
From: [REDACTED]
Sent: Friday, 18 June 2021 5:56 PM
To: Health and Environment Committee
Subject: I oppose the "Voluntary Assisted Dying" Bill

Re: I oppose the "Voluntary Assisted Dying" Bill

Dear Health Committee Members,

I have serious concerns about the efficacy of VAD (assisted suicide) Bill recently tabled in parliament by the Premier.

1. There is no medical specialist approval required to kill those persons who otherwise "qualify" under the proposal, nor is there a requirement for the patient to be examined by a specialist at any stage of their illness. This leaves a yawning gap in terms of professional input into the decision to kill.
2. The two approving doctors can be junior General Practitioners with little or no specialised training in end-of-life management. (Palliative care specialists train for at least four years full-time after graduating with a medical degree.) Again a lack of specialised input.
3. Doctors with a conscientious objection to euthanasia or assisted suicide would be forced to refer patients for it, and therefore be complicit in the outcome of a patient killed. This goes against the objecting practitioner's desire to "first do no harm" when treating patients.
4. Health institutions whose charter is opposed to euthanasia (ie Catholic Health Australia and UnitingCare, as well as many others) would be compelled to refer patients who qualify for euthanasia or assisted suicide upon request. In the case where the patient is a permanent resident of a facility, like an aged care home for example, the institution would be forced to let the assisted suicide or euthanasia take place on the premises by an outside doctor coming in to kill the patient or the poison being delivered to the facility. Again, this forces objecting health professionals, carers and institutions to be complicit in killing other humans.
5. No mental health checks. There is no requirement for those requesting assisted suicide to be assessed by a mental health expert like a psychiatrist, yet mental anguish and depression is often one of the main drivers for requests for euthanasia, as data from other jurisdictions shows. The absence of mental health checks when a patient is considering suicide shows a glaring failure on the duty of care to that patient.
6. No requirement to be seen by a specialist in the area of the patient's suffering, e.g. an oncologist for cancer patients. A lack of specialist knowledge/input.
7. No requirement for a patient to be seen by a palliative care specialist. This proposal is a "one-option shop", and does not present the patient with a viable alternative. Instead of spending time and resources on killing other, the government should be putting that effort into boosting palliative care in order to meet the demand across the State.
8. Inequitable access to euthanasia and palliative care. If passed, this law would allow people with a 12 month prognosis to access euthanasia straight away, but they may not be able to access palliative care until a few weeks or a few months before the end of life (and in some cases in regional Queensland they may have no access to palliative care at all). Very concerningly, when Western Australia passed its assisted suicide legislation, an amendment to the Bill which would have given regional WA the same access to palliative care as assisted suicide was voted down. Again, no provision for a viable palliative care option.
9. The deceptive language in the Bill - even the term "voluntary assisted dying" makes it sound like people are accessing palliative care when in fact it is euthanasia or assisted suicide. Say what is meant and mean what is said.
10. The Bill allows people with a prognosis of 12 months to access assisted suicide. In other Australian jurisdictions the legislation stipulates a six month prognosis, so it allows access six months earlier than all other assisted suicide legislation in Australia.
11. Trying to talk someone out of assisted suicide could put you in jail for up to 7 years. Another provision that seriously limits the exploration of other options.
12. Death certificates would be falsified for people who access assisted suicide to record their underlying

sickness as the cause of death instead of suicide or euthanasia. This is blatant lying.

13. The Premier also wants “tele-deaths” legalised so people can access assisted suicide via the a mere phone call or over the internet- she has even asked the Prime Minister to change the telecommunications / carriage laws to facilitate this.

14. A doctor or a nurse can raise the idea of assisted suicide in the context of discussing other end-of-life options. This is incredibly dangerous, as a patient would no doubt be feeling unwell, distressed by their prognosis and very vulnerable.

Sincerely,
Graham Quinn

