tide.I believe that life is a precious gift and no matter what hardships are endured we are only here on Earth for a short period of time. But we are deceased for all eternity. All people with disabilities and other forms of illnesses bring out the best in those around them. I also believe that any person who has been assisted in dying that their whole estate in no way goes to any or all relatives, thus they don't get a reward form the assisted death of their so-called loved ones. No Doctor should be forced or compelled in any way whatsoever to assist. No doctor should be compelled to refer the said person to another person who is willing to carry out the death of a person who has not committed any crimes worthy of this sentence. In Australia all the so called politicians are against the death penalty in Australia and overseas countries for any reason whatsoever. This includes where crimes are committed that are deserving of this sentence. eg terrorist attack in N.Z. So why do you want to allow the killing on innocent people for no reason other than their age, or cost to society in general. Part of the problem in aged care facilities is that workers are being employed when it is not their calling in life, and it is just a job. No amount of the screening of applicants can overcome this scenario. Please do not allow this change of law as it is not, and never will be morally correct.	No

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E1783	Susan	McClymont	4730	I have witnessed the immense pain suffered by those in palliative care for cancer treatment (particularly mesothelioma and pancreatic cancer) where the patient is virtually comatose with medications and still not pain free. I feel that to prolong the suffering of those who WANT to die, and who have no hope of improvement in their condition, is cruel. Of course there needs to be regulations in place, and every case is different, but have exhausted all options and to still be in severe discomfort in my opinion warrants the option of euthanasia.	Yes
E1784	Ann	Perkins	4014	I am against and totally disagree with Australia following other Countries who choose to end life of the elderly and terminally ill patients. Medical practitioners take an oath to preserve life, therefore all medical practitioners should not be forced or pressured to assist in euthanasia . All patients who are terminally ill or elderly deserve dignity and good palliative care . My concern is that relatives could coerce the terminally ill to end life because of costs associated with preserving life. This is Australia's chance to stand up for life.	No
E1785	Joshua	Lucey	4207	I personally believe that every person should get to have the right to make decisions over their own body. As people we should have the right to determine how we die and if we choose to die in a dignified way with family and loved ones a government shouldn't stand in our way.	Yes
E1786	Fredy	Mejia	4118	Eutanasia is not the answer for looking after an old person. I am in favour of high quality aged care and palliative care, and we would urge the government to allocate more resourcing to these.	No
E1787	Jacqueline	Ismalun	4879	I am writing to you to tell you about the story of my father Joseph Wagner who sadly passed away in June 2014 after a long battle with lung and pancreatic cancer, he was only 66 years old. In 2012 after a lengthy process of doctors visits, tests and countless trips from Cairns to Brisbane to attend hospital appointments my father was diagnosed with pancreatic and lung cancer. For the next two years he battled with chemo, radiation and pain. He could not eat properly and ended up having to be peg fed, he also had a syringe driver attached to him to help with pain even though he was still never comfortable. For two years my father and my family watched him waste away to nothing, until his passing which coincidentally occurred on my daughters 9th birthday. My father served in the Royal Australian Navy for 45 years proudly and was a strong man, he was raised in a generation that never complained, he never asked for help or told anybody when anything was wrong. This was his second bout of cancer sadly, he bravely fought throat cancer when he was in his early 50's, he also watched his mother and father die a long death due to stroke and cancer. He always said to us that if he was ever in that position he would rather die, he would put a gun to his head and he would rather be put out of his misery, he never wanted to be in a position where he could not be in control of himself, ie not be able to eat, clean himself and go to the toilet. Yet in the end that is exactly what happened….I know my father would have much preferred having the option of being able to end his life in a humane manner and not suffer as he did and put his family through everything that we went through. In the end my father was 35 kilos, he was skin and bone, he could not even communicate with his own grandchildren, I know he would never have wanted them to see him like this. He knew that his prognosis was no good, so why could he not have the opportunity to end his life before it reached this stage if this was his choice, before the enormous amount of pain started that he had to receive constant large amounts of drugs for, before he had to have a peg inserted to feed him and hydrate him, before we had to sit in the palliative care unit for four weeks waiting for him to die whilst he could not even speak with us, he was probably not even aware that we were there with him, whilst we watched his body suddenly jerk out of nowhere due to all the drugs that were being pumped into him to keep him comfortable. This is not what life should be about, we euthanise animals when they are in pain and the outcome is not good, why can a human not have the same choice, it just does not make sense. Please we need our laws changed to allow for this, it is 2018 for goodness sake! I would be more then happy to speak with the enquiry as a witness if one travels to the Cairns region to tell more about our story.	Yes

