



24 June 2021

Health and Environment Committee
Parliament House
George Street
BRISBANE QLD 4000

By email only: hec@parliament.qld.gov.au

Dear Committee,

Voluntary Assisted Dying Bill 2021

Thank you for the opportunity to comment on the *Voluntary Assisted Dying Bill 2021*.

One Queenslanders will be diagnosed with cancer every 20 minutes. Cancer Council Queensland is dedicated to improving quality of life for people living with cancer, through research, patient care, prevention and early detection. You can find out more about our work at www.cancerqld.org.au.

Cancer Council Queensland has provided submissions to the former Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's inquiry into aged care, end-of-life and palliative care and voluntary assisted dying (Reports No. 33 and 34 to the 56th Parliament) (the **2019 Inquiry**) and in response to the Queensland Law Reform Commission's Consultation Paper WP 79, on a legal framework for voluntary assisted dying (**QLRC Inquiry**).

Our contributions through this policy development process are based on our experience supporting Queenslanders touched by cancer, and to a lesser degree those with other life limiting conditions.

Voluntary assisted dying

Assisted dying is a complex topic and one which understandably evokes very strong feelings, of both support and opposition, among members of the Queensland community. We respect the rights of individuals to take a position on this very complex issue, however as an organisation which supports all people and all cancers, **Cancer Council Queensland does not support, nor do we oppose, assisted dying**. While maintaining neutrality, we are cognisant that if assisted dying is legalised in Queensland this will impact on cancer patients and families. In jurisdictions that have legislated for assisted dying in some form, cancer patients comprised the largest group of patients to access

some form of assisted dying;¹ in Victoria from January to June this year, 78% of people who had a permit issued and have subsequently died had a malignant cancer diagnosis.²

The Bill

In our submission to the 2019 Inquiry, Cancer Council Queensland outlined the following principles that we believe help ensure that the expectations and needs of the cancer community are considered in law reform for assisted dying.

- Consideration of assisted dying should occur in the broader context of improving end-of-life care. High quality end-of-life care should be available for all Australians regardless of any choices a person may make about assisted dying. This includes equitable availability of palliative care and support for end-of-life decision-making.
- Legislative change for assisted dying must protect vulnerable people, including but not limited to those who have compromised decision-making capacity.
- Public communication about assisted dying must be considered and careful, to ensure compassionate and confidential information and support is available and provided to people considering assisted dying. Any decision to access assisted dying must be fully informed, freely made, and respected. Public communication should not position assisted dying as the community's expectation for people with a terminal illness, nor should people with a terminal illness feel pressured to enquire about assisted dying.
- All health practitioners and services must receive education and training to support decision-making at end of life, that includes an understanding of any assisted dying legislation and the processes available to access. This education aims to ensure that people can access the support they need, including support to make assisted dying decisions, and should not depend on the views of the service or practitioner about assisted dying.
- Respect for all health practitioners, regardless of their choice to be involved or not involved in assisted dying, is essential.
- Individuals choosing assisted dying must have access to Patient Travel Subsidy Scheme where they need to travel to seek advice from medical practitioners.
- Families of people choosing assisted dying must have the same access to grief and bereavement support as all families facing the death of a family member. Whilst Cancer Council Queensland provide grief and bereavement counselling, there are limited availability of services for families of those with other life limiting illnesses.
- Safeguards are an essential part of any assisted dying legislation and include protection of people from coercion, protection of health practitioners involved in assisted dying and prevention of misuse of lethal drugs.

¹ Ezekiel J. Emanuel, Bregje D. Onwuteaka-Philipsen, John W. Urwin and Joachim Cohen, 'Attitudes and Practices of Euthanasia and Physician-Assisted Suicide in the United States, Canada, and Europe' (2016) 316(1) *Journal of the American Medical Association* 79; *California End of Life Option Act: 2017 Data Report* (California Department of Public Health, 2017). Available at <https://www.cdph.ca.gov/Programs/CHSI/Pages/End-of-Life-Option-Act.aspx>

² Voluntary Assisted Dying Review Board, *Report of operations: January to June 2020* (Safer Care Victoria, Melbourne) 10. Available at <https://www.bettersafecare.vic.gov.au/publications/VADRB-january-to-june-2020>.

- Assisted dying legislation must include clear reporting obligations and information collection requirements, which will be essential to track the operation of an assisted dying scheme, and to detect and address any negative, unintended effects.
- Death certification coding should include the capacity to record the death as occurring in the context of an assisted death to aid evaluation.
- An assisted dying scheme requires continuous and adequately resourced monitoring and evaluation.

In our view, the Bill before the Parliament (and the supporting work from the 2019 Inquiry and particularly the QLRC Inquiry) has appropriately considered these issues and responds appropriately to each of these principles.

Voluntary assisted dying is (only) one aspect of end-of-life care

Cancer patients have a range of options available to them regarding their medical care towards the end of life. These options are dependent on the prevailing circumstances and can include treatment to reduce or maintain tumour size (such as chemotherapy or radiation therapy) delivered by a treating physician (such as a medical oncologist) with support from a multi-disciplinary team. These services are provided in either an inpatient or outpatient hospital setting, depending on the circumstances of the patient.

However, these patients tell us that accessing palliative care and provision of end-of-life care is limited, particularly for regional and remote Queenslanders. People can have very strong preferences on whether they die at home, in hospital or in hospices however their wishes are often not able to be respected due to the services available.

It is critical that palliative care and end-of-life care is accessible and appropriate.

Implementation

If this Bill passes, a large amount of work will be needed between passage of the legislation and implementation of the scheme to ensure that the community and health practitioners and health services are prepared for its commencement, and an appropriate monitoring and evaluation framework is in place from the outset. This will include, for example, regulations, carefully tested information resources for patients and carers, clinical guidelines or other forms of professional guidance or support, education and training of health practitioners, and clarification of how participation in the scheme will be financed. We look forward to Queensland Health developing this clear plan and framework for the performance, oversight, and funding of this essential work.

Yours sincerely,



Chris McMillan

Chief Executive Officer
Cancer Council Queensland