



1 July 2021

Health and Environment Committee
Parliament House
George Street
BRISBANE QLD 4000

Dear Secretariat and Committee Members,

Re: Health and Environment Committee Inquiry into Voluntary Assisted Dying Bill 2021

Thank you for the opportunity to provide a submission to the Committee for the inquiry into the Voluntary Assisted Dying Bill.

Palliative Care Queensland (PCQ) is the peak body for palliative care in Queensland. Our priorities are that all Queenslanders are able to live every day until their last, are able to have a dignified death, regardless of their illness, age, culture or location, have access to a supportive social network at the end phase of life, and have the choice of quality palliative care.

Regarding Voluntary Assisted Dying (VAD), PCQ remains neutral in that we do not advocate for, nor argue against the introduction of VAD, having amongst our membership people who strongly support and just as strongly oppose VAD. Though VAD is not a component of palliative care practice, we wish to make a submission to this Inquiry.

Please find following our submission, including recommendations regarding the draft VAD Bill 2021.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Marg Adams".

Marg Adams
President, Palliative Care Queensland

A handwritten signature in black ink, appearing to read "Shyla Mills".

Shyla Mills
CEO, Palliative Care Queensland



Palliative Care Queensland's submission Inquiry into the Voluntary Assisted Dying Bill 2021

EXECUTIVE SUMMARY

Palliative Care Queensland (PCQ) takes a neutral position on the issue of Voluntary Assisted Dying (VAD) and is firmly of the view that VAD is not part of palliative care practice. In our view, it is important that the difference between palliative care and voluntary assisted dying is specified in the Bill.

PCQ notes that the Queensland Law Reform Commission Final Report titled, *A legal framework for voluntary assisted dying: Review Update May 2021*, and the *Voluntary Assisted Dying Bill 2021* (the Bill) give due prominence and recognition to palliative care as a fundamental principle— however this principle cannot be met without a significant annual and recurrent increase in funding for palliative care – an additional \$247million per year (allowing for recent Budget increases) for a total annual Budget of \$275million per year (in addition to the current annual funding on approximately \$110million)

A person's choice to explore VAD should never be based on a lack of access to palliative care. To avoid this situation, adequate funding is required to provide access across Queensland

Palliative Care Queensland has reviewed the VAD Bill 2021 and submits the following six recommendations:

Palliative Care Queensland's recommendation 1:

To ensure equal access to specialist palliative care and to VAD, the Parliamentary Committee make specific recommendations to the Government to fund access to specialist palliative care at a minimum to the same level as access is proposed to VAD in clause 10:

"A person is eligible for access to specialist palliative care if –

That person has been diagnosed with a disease, illness or medical condition that – (i) is advanced, progressive and will cause death; and (ii) is expected to cause death within 12 months; and (iii) is causing suffering that the person considers to be intolerable"

Palliative Care Queensland's recommendation 2:

To ensure equal access to specialist palliative care as to VAD, the Parliamentary Committee make specific recommendations to the Government aligning the principle that "every person approaching the end of life should be provided with high quality care and treatment including palliative care, to minimize the person's suffering and maximize the person's quality of life" with PCQ, the AMA Qld and Qld Palliative Care Medical Directors Group's specific funding request for an additional \$275million per year.

Palliative Care Queensland's recommendation 3:

Clause 5 (d) be amended to include the words "Every person and their families should have access to bereavement care from diagnosis of a life-limiting illness to a minimum of 12 months after the death"

Palliative Care Queensland's recommendation 4:

S85 should be amended to include social workers and provide a definition of that activity in line with the definition outlined in S85 (5).

Palliative Care Queensland's recommendation 5:

Greater statutory reporting requirements of the Attorney-General or Health Minister requiring them to report to parliament on the amount the Queensland Government spends on palliative care during the financial year, and the aggregated amounts spent by Queensland on palliative care during the preceding five financial years.

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Palliative Care Queensland's recommendation 6:

The Voluntary Assisted Dying Board be required by law to report to the Parliament every six months (as well as produce an annual report) and that this be an ongoing reporting requirement.