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E1788	Liz	Irvine	4121	I am currently supporting 2 elderly grandparents who are in a torturous existence at a high care facility for elderly patients. They are surrounded by people who are barely existing - they are certainly not living. They are dying! There is no miraculous cure for old age - they are never going to get any better, or "skip out of the facility. There is no quality of life; all they are doing is struggling through "ground hog day" being fed a diet of pureed food and medication to keep them going, living through monotonous days without visitors; sitting in chairs - non compos mentis. Listening to people moaning and groaning while they wait to die. My husband and I have told our children that this is not the existence we want to have. We are not working now, to spend our financial investments on aged care facilities, and pharmaceutical companies. My body my choice - please amend the legislation to reflect our right to choose. Thank you.	Yes
E1789	Peter	Kennedy	4552	I am currently 63 years old and in good health. I have been fortunate enough to be very healthy all my life. Nonetheless, I recognize that this may not always be the case, or I could be unexpectedly injured accidentally. Therefore, I have had an Advance Medical Directive in place for many years, containing clear instructions to medical staff and others about what treatment I will or will not accept. One could argue that, where resuscitation is prohibited, or the mechanical and chemical means of saving/prolong life are denied via the Advance Medical Directive, I have already pre-chosen death in preference to such a poor quality of life that I would deem it to be virtually meaningless. As with most people, I hope for a ‘good, peaceful death’: that is, one with manageable physical and emotional pain at a time when I’m ready to accept it. However, this may not be possible unless voluntary euthanasia becomes available in Queensland as it is in a variety of other locations. If I have decided on voluntary euthanasia, but cannot travel to another such location, what would my fate be? It doesn’t bear contemplating. The law in Queensland must be changed. While in Townsville, I lived next door to two men in their sixties, both of whom died miserable and prolonged deaths from cancer. Similarly, a female friend in Townsville who was suffering terribly with terminal cancer was put under a lot of pressure by her daughter to keep on with treatment that doctors confirmed had no chance of beating the cancer, and yet they were prepared to offer, merely prolonging her suffering in hospital. She also eventually died a prolonged and miserable death. It is well known that there are acknowledged limits to palliative care. There are cases in which pain cannot be satisfactorily controlled and, of greater concern, is the loss of mental faculties and/or physical abilities and the descent into total dependence on others over a lengthy period, as a miserable prelude to death. In extreme cases, ‘terminal sedation’ may be administered – foregoing life-sustaining measures and rendering the patient unconscious until death from dehydration. This is simply 'slow euthanasia' and, for myself and many others, it is not a reasonable alternative to a quick and peaceful death. While the patient may not be conscious of suffering, their loved ones are kept in agony until the patient finally dies. I’m haunted by the memory of those three friends being denied the option of a simple, quick and peaceful death, should they have decided to request euthanasia. I hope I do not have to suffer the same fate. When pets and wildlife are in a state from which they cannot recover, society accepts that we can and should humanely euthanise them. I have had this experience in person with a beloved budgie. It was sad to see him go, but to hold him gently while he slipped away peacefully after the vet’s injection was a privilege and a comfort. I dread the possibility of a situation in which I want to let go of my life and I’m left with no option but to refuse fluid and food in an agonising attempt to hasten my death. I beg you to give me the choice of asking for medical assistance to end my life peacefully under such circumstances. Please note that I am in no way advocating that anyone other than myself or my Medical Power of Attorney should have the right to decide whether or not I can obtain medical assistance with dying. Also, I respect the right of others to choose to not seek such medical assistance with dying, for whatever religious or moral reasons they may have. However, I do not accept that others have the right to prevent me from accessing medical assistance with dying if I should so choose. This is currently the case in Queensland. Accordingly, I support Dying With Dignity Queensland’s aim 'to have laws introduced in Queensland to allow adults who are experiencing grievous and irremediable suffering related to an advanced and progressive terminal, chronic or neurodegenerative condition, to legally access medical assistance to end their life should the person choose to do so.' I support the submission by Dying With Dignity Queensland to this inquiry, and I hope that you who are reviewing submissions will give serious thought to your own upcoming death, however far into the future that may be. I authorise my submission to be placed on the QLD Parliamentary website for public viewing, and am happy to be quizzed about it whenever necessary.	Yes

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E1790	Confidential				No
E1791	Joanne	Davies	4157	We need more resources for the aged in our Society- a higher quality of living and better ratios of staff to elderly. More inquiry should be made into how to make the later years of an elderly person the best they can be, not how to ignore their needs or get rid of them. These people have been contributing members of our society, paying taxes and should now not be ignored or disregarded.	No
E1793	Michael	Astle		The terms of reference for this enquiry include both the "desirability of supporting voluntary assisted dying" and "any necessary safeguards to protect vulnerable persons". Is this not a contradiction in terms? If a person is feeling suicidal, is not that person already vulnerable? Is not that person clearly in need of the support of others to continue living, loving, and experiencing the love of others? Palliative care should be expanded, and more community volunteers encouraged to visit people who need a good cheering up in what is often some of the hardest days of their lives. Noone should ever have to feel as though he or she is a burden on society. All people should know that they are deeply valued by the way society treats them, especially the elderly. The government would do well to help promote a world where that is the case for everyone. Thank you for your time.	No
E1794	Doreen	Cormack		Make your decision carefully, the wrong one will have everlasting effects on all humanity!!	No
				As a practising general surgeon, I have had the privilege of looking after many people in their dying process - most often from cancer. I think they have had the best of palliative care in the vast majority of instances. However, no matter how good the palliative care, the process always ends up being one of gradual deterioration most often as a result of poor food intake , leading to progressive malnutrition (starvation). This progressive weakness eventually leads them to develop pneumonia and death after several days of unconsciousness during which they and the family endure a period of ghastly gurgling after which death usually comes as a great relief. The current model provides for medication to be given as much as possible to relieve pain accepting (under the doctrine of dual effect) that this same medication may hasten the individuals death. Nevertheless, it remains the case that a great proportion of the time the nursing and medical staff feel constrained to limit the dose of pain relieving medication in case they might be seen to be trying to hasten death. This has the effect of prolonging the process and the suffering of both the patient and them family. I can see no reason why my behaviour as a doctor should be any different from a vet when confronted by a hopeless situation. I would feel it is entirely reasonable to offer such terminally ill people the option of a dose of medication to end their lives at a time of their choosing. It is simply being humane. The situation is often one of more unpleasantness than just being unable to eat. Patients suffering recurrence of their cancer may have obstruction of their bowel leading to massive abdominal distension and vomiting. If they have had surgery in their last weeks, they will occasionally suffer the development of fistulae from their abdominal wounds where they have bowel content discharging through and onto their skin. This can often be very difficult to control. Control of associated odour can be very difficult, leading to such patients having the added burden of embarrassment at their personal situation. Patients may experience local recurrence of their cancer such as in their breast or chest wall where their breast was. Again this may lead to a situation where there is massive leakage of fluid which is difficult to control and again where odour is a major issue for them. Again, I would say it is simply humane to offer such people the option of choosing to die more easily and with out these indignities.	

