

Submission into the Voluntary Assisted Dying Bill 2021

Submission No.: 894

Submitted by: Bernard Gaynor

Publication: Making the submission and your name public

Position: I/We do not support the Voluntary Assisted Dying Bill

Comments in relation to: Eligibility criteria* ,The request and assessment process,Administration of the substance,Safeguards,Conscientious objection by either individuals or entities,Oversight and review,Other

Attachments: See attachment

Submitter Comments:

I oppose this bill for the following reasons.

1. Euthanasia is either suicide (voluntary) or murder (involuntary). It involves a deliberate decision to proactively administer lethal doses of poisons or medications for the explicit purpose of ending life. This is repugnant, gravely immoral and should not be approved under any circumstances. In other words, even with all the best safe guards in the world, this bill seeks to legalise an intrinsically evil act that cannot result in any positive or beneficial outcome for the individuals involved in the act or for society as a whole.

2. The proposed legislation fundamentally undermines and attacks the basic principles of medical ethics. Patients are not free from coercion in that they are offered this 'procedure' to end their life while under internal duress (pain) and possibly external duress (pressure from perceptions that they are a burden on their families and society). Doctors and medical practitioners are also required to promote and even administer drugs for the primary purpose of causing harm to the patient's health. It is hardly surprising that in places like Belgium 'voluntary euthanasia' is now commonly involuntary, with medical reports finding that large numbers of elderly patients in comas or suffering from dementia and without a terminal illness are euthanised without the patient or their families even being informed of the decision to euthanise them.

3. The experience of other jurisdictions to have legalised euthanasia clearly demonstrates that safeguards fail, boundaries move and the scope of euthanasia increases to the point that even the word 'voluntary' becomes meaningless. Whatever 'safeguards' are legislated in this bill will be eroded and this legislation will expand using the word 'compassion' to allow the legalised killing of ever more vulnerable people, as shown in the examples below and all of which involved people who were not suffering any terminal illness.

- Belgium: in 2013 Nathan Verhelst was euthanised for 'psychological suffering' after a series of failed sex-change operations. She was 44.
- Canada: in 2020 Nancy Russell was euthanised to avoid further COVID-19 lockdowns. She was 90.
- The Netherlands: in 2018 Aurelia Brouwers was euthanised for psychiatric illness. She was 29.

4. We have already seen calls for the proposed legislation in Queensland to be expanded with a report in the Brisbane Times in April 2019 quoting the Queensland Council for Civil Liberties' call for children as young as 12 to be given the option of euthanasia.

5. The message this legislation sends completely undermines efforts to combat the scourge of suicide in our society. Suicide is a terrible tragedy. Yet the Queensland Premier and her ministers are promoting the idea that it is acceptable to end your life and that the state will even legalise this evil.

6. The combined effect of the attack on medical ethics and social acceptance of suicide has demonstrably lead to worsening social and medical outcomes in societies that have legalised euthanasia.

- Belgium: In 2019 surveys found that 40% of Belgians now believed that state-funded medical care should not be provided to those over the age of 85 in order to reduce costs. The deadly fruit of this callous attitude, fostered by societal acceptance of euthanasia, bloomed when the COVID-19 pandemic hit Belgium, as detailed in this quote from the New York Times on 8 August 2020:

Runaway coronavirus infections, medical gear shortages and government inattention are woefully familiar stories in nursing homes around the globe. But Belgium's response offers a gruesome twist: Paramedics and hospitals sometimes flatly denied care to elderly people, even as hospital beds sat unused.

Weeks earlier, the virus had overwhelmed hospitals in Italy. Determined to prevent that from happening in Belgium, the authorities shunned and all but ignored nursing homes. But while Italian doctors said they were forced to ration care to the elderly because of shortages of space and equipment, Belgium's hospital system never came under similar strain.

Even at the height of the outbreak in April, when Ms. Balducci was turned away, intensive-care beds were no more than about 55 percent full.

"They wouldn't accept old people," Ms. Doyen said. "They had space, and they didn't want them."

Belgium now has, by some measures, the world's highest coronavirus death rate, in part because of nursing homes. More than 5,700 nursing-home residents have died, according to newly published data. During the peak of the crisis, from March through mid-May, residents accounted for two out of every three coronavirus deaths.

7. I accept that many of those who support euthanasia do so out of a desire to end or reduce suffering. However, the answer to the problem of suffering at the end of life is not kill those in pain but to provide them appropriate and suitable palliative care. Unfortunately, recent reports have found that less than half of Australians saw a palliative care specialist before dying in a hospital. The Queensland government should fund palliative care properly so that Queenslanders can truly die with dignity instead of promoting a bill that will simply kill vulnerable Queenslanders.

8. From a personal perspective, my grandfather recently passed away at the age of 92 from dementia. He lead a wonderful life as a doctor and business man and was a father to five, grandfather to over 20 and great grandfather to over 30 children. He died with palliative care, surrounded by his wife and family members. It was a great privilege to be at his side and the love he received in his last months from my mother was a great comfort to him and example to me. It was difficult to watch my grandfather's physical and mental health deteriorate – no one wishes to see that – but it was a process that provided an opportunity for true love and care. There is a purpose in this process – it allows children to show the same love and care to their parents that they received as a child. Euthanasia destroys the opportunity for love and care and is not the response of a compassionate society. Instead, it is the response of a society that wishes to avoid compassion altogether.

Bernard Gaynor

30 June 2021