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Health and Environment Committee,

Parliament House,

George St.,

Brisbane City

hec@parliament.qld.gov.au

30th June 2021

Ref. Voluntary Assisted Dying Bill 2021

Dear Committee Chairman,

I write to you to express my concerns about the Voluntary Assisted Dying Bill 2021 currently before the Health and Environment Committee.

The Bill is very wide, loose and dangerous legislation. If enacted it would 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 or felt they had no other choice. There are also grave concerns, that like Victoria, there would be an increase in non- assisted suicide rates because of a suicide cognation effect that often accompanies euthanasia or assisted suicide being legalised.

Doctors with a conscientious objection to euthanasia or assisted suicide would be forced to refer patients for it, and therefore would be implicit in the outcome of a patient killed.

Queenslanders with a 12- month prognosis who are now 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 seen by a specialist at any stage of their illness.

The two approving doctors can be junior General Practitioners with little or no specialized training in end -of-life management.

Health Institutions whose charter is opposed to euthanasia [i.e. Catholic Health Australia and Uniting Care 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.

There's no mental health checks. There is no requirement for those requesting assisted suicide to be assessed by a mental health expert like a psychiatrist, yet mental anguish and depression is often one of the main drivers for requests for euthanasia, as data from other jurisdictions shows.

No requirement to be seen by a specialist in the area of the patient's suffering e.g. an oncologist for cancer patients.

No requirement for a patient to be seen by a palliative care specialist.

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 concerning, when Western Australia passes its assisted suicide legislation, an amendment to the Bill which would have given W.A. the same access to palliative care as assisted suicide was voted down.

The deceptive language in the Bill – even when the term “voluntary assisted dying” makes it sound like people are accessing palliative care when in fact it is euthanasia or assisted suicide.

Trying to talk someone out of assisted suicide could put you in jail for up to 7 years.

Death certificates would be falsified for people who access assisted suicide to record their underlying sickness as the cause of death instead of suicide or euthanasia.

The premier also wants “tele-deaths” legalized so people can access assisted suicide via a mere phonecall- she has even asked the Prime Minister to change the telecommunications/ carriage laws to facilitate this.

A doctor or a nurse can raise the idea of assisted suicide in the context of discussing other end-of-life options. This is incredibly dangerous, as a patient would no doubt be feeling unwell, distressed by the prognosis and very vulnerable.

107 of the World Medical Association's 109 constituent National Medical Associations oppose euthanasia and assisted suicide.

The UK Parliament has rejected euthanasia / assisted suicide legislation six times.

Every Queenslander has a fundamental right to high quality palliative care [should they need it] , and this legislation does nothing to provide this for Queensland.

Providing high quality palliative care to ALL Queenslanders would only cost an extra \$1 per Queenslanders per week.

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

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

In Victoria, proponents of the Bill who boasted about its 'safeguards' are now calling those things "barriers" – as they push for wider access.

One of the most vulnerable sectors of our community=indigenous Queenslanders – have not been consulted on the matter.

For the above reasons, I oppose the Voluntary Assisted Dying Bill 2021 and request that the Bill not be introduced. The burden will be on people to justify one's existence. Euthanasia or voluntary assisted dying weakens the respect for the sanctity of life. The most vulnerable will be at risk. Doctors and medical staff will be put under pressure to perform euthanasia even if they conscientiously object to it. The trust between a doctor and a patient will be undermined. If Voluntary euthanasia becomes legal in Queensland then it could become the start of a slippery slope of overuse and abuse as shown in Belgium in 2016 and 2017 where 3 children, 77 people suffering from mental health issues ; and 173 people with no physical suffering but afflicted by conditions such as addiction, loneliness and despair were euthanised. [Ref.

Palliative care is the answer which is the true form of assisted dying.

Yours sincerely,

Nora King