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E1795	Timothy	Porter	4350	Of course, we should also not lose sight of the fact that as their weakness increases terminally ill people will have more and more difficulty with their bowel function whether due to obstruction or due to the constipating effect of the medication. As a result, they will often need to be given aperient medication or enemas often meaning that they require the assistance of other people to wipe their bottoms and worse - more indignity. DEMENTIA Many people are now ending their days with dementia - often at the end of years of care in our aged care institutions. With the best of intentions, these institutions and the family of the patients cannot provide one to one care around the clock. As a result , they tend to be parked in armchairs in front of television of perhaps some other entertainment often having no meaningful interaction with their surroundings The aged care funders- the Federal Government -are very concerned to ensure that patients receive the very best possible care. It is seen as a surrogate marker for quality of care that such people not be malnourished. They must also be able to show that they are not suffering constipation. As a result, the patients are fed by very well meaning staff and family with the result that they live many years longer than they would if nature were allowed to take its course. The concern about constipation often leads to the routine use of aperient medication. This in turn often leads to liquid / loose bowel motions and incontinence. This in turn is dealt with by putting the patient in adult nappies. What a monstrous indignity!! Any competent adult asked their preference would surely not opt to be put in this situation. Many of the Voluntary Assisted Dying regimes around the world insist that the patient must be competent to choose at the time of it being enacted. Surely dementia is a situation where this must be relaxed to allow patients who have properly executed Advanced Health Directive to choose to have assisted dying at a time chosen by their substitute decision maker. In summary, I think Voluntary assisted dying legislation is well and truly overdue. I don't give any credence to the "slippery slope" argument that says it will necessarily be extended to children or incompetent adults against their wills. It should not be beyond our politicians to write legislation to guard against that. Having said that, I don't see why it should not be extended to children dying of cancer for all the same reasons I have outlined.	Yes
E1796	Sabrina	Lewis	4564	I believe, as a nurse and a member of community that VAD should be passed, dealing with death is hard in any situation but to have the physical ability to choose whether to die or not is completely an individualised choice. Knowing in any situation where you could be unable to do the activities of daily living, or the job that you've dreamed about since you were a child or simply being able to live without being dependent on someone else shatters a lot of families and I for one believe that we have every right to choose how we die. I have seen a lot of lives wasted away for years and if they were able to choose how they went before they got to the point of not being able to make decisions for themselves, this would provide a lot of closure for families and save unneeded grief and torment for families	Yes
E1797	Confidential				No

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E1798	Christopher	Stanley	4104	Life is a sacred gift from God. Nobody should be given the right to be part of any end of life procedure. Legislating VAD opens the door to abuse as has been seen in other jurisdictions that have done this. Queensland should simply not go there.	No
E1799	Philip	Mostert	4207	Life, once started in the womb, should not be terminated by anything but natural death, unassisted. This bill opens the way to government and others deciding when its time to cull, by stealth.	No
E1800	Sheridan	Stanley	4104	I don't believe that anyone else has the right to take anyone else's life, either directly or by assisting the person themselves.	No
E1801	Steven	Gourlay	4508	The experiences of countless patients and families should be the inspiration for continuing to improve palliative care, for general introduction of advanced care plans and not for euthanasia with its openness to misuse.	No
E1802	Peter	Barnes	4670	I wish to object to the proposed legislation to allow euthanasia in Queensland. I believe it is a dangerous move, open to abuse and interferes with the natural law.	No
E1803	Rebecca	ODonoghue	4075	I would like to tell the committee that I don’t support the voluntary assisted dying. As a registered nurse in the Oncology specialty, I have spent some times with palliative patients. As i’ve sat with them, coming to terms of their diagnosis, most of them have a strong will to live & if they’re diagnosis turns palliative they want to make most of their last days with loved ones. We don’t know the hour or time of our deaths, but I believe it’s the right thing for nature to take its course, symptoms can be controlled with drugs if need be & patients can die comfortably & peacefully if it done the right way. If people want to take nature into their own hands, have someone to help them die,, it just doesn’t sit right. It’s very selfish of the person, as the persons loved ones might not be ready to say goodbye. There could be some unfinished business that needs to take place, eg ask forgiveness from a loved one before they die. A person can die a good death with the support around them from an excellent team of palliative care doctors, nurses, hospital & team members. There are good support networks out in the community that need to be called upon & used. Suffering is part of life, and we as human beings need to be able embrace suffering if it comes to us, as that’s how we grow in our love & care for others. I don’t support voluntary assistance in dying, and wouldn’t want this pressure put on professionals to help others die or to those who have given up hope.	No
				Q 13, 14 and 21: I believe in strong communities. Government-funded assistance should be funded on the local level – Rockhampton residents should fund Rockhampton-residing elderly, and Brisbane residents should fund Brisbane-residing elderly, and so on. If I knew my taxes were funding a person in my local neighbourhood, I'd feel a stronger connection to them than to someone on the other side of the State. I'd be more likely to pop in and say hi, perhaps have a conversation with them. This "friendliness" is something which money can't buy. Q 25. No. Doctors should treat their patients, not kill them. A doctor whose patient dies should be considered a failure of the doctor to treat the patient not a success. Allowing doctors to consider the death of their patients as a potential solution to their illness is a conflict of interest to all patients. If doctors can considering kill a patient to be an equivalent success to treating them, they can convince their patients to undergo euthanasia and they can boast of a 100% success rate despite all his patients being dead. Having safeguards in place to prevent "coercion" will be useless and violate the argument for choice. If the patient's choice to die is of primary importance, on what basis should this choice be restricted by other criteria? What one person sees as "coercive" can be seen as "persuasive" by another. If a person can't be "coerced" into accepting euthanasia, on what basis can they be "coerced" to reject euthanasia. Doctors who counsel against it may be accused of coercion against a legitimate option. Suicide is a bad thing. Consider the high suicide rate among gay and trans people. We consider this a problem, as we should. We should treat the problem which is making them consider ending their lives. If suicide become a legitimate option, we could view this statistic as nothing negative, but simply people exercising their freedom to die? Likewise, if a victim of bullying committed suicide, this would be a consentual decision, so on what basis would be say this is wrong when the law allows others to do so?	

