Submission into the Voluntary Assisted Dying Bill 2021

Submission No.:	1201
Submitted by:	Andrew Burke
Publication:	Making the submission and your name public
Position:	I/We do not support the Voluntary Assisted Dying Bill
Comments in relation to:	Eligibility criteria* ,The request and assessment process,Conscientious objection by either individuals or entities,Other
Attachments:	No attachment

Submitter Comments:

Dear Chair,

As a respiratory and infectious diseases physician who looks after those with chronic and terminal illness I have the following objections to the proposed Voluntary Assisted Dying Bill 2021

1. Subdivision 3: Access to VAD

Entities which do not support VAD including those with religious affiliations should not be required to allow VAD on their premises. Such a requirement does not conform to the principles of respecting the right of conscientious objection. In practice this is unworkable and will lead to situations where patients are committing suicide on hospital wards without the prior knowledge of nursing and medical teams caring for that individual. This will lead to low staff morale, undermine nurse and doctor-patient relationships and compromise the quality of care offered by those institutions.

2. In relation to 2. 22 Information to be provided if person assessed as eligible

(1) If the coordinating practitioner is satisfied the person is eligible for access to voluntary assisted dying, the coordinating practitioner must inform the person about the following matters—
(a) the person's diagnosis and prognosis;
(b) the treatment options available to the person and the likely outcomes of that treatment;
(c) the palliative care and treatment options available to the person and the likely outcomes of that care and treatment

This above process is deeply flawed in that in allows doctors who are not experts in a particular disease and the treatments available (including clinical trials) to make statements to a patient that they are not qualified to make. Given the complexity of modern medicine it is standard practice to discuss difficult cases in a multi-disciplinary team. In the case of cancer this will routinely include: oncologists, surgeons, radiation oncology, palliative care, psychology, social workers, specialist nurses, pathologists, radiologists and other physicians e.g. respiratory physicians, neurologists.

The bill allows for VAD approval by only 2 doctors neither of whom need to be specialists in the medical conditions affecting the patient. It is therefore very unlikely that patients being approved for VAD will be making a fully informed decision in relation to their disease process, expected symptoms, life expectancy, clinical trials available, and treatments available to improve their quality of life. The bill in its current form therefore allows a standard of care in relation to VAD that is very

much lower than the lowest expected standard of expert clinical practice in Queensland.

3.

81 Cause of death certificate

The bill states that persons dying under VAD are not to have suicide or VAD recorded on their death certificate. Rather the dominant disease process should be listed. The purpose of a death certificate is to record the immediate cause of death which in all cases of VAD is "suicide" or the mechanism by which suicide was carried out . Given that inevitability that some patients who die through VAD, including those with cancer, would have otherwise lived for many years (despite the intent of the bill to restrict VAD to those with 12 months of life) it is not medically accurate to state that a particular diagnosis other than VAD was the cause of death.

Sincerely,

Dr Andrew Burke

Thoracic and Infectious Diseases Physician

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