Submission into the Voluntary Assisted Dying Bill 2021

Submission No.:	442
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Position:	I/We do not support the Voluntary Assisted Dying Bill
Comments in relation to:	Other
Attachments:	See attachment
Submitter Comments:	

Voluntary Assisted Dying Bill (VAD) Submission

As advised in Government literature, we will comment on specific aspects of the VAD. We reject completely the implied assumption that by commenting upon aspects of the Bill, the overall concept may be acceptable to us.

Introduction

Society generally agrees, under the principles of equality and diversity, that each individual has worth to their community, without consideration of their race, orientation, religion, stage of life, capacity or abilities. This Bill denies a sense of worth to individuals who are at the end-stage of life.

Collectively and intuitively people understand the value of life itself, regardless of sickness or health, joy or despair being experienced in the moment. We recognise the need to protect people's lives from harm by others. Our contention is that this Bill allows harm by others.

This Bill and its promoting literature is couched in comforting and reassuring language, especially in this statement at https://www.health.qld.gov.au/system-governance/legislation/voluntary-assisted-dying-bill

> *"All Queenslanders have the right to high-quality end of life and palliative care".*

This cannot be ensured by a VAD Bill. The right to a chosen death is not a 'right' previously enshrined in Queensland legislation. How could it be when many of us will die in circumstances not of our choosing? It is an absurd sophistry, a fallacious argument to consider that we have the 'right' to high-quality end of life.

At https://www.health.qld.gov.au/system-governance/legislation/voluntary-assisted-dying-bill it is stated that "Voluntary assisted dying and palliative care or end-of-life care are distinctly separate issues". The statement is patently disingenuous as these issues are closely related in that if the dying have confidence that their path to death will be appropriately eased, there would no need to consider bringing it forward.

Specific aspects

VAD Point 1

In order to implement this Bill a number of Acts will require amendment –

> *The Coroners Act 2003*
> *The Guardianship and Administration Act 2000*
> *The Medicines and Poisons Act 2019*
> *The Powers of Attorney Act 1998*

Comment

These supporting amendments may have unintended, secondary consequences or repercussions which may be deleterious to the community and to the Rule of Law.

VAD Point 2

At Part 1, Division 1.3 (extract)

> *The main purposes of this Act are - to give persons who are suffering and dying, and who meet eligibility criteria, the option of requesting medical assistance to end their lives.*

Comment:

Put simply – no one who is in the medical system in Queensland should suffer unnecessarily. Good palliative care can ensure this. In fact, the call for euthanasia may be a potent indication that our palliative care system is underfunded and failing those in need.

The Queensland Law Reform Commission (QLRC) acknowledged “the need for safeguards to protect individuals who might be vulnerable to coercion or exploitation”. It appears that the framers of the Bill believe that these people are sufficiently protected from abuse by the incorporation of a range of statutory safeguards.

It is significant that the Bill manifests a lack of effective sanctions for breach of the requirements.

At Part 1, Division 2.5 g)

VAD Principles

> *a person who is vulnerable should be protected from coercion and exploitation*

Comment

Our further concerns are for vulnerable, possibly elderly people, who, because of their lack of capacity, external pressure or feeling unworthy, may attempt to request VAD.

Elder abuse, as defined by The World Health Organisation are acts of physical, psychological, financial, sexual abuse, or neglect. This can be hard to detect, (as is domestic violence) particularly for medical personnel making an assessment without a requirement in the Bill for them to consult with the patient’s GP or to access the patient’s medical history.

Queensland VAD legislation may contribute to elder abuse. In any request for VAD an underlying circumstance of elder abuse may be present.

The proposed Queensland Bill allows not just physical but also “mental suffering” caused by a terminal illness to make a person eligible for euthanasia. Surely few people are more vulnerable than those suffering mental pain.

VAD Division 4 – 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.

Comment:

(a) These statements in the VAD are deeply concerning. Saying it does not make it so – and a person in the street will perceive seeking assistance to die as - suicide. We must consider the ramifications of euthanasia as suicide. Assisted suicide but suicide nevertheless.

It is ironic that at a time when governments are heavily invested in suicide prevention, especially in young people, implementation of the VAD Bill, may in fact increase the incidence. Studies have shown that KNOWING a person who has chosen suicide, (assisted or not), can increase the possibility of suicide of young people.

Bereavement by suicide as a risk factor for suicide attempt - Abstract
Objectives: US and UK suicide prevention strategies suggest that bereavement by the suicide of a relative or friend is a risk factor for suicide. However, evidence was lacking that the risk exceeds that of any sudden bereavement, is specific to suicide, or applies to peer suicide. We conducted the first controlled UK-wide study to test the hypothesis that young adults bereaved by suicide have an increased risk of suicidal ideation and suicide attempt compared with young adults bereaved by other sudden deaths. Adults bereaved by suicide had a higher probability of attempting suicide than those bereaved by sudden natural causes. There was also no increased suicide risk in adults bereaved by sudden unnatural causes (violent deaths).

https://bmjopen.bmj.com/content/6/1/e009948

(b) Does it undermine the dignity of doctors to be forced to lie on death certificates? Is dying with assistance seen to be so shameful by its promoters, that we must hide it? In order to assess the program over time, to scientifically identify any deleterious effects, it must be possible to count the numbers, and study outcomes for families and friends. It must be possible to study cases where death has been protracted or painful. Where in fact the autonomy of choice has been breached. The literature is rife with examples.

Those promoting the VAD will be or should be aware of the outcomes in other countries:

Belgium has the most permissive euthanasia laws in the world, and one of every twenty deaths in Belgium is now deliberately caused. Suicide is becoming a moral obligation in a culture that promotes euthanasia as a dignified exit that offers relief to caregivers.