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E1804	Dominik	Wegrecki	4503	A gay person who experiences bullying would satisfy the criteria of a potential VAD scheme for Queensland: want to end their life for a valid reason (bullying causing misery), consent and the capacity to give consent (they're over 18). Can you imagine counsellors telling these vulnerable teens that suicide is a legal option and they are free to pursue this option if they wish? If suicide becomes a legitimate option, on what basis would we condemn someone who killed a suicidal person, and claims that he was simply putting him out of his misery, as a defence in a court of law. Almost all pain can be mitigated with good palliative care. Slippery Slope: Belgium is now euthanising children. More than 1000 non-consenting patients have been killed by doctors in Netherlands where euthanasia is legal [1]. Doctors who murder their patients or make a mistake out of negligence on the operating table will be able to say they did what was intended – causing the death of the victim with their consent. In the Netherlands, an elderly women had to be held down to be killed [2]. She gave consent previously, but obviously changed her mind. It will not be seen as unethical to wish death upon burdensome relatives. Why should it be immoral to wish that relatives undergo a legitimate treatment? Legalising Euthanasia will change the mindset of the people. In Belgium, a large portion of people consider it legitimate to no longer offer treatment to those over 85 [3]. Q 26. The term "voluntary assisted dying (VAD)" is misleading. If a patient is dying, there is no point in "assisting" them. It is universally recognised that a doctors role in a situation where a patient is dying is to treat them, not help quicken the process. In such a delicate issue, I believe accurate terms should be used. "Suicide" should be used, as it means "the act of taking one's own life." The terms used should not be "sugar-coated" or euphemised to sound less negative. In fact, they should have as little "positive spin" as possible so that people can judge it for what it is, without any emotional connotation to the words being used. Q 37. Yes. How can doctors be expected to act ethically if they are legally required to violate their own conscience? Legally requiring doctors do perform VAD will necessarily result in doctors look not to what they believe is right, moral and ethical, but to what is required by law. Doctors need to have freedom of conscience to allow them to disagree with bad laws. The Nuremberg trials concluded that just because something is legal doesn't make it moral. Simply following the law is no excuse. So doctors must have the freedom to disagree. In such case there will surely be other doctors willing to do VAD, so preserving doctors' freedoms will not prevent people from seeking VAD elsewhere. It will however prevent a state of affairs where dissent of opinion is not tolerated. Q 38. No. Such a requirement violates the purpose of the objection. They should be able to do whatever they deem ethical in this situation, and if they believe it's unethical of them as doctors to refer them to someone who will not treat their sickness ethically, they should be able to refuse to cooperate in what they see as unethical. Of course such a patient would be free to seek out other doctors. *** [1] https://tinyurl.com/y32rjjoj [2] https://tinyurl.com/y6hjs3w8 [3] https://tinyurl.com/y64vhxov	No
E1805	Rosemary	Green	4815	If I should get dementia I do not want to be kept alive and I want to be able to access VAD. I do believe in end of life choices.	Yes
E1806	Confidential				No

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E1808	Paul	Groves	4053	This proposed legislation has come about for the worst reasons, noting that the existing situation morally allows doctors to deliver pain-killing medication, albeit not always optimally as is possible without moving to this proposed extreme, even if the **unintended** side effect is an earlier death which should at all times, be guarded against. The intentional killing of anyone, even for supposedly compassionate but individually held reasons is amoral. The law must reflect that axiomatic principle in order to prevent the slippery slope descent into barbarity and eternal damnation. No-one has the authority to take life in such circumstances as no-one is threatened by the loved and unloved alike who are approaching death. The real reasons for this proposal are: -Money. Aged care home business models, already demonstrating horrendous conditions and failures in caring for our loved ones and the vulnerable, have in common with public hospitals the goal of churning beds in order to profit or reduce costs. There should be no incentive to hasten death and the law should prevent it with incentives to promote the common good and the dignity of all life from conception. -Money: Families are often under pressure to kill their elders because of a 'promised' or an 'expected' windfall, compared to potentially, expensive aged care home residencies. The law must lead the community in preserving the dignity of life in all its forms and disapproving of mercenary selfishness. Money. There is a lack of Government will in attending to the problem of lonely or otherwise suffering members of the community. Granting good intentions to members of parliament it therefore needs to be recognised that these 2 problem areas could be far better handled by spending well targetted funds at community 'involvement programs' and especially at upgrading palliative care units with the latest resources, recognising that there have been significant advances in palliative care medecine and knowledge. -To allay individual or community conscience. Out of sight, out of mind. Knowing that what is sought is the intentional killing of another person, we are through Natural Law imprinted on our hearts, instead required to care for such folk, preserving their dignity with selfless love until Nature takes its course. Yet so often we fall short of such illustrious standards of behaviour and knowing this we often find ourselves making excuses for such sins and not wanting to be reminded of them. But here again the Law must lead to real solutions instead of promoting the current culture of death. If the law fails here, history is full of examples of more evil growing from such failures. The law is only moral when it correctly understands what the "common good" means and then protects and advances it. Given these truisms and the history of euthanasia's slippery slope into even child murder elsewhere, it is impossible to adequately protect the vulnerable where consciences are dulled, money & profit is 'dangled' and the authorities are negligent in enforcing even the weakest of laws. We should not progress down that path any further, even by the width of one hair.	No
E1809	Norman	Poole	4655	In June 2000 I was privileged to be with my sister when she finally succumbed to bowel cancer. She was married with a 12 year old son when diagnosed in her late 40s. She was a very determined 53 year old, willing to do all she could to beat her cancer. Many rounds of chemo left her frail and lacking energy to do even the most menial tasks. My wife and I visited her several times during her treatment and were dismayed to see the speed of her decline. When it became clear to my sister that she was losing her battle she had to make a big decision to be treated in hospital or to have palliative care at home. She made the decision to be at home in her own surroundings with the loving support of family, and under the care of palliative staff. Sadly, death took over a week from becoming bed-ridden, with the last 3 days being a period where she had no knowledge of her surroundings. This was the most harrowing period for my sister, her family and especially for her son, all who stayed by her side. Being in constant and increasing pain, with palliative support only coming every 2nd day to adjust medications, family members had to provide all support regarding moving, rolling my sister to minimise bed sores, changing nighties and bed sheets when soiled. I am sure this was not how my sister thought her last days would be. I feel certain that her idea of family support and spending time with her husband and son in comfort of familiar surrounds would have been a reality had she had the opportunity to access voluntary assisted dying.	Yes

