



1st July 2021

Health and Environment Committee

Parliament House

George Street

BRISBANE QLD 4000

To Whom it may concern,

**Submission for consideration by the QLD Government Health and Environment Committee –
Voluntary Assisted Dying Bill 2021**

As per our previous submissions in regard to this issue we would ask the Committee to note that Queensland Baptists remain philosophically opposed to the introduction of voluntary assisted dying legislation in any form. However, we recognise that others in the community may not share our position, and the fact that VAD legislation is being considered is reflective of this reality. We value the opportunity to share with the Committee our perspective on the legislation that is under consideration.

With respect to the VAD legislation currently under consideration, I raise the following concerns as a representative of Queensland Baptists:

- There is no apparent requirement in the legislation for those requesting assisted death to be assessed by a mental health expert like a psychiatrist or psychologist. As data from other jurisdictions has demonstrated, mental pain, anguish and depression can be prominent drivers for requests for VAD. Published data shows that requests for VAD may be withdrawn once depression is treated.
- There is no requirement for a person requesting VAD to be seen by a specialist in the area of the patient's suffering, e.g. an oncologist for cancer patients. Neither is there a requirement for a patient to be seen by a palliative care specialist. Thus, the patient may not be aware of the specifics of other options for their ongoing treatment.
- Under section 16 (4), doctors who are conscientious objectors to VAD could be forced to refer patients, therefore making them complicit in an assisted death. This could represent a breach not only of conscience but of the Hippocratic Oath that some doctors take, specifically, that *the health of a patient will be their first consideration and that they will maintain the utmost respect for human life*.
- Health and care institutions whose charter and values might be opposed to VAD (i.e. Catholic Health Australia, Uniting Care, Carinity as well as many others) would be compelled to refer patients who qualify for VAD 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 allow VAD to take place on the premises by an outside doctor coming in to end the life of a patient/resident. This represents not only ethical concerns but duty of care

implications for objecting staff and residents. Protections need to be in place to ensure the practical outworking of conscientious objection, both at a personal level and at an institutional level. Provision should also be made for the counselling of staff traumatised by the performance of VAD.

- The Bill allows people with a prognosis of 12 months to access VAD. In other Australian jurisdictions the legislation stipulates a six-month prognosis, thus the proposed legislation for QLD allows access six months earlier than all other assisted suicide legislation in Australia.
- It is extremely concerning that there are penalties in place for anyone who attempts to talk a person out of accessing VAD, - Part 9 141 (1) - with a maximum penalty of 7 years jail. This could have implications for a patient's family members in the area of freedom of speech and liberty of conscience. While the vulnerability of a patient can potentially be taken advantage of by a doctor or a nurse as they are able to raise the idea of assisted suicide in the context of discussing other end-of-life options.
- Queensland already has one of the highest suicide rates in Australia. VAD laws are inconsistent with calls for the society wide problem of suicide to be addressed. In Victoria, in the year after VAD was legalised, the non-assisted suicide rate increased by 13%, and in Canada since VAD was legalised in 2016, the total number of suicides (both assisted suicide and non-assisted suicide) increased by 400% over just four years. The Netherlands has recorded an increase in non-assisted suicides of 10% since it legalised VAD in 2008.
- It is astounding that Section 81 (3) a and b mandate that the cause of death of a person whose life was ended as a result of VAD be recorded as resulting from an underlying disease and not the truth that it was through the administration of a life ending substance. This is not being honest about the cause of death and is a gross misrepresentation. If there was nothing morally wrong with VAD then why record the cause of death untruthfully?
- This same provision referred to in the above point also mandates the certifying medical practitioner lie as to the "condition directly leading to death" unless the wording on the "Cause of Death Certificate" is changed.

We thank the committee for their consideration of these points and look forward to any opportunity we might be afforded to discuss them further.

Yours Sincerely



Rev Stewart Pieper

Director of Queensland Baptists Services