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PALLIATIVE CARE FUNDING, RESOURCES AND ACCESS

While Palliative Care Queensland has taken a neutral position on the issue of Voluntary Assisted Dying (VAD), it is firmly of the view that VAD is not part of palliative care practice. In our view, it is important to recognise the difference between palliative care and VAD. We promote the following distinctions between the two:

1. Palliative care affirms life and regards dying as a normal process and intends neither to hasten nor postpone death. It improves the quality of life of people and their families facing the problem associated with life-limiting illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
2. Voluntary assisted dying, as defined by the Queensland Law Reform Commission Report 2021, refers to the administration of a prescribed substance, either by self-administration or by a registered and suitably qualified health practitioner, with the purpose of bringing about the person's death. It is based on the person's voluntary request and follows a process of requests and assessment.

As a member organisation of Palliative Care Australia, PCQ promotes the guiding principles for the provision of care to people with a life-limiting illness in relation to VAD. There are seven guiding principles of equal importance that are designed to sit alongside legislation, organisational ethical frameworks or professional codes of conduct. They are:

1. People living with a life-limiting illness are supported and respected whether or not they choose to explore or access voluntary assisted dying;
2. People exploring voluntary assisted dying will not be abandoned;
3. Respectful and professional behaviour towards colleagues and co-workers regardless of their views on voluntary assisted dying;
4. Effective communication is an important part of quality care;
5. Ongoing development of knowledge, skill and confidence is required to provide competent and safe care to people living with a life-limiting illness;
6. Self-care practice is a shared responsibility between individuals, colleagues and organisations; and
7. Continue to learn from evidence and evolving practice to drive quality improvement in voluntary assisted dying.ⁱ

Palliative Care Queensland agrees with the statements in the Queensland Law Reform Commission Final Report titled, *A legal framework for voluntary assisted dying: Review Update May 2021*,ⁱⁱ that recognises the importance of palliative care as a fundamental principle.

That principle is reflected in the Voluntary Assisted Dying Bill 2021 (Qld) as a core principle in Clause (5) that provides:

- (d) "every person approaching the end of life should be provided with high quality care and treatment, including palliative care, to minimise the person's suffering and maximise the person's quality of life; and
- (e) access to voluntary assisted dying **and other end of life choices** should be available regardless of where a person lives in Queensland."ⁱⁱⁱ

Also The Queensland Law Reform A legal framework for voluntary assisted dying report^{iv} states:

"any scheme for voluntary assisted dying should complement, not detract from, the provision of high quality and accessible palliative care. People who are approaching the end of life should have the choice to access high quality care, including palliative care. The introduction of a process for voluntary assisted dying should not reduce the availability of palliative care or place

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pressure on individuals to choose that option because they feel they are a burden on others”
(page 57)

However, that principle is not matched with appropriate current funding or the front-line experience in the palliative care sector across Queensland. As PCQ noted in its **2021-22 Pre-Budget Submission Queensland: Requirements for New Investment to Transform Palliative Care in Queensland** – submitted to the office of the Queensland Health Minister on February 26, 2021^v – the Queensland Government invested almost \$22 Billion in Queensland Health in 2020-21.^{vi}

But the current palliative care sector budget is limited to \$110million per year in funding¹, around half a percent of the total annual state health budget. The Queensland Treasurer announced in the 2021-22 Budget an increase in funding (as per the October 2020 election commitment) of \$171million over a future six years. PCQ's Pre-Budget submission, prepared in conjunction with the AMA Queensland and the Queensland Palliative Care Medical Directors Group, calls for new annual investment of \$275million per year (although the newest Budget announcement would reduce this request to \$247million per year with an approximate new investment of \$28m per year). We note that Health Minister Yvette D'Ath stated at the start of National Palliative Care Week 2021 that the Queensland Government now provides funding of almost \$150million per year.^{vii}

In Queensland, a person's choice to explore voluntary assisted dying should never be based on a lack of access to palliative care – however we fear that limited funding and access, as well as equity issues, could make this the case. Inconsistencies in allocation of government funding for palliative care in Queensland and the lack of transparency regarding HHS spending on palliative care remains a significant concern for PCQ and its members. The funding and equity of access issues are also major barriers to the Parliament's and the Queensland Government's stated commitment to the principle (as stated above) that “every person approaching the end of life should be provided with high quality care and treatment including palliative care, to minimize the person's suffering and maximize the person's quality of life.”

The argument for greater funding for palliative care in Queensland was recognised by this Parliamentary Committee in its 2020 report, with Recommendations 53, 54 and 55 for increased Australian and Queensland Government funding for palliative care as well as a call for the state government to examine options to prevent palliative care funding from being diverted to other subacute areas.^{viii} Our funding proposal is for targeted and protected funding specifically for palliative care services (specialist and generalist).