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E1810	Alan	Taylor	4060	I know of three people, one a family member and the other two life long friends who have died from a medical problem they had for over twelve months. I am not saying they had not pain, but they said they could survive their pain because of good palliative care they received throughout their illness and the support they received from family members. The palliative care they received was at the Mater Hospital in one instance and at the palliative care unit at the Prince Charles Hospital which I believe is a Government run hospital. If this care is not readily available and I trust the committee will find this out, then I feel that one of their recommendations should be to address the problem. The other plus was the support and love given by family members - brothers, sisters, wives and children. In Australia over the last forty years, the family unit has in may instances broken down. Added to this problem, people are living longer. This has resulted in a number of older people with painful medical problems which are terminal, seeking assistance in dying or taking their own livers. Just as the State will always support a young child abandoned by the family unit, I feel the State should support any old people, particularly those with a terminal illness. Palliative care should be made freely available to these people and as with young children, the State should be pro-active in this area. As pointed out in your paper No. 3 there are Home Care Packages and Residential Care Packages available, funded by the Governments - both Federal and State. Also in your Paper No. 3 you refer to the ageing population. In addition to this problem, the family unit is further breaking down as family support is diminishing. No doubt the Governments will assist in proving more Home Care and Residential Care Packages and more assistance to people trying to access these programs. There is also some support for increasing the younger migrant intake to address the ageing imbalance. The breakdown of the family unit is a very big problem. Perhaps Governments should support cultures that are pro-family eg. the Spanish, Italians, Greeks, Chinese, Japanese support their aged relatives. Whilst this suggestion maybe out to the scope of this enquiry I feel it's the most important support that is currently missing for those who are seeking to terminate their lives. I cannot support people who take their own life - it's is a way out for the person but it leaves a lot of sorrow behind in the form of regret and stigma. I cannot, in any way, support people seeking protection for assisting with an early death. The support can be offered in many other ways that are positive and it is this the lack of support, that in many cases, causes people to seek an early termination of their lives.	No
E1811	Confidential				
E1812	Name Withheld		4125	As I health professional working in the paediatric intensive care unit @ [redacted] I am very concerned that a law is being considered which will compel me to assist in ending the life of a child or young adult (as our age range is from birth to 25 years if requiring surgery for congenital cardiac lesions). There already exists a palliative care team which is a highly integrated & cohesive team of medical, nursing & allied health which actively involved the patient & their family when a patient (aged from birth to 25 year) has a life limiting condition. This team does not compel my involvement in either passive or active euthanasia. However a law will bind me. Laws can also pressure me through threat of deregistration should I not comply with the law or incur deciplinary action should I be to be 'seen' to show bias against a person based on their beliefs. My personal struggle in the ending of another's life will be of no concern. Medical & Nursing & Allied Health staff already provide compassionate end of life care when treatment options are futile or the patient or their families no longer want highly invasive procedures which will not improve the course of a child illness. We do not need the interference of bureaucracy to provide compassion.	No

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E1813	David	Anderson	4670	To whom it may concern, I am a young person who has lost a family member to euthanasia, and though it may seem like a solution to pain, and a sympathise with those who feel that way, it most certainly is not a solution and causes long term psychological harm to those around the person, whether family, friends, or acquaintances. I would like to encourage caution to the committee as this is a very slippery slope, as can be seen in the Netherlands where children as young as eleven are now being euthanized. Besides this, even for the elderly and those who are in extensive care, human beings are not commodities to be done away with when they become costly or difficult to maintain, we each have a right to life, and life needs to be respected as the gift it is, not as something we have control over. Along with this, Euthanasia also goes directly against the Hippocratic oath doctors take which includes one of Non-Maleficence, which claims it is better not to harm patients than it is to do them good; let us work to kill the pain, not the person.	No
E1814	Kerry	Hegerty	4740	I believe that the intentional taking of life for whatever reason including voluntary assisted dying is murder. This goes against all protections that are in place to protect the vulnerable and weak of our society.	No
				Given Queensland's commitment to dignity, human rights and flourishing, and the clear barriers to flourishing that still exist, it would be inconsistent at best, if not indeed irresponsible, for a government to legalise voluntary assisted dying. All over Australia, people are again discussing the morality of ending one's own life. While there still seems to be a strong taboo around suicide, some people seem to think that under certain circumstances – for example, in the final stages of a terminal and incurable disease – one ought to be legally permitted to actively end one's life, and ought to be able to expect the aid of medical professionals to achieve this end. So-called Voluntary Assisted Dying is now legal in the state of Victoria. I believe the vast majority of Queenslanders are rightly horrified by high levels of suicide in our state – the second highest in Australia according the Australian Bureau of Statistics. Thus I find it very strange that some Queenslanders want to endorse suicide for some people. Some advocates of voluntary assisted dying want to avoid terms like physician-assisted suicide because, they argue, such terms already imply moral judgements. However, in making such arguments, such advocates seem implicitly to think that suicide is morally wrong, or at least tragic, which is why they do not want that connotation to be brought to voluntary assisted dying. Instead, and being careful to use morally neutral language here, they want killing yourself, or asking others to kill you, in certain circumstances, to be considered desirable and morally acceptable, unlike killing yourself in all other circumstances. And more than that, they want this supposed moral acceptability enshrined in law. The idea of the consistent ethic of life is that if we are going to be concerned about the destruction of human life in one context, we need to be consistently concerned about destruction of human life in all contexts. If we, as Queenslanders, are rightly concerned about high rates of suicide in our state, then surely we should also be concerned about claims that some circumstances make suicide legitimate? If such circumstances exist, then surely, if we are consistent, our first concern, as it is with all cases of suicide, is to work out what we can do to help a person live whatever life they have in a meaningful way?	

