

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

**Submission No.:** 435

**Submitted by:** John Renehan

**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,Oversight and review,Other

**Attachments:** See attachment

**Submitter Comments:**

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

[hec@parliament.qld.gov.au](mailto:hec@parliament.qld.gov.au)

Health and Environment Committee

Parliament House

George Street

BRISBANE QLD

24 June 2021

There are more than 170,000 deaths in Australia yearly and most are peaceful. An unquantified tiny number of perceived “bad deaths” is wrongly driving this legislation.

While some doctors support PAS/E, hardly any palliative care specialists do, as they know that with expertise almost everyone can be well cared for. Overseas data shows that fear and social suffering (loss of ability and autonomy) drive PAS/E requests, not actual physical symptoms and not pain – despite what the media often misreports.

Scared by reports of perceived “bad deaths”, proponents seek death as the only acceptable solution to their fear of suffering at the end of life. Alleged suffering drives legislation, but this is mixed with progressive activist ideas of choice and control over the time and place of death and extraordinarily the government is expected to provide this. Society is expected to put aside the previously inviolable truth that we “don’t kill people”. Suicide has never been an acceptable solution to any problem, even if it is quick, easy and cheaper than care. Such actions impact all of us. In Australia, where suicide is a leading cause of death, with significant resources spent on prevention

(such as the current Royal Commission into Veteran suicides), PAS/E models suicide as an appropriate solution to suffering.

State coroners have presented series of suicides in those with physical illness, which have wrongly convinced politicians to support PAS/E. These data were presented as if these all wanted PAS/E when they were more likely depressed and suicidal. Victorian data from a series of cancer patients suggest that only 13 per cent actually wanted PAS/E, and there is evidence from a Queensland review that most would not have been eligible for PAS/E using current criteria. Legalising VAD won't prevent these suicides.

Proponents say those who don't want PAS/E needn't choose it. Typical advocates are educated, privileged and worried. Despite making up a tiny fraction of us they push for legislation for all. They claim we're all equally capable and eloquent, but the findings of royal commissions have shown that the elderly and disabled are often disempowered and voiceless. The less abled are often victims of attitudinal discrimination and lack access to basic services and respect for their rights; in an ageist and ableist society they are vulnerable to external and internal pressures to consider PAS/E if faced with illness. Being a burden is listed as a reason for PAS/E by 40 per cent of Canadians; 13 per cent also listed loneliness and isolation.

Assisting suicide is never an appropriate solution for human suffering. Our politicians have been duped by emotive stories, Orwellian terminology and findings from "push-polls". They need to look beyond the appeal to autonomy and remember that autonomy should always be constrained by the common good.

Sincerely,

John Renehan