The current Bill's principle of equal access to high quality care and treatment, also needs to be underpinned not just by increased funding but by specific commitments to education and training for health professionals. PCQ believes that palliative care should be included as a component of all health and aged care quality standards. The difference between palliative care and voluntary assisted dying should be made clear and supported by a fully resourced and sustained state public awareness campaign about palliative care, what it offers and how and when it can be accessed. **This should be funded at the same time as public discussions about VAD to ensure people understand the value of palliative care.**

We believe it is vitally important that the cost of developing and implementing voluntary assisted dying in Queensland must come from new funds – the funds should not be divested from current or future palliative care funding. The Health Minister and/or Attorney-General need to provide a level of evidence and transparency of this fact.

One major concern for PCQ as a peak body, about the Voluntary Assisted Dying laws is the gap between eligibility for access to VAD and frontline access in everyday life. Clause 10 provides that :

¹ Note: The reported annual funding of palliative care is not consistent in announcements, this figure was as accurate as we were able to obtain at the time

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"A person is eligible for access to voluntary assisted dying if –

- (a) The person has been diagnosed with a disease, illness or medical conditions that – (i) is advanced, progressive and will cause death; and (ii) is expected to cause death within 12 months; and (iii) is causing suffering that the person considers to be intolerable;"

However, the reality in Queensland is that the relatively small funding pie for palliative care services in Queensland means that most people with a life-limiting diagnosis can't get access to specialist palliative care until they're an estimated six to three months from death – which leaves a potential massive gap of six to nine months with little to no access to specialist palliative care for most Queenslanders who want to consider VAD as an option.

These anomalies and discrepancies are of deep concern and alarm to PCQ. Evidence suggests that there is inadequate and unequal access to palliative care services due to limited resources. Some evidence of this is contained in the Queensland Health MASS PCEP (Medical Aids Subsidy Scheme –Palliative Care Equipment Program). The program's eligibility criteria supports Queenslanders of all ages with a palliative condition and approaching their end stage of life with access to vital equipment (including home oxygen and daily living and mobility aids) but only for a period up to six months.^{ix}

Last year, Palliative Care Queensland produced a report, **Townsville Area Palliative Care Plan : Situational Analysis 2020**, which examined issues, resources and access to palliative care for the Townsville region. It found the region experienced a relatively high number of palliative care separations and bed days (Figure 5) [7] where the Townsville HSS demand for specialist palliative care as measured by separations, was anticipated to grow by 42% between 2016-17 and 2026-27. It also identified seven areas of Opportunities for Action based on an existing lack of resources and access, including the need to strengthen support to palliative care patients and families living in rural and remote areas; the need to provide equitable and appropriate palliative care for Indigenous residents; and the need to increase the capacity and capability of the Townsville HHS area work force to provide safe, high quality, person-centred palliative care.^x

We also contend that access to, the cost and the quality of care is often inequitable where geographical boundaries can impact on access, quality and cost of service provision with private providers such as St Vincent's Hospital Brisbane which is experiencing challenges with Metro South and Metro North HHS's.

Case Study #1

In the Metro South HHS area, people have access to inpatient palliative care at St Vincent's Private Hospital Brisbane at Kangaroo Point, Brisbane through St Vincent's partnership agreement with Metro South Health. However, under Queensland Health policy, Metro North Health will not pay for any public patients in their catchment area who wish to be admitted as an inpatient to St Vincent's. This means patients and families have to sometimes travel a longer distance to another palliative care facility. There is a particular current case of a gentleman who began his palliative care treatment with St Vincent's living south of the river. He received in-community palliative care through them in his home, but he was also able to receive publicly-funded inpatient palliative care in the hospital if he ever needed it via the above arrangement with Metro South Health.

However, the man and his wife recently moved to the north side of Brisbane. And while St Vincent's continue to provide him with in-community palliative care in his home, he is no longer eligible, under Queensland Health's rules, to receive his inpatient palliative care from the hospital at Kangaroo Point. Instead, if he requires inpatient care, he needs to go to the Prince Charles Hospital at Chermside - although he can't be a direct ward admit as a palliative care inpatient there and is required to go through the process of being admitted to the Emergency Department. This is a clear example of how Queensland Health's policies and rules can upend a

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person's continuity of palliative care at one of their most vulnerable times in their life. Patients, their families and carers want to access the best palliative care when and where they need it and not have zone boundaries and rules dictate their service access and their quality of care.

