

Submission into the Voluntary Assisted Dying Bill 2021

Submission No.: 48
Submitted by: Jonathan Farrell
Publication: Keeping the submission and your name confidential
Position: I/We do not support the Voluntary Assisted Dying Bill
Comments in relation to: Conscientious objection by either individuals or entities, Other
Attachments: No attachment

Submitter Comments:

Dear Parliamentary Health Committee for the proposed VAD laws,

Thank you for your hard work in considering the consequences that this legislation would have on Queenslanders.

I am writing to express my deep concerns and objections to the proposed Voluntary Assisted Dying legislation that has been tabled to QLD State Parliament.

From my understanding of the legislation, I have the following concerns and objections which I wanted to raise with you:

1A 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 known underfunding in Queensland (Palliative Care Queensland)

2Inequitable 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.

3Doctors, 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. This is untenable in a pluralistic society where all views need to be shown respect and space to practice their worldview.

4Nurses can administer euthanasia / assisted suicide.

5Woefully 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.

6No requirement to be seen by a specialist in the area of the patient's suffering, e.g. an oncologist for cancer patients.

7Two approving doctors can be junior General Practitioners with little or no specialised training in end-of-lifemanagement. This is highly risky when it comes to false diagnosis.

8No requirement for a patient to be seen by a palliative care specialist.

9The 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.

10The 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. Arguably this is the most dangerous and unchecked legislation in the country on this issue.

It is clear that there are major flaws in the proposed legislation and if enacted it would lead to 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. By not fighting for dying with dignity with the best possible palliative care, it is clear from other jurisdictions 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.

The last thing our state needs now is a wave of suicide as a flow on effect from this bad legislation which dilutes dying with dignity. We all know what devastating impacts to families, communities and workplaces that suicide has. We need to fight for the value of human life at all stages of life, including end of life.

On a personal front, last year I lost my father to a terminal brain tumour. Thankfully we were in a position for him to access excellent palliative care at the Wesley Hospital. His last 11 months on this earth involved the wonderful assistance of health professionals at the Wesley Hospital including palliative care medical staff in his final stages. This greatly assisted him and us in embracing dying with dignity. It also helped us as a family to watch his passing with effective pain management and holistic compassionate, emotional and spiritual care. With this new proposed law and inadequate palliative care funding, people like my father could easily feel they needed to access assisted suicide to reduce the burden on family. For others, elder abuse and coercion may even be a reality if they have difficult family relationships. This is not a preferred future we should wish upon those in the final stages of life.

The solution for the best end of life health care is not this legislation (assisted suicide), rather, boosting funding to palliative care. It is my understanding that Palliative Care Queensland has stated they need an extra \$275 million per year, but the QLD Government has only offered an extra \$28 million [per year] over 6 years. Clearly this is chronically underfunded.

Please consider my concerns and I ask that due to the adverse impacts of this legislation, the committee recommend rejecting it outright and increase palliative care funding. Thank you for your consideration on such a profound change in legislation.

Yours faithfully J.Farrell