

Submission into the Voluntary Assisted Dying Bill 2021

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Submission - Inquiry into the Voluntary Assisted Dying Bill 2021

Palliative Care and Voluntary Assisted Dying - a match made in heaven.

“We need to fix the palliative care system before we even contemplate voluntary assisted dying legislation”.

The catch cry we hear so often from opponents of Voluntary Assisted Dying .

To be frank, this is just rhetoric, an excuse for those who choose, for what ever reason, to halt or restrict what most consider to be compassionate and sensible legislation.

Palliative care can and must work in conjunction with VAD , it is not an either or option.

To work effectively legislation must be equitable and available to each and every Queenslander should they choose.

Our current Bill achieves this goal.

Over the 35 years I have spent nursing, there are four patients I will never forget:

1. My mother , who's story has been the fuel for my voluntary assisted dying advocacy. You can read our story in the Submissions for the End Of Life Inquiry - submission no.162.

2. Lets call her patient X. A woman in her 70's who had been admitted to hospital for palliative care following a bowel obstruction related to her terminal bowel cancer. This patient was alert, able to communicate and knew that she only had a short period of time to live. Our introduction to each other was in my first week of nursing , over an emesis bowl, into which she promptly projectile vomited vast quantities of faecal fluid, most of which missed the bowl and covered us both. She was mortified. The stench was putrid and I had a difficult time trying to hide my shock yet still comfort her and clean us both up. In the week before her death we often chatted and she confided her desire to die. She described the horror of having the taste of faeces permanently in her mouth, the deterioration in her mobility and ability to self care and she knew she would have to be heavily sedated to cope with the pain and suffering she was experiencing. She didn't want to be sedated, she had no option.

3. Patient Y. An elderly lady with metastatic fungating carcinoma of the vulva. To describe this poor lady's final days is like describing a night mare. The stench of her wound was evident throughout the entire ward, no amount of air freshener could disguise it. Multiple treatments of radiation had left her wounds open and raw, the urine coming from her indwelling catheter was black and putrid and she was in constant pain. From the time of her admission to the time of her death she repeatedly asked nursing staff to let her die.

4. Patient Z. A man I will never forget. I was working for a palliative care home nursing service when I met patient Z. His diagnosis was squamous cell carcinoma affecting the right side of his neck. It was with trepidation I knocked on his door, I could smell the cancer as soon as I started walking up the garden path. Trying to hide the concern on my face I greeted him when he answered the door. The right side of his neck was covered with a bandage which I was there to attend. This poor man was very quiet and I proceeded to remove the dressing as carefully as I could. When taking off the final layer, the dressing pad seemed to start moving with a life of its own. The wound was a mass of writhing maggots imbedded in a hole the size of a golf ball, burying deeply into the anatomy of his neck. I had never felt such sorrow and empathy as I felt for this poor man. After I had cleaned and dressed the wound as best I could, being so careful not to further destroy the vital vessels in his neck, he quietly said “there was maggots in my wound wasn't there, I could feel them wriggling in my throat” - it was a statement not a question. He died two days later.

What palliative care can't do:

- Palliative Care can't take away the personal distress and revulsion of the smell emitting from a fungating wound.
- Palliative Care can't take away the horror of feeling, watching, experiencing your body literally rot from the inside out.
- Palliative Care can't stop the knowledge that maggots are eating the decaying flesh of your wounds and the realisation that wound will eventually erode into a vital blood vessel causing inevitable death - a ticking time bomb.
- Palliative Care can't stop faecal projectile vomiting associated with a bowel obstruction, nor can it prevent the horror of knowing exactly what's happening as your body shuts down unless the drugs you are given terminally sedate - something not everyone would desire in their final days and hours.
- Palliative Care can't take away the distress or horror for families watching their loved ones suffer in those last few weeks and days in circumstances like I have described above.

What Voluntary Assisted Dying can do:

- Provide choice at the end of life.
- Provide peace of mind, if the suffering becomes too much there is a compassionate, humane alternative.
- Provide time - to say goodbye to family and friends in a manner that suits the person.
- Provide autonomy - allowing the patient to guide their own end of life in the direction they wish.

Why am I recounting such horrific stories?

I am hoping, in describing what these poor people endured, their stories will trigger EMPATHY and UNDERSTANDING as to why we need VAD legislation and why it must be available to reach each and every Queenslander.

The key differences in the Queensland Bill, compared to those of some other States, have been added to ensure and enable equitable access to legislation across our vast state.

Vital differences like -

- including Nurses in the legislation for administration of medications
- providing a 12 month time frame (my personal belief is that there should not be a time frame)
- Ensuring Telehealth can be utilised for conferencing by Doctors and patients - bypassing archaic commonwealth legislation by recognising that VAD is NOT suicide
- limiting the ability of institutions to object to voluntary assisted dying. This is important because there's evidence in Victoria (see footnote) that institutions are blocking access to voluntary assisted dying - defying a patient's right to a legal and peaceful death.

I implore you - EMPATHISE, understand , try to relate to the person who is suffering - can you walk in their shoes?

If so you will vote YES for this incredibly important legislation - in its entirety and in its original form as presented by the QLRC.

Yours sincerely
Fiona Jacobs
Nurses Supporting VAD

Foot note: evidence

<https://www.unswlawjournal.unsw.edu.au/wp-content/uploads/2021/05/2021-3-White-et-al.pdf>