The access and quality of care issues are also supported by a new national study which shows most patients in Australia are not getting suitable end-of-life care. The paper, lead by Professor Imogen Mitchell, an Intensive Care Specialist based at Canberra Hospital, looked at nine hospitals across Australia and tracked 1,693 dying patients. It showed only 41 per cent of dying patients will ever see a member of the palliative care team and that at least 60 per cent of people who die in Australia will die in a hospital setting and are at risk of not receiving appropriate end-of-life care.

Other key study findings included:

- A majority of patients were recognised as dying only late in their hospital stay and only 12 per cent had an advanced care plan
- Decisions to involve palliative care or initiate a comfort care pathway were often left very late, often in the last 48 hours of life
- Researchers found a complex range of factors contribute to suboptimal end-of-life care, including failure to identify patients in their last months of life, substandard communication with patients and families, and failure to link medical teams
- Patients experience inadequate palliative interventions such as delayed pain relief and it found they were often subjected to inappropriate and futile investigations and treatments).^{xi}

While the researchers say it can be challenging for hospitals to co-ordinate appropriate end-of-life care, there is an accepted gold standard of end-of-life care - outlined in a consensus statement by the Australian Commission on Safety and Quality in Health Care and should be followed across the nation.^{xii}

Palliative Care Queensland's recommendation 1:

To ensure equal access to specialist palliative care and to VAD, the Parliamentary Committee make specific recommendations to the Government to fund access to specialist palliative care at a minimum to the same level as access is proposed to VAD in clause 10

"A person is eligible for access to specialist palliative care if –

That person has been diagnosed with a disease, illness or medical condition that – (i) is advanced, progressive and will cause death; and (ii) is expected to cause death within 12 months; and (iii) is causing suffering that the person considers to be intolerable"

Palliative Care Queensland's recommendation 2:

To ensure equal access to specialist palliative care as to VAD, the Parliamentary Committee make specific recommendations to the Government aligning the principle that "every person approaching the end of life should be provided with high quality care and treatment including palliative care, to minimize the person's suffering and maximize the person's quality of life" with PCQ, the AMA Qld and Qld Palliative Care Medical Directors Group's specific funding request for an additional \$275million per year.

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BEREAVEMENT CARE

Bereavement care is an essential aspect of palliative care. Bereavement is the state of loss, and grief is the response that follows this change or loss. Grief is the process of coming to terms with change and loss, it is profoundly personal. Grief is a challenging experience for persons, families and their communities. In 2019, there were 32,473 deaths recorded in Queensland. If, on average, each death impacts 6-8 close family and friends, this may suggest at least 250,000 close family and friends are grieving for a significant other each year in Queensland.^{xiii} As a result, bereavement care is a substantial health concern.

In 2020-21 the COVID-19 pandemic has resulted in rolling border shutdowns, house and facility lockdowns, vulnerable population age groups self-isolating and volunteers being restricted from palliative care services. Palliative Care Queensland identified that COVID-19 had highlighted the need for bereavement care services, as people were often distant or isolated from their loved ones at the end phase of their life and unable to attend funerals or other post death rituals. The Queensland Government funded Palliative Care Queensland through their COVID-19 Immediate Support Measures funding to conduct a bereavement care project during the pandemic.

In 2020 PCQ conducted a series of consultations in relation to Bereavement Care in Queensland including Consumer-Hosted discussions (Kitchen Table Discussions). These identified a range of consumer experiences and needs in Queensland. This included service-based and practical needs such as bereavement follow-up from qualified services, accommodation for families, access to low-cost funerals and to meaningful and culturally appropriate funerals, complementary therapies, increased awareness and information about grief and loss for community members. A number of participants identified the need for services and supports to extend to rural and regional areas.

Some participants had traumatic experiences due to not being allowed to visit family members in hospital during the pandemic. Lockdowns and border closures contributed to this situation. For some, this blocked the intimacy of families grieving together and supporting one another during bereavement. Reduced attendance at funerals also caused trauma, including the difficult choice of who would be invited to attend. Funerals are an important ritual for all and an especially sacred one for Aboriginal and Torres Strait Islander people, who have large families and often funerals are attended by up to or more than 500 people. With the impact of the pandemic likely to continue for several years, the COVID access issues with bereavement could continue to create a bigger impact under Voluntary Assisted Dying.

