**From:** Phil [redacted]
**Sent:** Monday, 21 June 2021 11:48 AM
**To:** Health and Environment Committee
**Subject:** VAD submission

Phil Browne RN
[redacted]

Public Submission from a health professional supporting the Voluntary Assisted Dying (VAD) Bill 2021.

**Introduction:**

I have been a frontline health professional for 40 years and I write in support of the Voluntary Assisted Dying Bill 2021.
My 33 years as a registered nurse has included:

- 7 years working in a large palliative care facility.
- Many years working in medical wards with many palliative care patients and many patients dying.
- I've witnessed too many patients die with irremediable suffering, despite receiving world-class palliative care - some of these patients have begged me to help them to die quickly to end their suffering

My 7 years as an advanced care paramedic has included:

- Attending horrifically violent suicides (e.g. by firearms) of Queenslanders who were terminally ill and experiencing grievous suffering. I've witnessed some of the seven frequently graphic suicides (and usually alone) by terminally ill Queenslanders each month (84 per year), as identified in the Queensland Coronial report provided to the previous Parliamentary Health committee VAD inquiry.

Based on my health experience, I wish to offer my views on the Voluntary Assisted Dying Bill 2021.

**VAD Bill Drafting Process:**

Very few other issues have had such an extremely high level of scrutiny as this Bill. I commend the 16-month inquiry by the Parliamentary Health committee, and the nearly year-long inquiry by the Qld Law Reform Commission resulting in the drafting of a VAD Bill. This has resulted in a robust VAD Bill with an abundance of safeguards, which was designed by legal experts, following input from health and palliative care experts and the community, and utilised the learnings from other states that have previously legislated for VAD. I commend this process.

## Eligibility Criteria:

The Bill makes it clear that VAD is voluntary, and will only be available to people who are already dying.
To be eligible for VAD the person must have been diagnosed with a disease, illness or medical condition that is:

1. Advanced, progressive and will cause death, and
2. Expected to cause death within 12 months, and
3. Causing suffering that the person considers to be intolerable.

I support these grounds to access VAD. This will not result in any extra deaths - just less suffering.

I also support the 12 month timeframe because:

- From my professional experience, predicting remaining life expectancy is a very inexact, and frequently inaccurate, exercise. I have seen many of my terminally ill patients die well before - sometimes more than six months before - the time that a doctor has told them that they will die.
- Some terminal medical conditions present severely distressing symptoms a long time prior to the person's eventual death.
- Some patients present with irremediable symptoms and/or complications that are outside the norm, often leading to severe suffering well in advance of other patients with identical medical conditions.

From my experience, terminally ill patients want to live. But, if their palliative care can not relieve shocking symptoms, they understandably want to end their intolerable suffering. Patients will not want to access VAD while they have good quality of life - but knowing they can legally access VAD if their palliative care stops relieving grievous and intolerable agony, will bring great comfort to many dying patients, and will likely prevent some committing violent suicides by hanging, poisoning, jumping off buildings, firearms etc.

**Safeguards:**

The Qld Law Reform Commission has recommended an abundance of safeguards to ensure the VAD Bill will work as intended and to protect vulnerable citizens. I support these strong safeguards in the Bill.

**Statewide Care Navigator Service:**

I support the creation of a VAD Care Navigator Service to provide information and to assist people who may be considering accessing VAD. This is vital in a huge state the size of Queensland, with vast expanses of very lightly populated rural and remote areas. Additionally, this can be of great assistance to people with English as their second language.

**VAD Review Board:**

The creation of a VAD oversight board is a sensible safeguard to ensure that the law is being complied with and that there are no unintended consequences.

**Conscientious Objection:**

I support the right of health professionals to refuse to participate in VAD if they hold a conscientious objection.

**Entities:**

The Qld Law Reform Commission has done a good job of balancing the rights of entities, while preserving the rights of people living in private aged care facilities.

When moving into private aged care, the facility becomes the person's new home – and self-funded retirees generally have to pay the facility hundreds of thousands of dollars (a Refundable Accommodation Deposit)

to live
there – it would be a gross injustice to force these people out of their own home to access VAD.

The underlying principle here is the right of the individual to have freedom of choice to access a legal medical procedure in their own home (noting that the vast majority of Australians wish to die at home).

**Disability and Mental Health:**

I welcome the safeguard that having a disability or mental health condition, alone, does not automatically make somebody eligible to access VAD.

