

Submission into the Voluntary Assisted Dying Bill 2021

Submission No.: 1165

Submitted by: Plunkett Centre for Ethics

Publication: Making the submission and your name public

Position: I/We do not support the Voluntary Assisted Dying Bill

Comments in relation to: Conscientious objection by either individuals or entities, Other

Attachments: See attachment

Submitter Comments:

Plunkett Centre for Ethics

A joint centre of Australian Catholic University, St Vincent's Health Network Sydney and Calvary Healthcare

Who we are.

Established over 25 years ago, the Plunkett Centre is located on the Darlinghurst Campus of St Vincent's Hospital in Sydney. We conduct and promote research, provide research training and supervision, develop and teach educational offerings in ethics, conduct reviews of professional practice, provide an ethics consultation service and participate in public discussions of healthcare.

Two preliminaries

- 1 **Forthright language:** The Health and Environment Committee should recommend to the Parliament that it use forthright language. What the Parliament proposes to legalize is not 'assisted dying' but 'assisted suicide'.¹
 - a. Doctors are already allowed to assist people to die: this is what doctors and nurses currently do when they keep people comfortable at the end of life with palliative treatment and care.
 - b. Good doctors in Queensland do this every day.
 - c. What Parliament proposes to legalize is something different: to allow doctors to assist people to end their own lives by providing them with lethal drugs.

- 2 **A 'natural progression'.** The committee should note that it is perfectly foreseeable that whatever is legalized today, with all its 'safeguards', will open the door to tomorrow's normalization of doctors assisting people to take their own lives. That is the experience of jurisdictions overseas, and first signs of this progression can be seen in Victoria.²
 - a. Paul Monk claims that the choice is between 'desiring and seeking a good death' [and enduring] a 'lingering, incapacitated, painful one'.³ If that is so in Queensland today, then the Queensland Government should do what it *could* and *should* do: make access to palliative care universally available in Queensland. Then Queenslanders could not only desire and seek a good death but experience one too.

¹ There are two main reasons why people resist forthright language on this subject: On the one hand, some associate suicide with the distressing *circumstances* in which it often or generally takes place. On the other, some recognize the value to their *political cause* which is provided by using euphemistic terminology. The more euphemistically a proposal is recommended, the more support it attracts.

² [Glitches may block eligible patients from voluntary assisted dying | InSight+ \(mja.com.au\)](#); accessed 1.7.21

³ *The Australian*, 1/7/21

Recommendation for Amendments to the current Bill.

- 1 The Bill currently says that institutions must allow VAD practitioners access to their facilities to conduct any and every part of the process of assisting people to take their own lives.
- 2 In a genuinely liberal and pluralist society, a Parliament would recognize not only the entitlement of *individual* doctors not to participate in procedures they think are immoral or unprofessional but also the entitlement of *institutions* not to participate in procedures which, according to institutional ethics, are impermissible.
- 3 In this regard, the *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia* makes it clear that it is never permissible to assist a suicide or to undertake euthanasia. In the process of being accredited to work in Catholic hospitals, doctors accept this aspect of the ethics internal to the practice of good medicine. Whatever the Parliament legislates, neither the *Code* nor its part in that accreditation process will change.
- 4 For these reasons, the Parliament should follow the lead established by the SA Parliament which has built into its legalization of assisted suicide a recognition of the *ethical entitlement* of a health service *institution* to refuse to authorize or permit the carrying out of any part of the VAD process at the institution, and to include in its terms and conditions of acceptance of any patient an acknowledgment by the patient that he or she understands and accepts this fact and will not seek or demand access to the process. (The Parliament added the reasonable requirement that, should a patient wish to access the VAD process, the institution is to make reasonable efforts to transfer the patient to another institution where such a process is likely to be available.)
- 5 If this proposed amendment is debated, it should be pointed out that:
 - a. VAD is not an emergency, life-saving, procedure to which access should be equally available to all; and
 - b. In a liberal, pluralist society it is more important that healthcare institutions are able to conduct themselves according to their institutional ethics (particularly when these are expressions of the Hippocratic tradition of good medicine) than that individuals who wish for assistance to take their own lives are not inconvenienced.

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1.7.21