"As soon as a person enters palliative care there should be a service dedicated to supporting the patient and their families during and after their death for up to 12 months. If they are getting the right service, it will help them move through that grief process a lot better than not having the service." (Consumer participant)^{xiv}

It's of great concern to Palliative Care Queensland that 'bereavement care' is not mentioned in the VAD Bill. Therefore, we submit that as well as the Bill referencing every person at the end of life should have access to palliative care, we believe access to 'bereavement care' should also be specified. This could be included in the Bill, under Clause 5 (d) amended to also include the words "Every person and their families should also be provided with access to bereavement care with immediate families provided access for at least 12 months after the death of their loved one."

Palliative Care Queensland's recommendation 3:

Clause 5 (d) be amended to include the words "Every person and their families should have access to bereavement care from diagnosis of a life-limiting illness to a minimum of 12 months after the death"

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CONSCIENTIOUS OBJECTION

We note that in the Bill, under the heading of Conscientious Objection, Part 6 Division 1 S84 and S85, refers to registered health practitioners, and specifically in Cl 85 to “**Speech pathologist with conscientious objection**”. It is unclear from the QLRC Report or the Bill why speech pathologists should be singularly identified. Perhaps it is because they are not required to be registered with the Australian Health Practitioner Registration Agency (AHPRA). However **social workers** are also not required to be registered either with AHPRA. We believe that it is much more likely that social workers would be required to be involved in the VAD process from providing initial information if requested, to other relevant actions with patients and their loved ones. Therefore, S85 should also include social workers and provide a definition of that activity in line with the definition outlined in S85 (5).

Palliative Care Queensland's recommendation 4:

S85 should be amended to include social workers and provide a definition of that activity in line with the definition outlined in S85 (5).

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TRANSPARENT REPORTING

PCQ believes it is vitally important that there be as much transparency as possible in the statutory reporting that the Bill specifies for Ministers and for the Voluntary Assisted Dying Board. Regarding Division 4 – Reporting – of the Voluntary Assisted Dying Board, it's noted the board is only required to deliver an annual report within three months at the end of each financial year. However, we note that the Victorian VAD Board, while submitting annual reports to the Victorian Parliament, is required by law to report to the Parliament every six months for the first two years.^{xv}

Palliative Care Queensland submits that this should be a minimum requirement for the Queensland VAD Board (which the Bill only requires it to provide an annual report) and that the requirement of half-yearly reporting to the Parliament (with reports also available to the public and displayed on the VAD Board's web site) should be an ongoing one and not limited to two years.

The Report should include data such as:

- Numbers of persons who sought VAD but were deemed ineligible
- Numbers approved who progressed to VAD
- Numbers of approved who did not progress to VAD
- Geographical distribution, perhaps using ABS Remoteness Areas

This is in line with our view that there should be greater transparency of reporting around public health funding and spending on palliative care. This concept was also wholly supported by this Parliament Committee in its 2020 report and Recommendation 46:

Increased transparency and accountability for palliative care services

The committee recommends that the Queensland Government increase transparency and accountability of palliative care services, by mandating reporting of data and setting clear performance standards.^{xvi}

PCQ believes, as per the above recommendation from the Committee, it is also important that Queensland should follow the example of South Australia which made an amendment to its Voluntary Assisted Dying legislation which requires the Minister to report on the amount spent on palliative care during the financial year, and the aggregated amounts spent by South Australians on palliative care during the preceding five financial years. This is reflected in Clause 115 A of the South Australian Bill, as follows:

Minister to report annually on palliative care spending

(1) The Minister must, on or before 31 December in each year, cause a report to be prepared and provided to the Minister setting out—

(a) the total amount spent by South Australians on palliative care during the financial year ending on 30 June of that year (determined by reference to data provided by the Independent Hospital Pricing Authority established under the National Health Reform Act 2011 of the Commonwealth); and

(b) the aggregated amounts spent by South Australians on palliative care during the preceding 5 financial years; and

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(c) the variation in—

(i) the total amount spent by South Australians on palliative care during the year to which the report relates compared with the immediately preceding financial year; and

(ii) the aggregated amounts spent by South Australians on palliative care during the 5 financial years immediately preceding the year to which the report relates compared with the corresponding amount reported in the most recent previous report,

expressed both in terms of an amount of money spent and as a percentage increase or decrease in the amount spent during the relevant periods; and

(d) any other information required by the regulations,

and must, within 6 sitting days after receiving the report, have copies of the report laid before both Houses of Parliament.

