

Submission into the Voluntary Assisted Dying Bill 2021

Submission No.: 24

Submitted by: Christians Supporting Choice for Voluntary Assisted Dying

Publication: Making the submission and your name public

Position: I/We support the Voluntary Assisted Dying Bill

Comments in relation to: The request and assessment process, Administration of the substance, Conscientious objection by either individuals or entities

Attachments: See attachment

Submitter Comments:

Submission to QLD Consultation on Draft VAD Bill 2021

I congratulate the QLRC on the Draft VAD Bill and the associated Report.

Please note that I have made this submission on the understanding that it would substantially reflect the views of the members of Christians Supporting Choice for Voluntary Assisted Dying

- I am pleased that Div 4, 7 is included to permit a medical practitioner or a nurse practitioner to raise the subject of the option of VAD provided it is part of an overall discussion on all palliative care and any treatment options. This full discussion on all options should be part of the 'duty of care' to ensure the patient is fully informed. I trust it will be retained.
- If there has to be a time frame for access, 12 months is far more preferable than 6 or 12 months. It is surely inhumane for a health practitioner to have to say to a patient who already has suffering they find intolerable - "I am sorry you need to suffer badly for 'x' more months before I can determine you fit the time frame decided by the politicians!"
- Subdivision 3 S92, 93, 94 and 95 relating to requests in Entities. It is essential to put the patient at the centre of the discussion, and I hope these sections can be retained in the final Bill.
- Likewise S96, (2) especially should be retained, but also (3) and (4)
- S97 (2), (3) and (4) should also be retained.
- S98 should be mandatory. to the extent that a person seeking to buy a property in an aged care facility or even enter certain facilities should be required to sign a form to state they are aware of any barriers to the access of the legal medical treatment known as VAD, before they purchase or enter.
- In summary of S92, to S98. I would state that if an entity is prepared to accept public funding in any form then it should be mandatory that the entity permit access for assessment and administration of VAD, it being a legal medical treatment

Certainly no person should be obliged to leave their own home, in say an aged care facility because they are in a medical situation where they see VAD as a rational option.

- I appreciate the problems with decision making capacity and access to VAD for people with dementia. My hope is that a future review will include this topic, and that it may then be able to utilise experience, eg in Canada, where I understand the possibility of this option is being discussed at present. Without doubt, dying from dementia, Alzheimer's etc is more feared by our members than cancer, and understandably so! My Mother died from Alzheimer's !!