

**Submission into the Voluntary Assisted Dying Bill 2021**

**Submission No.:** 1066  
**Submitted by:** Liza Quinn  
**Publication:** Making the submission and your name public  
**Position:** I/We do not support the Voluntary Assisted Dying Bill  
**Comments in relation to:** Other  
**Attachments:** See attachment  
**Submitter Comments:**

## Summary

This Bill is based on the ill-conceived premise that allowing a person to choose death by voluntary assisted dying is an act of compassion and safeguards a person's dignity. It promotes individualism and ignores the relationship between the individual and society, that is, that the individual is a member of society. Decisions of an individual have an impact beyond the individual.

I do not support this Bill. I set out matters for the Committee's consideration below.

### ***Death by euthanasia or assisted suicide promotes disrespect for human life***

Allowing a person to choose death by euthanasia promotes the destruction of human life as acceptable. This is in stark contrast to the approach taken to suicide and the existence of offences for crimes against the person, including the crime of aiding, counselling or procuring another person to commit suicide, even if the other person does not commit suicide or attempt to do so (clause 311 of Schedule 1 to the Criminal Code (Qld)). In these cases, as a society, Queensland law provides that human life is to be respected and behaviour that destroys, injures, or seeks to destroy or injure, human life is not acceptable. Consistency with these principles obviates the need for this Bill.

### ***Death by euthanasia or assisted suicide is the ultimate rejection of our dignity***

Allowing a person to choose death by euthanasia is not an act of compassion, nor safeguards a person's dignity. Dignity is term that describes the intrinsic and inestimable worth of the human person. Our value as a person does not depend on our talents, beauty, accomplishments or wealth. Our value is in our very being. We are of great value simply because we are human. This means that, despite whatever we think or feel about the quality of our lives, we can *never* lose our dignity.

However, we can act in ways that deny the truth of our dignity. Choosing death, or willing our death, is one such way. Death by assisted dying is **never** death with dignity. It is an act of despair, a rejection of the truth of the value of our lives, a rejection of the care of other people. A choice that our life is no longer worth living is the ultimate rejection of our dignity.

### ***Respect for sick and dying persons***

The terminally ill and those living with life-limiting illnesses are often vulnerable. Sick and dying persons should be given attention and care to help them live lives as normal as possible. Suffering due to being aged, lonely or bereaved can also be very painful. Good palliative care identifies and treats these symptoms, but more importantly, respects the inherent dignity of the human person.

A compassionate response to those with a life-limiting or terminal illness would include ensuring that there are no financial or practical limitations to:

- (a) programs, care or treatment being available to sick or dying persons; or
- (b) support for their carers or families.

If such a response could involve legislative changes, this is where the Queensland government should be directing its efforts.

### ***Overseas experience***

Other countries and American states have legalised euthanasia or voluntary dying. There have been disturbing reports from these jurisdictions of the following:

- (a) involuntary euthanasia (person being euthanised against the person's will);
- (b) non-voluntary euthanasia (person lacking capacity to consent to ending, or to request to end, the person's life);
- (c) persons with eating disorders being euthanised (such disorders being neither a terminal illness nor an irremediable medical condition);
- (d) persons with mental health issues being euthanised;

- (e) complications in assisted suicide deaths;
- (f) deaths not being reported, despite being required by law.

At its worst, fiscal considerations have influenced the scope and reach of euthanasia. For example, 2 patients in Oregon were denied state sponsored treatment but told that the state would pay for assisted suicide. In these cases, an earlier death was associated with government savings. It was convenient not to recognize “inherent dignity and ... equal and inalienable rights of **all** members of the human family” (emphasis added) and that “these rights derive from the inherent dignity of the human person”.<sup>i</sup>

While a reduction in annual health care spending might be a side-benefit of assisted dying laws, it needs to be balanced against potential health costs for family members experience post traumatic stress disorder and/or depression as a result of witnessing assisted dying. Again, such experiences have been reported overseas, and illustrate how a person’s decision has an impact beyond him or herself. These reports are unsurprising, particularly in cases of involving a protracted dying process (the longest reported death under Oregon’s assisted suicide laws is 104 hours: just over 4 days).

<sup>i</sup> Preamble to the International Covenant on Civil and Political Rights.