

Submission into the Voluntary Assisted Dying Bill 2021

Submission No.: 940
Submitted by: Mary Crabb
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
Attachments: See attachment
Submitter Comments:

Dear Health and Environment Committee Chair

I oppose this Bill.

I want to address the glaring contradictions and inadequacies that are being proposed. Please do not take my critique to be in any way approval of this Bill, only a suggested improvement to what even if amended would remain preposterous.

Section 5 Principles

(a) human life is of fundamental importance

Unless a person is eligible to be euthanised?

(b) every person has inherent dignity and should be treated equally and with compassion and respect

As discussed below, moving away from an ethic which sees the killing of innocent people as immoral, to one that does not is innately unequal. Additionally, under this Bill compassion and respect only go in the favour of euthanasia advocates, not its detractors.

(c) a person's autonomy, including autonomy in relation to end of life choices, should be respected

Why?

(d) every person approaching the end of life should be provided with high quality care and treatment, including palliative care, to minimise the person's suffering and maximise the person's quality of life

Given that palliative care remains underfunded, this statement is merely window dressing.

(e) access to voluntary assisted dying and other end of life choices should be available regardless of where a person lives in Queensland

It should not be available anywhere.

(f) a person should be supported in making informed decisions about end of life choices

Not for choices which are immoral.

(g) a person who is vulnerable should be protected from coercion and exploitation

The Bill does not achieve this.

(h) a person's freedom of thought, conscience, religion and belief and enjoyment of their culture should be respected

This Bill runs roughshod over the freedom of conscience, religion and belief and respect of enjoyment of culture of those opposed to the Bill.

Section 7(1)(b) Health care worker not to initiate discussion about voluntary assisted dying

Not technically true if there is also discussion about other options, (see ss 7(2) and (3)). This heightens the risk of coercion.

Section 8 Voluntary assisted dying not suicide

Provides for State-mandated falsification of documents.

Section 9 When person may access voluntary assisted dying

There is no time limit between first and second or second and final requests. This is troubling. For example, a person may have decision-making capacity for the first request and if a long time passes afterward, they could lose that capacity. This increases the risk that those involved in the process could take matters into their own hands using the initial or subsequent requests as moral justification for their actions. Furthermore, patients are not required to see a specialist in the area of their suffering.

Section 10(1)(a) Eligibility

If a person over the age of 18 is expected to die from or to commit suicide in the next 12 months because of physical or mental suffering they experience from a disease, illness or medical condition that is advanced and progressive, they will be eligible for euthanasia as long as they have decision-making capacity. Conditions that fall under this category include bulimia, anorexia, schizophrenia, dementia, blindness, deafness, the list goes on. Where are the mental health checks on patients who in this situation may understandably be suffering from depression and need psychiatric care, not euthanasia?

No wonder disability advocate groups are strongly opposed to this Bill.

Section 11 Decision-making capacity

Nothing in this section mentions that the decision-making capacity must be contemporaneous. This is dangerous. For instance, there is nothing in this Bill preventing a previously-signed Advanced Health Directive being taken as having decision-making capacity under this section.

Section 12(2)(a) Residency exemptions

Having a “substantial connection” to Queensland is likely to be read extremely broadly by the court. More specificity is needed here.

Section 16(4) Medical practitioner to accept or refuse first request

This section will violate the consciences of medical practitioners who disagree with euthanasia, as having to refer a person to a practitioner who will assist with a euthanasia request might not be formally cooperating in something which they think is evil, but it is materially cooperating in it which can still be a violation of conscience.

Section 21(5) Referral for determination

Breach of this section ought to be increased to a crime not a misdemeanour.

Section 32(5) Referral for determination

Breach of this section ought to be increased to a crime not a misdemeanour.

Section 37(5) Person assessed as eligible may make second request

This section needs to specify that a previously written Advanced Health Directive cannot be used to direct a person to sign the second request on their behalf.

Section 42(3) Person may make final request to coordinating practitioner

This is vague and bound to be abused.

Section 50(4) Administration decision

Needs to specifically say that it must be contemporaneous.

Section 51 Revocation of administration decision

Yet another section open to be abused under the guise of compassion.

Section 52 Self-administration—authorisations

Having a contact person or an agent of the person in control of the lethal substance is ripe for abuse.

Section 53(6) Practitioner administration—authorisations

Breach of this section ought to be increased to a crime not a misdemeanour.

Section 54 Witness to administration of voluntary assisted dying substance

Breach of this section ought to be increased to a crime not a misdemeanour.

Section 81(3) Cause of death certificate

Provides for State-mandated falsification of documents.

Section 83 Eligibility to act as administering practitioner

Doctors administering a lethal substance with the intention to kill a patient is disturbing enough. Allowing nurses to do so as well is beyond the pale.

Section 84(2) Registered health practitioner with conscientious objection

This section will violate the ethos of entities that disagree with euthanasia. In having to either formally or materially cooperate in something to which the entity deems evil, especially when there are other means available to achieve the ends, is a gross abuse of State power.

Section 90(2) Access to information about voluntary assisted dying

See note on s 84(2) above.

Sections 92(2) and (3) First requests and final requests

See note on s 84(2) above.

Section 93(3) Second requests

See note on s 84(2) above.

Sections 94(2), (3) and (4) First assessments

See note on s 84(2) above.

Sections 95(2), (3) and (4) Consulting assessments

See note on s 84(2) above.

Sections 96(2), (3) and (4) Administration decisions

See note on s 84(2) above.

Sections 97(2), (3) and (4) Administration of voluntary assisted dying substance

See note on s 84(2) above.

Section 141(2) Inducing a person to request, or revoke request for, voluntary assisted dying

Inducing a person to request euthanasia ought to be increased to a crime not a misdemeanour. However, convincing a person to revoke a euthanasia request needs to be revoked from the Bill.

Section 142(2) Inducing self-administration of voluntary assisted dying substance

See note on 141(2) above.

Section 143(2) Giving board false or misleading information

See note on 141(2) above.

Section 144(2) Making false or misleading statement

See note on 141(2) above.

Section 145(2) Falsifying documents

See note on 141(2) above.

Section 147 Protection for persons assisting access to voluntary assisted dying or present when substance administered

This section needs to outline the penalties involved for not acting in “good faith”.

Section 148 Protection for persons acting under Act

This section needs to outline the penalties involved for acting “negligently”.

Section 154(2) Review of Act

The eligibility criteria *will be* expanded over time. As laws which are determined by the will of legislators rather than a concrete line in the sand (i.e., the killing of innocent people is always and everywhere wrong) will be innately prejudicial to those it excludes. One can guarantee the government will be pressured to expand the criteria piecemeal.

I urge the Committee to reject the *Voluntary Assisted Dying Bill 2021* (Qld) in its entirety.

Yours sincerely,

Mary Crabb