(2) If the variation referred to in subsection (1)(c)(ii) indicates a reduction in the amount spent by South Australians on palliative care from the corresponding amount reported in the most recent previous report, the Minister must cause a review of the operation of this Act to be conducted and a report of the review prepared and submitted to the Minister.

(3) A review and report under subsection (2) must be completed not later than 3 months after the Minister becomes aware of the variation.

(4) The Minister must cause a copy of a report submitted under subsection (2) to be laid before both Houses of Parliament within 6 sitting days after receiving the report.

(5) This section is in addition to, and does not derogate from, a provision of any other Act or law that requires or authorises the Minister to report to Parliament.^{xvii}

Palliative Care Queensland's recommendation 6:

Greater statutory reporting requirements of the Attorney-General or Health Minister requiring them to report to parliament on the amount the Queensland Government spends on palliative care during the financial year, and the aggregated amounts spent by Queensland on palliative care during the preceding five financial years.

Palliative Care Queensland's recommendation 6:

The Voluntary Assisted Dying Board be required by law to report to the Parliament every six months (as well as produce an annual report) and that this be an ongoing reporting requirement.

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CONCLUSION

Palliative care is a recognised human right, which provides a holistic approach to improving the quality of life for people with a life limiting illness no matter their age or what stage they are at – from in utero to geriatric – and it should be available from the day of diagnosis until death.

Palliative Care Queensland consciously takes a neutral position on the issue of Voluntary Assisted Dying (VAD) and is firmly of the view that VAD is not part of palliative care practice.

Though many Queenslanders receive timely and high-quality palliative care, this care is not available to everyone, equally. We believe that it is vitally important that every Queensland, no matter where they live, should be able to have equal access to excellent quality palliative care and that it should be available to all people from the time of their diagnosis, through to bereavement support for their loved ones.

If VAD laws are introduced, the Queensland Government must ensure that this significant social and legal change is supported with a more realistic and appropriate level of funding – beyond current budgetary commitments - to ensure Queenslanders have a **true choice** with access to proper care in their last days, weeks, months and years and for their loved ones.

Palliative care improves the quality of life of people while they are living with a life-limiting illness and their families as they collectively confront the issues and challenges associated with life-limiting illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems whether they are physical, psychosocial, emotional or spiritual.

ⁱ Palliative Care Australia (2019) Position Statement on Voluntary Assisted Dying. Accessed online:

https://palliativecare.org.au/wpcontent/uploads/dlm_uploads/2019/09/2019-VAD-position-statement-Final.pdf

ⁱⁱ Queensland Law Reform Commission Final Report *A legal framework for voluntary assisted dying: Review Update May 2021*

ⁱⁱⁱ <https://www.parliament.qld.gov.au/documents/tableOffice/TabledPapers/2021/5721T707.pdf>

^{iv} https://www.qirc.qld.gov.au/_data/assets/pdf_file/0020/681131/qirc-report-79-a-legal-framework-for-voluntary-assisted-dying.pdf

^v <https://palliativecareqld.org.au/wp-content/uploads/2021/02/3.-PCQ-QLD-2021-22-Pre-Budget-Submission.pdf>

^{vi} <https://www.treasury.qld.gov.au/resource/state-budget-2020-21/>

^{vii} <https://statements.qld.gov.au/statements/92170>

^{viii} <https://www.parliament.qld.gov.au/Documents/TableOffice/TabledPapers/2020/5620T466.pdf>

^{ix} <https://www.health.qld.gov.au/mass/prescribe/palliative-care-equipment-program>

^x https://palliativecareqld.org.au/wp-content/uploads/2020/08/Townsville-Area-Palliative-Care-Plan-Situation-Analysis-2020_SC-Endorsed-Copy-29-July-2020_final.pdf

^{xi} <https://www.publish.csiro.au/AH/AH20223>

^{xii} https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Consensus-Statement-clinical-deterioration_2017.pdf

^{xiii} <https://www.abs.gov.au/statistics/people/population/deaths-australia/latest-release#data-download>

^{xiv} Palliative Care in Queensland 2021: Bereavement Care Report

^{xv} <https://www.bettersafercare.vic.gov.au/about-us/vadrb>

^{xvi} <https://www.parliament.qld.gov.au/Documents/TableOffice/TabledPapers/2020/5620T466.pdf>

^{xvii} *South Australian Voluntary Assisted Dying Bill (2020)*