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E1815	Martin	Sanderson	4014	The parliamentary inquiry in Queensland includes aged care, and palliative and end of life care. Queenslanders are rightly concerned about shortfalls in our capacity as a society to care properly for an aging population in ways that help them and those around them continue to live meaningful and flourishing lives. Similarly, we are rightly concerned about failings in our capacity as a society to properly alleviate the physical and existential suffering of those living with life-limiting conditions. The suggestion that voluntary assisted dying should be legalised seems to be radically inconsistent with these legitimate concerns. It would be all the more concerning if this were seen as a solution to the problems of our failings as a society to properly care for others. Queensland now has a Human Rights Act. At the heart of this law is the commitment to respect the “inherent dignity and worth of all human beings” and the “equal and inalienable human rights of all human beings.” Human rights support the flourishing of individuals and of society. They aim to prevent bad things being done to people, and to ensure that the good things that people need to flourish are provided to help them to do so. In our state, there are still so many inequities that threaten dignity and flourishing – the gap in outcomes for indigenous Australians, the gap in service provision to regional and remote areas, the high rates of domestic violence, the challenges of providing high quality and life affirming aged care, the shortage of palliative care especially in rural areas, and, of course, the fact that according to the ABS, “In 2017, suicide was the leading cause of death among people aged between 15-44 years, and the second leading cause of death among those 45-54 years of age”. Given Queensland’s commitment to dignity, human rights and flourishing, and the clear barriers to flourishing that still exist, it would be inconsistent at best, if not indeed irresponsible, for a government to legalise voluntary assisted dying. Our laws, as the Human Rights Act does, should affirm our commitment to meaningful living and flourishing, and not cast doubt on this admirable and worth goal.	No
E1816	Katongo	Nkamba	4300	I would like to submit that I am opposed to Voluntary Assisted Dying	No
E1817	Ivan	Basanovic	4053	I do not agree with plans to open up euthanasia laws. Doctors go into their profession to keep people alive and help patients live healthily as possible, to cure sicknesses not kill patients. Many doctors who perform assisted dying will choose to do so because of the financial benefit as with abortions and will most likely suffer themselves from eventual trauma upon realising the impacts on the patients and society as a whole. What does it say about our culture if we refuse to look after those whom may have cared for us in our own youth and who have contributed greatly in building this great nation if we can not show the gratitude and respect by caring for them in return in their sickness and old age? It is difficult to know the truth behind the governments intent on these laws be it genuine compassion, if so what is real compassion when all laws are based on Christian values and the greatest of those values is life which we do not have authority to end or is the intent to spare government the financial burden even though the majority of Australians are owed gratitude for the work they exerted and taxes they have paid throughout their life. To do away with the sick and elderly could also cause a great economic shock displacing jobs of all those in the health and care and associated industries. Other countries that have experimented with these laws such as the Netherlands as reported by The Guardian " have discovered that although legalising euthanasia might resolve one ethical conundrum, it opens up a can of others " The Guardian also notes that a small but influential group of academics and jurists have raised the alarm " the idea that a measure introduced to provide relief to late-stage cancer patients has expanded to include people who might otherwise live for many years, from sufferers of diseases such as muscular dystrophy to sexagenarians (60 to 69 year olds) with dementia and even mentally ill young people". The fact that mentally ill people could be euthanised instead of being treated and cared for is scary. People need people for comfort, support, assistance, more productivity and general well being. What makes many many people feel happy and fulfilled in their life once they realise money and material possession does not cut it is that they can make a difference to improve somebody else's life which in turn makes a positive effect and sense of joy and purpose in life for the helper also. To take away the lives of those in need of care will create another void in the lives of those who find purpose in helping others.	No

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1818	Chris	Guyler	4073	This enquiry into aged care, end-of-life and palliative care and VAD needs to made well aware that this is a matter for individuals to be cared for and encouraged by the fact that they are intrinsically valuable to society being endowed with dignity and a gift to us all. We Christians believe very strongly in the values of our Creator wanting us to have life to the full and as Pope Francis was quoted as saying....."Now Human beings are themselves considered consumer goods to be used and then discarded. We have created a ‘throwaway’ culture which is now spreading. In this way life too is discarded.” With those who find themselves in a situation where they feel that their life is no longer worth living that's when we should be inspired to reach into their lives with love, care and compassion rather than consign them to voluntary assisted dying. We need to ensure that all those in our life know that their lives always matter and are always worth living. This is a matter of fundamental dignity and right to life in the care of those who know they have a responsibility to support and care for them.	No
E1819	Confidential				No
				Palliative care, is presently in essence the support that optimises the quality of life, or at best, allows people to live as comfortably as possible with a life-limiting, or terminal illness. This a noble cause and one for which many people dedicate their lives in doing. The second focus of the report considers the issue of Voluntary assisted dying (VAD). Its definition, and comparison with terms such as, “Assisted Suicide” and “Euthanasia” can be argued from a multitude of how different countries have defined it. It is, however, the main point of issue and has to be defined clearly in order to decide as a state, whether it be embraced, or rejected. Despite the lack of consensus on the definition of VAD; it is clear in one thing – it becomes the person’s decision as to when they should die. This is ultimately not their decision to make; nor is it the person’s in authority over them (such as if they are young, or mentally incapable). It is an objective truth, for all the human race, to protect life and not take it unnecessarily. It is written in the fabric of every human being’s make up and the preservation of it is universal. Exceptions to it are rare. For example, when a patient can choose to turn off a life-support machine, or direct others to when they entirely dependent on it. To compare this with the Voluntary Assisted Dying done to evade mental suffering, physical suffering, or to escape from the difficulties of life, is not a valid argument. If terminal cases are evident, the priority is to care for them and ease their suffering in their final days; not to shorten them according to when the sufferer decides it is enough, or the carer decides the burden is too much. Our existing legislation forbids citizens from making such grievous decisions and therefore protects them from the ultimate harm, for when life is lost, it cannot be brought back. There is no second chance should a wrong decision have been made. Practitioners should never be forced to act against their conscience and should always be permitted to hold a conscientious objection to VAD. It is an invasion on the individual’s right to impose on them something that they deem as morally wrong. It is objectively wrong to take life unnecessarily, or be the direct, or indirect means of someone who wishes to do so. Furthermore, practitioners should not be legally required to refer a patient to a practitioner who will perform VAD. Such policies will protect our practitioners and allow their unique skills and daily sacrifice of time and energy to continue to help others.	

