

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

<b>Submission No.:</b>	666
<b>Submitted by:</b>	Rebecca Pitt
<b>Publication:</b>	Making the submission and your name public
<b>Position:</b>	I/We do not support the Voluntary Assisted Dying Bill
<b>Comments in relation to:</b>	Eligibility criteria* ,The request and assessment process,Safeguards,Conscientious objection by either individuals or entities,Other
<b>Attachments:</b>	See attachment
<b>Submitter Comments:</b>	

26/06/2021

To whom it may concern,

Re: Voluntary Assisted Dying Bill 2021

I am writing to express my grave concerns about the Voluntary Assisted Dying Bill 2021. I will list my concerns about this bill:

1. **A doctor or a nurse can raise the idea of assisted suicide in the context of discussing other end of life options.** This could very well lead to the patient feeling pressured to opt for assisted suicide, especially if there are no palliative care options available. This is not providing patients with a 'choice', it is limiting their 'choice' as the Queensland government is not giving sufficient funds for palliative care. According to Palliative Care Queensland, the government's announcement of \$28 million per year for palliative care leaves a shortfall of \$247 million per year. <https://palliativecareqld.org.au/truechoicecampaign/>
2. **Inequitable access to euthanasia and palliative care.** If passed, this law would allow people with a 12 month prognosis to access euthanasia immediately, but they may not be able to access palliative care until a few weeks of months before the end of their life. In regional Queensland, they may not have access to any palliative care at all. In Western Australia, an amendment to the euthanasia Bill which would have given regional WA the same access to palliative care as assisted suicide was voted down. This clearly shows that people pushing for 'Voluntary Assisted Dying' are not at all interested in providing 'choice', or the 'best care' for terminally ill patients, they are simply interested in ending these patients' lives.
3. **Doctors, nurses and institutions (e.g. Christian hospitals, nursing homes and hospices) with ethical objections to euthanasia are compelled to refer euthanasia.** This means they will be forced to comply with the outcome of patients killing themselves or being killed by another doctor. This is outrageous. These organisations should have the freedom to work in compliance with their religious and ethical beliefs. This is the state forcing the hand of caring people to kill their patients.
4. **Nurses can administer euthanasia.** Nurses are people who have generally gone into the profession to *help* and *heal* patients. NOT to kill them. There is also the issue of nurses usually being 'less qualified' than doctors in a number of areas. Allowing nurses to administer euthanasia is seriously reducing the gravity of this procedure.
5. **Insufficient mental health checks.** A patient requesting assisted suicide is not required to be assessed by a mental health expert like a psychiatrist. Yet, mental anguish and depression is often the main driver for requests for euthanasia, as data from other jurisdictions shows. Any 'regular' (i.e. not terminally ill) person considering 'regular' suicide (i.e. not performed by a

doctor or nurse) is ALWAYS referred to a mental health expert as it is a mental health issue. Why should this be any different in terminally ill patients?

6. **There is no requirement to be seen by a specialist in the area of the patient's suffering** (e.g. an oncologist for cancer patients). Why is this step being avoided/bypassed? It would make logical and medical sense for a patient to have to see a specialist in the area of their suffering *before* suicide was even considered. These specialists have the experience and knowledge required to help patients understand their situation and examine ALL their options.
7. **'Two approving doctors' – can be junior General Practitioners with little or no specialised training in end-of-life management.** There would be so many other specialised and life-threatening situations in which junior General Practitioners would not suffice as qualified doctors. They would not be considered experienced enough to handle many situations. Why are we placing such a serious procedure – i.e. ending another human being's life – in the hands of inexperienced and unqualified people? This is not a situation where they can say 'We got it wrong' and then 'un-do' their mistake. It is FINAL. This is definitely not good enough, especially when Palliative Care specialists have to train for at least FOUR YEARS full-time after graduating with a medical degree.
8. **There is no requirement for a patient to be seen by a palliative care specialist.** If we were truly caring for the patient's best interests, this would certainly be required. Again, we are not giving options, we are eliminating options with this Voluntary Assisted Dying Bill.
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.** Please stop deceiving our society with language. If the public were fully aware of the implications of this Bill and how dangerous it is, many would be against it.
10. **The Bill allows people with a prognosis of 12 months to access assisted suicide.** In other Australian jurisdictions, the legislation stipulates a 6 month prognosis. So, Queensland is allowing people to access euthanasia 6 months earlier than all other assisted suicide legislation in Australia. In many ways, this Bill is worse and more permissive than Victoria's, Western Australia's and Tasmania's assisted suicide legislation.
11. **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 being killed.** Again, why are we allowing the state to essentially force the hand of its citizens to do something that is completely against their faith beliefs and/or ethics? Where is the freedom that our society once protected?
12. **Trying to talk someone out of assisted suicide could put you in jail for up to 7 years.** We have services, such as Lifeline, that are there to assist people and help talk them OUT of suicide. We,