**VAD Is Not Suicide:**

The Bill correctly confirms that VAD is not suicide, and that the medical condition which led the person to access VAD, should be listed as the cause of death on the death certificate.

Anyone can access suicide (sadly), but only people who are already dying can access VAD under this Bill - and only after meeting all the eligibility criteria and safeguards.

This Bill is correct in stating that VAD is not suicide - just as the New York Coroner ruled that the trapped office workers who jumped from the burning World Trade Towers did not die by suicide - instead choosing to quickly end their intolerable suffering rather than endure a long painful and inevitable death by fire.

**Health Professionals Can Initiate Discussion on VAD, Including All Treatment Options:**

The Qld Law Reform Commission has correctly advised that health practitioners can initiate a discussion on VAD, as long as, at the same time, the practitioner also informs the person about - (a) the treatment options available to the person and the likely outcomes of that treatment; and (b) the palliative care and treatment options available to the person and the likely outcomes of that care and treatment.

Medical ethics and world-class medical care requires that health professionals must provide patients with adequate information to allow them to make an informed and evidence-based decision regarding their future care. This includes advising of all legally available treatment options, including the pros and cons, and consequences, of each option.

Additionally, health professionals routinely and legally, initiate discussions about other treatment options that will result in the death of the patient, including:

- Commencing Terminal sedation - whereby a patient who is experiencing irremediable grievous suffering is given ever-increasing doses of narcotics and strong sedatives to render them unconscious and without food until their inevitable death.
- Ceasing or withholding of life-support systems, without which the patient will die.

It is ethical and correct to allow a health professional to initiate a discussion on all of the following medical treatment options – VAD, terminal sedation, and withholding life-support systems.

**Additional Palliative Care Funding:**

I support the Queensland government allocating an additional $171 million to expand palliative care services - however, my health professional experience has shown that world-class palliative care is not capable of relieving all intolerable suffering in all dying people.

Having chosen to work in a palliative care facility for 7 years (in addition to choosing to provide palliative care to many other patients over decades), I'm very supportive of providing palliative care to the majority of patients for whom palliative care can provide adequate symptom relief.

However, as I have repeatedly witnessed first-hand, a small percentage of patients have shocking symptoms that are irremediable by world-class palliative care.

Palliative care and VAD are complementary - not competing - medical options. The vast majority of dying patients will want to access palliative care. But, if palliative care is not able to, or ceases to, remediate their shocking symptoms - then some of these patients may consider accessing VAD.

**Recommendations For Amendments to the VAD Bill 2021:**

I call for the Bill to contain a requirement that if VAD is passed, there must be a mandatory review of Queensland Advance Care Directives, to commence within one year of the Bill gaining royal ascent.

Queensland Advance Care Directives were designed at a time when VAD was illegal, and if VAD is legalised, there should be an inquiry to determine if Advance Care Directives still meet community expectations and if any changes are suggested.

Over the decades I've had many in-depth conversations with my patients about life and death issues. A great many have said they want their future health care wishes carried out, even in the event that they should lose mental competency at a future time.

Some patients have told me that they will "top" themselves if they are given a dementia diagnosis, while they are physically still capable of ending their life and before they completely "lose my marbles".

I believe the fact that some Queenslanders are considering potentially very violent suicide if they develop dementia, warrants an inquiry to review Advance Care Directives.

Sincerely

Phil Browne, Registered Nurse.

## Health and Environment Committee

**From:** [redacted]
**Sent:** Thursday, 1 July 2021 10:12 PM
**To:** Health and Environment Committee
**Subject:** Supplementary submission supporting VAD

**Categories:** Submission

Phil Browne RN
[redacted]

Supplementary submission from a health professional supporting the Voluntary Assisted Dying (VAD) Bill 2021.

Dear committee,

I have previously lodged a submission and wish to add further comment in this supplementary submission.

**Introduction:**

I have been a frontline health professional for 40 years and I write in support of the Voluntary Assisted Dying Bill 2021. My health background has included 33 years as a registered nurse and 7 years as an advanced care paramedic. I have extensive palliative care experience as well as having worked in a small country hospital - without a doctor - servicing a remote town of 1,000 people.

**Telehealth must be allowed, to ensure equal access to VAD in regional, rural and remote Queensland.**

I have personally, and also professionally, participated in telehealth as part of routine healthcare:

- As a registered nurse working in a remote hospital.

