Submission into the Voluntary Assisted Dying Bill 2021

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Submitted by:	Ian Brown
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Position:	I/We support the Voluntary Assisted Dying Bill
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
Attachments:	See attachment
Submitter Comments:	

Submission to the Queensland Parliament on Voluntary Assisted Dying

I would like to congratulate the Premier Palaszczuk for enabling and encouraging a Parliamentary debate on the very important issue of Voluntary Assisted Dying. I have previously submitted a version of this document to the Review Committee in 2019 in response to the Background Paper to the State Government's enquiry into aged care, end-of-life and palliative care and voluntary assisted dying. I have also responded in a similar fashion to my Church's survey of members on the issue, and am disappointed (but not entirely surprised) to have to say that the Church concluded that it is not in favour of the proposed legislative change. These are particularly important social issues and in need of a legislative framework reflecting the evolving views of society.

With regard to the issues of aged care and palliative care, I fully support any process that's designed to make as comfortable and pain-free as possible any person approaching the end of their lives with an incurable illness. I would stress that support for palliative care does not in any way preclude support for voluntary assisted dying (VAD).

My comments below relate to VAD, which I strongly support provided the necessary safeguards are in place. Recently a very close friend who contracted late-onset motor neurone disease has strengthened my belief that a person in extreme pain and/or with serious and increasing bodily dysfunction, and with an as yet incurable disease, should have the option of terminating his or her life at a time he or she chooses, with access to the best available medical procedures. As my friend (in high care in NSW) was unable to access VAD services, he opted to end his life by refusing food and drink. One of his final comments to his many friends was '*Whether or not you approve my decision, I would point out that few of us would hesitate to put a pet out of its misery, and I would hope that we would do the same for our loved ones*'. He also said that '*birthing and dying are the beginning and ending passages of our human existence. Very few have problems about assisted birthing, but many have strong reservations about assisted dying'*.

- It is important to provide a clear definition of VAD that distinguishes it from the 'umbrella' term *euthanasia* which has many other connotations.

- Should the Queensland Parliament agree to legitimise VAD, it would be desirable for the legislation to harmonise as much as possible with that of Victoria and other Australian states (e.g. WA) and neighbouring countries (e.g. NZ) currently changing their legislation. It would be very unsatisfactory if someone seeking access to VAD were not permitted it in one State but – had they been resident of an adjacent State – it would have been possible.

- It is very important that VAD is clearly seen to be ***voluntary***: the person must be of sound mind and must want to end his/her life for a valid reason. The 'valid reason' bit does present a problem of definition, as highlighted by the recent death of Professor David Goodall. At age 104 after a very fulfilled life, and with declining health, he felt that it was 'time to go'. I agree that at that age a person should have the option of terminating life (even if not suffering a debilitating illness), and although it could be said that life itself is a terminal illness, drafting legislation to account for 'very old age' would no doubt present a challenge.

- Most of us have gone beyond the idea that all human life is sacrosanct because it is 'a gift from God'. As I understand it, the medical profession no longer requires doctors to take the Oath of Hippocrates. In recent years women have been afforded some control over their reproductive processes through the availability of contraception and (in some jurisdiction)

abortion, and I believe that humans should also have some say in how, when and where they die.

- I think the definition of VAD should follow that in Victoria's legislation. It would be silly for different States to define VAD differently. Think of the railway gauge issue!

- I favour the legislation tending towards the Swiss formulation, provided there's demonstrable consent and support on the part of the person's family and medical practitioner.

- The Queensland legislation should not restrict access to VAD only to residents of Queensland, although I understand that Victoria has included a state-based restrictive condition. If several States legalise VAD, the justification for the 'residency' clause will become less important.

- There should be some minimum age at which VAD is available, as very young people may not have the maturity to understand what the issues and consequences are. Maybe 18 yrs is a bit high, though. A 14-year old with an incurable, life-threatening illness suffering obvious extreme pain and distress which cannot effectively be managed through palliative care should not be forced to endure another two(?) years of agony simply because of her age.

- Unbearable and unmanageable pain and suffering should be the primary criterion for access to VAD, assuming there's no reasonable prospect of a cure in the foreseeable future. Self-administration of pain management drugs (morphine or other opioids) under medical supervision can be used as a *de facto* form of VAD. Additional contributing factors include complete loss of control over bodily functions, and (in the case of terminal illness) a medical prognosis of death within a certain time (e.g. 12 months).

- There should be serious consultation between the medical profession and the person's family following the person's clearly stated desire to end his/her life. The palliative care options need to be discussed and offered.

- A skilled independent and unbiased counsellor could perhaps be employed to interview the person and (separately) the family, to assess whether there is any evidence of coercion. The recent case of Graham Morant highlights the need for such an evaluation. The provision of some level of counselling should probably be a requirement for access to VAD. While it could never be 100% foolproof, it may prevent some deaths due to 'self-serving ends' on the part of others.

- The VAD scheme should be designed so that the termination is carried out in a comfortable, cheerful and non-clinical environment, maybe the person's own home or that of a close relative. Close family members should not be discouraged from being with the subject at the end. The love and support of family and friends at such a time would undoubtedly be a great comfort for all concerned.

- Medical practitioners should definitely be allowed to hold a conscientious objection to VAD. I imagine that most doctors, trained to sustain human life, may have difficulty with the idea of assisting a patient to die. Some of these will no doubt feel a moral obligation to refuse to carry out a VAD, and their views must be recognised and observed.

- A doctor who objects conscientiously to VAD should **legally** be required to refer the patient to the closest reputable provider of VAD services. In the absence of such a requirement, an objecting practitioner may refer a patient with limited financial resources to a provider on the other side of the world in order to discourage the patient from progressing his or her intention or wish.

I hope these comments contribute to Queensland Parliament's deliberations and lead to a positive legislative outcome.