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E1820	Trevor	Briggs	4207	Although for some patients, this may only be to ease pain, it is still an intrinsically good work that is being done by the practitioner. To terminate life and to assist another to die will be for many practitioners against the driving force of their profession. Furthermore, they will have to act against their conscience. It will result in them being morally forced out of the specialist area and moving to another less issue-prone faculty (eg. Emergency care, ENT), or required to move inter-state, to evade working in such conditions. Furthermore, it will certainly dissuade the youth to embark on such a career as many will be deterred from the prospect of working in conditions where they are mandated to participate in such practices. Ultimately it will leave a lack of specialist assistance for those who need it in Queensland. This need is very well understood and the specific requirements of Queensland's challenge in providing care for the rapidly increasing ageing population are detailed well in the report. The fact that there is a greater prevalence of chronic diseases; a higher number of cases with disabilities (36.6 per cent for 65-69 years olds); earlier support needs for Aboriginal and Torres Strait Islander people (due to their lower life expectancy) and an increased number of remote and regional people living out of major cities that require care (about a third), clearly shows the extent of the challenge and the need to train and maintain the personnel qualified to provide this service. It is imperative that funding be allocated to advance the infrastructure to meet these growing needs. The report stated that Queensland Health only operates 16 residential aged care facilities with a total of 1,112 places for residents. This is far from adequate considering the growth rate forecasts. Part of the preparations to meet this need, must be firstly recognized in the personnel who will deliver it. The existing carers in the industry must be valued and encouraged to continue with it. The legislation must continue protect them and the state's expenditure must likewise be channeled toward this growing need. For each person in positions of authority must consider the duty that they owe to those under their care, especially the aged. They must like-wise consider that they are in a position to help and that this will one day be taken from them as they too will age. For it is certain in this life as we get old, things break down and that time waits for no man.	No
E1821	Lorelle	Beckmann	4740	I would like to ask the committee to please reject the Bill to legalise Euthansia, physician-assisted suicide,. As a family member who has witnessed many deaths through cancer and other causes I do not believe the ability to euthanise should be available. Euthansia, physician-assisted suicide, is not about the humane killing of cancer or degenerative health condition patients as this care can be provided through existing excellent palliative care within our health system and this is where more input and funding needs to be placed. Euthanisia, physician-assisted suicide, is when a doctor or medical profession is given the ability to inject a patient or give self medicated items to procure the patients death and this is not acceptable due to the risk of patient's not having sought help and making an uninformed or hurried decision. Legalised euthansia, physician-assisted suicide, also leaves disabled or incompetent patients at the will of the EPOA's which could lead to patients wishes not being fulfilled. In the abortion debate the main reason it was accepted was because the AMA agreed with it, in this case, they do not so am hoping you will make the same stance and not legalise euthansia, physician-assisted suicide, to protect the most vulnerable of our society. I agree with Dr Michael Gannon, the National President of the Australian Medical Association statement "If a 34-year-old who is in the middle of a messy divorce, who's lost their job, has a chronic pain syndrome, commits suicide, that might be considered rational. Dr Nitschke would say that that is a reasonable decision. I would say that is tragedy. "They ask at what age do we as a community celebrate the rational suicide of an individual? Because I have great concerns if someone says that you're allowed to do this at 104, what is the cut-off? Is it 94, is it 84, is it 74? What we know from the Dutch experience is that if you legislate, if you legalise euthanasia, physician-assisted suicide, you normalise, it becomes normal, and then we start to have more and more complicated conversations about which lives are valuable and which lives aren't." This is the danger we face with legalising Euthansia, physician-assisted suicide, it starts the slippery slope of what constitutes a valid reason for self-suicide. Instead of euthansia (voluntary assisted dying), look to increasing funding and research into providing excellent palliative care. Please do not legalise euthansia, physician-assisted suicide.	No

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1822	Kathryn	Poole	4655	I have watched my mother, aunt and best friend all die in pain and without dignity in their final weeks. This has had a profound effect on me and my family. My best friend had bowel cancer and after fighting it as best she could, she decided to have palliative care at her home with family and friends around her. She did not die the way I am sure she wanted, with dignity and no pain. The exact opposite was the case. This had a profound effect on her son and the rest of her family. Her only organ that did not shut down was her heart. It must have been a big heart because it kept beating for days after she was unaware of us. Palliative care failed her.My aunt, in her late 80s, was diagnosed with bladder cancer. She investigated voluntary assisted dying as she did not want the pain or suffer the indignity of what was coming. She wanted a peaceful death at her own choice of time. Instead she had to endure the type of death she did not want in hospital. My mother was a wonderful woman who spent her working life on the family's dairy farm, bringing up 4 children with love and respect for others, travelling in retirement, and fighting cancer in the last decades of her life. At 92 years of age, the pain from the tongue cancer which had spread, the vomiting of fluids because most of her bodily functions had shut down, and seeing the effect all this had on the rest of the family, was just too much for her. Unfortunately, because she could not access VAD, she died in pain. Speaking for myself, I do not want to die in pain. Palliative care does not mean "no pain". It is my life, my choice. Please change the laws to allow VAD.	Yes
E1823	Confidential				No
E1825	Cassandra	Hegerty	4740	I believe that the deliberate taking of a life including voluntary assisted dying is murder. This goes against all current legislation.	No

