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**From:** [REDACTED]  
**Sent:** Tuesday, 29 June 2021 10:59 AM  
**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,

Aspects of this proposed bill that I object to are:

1. Terminally ill Queenslanders with a 12 month prognosis who are over 18 years old would be eligible for euthanasia or assisted suicide, upon the approval of two doctors who don't have to be specialists. There no requirement for the patient to be examined by a specialist at any stage of their illness.
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.)
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.
4. Health institutions whose charter is opposed to euthanasia (i.e. 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, such as 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.
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.
6. No requirement to be seen by a specialist in the area of the patient's suffering, e.g. an oncologist for cancer patients.
7. No requirement for a patient to be seen by a palliative care specialist.
8. Inequitable access to euthanasia and palliative care. If passed, this law would allow patients 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 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.
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.
10. The Bill allows patients with a prognosis of 12 months or less to access assisted suicide. In other Australian jurisdictions the legislation stipulates a six month prognosis, so the Queensland legislation 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.
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.
13. 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.
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.
15. The Bill if passed would legalise both assisted suicide, where the doctor prescribes poison for the patient

to take, and euthanasia, where the doctor administers a lethal injection to

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Sincerely,  
Christopher Stanley

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