

Health and Environment Committee

From: [REDACTED]
Sent: Wednesday, 30 June 2021 8:32 PM
To: Health and Environment Committee
Subject: I oppose the "Voluntary Assisted Dying" Bill

Categories: Submission

Re: I oppose the "Voluntary Assisted Dying" Bill

Dear Health Committee Members,

The proposed "Voluntary assisted Dying" Bill is extremely broad, weak, and dangerous legislation. There are no effective safeguards against wrongful deaths. Therefore if this legislation is enacted, I feel convinced it will lead to wrongful deaths in Queensland - including people who would have wrongfully accessed assisted suicide because of wrong diagnosis, wrong prognosis, coercion, elder abuse, untreated mental anguish, or because they had little or no access to palliative care specialists and felt they had no other choice.

Aspects of the proposed law that of particular concern include:

- 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. Nor is there a requirement for the patient to be examined by a specialist at any stage of their illness.
- Nor is there a requirement for the patient to be seen by a specialist in the area of their suffering, e.g. an oncologist for cancer patients.
- Nor is there a requirement for a patient to be seen by a palliative care specialist. The truth is that almost all pain can be mitigated with good palliative care.
- The two approving doctors can be junior General Practitioners with little or no specialised training in end-of-life management.
- Assisted suicide is in conflict with the basic ethical principles and integrity of medical practice. 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.
- 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, like 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.
- No mental health or psychiatric checks required for those requesting assisted suicide before approval is granted. Yet mental anguish and depression is often one of the main drivers for requests for euthanasia, as data from other jurisdictions shows.
- Inequitable access to euthanasia and palliative care. If passed, this law would allow people 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 a few 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.
- 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.
- The Bill allows people with a prognosis of 12 months to access assisted suicide. In other Australian jurisdictions the legislation stipulates a six month prognosis, so it allows access six months earlier than all other assisted suicide legislation in Australia.
- Trying to talk someone out of assisted suicide could put you in jail for up to 7 years.

Furthermore, my objection to this legislation is based upon:

The position of the Australian Medical Association, who are opposed to euthanasia and assisted suicide. 'The AMA believes that doctors should not be involved in interventions that have as their primary intention the ending of a person's life. This does not include the discontinuation of treatments that are of no medical benefit to a dying patient.'

Article 3.1 of The Australia Medical Association's position statement on euthanasia and physician assisted dying. (full position statement can be found at www.ama.com.au)

As is the Nurses Professional Association of Queensland. 107 of the World Medical Association's 109 constituent National Medical Associations oppose euthanasia and assisted suicide. Only 8 of the 193 nations in the United Nations have legalised euthanasia of any kind, as it is regarded as dangerous.

Paving the way for a doctor or a nurse to raise the idea of assisted suicide in the context of discussing other end-of-life options is incredibly dangerous. Patients who are in pain, unwell, fearful and distressed by their prognosis are also very vulnerable to relying on advice provided by professional experts.

Every Queenslanders has a fundamental right to high quality care at end of life (should they need it) and this legislation contradicts that. It contradicts Queensland Health's The Care at End of Life Project which is intended to integrate care at the end of life as a core element of health services in Queensland for people of all ages as they face the end of their life. How will this legislation, is enacted support the Statewide strategy for end-of-life care 2015 which aims to strengthen the capacity of Queensland Health services to respond to the needs of those with a progressive life-limiting illness.

Queenslanders with disability are particularly vulnerable to pressure, neglect, and abuse regardless of 'safeguards.' Disability groups are condemning this legislation.

Indigenous Queenslanders, one of the most vulnerable sectors of our community, have not been consulted on this matter. Outside of the SE corner and in remote, rural and regional Queensland palliative care services are at best patchy and sometimes non-existent. This should be rectified first.

Elder abuse and 'inheritance impatience' is real, underreported, and would be further encouraged by euthanasia laws.

In Victoria, proponents of the Bill who boasted about its "safeguards" are now calling those things "barriers" as they push for wider access. If 'safeguards' work why have we had Royal Commissions into aged care, disability, child abuse and mental health?

Allowing people to access assisted suicide via a phone call as the Premier is seeking is also dangerous and open to abuse.

Queensland Government has a target for halving suicide rates by 2026 yet legalising assisted suicides will only lead to more suicides. This is called a suicide contagion effect. In Victoria in the non-assisted suicide rate increased by 13% when they legalised assisted suicide. This is because legalising assisted suicide normalises suicide, which is also dangerous and distressing.

In the United States, in states where assisted suicide is legal, insurance companies have refused to cover chemotherapy treatment for cancer patients, instead offering the insured assisted suicide drugs. This is a precedent that I am genuinely concerned could happen here in Queensland if this legislation is passed.

Chronic under-resourcing of palliative care specialists and staff, and absence of consistently good aged care practice, has been a silent catalyst and agitator for legalising assisted suicide in Queensland. Quite cruelly, poor resource allocation and insufficient appropriately trained staff has made many people suffer needlessly. This needs immediate attention by the State Government. There have been repeated calls for substantial increases to palliative care funding have been made by the Australian Medical Association, Catholic Health Australia and other organisations including Cherish Life through their parliamentary petition to the Queensland Government.

Instead of legalising euthanasia the Queensland government should improve care for end of life in Queensland including substantially increasing funding for palliative care so that people with a life-limiting or terminal illness can live life as fully, as comfortably as possible through to a dignified and natural end of life.

Sincerely,
Susanne Vergers