In 2014, Belgium became the first country in the world to legalize euthanasia for children.

Most of Belgium's euthanized patients have terminal cancer, but people are also being euthanized for autism, anorexia, borderline personality disorders, chronic-fatigue syndrome, and depression.

"Euthanasia is performed on physically healthy people without even contacting their children."

Belgian doctors began harvesting organs from euthanized patients in 2008. Experts warn that "coupling organ donation with euthanasia creates a strong emotional inducement to suicide, particularly for people who are culturally devalued and depressed and who might worry that they are a burden on loved ones. Governments and healthcare systems already have a huge financial

stake in cutting short the lives of vulnerable populations. Procuring organs from euthanized patients gives them added incentive".

https://www.thepublicdiscourse.com/2015/09/15355/

VAD Part 2 10 Eligibility

A person is eligible for access to voluntary assisted dying if—

suffering, caused by a disease, illness or medical condition, includes—
(a) physical or mental suffering

Comment:

This allows not just physical but also "mental suffering" caused by a terminal illness to make a person eligible for euthanasia. Those suffering mentally can be helped. Giving them the option of termination is enabling behaviour that we would otherwise strive to prevent. Poor mental health care and poor palliative care promotes unnecessary, preventable pain. The solution is not death but better compassionate care.

VAD Criteria: section 10(1)

The eligibly criteria for VAD are broad and manipulable and include that: the person has been diagnosed with a disease, illness or medical condition that: is expected to cause death within 12 months.

- *is advanced, progressive and will cause death*
- *is expected to cause death within 12 months and*
- *is causing suffering that the person considers to be intolerable. Whether the person's suffering is intolerable is a subjective assessment by the person themselves. This element of the eligibility criteria is crucial control over who is eligible for the scheme.*

Comment:

As medical personnel are unable to predict with certainty an outcome within 12 months, this Bill relies upon a subjective assessment on the balance of probability and is manipulable by their compassion for a patient who, at that time, declares their suffering is intolerable.

Many of us have experience of people who have been given a diagnosis and an indicative timeframe for death, who have then far exceeded the timeframe, and have made contributions to community by being in the community.

A Bill framed around how one 'feels' subjectively is not good law. It is incapable of objective confirmation and is therefore open to manipulation and misinterpretation.

The Medical Profession

'The primary duty of a doctor is to care for the health of his/her patient. Without life, there is no prospect of bettering health'. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3936863/).

Our concern includes the fact that a VAD Bill undermines and violates the Hippocratic Oath:

Extract from Classic Version

> *I will apply measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.*
> *I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect.*

It also violates the Declaration of Geneva and the voluntary vow adopted by the Australian Medical Association, which includes:

- *The health of my patient will be my first consideration*
- *I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient* (https://www.ama.com.au/media/ama-adopts-wma-declaration-geneva)

Although often attributed to the Hippocratic Oath in fact it does not include the words "**first**, **do no harm**". This however sums up the intent of the various forms of the oath and intuitively we know that VAD does not uphold this principle.

A leading world authority on veterinary wellbeing, identified that performing euthanasia on animals is one of five key reasons for the high (four times the national average and twice the rate of other medical practitioners) suicide rate of Australian veterinarians.
https://www.facebook.com/loveyourpetloveyourvet/videos/4539764846038256/
Once Queensland has doctors assisting with the killing of people may we find that their suicide rates also increase?

In Closing

This Bill does not recognise the rights of family and friends of the dying, nor an individual's right to high quality care in the lead up to a natural death, that is, good palliative care.

Our philosophy is based on the following:

> *The fifth commandment, "Thou shalt not kill", imposes an obligation not to act in a manner that hastens the death of an innocent person. When asked if this negative duty inferred a positive binding obligation to preserve life, St. Thomas Aquinas in the 13th century answered: "always, but not in every circumstance."*
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> *In the 16th century Fransisco de Vitoria provided guidance for deciding when there was no positive duty to preserve life. He stated: "in order to preserve life, it is not necessary to use all means but only those which of themselves are both fitting and suitable". De Vitoria explained that under normal circumstances, ordinary means – such as those that are easily available and commonly used to preserve life – are obligatory. In contrast, extraordinary means, which are neither common nor easily available, are optional. He added that in situations when ordinary*

means may impose excessive burden on a person, it will be permissible if the person chooses not to use them.

Further development of the question of ordinary and extraordinary means by Cardinal Juan de Lugo advised that since some means to preserve life provide too slight a benefit to carry any moral weight, one is not obliged to use them even if they are deemed to be ordinary. Such situations arise when a person is suffering from a terminal illness and after comparing benefits with burdens, we see that the progression to death is unaffected by the best treatment available.

With 20th century medical advances, what was once thought to be extraordinary could increasingly be seen as ordinary. Pope Pius XII reiterated that ordinary means are those that offer at least some hope of benefit and that…do not involve any grave burden for oneself or another. He said "Once the treatment goes "beyond the ordinary means to which one is bound, it cannot be held that there is an obligation to use them"

He explained that when assessing burdens placed on others, our duty to preserve life and health requires that we take "charity" and "social justice" into account.

The Declaration on Euthanasia states that "death is unavoidable". It (i) reminds us that we should not hasten death but can accept it with dignity; (ii) provides justification for not treating an "inevitable death" and (iii) explains why a patient's refusal of treatment is "not the equivalent of suicide" but simply "an acceptance of the human condition, a wish to avoid application of a medical procedure disproportionate to the results…expected, or a desire not to impose excessive expense on family or the community".

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3936863/