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E1826	Deborah	Bowdler	4350	My Mother was admitted to a secure dementia ward in an aged care facility in 2018. Our experiences with this facility have been very good. My sister and I have nothing but praise for the Staff who manage to look after her in a very caring manner. Our only wish is that there were more facilities that offer pet therapy, as Mum loved animals and it is a real treat for her if I am able to take one of my dogs in to visit. She does however have a stuffed toy dog that is battery operated. We had to enact the Joint Enduring Power of Attorney to be able to get my Mother into care, as in spite of her partner finally realising that he could no longer care for her as she needed to be cared for, he wished for her to be placed into a facility that, to my sister and I, looked outdated and just did not have the atmosphere that we wanted for her. Cost was not an issue, as the two aged care facilities were around the same price. Our experiences with the Joint Enduring Power of Attorney could have been better, in regard to the lack of understanding that so many of the officers in financial institutions seem to have, about what we perceive to be not an uncommon situation. We were told by Medicare that Queensland has a different set of rules from NSW. Uniformity may have lessened the emotional burden that we were already under, without wasting a large amount of time repeatedly queueing in person or waiting on the phone, only to be told that they would have to check with another officer. Or be told it would be more efficient if Mum could come in and sign something. My Mother had filled in a form, which set out what she wanted to happen as she approached death. Mum was quite adamant about this issue as she had watched her husband die forty years ago. Her partner did not agree with some of the options that Mum had been agreeable to. (Organ donation for one.) He was reluctant to give us the form. When we offered it to the aged care facility as our Mother's wishes on her end of life, we were told that this was a very old form. My sister and I were asked to fill out another form, in which we responded as we believe she would have responded. Having this journey with our Mother makes my sister and I more aware of what plans we are going to make for our aged care, and how we need to talk more about the issues that we may have to face in the future, with our husbands and children now. We will also ensure that any forms we fill in are as current as we can make them.	No
E1827	Sophie	McNaught	4670	To the Committee, I am an 18-year-old who has grown up with a palliative care social worker as a mother. So I have heard about the wonders of the last couple of months, days and even minutes of what a death in a family can do. Those last moments are some of the most cherished moments for the family once the person has passed. If VAD was legalised those last moments would be taken away, of course, they get those moments, but there is nothing natural about it. It's almost disregarding a person, marking them as trash because they are passed their expiry date. I do not believe that VAD is the answer you are looking for. Funding more palliative care organisations is. The number one reason that people want VAD is that they just want the pain to stop, with the help of palliative care nurses, social workers, GPs etc. etc. people that are suffering can be comfortable, their drugs regulated, so that they are no longer in pain, and they can spend their last moments of life with the people they love, comfortably and peacefully. My last major point is that no one in their right mind wants to end their life. In your 'Characteristics of a Potential Voluntary Assisted Dying Scheme', two points conflict with each other, 1. a person must want to end their life for a reason they consider to be valid & 2. A person must have the capacity to make the decision to have their life ended. For starters, what is a valid reason? Is an 18-year-old suffering from depression and suicidal thoughts a valid reason? Is too much pain because they aren't getting enough medication a valid reason? And what is good enough Capacity? Is suffering from a mental illness which skews someone's view on reasons to live still capable to make that decision? Physically yes. Emotionally and mentally, no. Anyone choosing to end their life has reasons, it's dealing with those reasons, whatever they may be, that they really want, it's not giving them an expiry date that is the answer, even if they believe that's what they want.	No

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E1828	Confidential				No
E1829	Matthew	O'Sullivan	4218	Fools asks questions that wise men have answered 1000 years ago - this is one of them. Unbelievable we still think this is a decision that requires a community's consent. Dying with dignity is something that good and loving families ensure happens. Only the dolts lets governments, professional imposters and institutions play any role. Name anyone of the world'd best thinkers, and let's not kid ourselves we don't have one in Australia, who doesn't believe that this the only respectful and reasoned action. that really should be incumbent on those involved in administrating the system. And about the form and accessing this question! How complicated and obscure have you made it? In all probability you lot are to blame for the dysfunctional processes that beset government. 15 year terms for public servants and 2 terms for representatives is the structural change required to let different thinking and processes develop. Enjoy your endless committee meetings. If I was to cast my vote on whether to say yes or no to have euthanasia passed as a legal process in Australia, I have no hesitation in voting ‘NO’. 1. Thou shalt not kill Exodus 20:20 (NKJV) abortion, suicide, euthanasia involves killing a person. 2. Does setting up the means for someone to take their own life voluntarily discount you from being involved in the act of committing murder? No, just thinking in our hearts to kill someone is regarded as an act of murder. Making it legal and devising ways to end life is not ‘humane, it is the planning premeditated murder. 3. What kind of legacy are we passing on to future generations, the ‘legal’ right to kill 4. Are we forcing the hand of caretakers to not care but kill 5. Will it be ‘humane’ to enforce and take away someone’s right to choose to ‘kill’ or not ‘kill’? 6. Do we have a conscience and free in this country to show courage to stand up for our convictions or too scared to go against ‘popular’ opinions. 7. Are people in positions of authority failing us as policy makers are letting minority sooth sayers run rampant	Yes

No	Your first name	Your last name	Postcode	What would you like to tell the committee (up to 1,000 words)? The next screen has a question about voluntary assisted dying.	Voluntary assisted dying
E1830	Patty	Chegg	4216	9. Have we ever given thought about what life after death really means. Even the most ardent athiest must honestly ask what if I am wrong. Have I missed something or Someone? 10. We have a DNA that is auto set on preserving life - what are we doing about it? 11. Are you willing to put your name on a death warrant? I have seen suffering, pain and death. But I have witnessed hope, restoration, recovery, healing, life. I cannot stand on anything that takes away a persons last breath because a piece of paper says I can do it. Life as long as it takes is precious and valued. Is it only going to be worth as much as the ink on a document? Who are we to take on the role of an executioner? A lethal dose is a lethal dose no more no less, how can we say it is a 'humane' lethal dose and pat ourselves on the back and administer. What a farce, a lie from the pits to say its ok when it clearly isn't! Australia is a nation that stands for Truth and Justice, we are blessed to bless, not become a killing field! Generations after us will experience the repercussions of our decision making. They will bear the brunt of any indiscretions! How are they going to cope?	No