

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

**Submission No.:** 436

**Submitted by:** Anne Coyle

**Publication:** Making the submission and your name public

**Position:** I/We do not support the Voluntary Assisted Dying Bill

**Comments in relation to:** Eligibility criteria\* ,The request and assessment process,Safeguards,Conscientious objection by either individuals or entities,Oversight and review

**Attachments:** See attachment

**Submitter Comments:**

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Anne Coyle,  
[REDACTED]  
[REDACTED]

I would like to start my submission with a personal story.

I met my dear friends, we'll call them John and Trish, (not their real names) in 1981, John had recently been diagnosed with bowel cancer and after surgery had been informed he had less than three months to live and advised to 'put his affairs in order'.

This was devastating news, they had a large family of mostly school age children, John ran a small business and Trish was a full time mother.

John accepted whatever treatment he was offered. He didn't die but made a good recovery, went back to full time work, expanded his business, supported and enjoyed his family and retired many years ago. He died in 2019. 38 years after his prognosis of three months!

This is just one example of a wrong prognosis, the reality is that doctors can only speculate on how long a patient has left to live.

If this Bill comes into law there will be many wrongful deaths, but who will complain? After all, the victim will already be dead!

These are just some of my concerns about this Bill:

Title of Bill:

I object to the Bill being called Voluntary Assisted Dying (VAD) Bill on the grounds that it misrepresents what the Bill proposes to bring into law.

Strictly speaking, voluntary assisted dying is the care, treatment of symptoms and relief of distress - physical, emotional, social and spiritual, which is what good, well trained, sufficiently funded and supported palliative care offers.

What this Bill offers is voluntary assisted suicide or euthanasia, (VAS/E). If this document cannot be clear in its language about this fact one can only conclude that even those who drafted and support this Bill are themselves either uncomfortable with the factual terms and with the reality of what the Bill proposes to bring into law, namely, assisting or enabling people to commit suicide, or euthanasia, that is, killing the patient at their request, or they themselves do not fully understand the very real difference between the two.

I believe it is very dangerous to give anyone the legal right to take someone's life.

Part 1, Div. 1, 3 Pg. 10.

The declared purpose of the Bill is to establish a lawful process for eligible persons to exercise their option of VAS/E (VAD).

Surely the first purpose of the Bill is to establish the criteria by which a person may be deemed eligible to access VAS/E (VAD). Only then can it establish a lawful process for 'eligible' persons to exercise said option.

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Part 2, 10, Pg14.

The proposal that a person who has twelve months life expectancy can access VAS/E (VAD) is not acceptable, especially in view of the fact that in Queensland patients are unable to access palliative care until the final three months of life, if at all.

I refer you to my opening story about incorrect prognosis.

I also propose that the patient should have access to and be receiving the benefit of a well trained, well supported and adequately staffed palliative care service before any assessment can be made.

I also suggest that all patients requesting VAS/E (VAD) be seen and assessed by a psychiatrist experienced in this area, so that any previously undetected depression can be recognised and treated. I have heard of many patients who claim they got their lives back after such treatment.

Part 1, Div. 2, 5, Principles, (g) Pg. 11.

‘A person who is vulnerable should be protected from coercion and exploitation’.

In view of the fact that elder abuse and domestic abuse is not uncommon, how is this to be enforced? Especially as there is no requirement for the assessing, consulting, coordinating or administering practitioners to have any knowledge of the patient or their circumstances prior to their first assessment for VAS/E, (VAD).

Part 1, Div. 4, para 7, Pg. 12

Healthcare workers may not raise the issue, VAS/E, (VAD) with the patient.... except when they can, when discussing treatment management options. This is 'doublespeak' and is very disturbing.

Patients, particularly those newly diagnosed with a terminal illness or condition are very vulnerable and suggestable, not to mention in shock and upset, (depressed) by the diagnosis. The very fact that a doctor, particularly a specialist, or nurse practitioner, would raise VAS/E, (VAD) at such a time puts a subtle pressure on a patient, it suggests to them that there is little hope of a comfortable life, or any life in the future and a quick end may be their best option. In the interest of preventing wrongful deaths any discussion of VAS/E (VAD) must always be initiated by the patient.

Part 5, Pg. 56. Assessing practitioners.

I believe that doctors assessing anyone for VAS/E (VAD) should be known to the patient, should be a specialist in the condition from which the patient is suffering or in palliative care, with a number of years' experience.

I strongly object to nurse practitioners, however qualified, assessing a patient for VAS/E, (VAD).

Part 1, Div. 4, Para. 8, (a) and (b) Pg. 13.

Cause of death.

The Bill requires that doctors make false statements on death certificates!

My understanding has been that doctors simply state cause of death on death certificates, it is not their role to judge whether this is suicide, homicide or accidental.

If a person dies from ingesting a lethal substance, (poison), or from having that substance administered to them, that is what should appear on the death certificate, to state otherwise is to make a false statement. There is plenty of space to list contributing and underlying conditions on death certificates.

A death certificate is a legal and an historical document, it should be factual.

Doctors should not be required to lie!

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Part 6, Div 1, 84, (2) Pg. 59

Conscientious objection.

This section requires a doctor, who holds a conscientious belief that VAS/E (VAD) is never in the best interests of their patient, to give that patient information about (refer them to) a practitioner who will do what, in the first doctor's opinion, is not in the best interests of and is in fact very bad for that patient. This is not allowing a conscientious objection but forcing any doctor to be complicit with VAS/E (VAD).

Likewise, residential care facilities whose proprietors/managers have a conscientious objection to VAS/E (VAD) are forced to accommodate the killing of their residents on their premises.

In these sections of the Bill mention is made of 'an official voluntary assisted dying care navigator service'.

Part 11, 156, Pg. 101, states that the chief executive may approve a service to be an official voluntary assisted dying care navigator service, the purpose of this service is to provide support, assistance and information to people relating to voluntary assisted dying. There are no guidelines as to what qualifications are required to provide such a service, they are simply approved at the discretion of the chief executive officer.

This should concern us. Will this be a business, charging fees, measuring its success by the number of people who successfully 'navigate' their way to an early or wrongful death?

Part 9, 141, pg.93.

'A person must not... by coercion, induce another person.... to revoke a request for access to voluntary assisted dying.'

Maximum penalty --- 7 years imprisonment.

This in effect means that if a person's family member, eg parent, spouse, son or daughter has received a medical opinion that they have less than twelve months to live, it is an offence to try to persuade them to try palliative care, or possible therapeutic treatment, if they have decided to seek VAS/E (VAD). This offence would also apply to a spiritual advisor.

The premature ending of the life of a loved one can have serious negative effects on the mental health of those left behind, especially if they feel that they didn't do all they could to prevent it, within reason. The health of the wider community could be negatively affected by this section of the Bill.

I do however agree that it should be an offence to encourage, force, coerce or medically advise another to seek VAS/E (VAD).

I respectfully submit these concerns about the Bill in its present form.

I believe the Bill to be premature at best, since palliative care is not sufficiently established and supported in Queensland.

Thank you for considering my submission.

Anne Coyle,

A large black rectangular redaction box covering the signature and contact information of Anne Coyle.