as a society, have worked to bring down suicide rates and try to help people out of the mental depression etc. that leads to suicide. So, why are we now placing people in jail if they talk someone out of assisted suicide? Why are we stopping people from saving lives? In addition, this is again removing freedom from our citizens. They should be able to talk to someone about anything they like, yet now, they will be jailed if they talk someone out of assisted suicide. The state is controlling what people can and cannot say. Where is our freedom?

13. **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.** Why are we now legislating to LIE on official documents? How can that be the mark of a society with any integrity? This will also hide the statistics that would show how many people are dying from assisted suicide. People advocating for access to assisted suicide claim that it will only be used by a very small minority of people. Yet, figures from around the world show that once euthanasia and/or assisted suicide is legal, the number of people using this option only continues to steadily rise. According to The Guardian, “the number of assisted suicides in Switzerland has risen more than fourfold in little more than a decade” (<https://www.theguardian.com/news/2019/jul/15/euthanasia-and-assisted-dying-rates-are-soaring-but-where-are-they-legal>). So, why are we hiding the documentation that will show us exactly how many people are accessing assisted suicide? If it is believed that only a small minority of people will use assisted suicide, then the state should keep accurate records of the figures to prove that to the public.
14. **The Premier also wants ‘tele-deaths’ legalised so people can access assisted suicide via a mere phone call or over the internet. She has asked the Prime Minister to change the telecommunications/carriage laws to facilitate this.** How can we possibly allow such a serious and final thing to be done ‘over the phone’? We are not treating people’s lives with any value at all in this situation.
15. **Queensland already has almost the highest suicide rate in Australia. When assisted suicide is legalised, the non-assisted suicide rate ALWAYS increases as we have ‘normalised’ suicide.** In Victoria, after assisted suicide was legalised, the non-assisted suicide rate increased by 14% ([https://www.cherishlife.org.au/victoria\\_suicide](https://www.cherishlife.org.au/victoria_suicide)). Since euthanasia was legalised in Canada in 2016, the total number of suicides (both assisted suicide and non-assisted suicide) increased by 400% in just four years. In a study conducted by Jones, D.A. and Paton, D. (Oct 2015), they examined the rates of suicide before and after the legalisation of Physician Assisted Suicide in the United States between 1990 and 2013. The results clearly showed that total suicide rates *increased* when assisted suicide was legalised. ([https://www.researchgate.net/publication/282609275\\_How\\_Does\\_Legalization\\_of\\_Physician-Assisted\\_Suicide\\_Affect\\_Rates\\_of\\_Suicide](https://www.researchgate.net/publication/282609275_How_Does_Legalization_of_Physician-Assisted_Suicide_Affect_Rates_of_Suicide))
16. **The Australian Medical Association, Nurses Professional Association of Queensland, and 107 out of 109 national medical bodies are opposed to euthanasia of any kind.** Why are the

politicians NOT listening to the medical bodies if this is truly a medical issue? Again, why is the state forcing the hand of medical staff to perform a procedure that they do not approve of and do not believe is in the best interest of their patients?

Finally, the Voluntary Assisted Dying Bill is dangerous as it ignores all the warnings that we should be taking from other countries around the world that have legalised euthanasia. According to Pereira, J. (2011), 'in all jurisdictions, laws and safeguards were put in place to prevent abuse and misuse of these (euthanasia or assisted suicide) practices'. However, these laws and safeguards have been quickly ignored without prosecution. While the initial intent of legalising euthanasia would have been to have it as a 'last-resort option for a very small number of terminally ill people, some jurisdictions now extend the practice to newborns, children, and people with dementia' (Pereira, J. 2011 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3070710/>). The Bill being introduced to Queensland does not even have any of these so-called 'safe guards', so it is therefore extremely dangerous and not in the public's best interest.

Rebecca Pitt