



## SUBMISSION RE THE VOLUNTARY ASSISTED DYING BILL 2021

by

### AUSTRALIAN CHRISTIAN CHURCHES (ACC) QLD

The Australian Christian Churches (ACC) QLD wishes to register our strong opposition to the Voluntary Assisted Dying Bill 2021.

ACC QLD is constituted by approximately 75,000 people in Queensland in some 280 communities across the State.

As a faith community, obviously we have great concern about this proposed legislation due to our values and beliefs in relation to the value and sanctity of life. That fundamental issue acknowledged, there are also however other matters of a serious nature that need to be considered.

We understand and fully support the need for compassionate and dignified action to help alleviate suffering by those who are terminally ill, however we consider that particular elements of this legislation as it currently stands, are inherently weak and provide inadequate professional standards, insufficient protections for individuals and organisations, and lack a holistic approach to a matter of such serious gravity.

Leaders and other qualified members of faith communities such as ministers, priests, pastors, chaplains etc. work extensively and compassionately with people at end of life, and consequently are not without experience and understanding in regard to the complexities of what is a multi layered issue.

Should the legislation proceed, we call upon the government to make amendments which take into account the following issues around which we have serious concerns:

#### **1. Adequate Professional Standards**

Under the current proposed legislation, eligibility for voluntary assisted dying is based upon the approval of two doctors. Those two doctors do not have to be specialists and in fact can be General Practitioners with little or no specialised training in end-of-life management. There is actually no requirement for the patient to be examined by a specialist in any area at any stage of their illness.

Given the serious nature of these decisions, best practice and medical professional standards should require at least one of the approving doctors to be a Palliative Care specialist who as such has extensive and lengthy training in this field.

Further, there is no requirement for assessment by a mental health expert such as a psychiatrist or at very least a qualified counsellor.

One of the grounds for Eligibility as stated in 10 (1)(a) is if *'the person has been diagnosed with a disease, illness or medical condition that ... (iii) is causing suffering that the person considers intolerable'*

This statement in itself infers, and correctly so, that the issue is indeed to some measure, a subjective one. The proposed legislation also defines 'suffering' as set out in Clause 10 (2) as *'physical or mental suffering'*. Given a decision being made to access voluntary assisted dying is not just a clinical physiological one, but includes significant mental and emotional aspects, a proper and adequate process should also include assessment by a mental health professional.

## 2. Protections for Individuals

- a. Whist health practitioners with a conscientious objection to voluntary assisted dying have the right to refuse to do a number of actions as prescribed in the legislation, they will still be forced to refer patients directly for this course of action, and therefore be complicit in the outcome of a patient being assisted to die. It is indeed appropriate that the wishes of the patient be made known to other medical professionals who should then required to follow through with the necessary referral or course of action to assist the patient.

It is however, a violation of the individual health practitioner's personal beliefs and values to be forced to directly refer a person to a voluntary assisted dying care navigator service or other medical practitioner. The responsibility of the health practitioner with conscientious objection should conclude with a requirement to advise another appropriate medical professional who then has responsibility to follow up as indicated in the previous paragraph.

Requiring an individual to even be complicit in violating their deeply held beliefs and values can potentially create serious emotional and mental conflict within the person, and possibly cause longer term harm.

- b. Under the provisions set out in Clause 141, *'a person must not, dishonestly or by coercion, induce another person to make, or revoke, a request for access to voluntary assisted dying.'* with the maximum penalty prescribed as 7 years imprisonment.

It is essential, as is spelt out, that strong protections be in place preventing a person being coerced in any way to make a request for access to voluntary assisted dying.

There is however, a very significant difference between making such a request, and revoking a request, and these two actions should be treated differently under the legislation.

As it currently stands, we have grave concern that even necessary, normal, healthy and often emotionally charged conversations, around this issue by family, friends, chaplains or others with a person considering voluntary assisted dying, could be interpreted, as coercing the person to revoke a request, with consequent severe penalty. This could happen simply by such things for example, as a third party overhearing a conversation and reporting said conversation. This would be a serious and unjust overreach and the potential for such to occur cannot be allowed.

### 3. Protections for Organisations

Health institutions or organisations, and there are many, whose charter is opposed to voluntary assisted dying, due to deeply held convictions and values upon which those organisations were in fact founded, would under the current proposed legislation, be compelled to refer patients who qualify for assisted dying upon request. In the case where the patient is a permanent resident of a facility, such as an aged care home for example, the institution would be forced to bear the responsibility to transfer the person, or allow the assisted dying to take place on the premises by an outside health practitioner coming in to administer the lethal substance to the patient, or on occasions, have the substance being delivered to the facility for self administration by the patient.

To require an institution or organisation to violate the very core values and beliefs upon which it was built and has successfully and effectively operated in the delivery of invaluable health services, in many cases for decades, is a serious breach of fundamental freedoms, and an imposition that we consider unacceptable.

Finally, separate to the specific matters raised above in regard to the proposed legislation, but inexorably related to the overall subject of the compassionate management of end of life issues, **we call upon the government to seriously and strategically address the provision of much needed funding for Palliative Care services** that will enable all Queenslanders to easily access quality palliative care.

This matter, including requests for required funding has been raised by many in recent times, and is raised in this submission to again highlight the absolute necessity for the government to respond appropriately.

To consider providing easy access to Voluntary Assisted Dying, and not address this desperately needed area of service provision which has proven effectiveness in compassionately helping people at end of life, would be a blight on the humanity and moral integrity of our society.

We thank you for the opportunity to make this submission and respectfully request that the government give serious consideration to the matters raised herein.

Gary Swenson

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