Voluntary Assisted Dying Bill 2021

Submission to the Health and Environment Enquiry Committee.

Impression

Having read the Law Reform Commission's report concerning Voluntary Assisted Dying (VAD)fully, and their draft Legislation, I must congratulate the Commission on the scope of their research and the recommendations arising therefrom. Particularly the manner in which **suffering**, in its many forms, is reinforced as the sole basis for VAD.

Concern: Language

In ordinary medical practice, translation services may be provided by a patient's family members or close friends, some of whom might benefit from the patient's demise. Those people are, rightly, disallowed under the draft Act; a provision which may become significant and consequential when the person is the speaker of an uncommon aboriginal or other language.

It is noted that the proposed care navigator is charged with providing support services, (which should include translation services) and that the chief executive may grant exceptions to the requirements for qualification when unqualified persons are available as translation practitioners.

Therefore, language should carry some specific and relevant legislated weight commensurate with the emphasis placed on **understanding** throughout the draft document.

For example, it seems to this writer that the draft Act might:

- (1) Determine who would be responsible for deciding that translation services were required, or not required, in the interest of **understanding** by all parties.
- (2) Define a process by which translation services would be provided in a timely, easily understood, manner.
- (3) Mention the matter of payment for that service in the event that the person is resident in a private facility.
- (4) Outline a process by which application for an exception to formal qualification can be made

- and decided by the chief executive in a timely manner.
- (5) Suggest a timeline within which the person might have this need satisfied.
- (6) Address the matter of funding and sustaining translation services within remote rural communities for either the reasonable duration of a VAD process or on several occasions.
- (7) Consider the need for translation services to be a reason to transfer the person to a facility where those services are available.
- (8) Provide protection for translators, particularly if the chosen translator has been granted exception from formal qualification by the chief executive.

It can be reasonably anticipated that, in some cases, family members or other interested parties will claim that translated information conflicts with their prior knowledge of the person's beliefs and attitudes towards VAD and therefore accuse the translator of inaccuracy, at least.

Conclusion

The health care environment of Queensland would be modernized and enhanced if the State Parliament passed, and the Government implemented, legislation either taken directly from, or based on, the Commission's recommendations and draft legislation.

However, the question of language related issues, which may have major influence over the ability of some people to **understand** and access VAD, seems to have been largely overlooked by the Commission.

Nuanced understanding of procedure by all parties to a VAD process is vital to the integrity of the process and essential to the safety of the person suffering.

Opportunities for simple mistake, confusion and error of judgement abound in situations where people with different commonly spoken languages are addressing serious issues conversationally.

Matters arising from those opportunities are likely to carry consequences of a high value that might be

unique to the complex question of Voluntary Assisted Dying.

Therefore, the importance of language should be considered and addressed within the Legislation.

Roy Douglas

14 June 2021

Houghes.