

Submission into the Voluntary Assisted Dying Bill 2021

Submission No.: 1139
Submitted by: Michael Maw
Publication: Making the submission and your name public
Position: I/We support the Voluntary Assisted Dying Bill but recommend some changes to it.
Comments in relation to: Eligibility criteria* ,The request and assessment process,Administration of the substance,Safeguards,Conscientious objection by either individuals or entities,Oversight and review,Other
Attachments: No attachment

Submitter Comments:

Thank you for the opportunity to present the following submission in regards to the Voluntary Assisted Dying bill.

* I feel the eligibility should be for a person who has a condition that is likely to cause death or significant disability within 12months or the individual is suffering from a condition diagnosed by a registered health care professional that the individual seeking VAD feels is intolerable. The "voluntary" element of the bills descriptor is the most important element as voluntary should refer to the rights of the individual seeking VAD.

* Determination should be made by the individual seeking to access VAD, consistent with the principles of health autonomy, individual sovereignty, self-determination and contemporary practices. Support for this individual decision should be limited to a registered health care professional who has broad based decision making, diagnostic and prescribing capacity. In Queensland this would be a Registered Medical Officer or a Nurse Practitioner only.

* If two registered health care professionals are required this should be a Registered Medical Officer and another Registered Medical Officer or a Nurse Practitioner. The use of a Nurse Practitioner is established in Queensland through the mechanism of the Drug Therapy Protocols and Governance structure for rural and remote practice embodied in the mandatory Queensland Health Primary Clinical Care Manual. The inclusion of a Nurse Practitioner reflects contemporary health care providers and supports individuals in remote or rural areas who may have primary services provided by a Nurse Practitioner

* Administration of the substance should be in the manner requested by the individual who is seeking VAD and the substance only limited by the options available within the Australian Medicines handbook or those allowed within applicable laws. Registered Health care professionals who are able to assist in VAD could be determined by a simple and unequivocal opt in mechanism.

* Conscientious objection should be allowed if requested, however using an opt in mechanism for Registered Health Care Professionals would exclude the requirement for this conscientious objection as if they have not opted in they would not be considered a VAD provider, thus the objection issue is moot. Services that receive public health money to provide services (even if a religious institution) should be mandated to provide a mechanism for individuals seeking VAD information to have their needs met.

I believe it is an incredibly arrogant, erroneous and indulgent position for any provider of funded services to assume that the entity or individuals within it are better positioned to know what is best for the individual seeking VAD than the person themselves.

* I suggest the individual making a VAD choice should be able to nominate in their own signed and supported Advanced Care Directive an individual Registered Health Care provider, a family member or a friend who is supportive of such inclusion to assist them with administration of life ending agents in circumstances that they become incapacitated by illness and are unable to self administer. This determination should be stipulated in simple plain language and signed by both parties in the presence of a suitable person, such as one who can witness a statutory declaration under current QLD law.

* I suggest interim orders should be enacted as soon as the bill is agreed to so as to prevent a significant lead in time to application of this law.

* I request that there are no time based residency requirements for a person who is a Queensland property owner or who holds a lease of at least 6 months.

* Access should be granted in a unimpeded manner for individuals seeking VAD support or for the VAD individuals nominated administration person/s to any institution to assist with VAD. This is critical even if the institution is a faith based entity, eg Catholic Palliative Care Centre.

* I request that a free vote is given in parliament for all individuals with respect to this bill and this vote should be fashioned to be an implicitly secular decision consistent with separation of religion and state matters.

* The final points of my submission are as follows: I ask that if the individual parliamentarians who are elected and availed with the opportunity to be a decision maker around the bill choose to cite a religious entity as a influence to their decision making, these parliamentarians should be asked to simply present unequivocal evidence of the described entities existence, or alternately desist from citing said entity. If unwilling to desist from citing a contrived entity, the parliamentarians should declare the obvious conflict of interest and recuse themselves as they would be clearly lacking the impartiality to vote on such an important decision due to their self declared inherent faith based bias. This point is made to not limit individuals expression of their faith, it is simply made to clarify that a religious view precluding a balanced judgement during a parliamentary vote is a fundamental bias limiting choice. It is my critical point of concern that declared absolute bias is not tolerated in any other decision making through the three levels of government in Australia, so such declared bias should not be allowed in the VAD bill decision making. MPs should simply excuse themselves from voting if they determine that they are unable to vote in an unencumbered, non-biased, ethical manner consistent with best practice principles.

Thank you for the opportunity to contribute to this process by way of a submission. I look forward with great anticipation to the outcomes and hope a speedy resolution is reached to reduce anxiety and undue suffering in those individuals who wish to have VAD as a part of their health care options.

Kind Regards