  I used telehealth on a daily basis when working as a registered nurse at a remote hospital in [redacted] No doctor was employed at the hospital and the Royal Flying Doctor Service (RFDS) doctor attended to run a weekly clinic, plus to attend emergencies. Some of my Qld RN colleagues have worked in similar small remote Queensland hospitals, health clinics and Aboriginal communities which are not staffed by a doctor.

I would routinely electronically transmit ECG results to the base hospital for their doctor to interpret. Plus, I would frequently (sometimes multiple times/shift) consult with an off-site RFDS doctor regarding deteriorating (or new) patients. This involved off-site doctors assessing patients remotely and giving legally-binding orders to commence specific medical treatments and medications, without the doctor physically attending the patient's location .

Even in capital city hospitals, it's common for off-site doctors to be consulted remotely and for them to give legal treatment and medication orders, without physically attending the patient's location.

- As a citizen - and health consumer - living in regional Queensland.

I live predominantly in regional Qld and I've had to be referred to Brisbane (300 kms away) for specialist medical services that are not available in [redacted] (orthopaedic fracture clinic & urology). Some of my appointments were available via telehealth. My husband is also accessing specialist treatment [redacted] in Brisbane and most of his appointments are via telehealth.

Telehealth sessions are available by attending the Hervey Bay hospital and being connected electronically to a specialist in Brisbane. Telehealth, as supported by Queensland Health, facilitates high-quality health care and is available widely across Queensland.

The advantages of telehealth have been demonstrated strongly during the Covid19 pandemic when some in-person consultations were avoided.

Summary.

Telehealth is a commonly used, and essential, means for doctors to assess and consult with patients in regional centres - let alone in rural and remote parts of the state, as well as indigenous communities, with even more sparse coverage of doctors and health services. This is vital to allow quality health service provision in our huge and vast state of Queensland.

A huge range of routine medical conditions are eligible for telehealth sessions - it would be a gross injustice for people living in the bush if they were denied the opportunity to access telehealth sessions relating to the provision of VAD-related health services.

This would subject some patients - in their most frail and vulnerable time of (end of) life - to prolonged and unnecessary suffering if they were forced to travel hundreds of kilometres to access VAD services, that could very easily be provided via telehealth.

**VAD is not suicide - no risk of conflict with the commonwealth Criminal Code.**

The commonwealth Criminal Code makes it a crime to use a carriage service to facilitate suicide.

However, the Queensland VAD Bill makes it very clear - and, correctly so - that VAD is not suicide.
VAD, unlike suicide, is only available to people who are already dying.

Section 8 of the Preliminary section of the Bill states:

> *"8 Voluntary assisted dying not suicide*
> *For the purposes of the law of the State, and for the purposes of a contract, deed or other instrument entered into in the State or governed by the law of the State, a person who dies as the result of the self-administration or administration of a voluntary assisted dying substance in accordance with this Act—*
> *(a) does not die by suicide; and*
> *(b) is taken to have died from the disease, illness or medical condition mentioned in section 10 (1) (a) from which the person suffered."*

The Western Australian, Tasmanian, and South Australian Voluntary Assisted Dying Acts also state that VAD is not suicide.
Western Australia allows VAD services to be provided via telehealth, and I assume this to also be the case in Tasmania and South Australia.

Queenslanders, no matter how far away from Brisbane they live, must be guaranteed equal access to VAD, by being able to access telehealth for VAD services.

This statement in the Queensland VAD Bill makes it clear that utilising telehealth for VAD does not breach the federal Criminal Code.

Unlike in Victoria, where their VAD Act does not state that VAD is not suicide, there should be no fear about conflict between the Queensland VAD Bill and federal law.

**VAD must be accessible to people living in retirement villages (and all aged care).**

The Queensland VAD Bill rightly allows access to VAD services for people living in private aged care facilities. Access to VAD must also be guaranteed for people living in private retirement villages (as opposed to nursing homes).

When moving into private retirement villages, the village becomes the person's new home – and many retirees pay the village huge fees to live there. It would be a gross injustice to force these people out of their own home to access VAD.

Citizens must have freedom of choice to access a legal medical procedure in their own home (noting that the vast majority of Australians wish to die at home). This will only become a larger issue with our ageing population as more people move into retirement villages.

Sincerely

Phil Browne
Registered Nurse.
"I always wondered why somebody doesn't do something about that. Then I realised I was somebody": Lily Tomlin