

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

**Submission No.:** 917

**Submitted by:** Craig Glasby

**Publication:** Making the submission and your name public

**Position:** I/We 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,Other

**Attachments:** See attachment

**Submitter Comments:**

**Submission to Health and Environment Committee re Voluntary Assisted Dying Bill 2021****Introduction**

I support this bill. It is well considered and well crafted. It improves on Victoria's Voluntary Assisted Dying (VAD) legislation. It is fair to the sensitivities of all Queenslanders. It delivers the will of the supportive 80% of Queenslanders in favour of VAD legislation. It gives the comfort of choice, to the dying who are suffering at the end-of-life, in the timing and manner of their death. It cannot be said enough times that VAD is completely voluntary. This bill's many safeguards will ensure that VAD in Queensland will be free of coercion.

I am concerned that some Parliamentarians may attempt to introduce unneeded amendments resulting in some otherwise eligible Queenslanders being denied access to VAD. To be clear, this bill requires no further safeguards. Do not make the VAD process complicated and onerous for the dying and suffering.

It is important to me to inform the committee that I am supportive of all Queenslanders having access to good palliative care. It is expected that almost all of those who access VAD will also access palliative care.

**Expectation-of-death timeframe**

I support the bill's 12-month expectation-of-death timeframe. With the Victorian, Western Australian and Queensland parliamentary inquiries all recommending a 12 month timeframe, it would be disappointing if the parliamentarians felt some compulsion to adopt the baffling 6/12 month model of Victoria and Western Australia. The bottom line is that physicians are not very accurate with their prognostic predictions and other diseases besides motor neurone disease are equally deserving of the 12 month timeframe.

**Doctor initiated discussion**

I welcome medical practitioner/nurse practitioner initiated discussion about VAD within a wider discussion about the person's treatment and palliative care options, and their likely outcomes. This is simply good medical practice. Parliament should not interfere in this health practitioner/patient interaction.

**Choice of type of administration of substance**

The support of the bill for choice in self administration or practitioner administration is to be commended. This bill is rightly all about choice.

**Specialist in the disease**

Importantly, this bill does not make the mistake of Victoria's legislation of requiring the coordinating practitioner or consulting practitioner to be a specialist in a specific disease. In Victoria, this has been a barrier to access to VAD. The problem would be worse in a geographically diverse and remote state such as Queensland.

**Entity conscientious objection**

This bill shines in the sensitivity of its detailed response to so called 'Institutional conscientious objection'. It honours a principal of a liberal democracy in upholding a person's rights to lawful activity in their own home even if that home is part of a dissenting institution. It does deliver some concessions to dissenting institutions in the administration of the VAD substance while respecting the person's human right to access VAD in all other steps of the VAD process. This a fair treatment of both parties.

**VAD is not suicide**

This bill correctly states that VAD is not suicide. It is totally not negotiable that there can be any change in the bill on this position. Those eligible persons wanting to access VAD are dying and suffering. They have no choice in the matter of dying. They will die. They do rightly demand to have a choice in the manner and timing of their death. There needs to be no confusion with death certificates and insurance policies.

### **Commonwealth Carriage Service Laws**

It is disappointing that some doctors and health workers may feel intimidated by the commonwealth carriage service laws that were originally enacted for a completely different reason. This is particularly important in respect to Queensland's geographical remoteness.

### **Conclusion**

I conclude in commending and fully supporting this Voluntary Assisted Dying bill. Although it is conservative in nature with many safeguards and strict eligibility criteria, it does show the compassion of Queensland in supporting its citizens, who are dying and suffering, to have a further choice at the end-of-life.

Yours for a compassionate Queensland

Dr Craig Glasby MBBS, MRACGP