

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

<b>Submission No.:</b>	43
<b>Submitted by:</b>	Evan Coombs
<b>Publication:</b>	Making the submission public but withholding your name
<b>Position:</b>	I/We do not support the Voluntary Assisted Dying Bill
<b>Comments in relation to:</b>	Conscientious objection by either individuals or entities
<b>Attachments:</b>	No attachment

**Submitter Comments:**

I am opposed to the draft legislation as:

1. A doctor or a nurse can raise the idea of assisted suicide in the context of discussing other end of life options. This is incredibly dangerous, as a patient would no doubt be feeling unwell and very vulnerable. There's no doubt that this could and would lead to pressure to opt for assisted suicide particularly if there were no palliative care options available, as there is a real risk with chronic underfunding in Queensland.
2. Inequitable access to euthanasia and palliative care. If passed, this law would allow people with a 12 month prognosis to access euthanasia straight away, but they may not be able to access palliative care until a few weeks or a few months before the end of life (and in some cases in regional Queensland they may have no access to palliative care at all). Very concerningly, when Western Australia passed its assisted suicide legislation, an amendment to the Bill which would have given regional WA the same access to palliative care as assisted suicide was voted down.
3. Doctors, nurses and institutions (e.g. Catholic hospitals, nursing homes and hospices) with ethical objections to euthanasia are compelled to refer for assisted suicide / euthanasia anyway. This means they will be forced to be complicit with the outcome of the patients killing themselves or being killed by another doctor. It's outrageous.
4. Nurses can administer euthanasia / assisted suicide.
5. Woefully insufficient mental health checks. There is no requirement for those requesting assisted suicide to be assessed by a mental health expert like a psychiatrist, yet mental anguish and depression is often one of the main drivers for requests for euthanasia, as data from other jurisdictions shows.
6. No requirement to be seen by a specialist in the area of the patient's suffering, e.g. an oncologist for cancer patients.
7. Two approving doctors can be junior General Practitioners with little or no specialised training in end-of-life management.
8. No requirement for a patient to be seen by a palliative care specialist.
9. The deceptive language in the Bill, even the term "voluntary assisted dying" makes it sound like people are accessing palliative care when in fact it is euthanasia or assisted suicide.
10. The Bill allows people with a prognosis of 12 months to access assisted suicide. In other Australian jurisdictions the legislation stipulates a six months prognosis, so it allows access six months earlier than all other assisted suicide legislation in Australia. In many ways this Bill is worse and more permissive than Victoria's, Western Australia's and Tasmania's assisted suicide legislation.
11. My preliminary read of the Bill is that it is very wide, loose and dangerous legislation. There is no doubt that if enacted it would lead wrongful deaths in Queensland - including people who would have wrongfully accessed assisted suicide because of wrong diagnosis, wrong prognosis, coercion, elder abuse, untreated mental anguish, or because they had little or no access to palliative care specialists and felt they had no other choice. There's also grave concerns, that like Victoria, there would be an increase in non-assisted suicide rates because of a suicide cognation effect that often accompanies euthanasia or assisted suicide being legalised.
12. In order to save lives we must do everything we can to stop this Bill passing.

Thank you in anticipation of your consideration.