

**Submission into the Voluntary Assisted Dying Bill 2021**

**Submission No.:** 42  
**Submitted by:** Samantha Bryan  
**Publication:** Making the submission and your name public  
**Position:** I/We do not support the Voluntary Assisted Dying Bill  
**Comments in relation to:** The request and assessment process, Safeguards, Conscientious objection by either individuals or entities, Oversight and review, Other  
**Attachments:** No attachment

**Submitter Comments:**

I have concerns about the request process. It appears that a doctor or a nurse can raise the idea of what is termed voluntary assisted dying in the context of discussing other end-of-life options. This is not the same as the patient requesting information about VAD and could be seen, especially by vulnerable people, as an option to consider that they may never have thought about considering. Doctors, who sign the Declaration of Geneva, which includes the oath to maintain the utmost respect for human life should not be raising the topic of killing with their patients.

Given the fragility of people considering death and our already high rates of suicide in this country, I am concerned that there appear to be no requirements for those requesting euthanasia to be assessed by a mental health expert like a psychiatrist. Given that mental anguish and depression are often the main drivers for requests for euthanasia, it would seem that seeing a mental health expert should be a necessary first step. Treatment by a mental health professional may well be sufficient that a patient no longer considers ending their life. It certainly should be a compulsory safeguard to ensure that any assisted dying is truly about relief of unrelenting and untreatable pain or suffering, rather than the result of mental distress over a difficult medical condition. My own father, a man living and suffering with Parkinson's Disease for 20 years, was considering VAD at one point until he was able to reframe his situation mentally. Good mental health support is essential for people with terminal or chronic conditions.

Also of concern are that there seems to be no requirement to be seen by a specialist in the area of the patient's suffering, e.g. an oncologist for cancer patients. Similarly, both approving doctors can be junior General Practitioners with little or no specialised training in end-of-life management. Furthermore, there is no requirement for a patient to be seen by a palliative care specialist. Surely such safeguards are necessary if we are to proceed with such a risky and ethically-fraught area as voluntary assisted dying. Otherwise, we simply have medically assisted suicide - surely a tragedy for our nation that already has too-high a suicide rate.

I also do not think there is an adequate conscientious objection guideline. Many medical professionals and institutions will have ethical objections to VAD. Being obliged to refer someone elsewhere makes them complicit in what they may view as murder or assisted suicide. Medical professionals and institutions who are upholding the Declaration of Geneva should be able to follow their ethical beliefs and not be party, indirectly, to something they cannot support.

I have grave concerns that this bill is even being considered when we do not have adequate palliative care in our state. Palliative care should be our priority. Having seen my best friend die of cancer, I know and fully appreciate the benefits of good palliative care. She had a beautiful natural death, free from pain, because she was treated with all the dignity that palliative care offers. IF, after adequately funding palliative care, there is still determined to be a case for VAD, then that is the

time to consider it. Placing VAD ahead of funding adequate palliative care sends the message that it's all about efficiency and dollars. "We can't afford to care for you like you might like, but we can help you die prematurely." Not a good look Queensland - or any other jurisdiction where this is occurring.

Related to this, I have concerns about the terminology of the bill. I understand that euthanasia is not necessarily a clear term. I appreciate the need for a more readily-understandable term. However, voluntary assisted dying can sound like we are assisting you in the final stages of your life - aka palliative care. I am concerned that the terminology is not clear enough. I am no expert in this field but I think something like "hastening death", though not ideal, is getting closer to a truly clear meaning. Fragile people do not need to feel as though they have to go through with something because they thought they were agreeing to simply end treatment and pursue support and assistance as they die - and then discover that the doctor actually was talking about ending their life deliberately.

Lastly, I definitely do not support this bill which allows people with a prognosis of 12 months to access VAD. In other Australian jurisdictions the legislation stipulates a six months prognosis.

Queensland, we need to reject this bill and fund palliative care and mental health.