Submission into the Voluntary Assisted Dying Bill 2021

Submission No.:	1209
Submitted by:	Paul Kennedy
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,Administration of the substance,Safeguards,Conscientious objection by either individuals or entities,Other
Attachments:	See attachment
Submitter Comments:	

Submission to the Health and Environment Committee
Regarding the Voluntary Assisted Dying Bill 2021
by Paul Kennedy

In this document, I may refer to voluntary assisted dying (VAD) by other names, which I consider to be synonyms for this term. I may refer to VAD as "euthanasia" or "assisted suicide".

I strongly object to the introduction of voluntary assisted dying in Queensland. In particular, I have a number of serious reservations about this bill. I have referred below to certain aspects of the bill to which I object, with the reasons for my objections.

1. **Section 7: Health care worker not to initiate discussion about voluntary assisted dying.**

   Despite the heading of section 7, a doctor or a nurse can raise assisted dying as a topic of discussion while they are discussing other end-of-life options with a person.

   If a health worker considered that a particular person was a candidate for VAD, then it is likely that the person would be sick and possibly even suffering pain. If high quality palliative care is not a readily available option, such a person might be more likely to consider assisted suicide than if good palliative care was available.

   Queensland is badly underfunded in the area of palliative care, according to Palliative Care Queensland (1). If we introduce VAD without providing comprehensive palliative care that is available for all Queenslanders, then those who cannot access that palliative care may feel coerced into accepting VAD instead.

2. **Section 8: Voluntary assisted dying not suicide**

   This section is a grotesque example of a legal fallacy. "Voluntary assisted dying" is a form of suicide. If we refuse to acknowledge that it is suicide, we downplay the seriousness of the suicides of other people.
   If this form of suicide is considered valid and acceptable, then what reason is there for being concerned when others take their own lives by other means? A cynical person might suggest that perhaps we should defund all of the suicide prevention campaigns that the government sponsors. Instead, let us provide good suicide prevention programs and seek out the mental health concerns of those who seek VAD, in an effort to steer them away from physician-assisted-suicide.

3. **Section 10: Eligibility**

   It will be easier for some people to access euthanasia than to access high quality palliative care. Currently, Queenslanders experience inequitable access to palliative care (1). If passed, this law would allow people with a 12 month prognosis to access euthanasia straight away, but that same person may not be able to access palliative care until a few weeks or a few months before the end of life (and in some cases in regional Queensland they may have no access to palliative care at all). (1).
   If we are serious about giving people a "choice" in their end-of-life experience, we must first ensure that excellent palliative care is available for all Queenslanders. Also, since we expect that a person who wants to access VAD has a terminal condition, it would seem necessary that the person consult with a specialist in end-of-life medicine, i.e. a palliative care specialist. Yet there is no requirement in the Act for this very sensible and logical step.

There is no requirement for the person who requests VAD to consult with a psychiatrist, and yet suffering from a mental condition is a possible condition of eligibility.
There is no requirement to be seen by a specialist in the area of the patient's suffering, e.g. an oncologist for cancer patients.
As can be seen from the above examples, there are too few checks on the person's condition and their mental state, and with giving them the best information available about palliative care.
If this legislation does pass, I at least want there to be strict safeguards in place to prevent vulnerable people from being euthanised against their will. Such wrongful deaths are practically inevitable, considering that supporters of VAD will do whatever they can to circumvent these safeguards. (2) (3)

4. Section 81 Cause of Death Certificate

This section is creating the situation of a legal falsehood. The doctor who writes the death certificate must not state that VAD is the cause of death. He or she must state on the death certificate that the underlying disease or condition caused the death. This would be utterly false! Queensland will be forcing doctors to lie. A death certificate must state the actual cause of death, not some sanitised version of events. Death certificates are legal documents that are referred to by relatives and others after the fact. Sometimes decades later. It is not too much to ask that they be completed truthfully. Certainly, some reference could be given to the person's condition, but the deadly "VAD substance" will have been the cause of the person's death.
I refer you to section 222:1 of the Act:
"...the coordinating practitioner must inform the person about the following matters—
(d) the potential risks of self-administering or being administered a voluntary assisted dying substance likely to be prescribed under this Act for the purposes of causing the person's death;"
Please note that *the Act* states that it is the substance that causes the person's death, not the underlying condition.

5. Section 83: Eligibility to act as administering practitioner

In this section, even a nurse practitioner can administer a VAD substance. Not satisfied with allowing a doctor to kill people via VAD, the Act also allows a nurse practitioner to do it.
In some remote communities, the nurse practitioner is the main frontline health professional.
If this nurse practitioner was to participate in the VAD process, it is very possible that they could then become a target of anger and animosity from the family and friends of people who have accessed VAD with them as the administering practitioner.
On the other hand, if the nurse practitioner had a conscientious objection to participating in VAD, and another person could not easily be found who could be the administering practitioner, the nurse practitioner could be subjected to bullying or coercion for not participating.
In either case, the nurse practitioner's situation in that community could become untenable, regardless of whether they support VAD or not.

6. Section 84 Registered health practitioner with conscientious objection

In this section, conscientious objection is given lip service, but it is not honoured in practice.
In 84 (1), registered health practitioners are given the right to refuse to participate directly in VAD. Yet in 84(2), their right to conscientious objection is immediately undermined by a requirement to refer the person to a practitioner who will do the VAD.
Doctors, pharmacists, nurses and entities (e.g., Catholic hospitals, nursing homes and hospices) with ethical objections to euthanasia must not be compelled to refer for assisted suicide / euthanasia. This would mean that they would be forced to be complicit with a patient taking their own life or being killed by another practitioner. This is an outrageous imposition on a

person's or an entity's stance. Catholic Health Australia says "Any VAD scheme should be voluntary for all involved – clinical staff and medical officers and for the organisations that they work for." (4)
This legal coercion will result in good practitioners leaving the profession, as has happened in other jurisdictions (5). They would rather give away their career in the health sector than to be complicit in the killing of another person. As we are all aware, Queensland is understaffed in our hospitals already (6). Forcing good practitioners out of the profession would be a ridiculous waste of their valuable skills.

Among my most pressing concerns is that some people will "choose" to die from VAD when in a vulnerable state, due to loneliness, or feeling that they are a burden on their family or on society, or when they are manipulated by others. Others may be subjected to euthanasia against their will by persons who do not respect their wishes, even giving such a reason as freeing up hospital beds for others "who need it more" (7). Queenslanders deserve better.

References:

(1) Palliative care in Queensland needs another $275 million a year, according to the peak body:
https://palliativecareqld.org.au/truechoicecampaign/

(2) In Quebec, doctors are looking for ways around the "safeguards":
https://www.lifesitenews.com/news/quebec-doctors-are-now-abruptly-euthanizing-sick-patients-as-first-resort-s

(3) Although only introduced in June 2019 in Victoria, euthanasia advocates are already decrying the safeguards in the VAD legislations as "obstacles to access" to VAD for those who want it, or who want to do it to their patients.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7222560/

(4) Catholic Health Australia says that organisations must also be given conscientious objection status:
http://www.cha.org.au/home/assisted-suicide-not-compassionate-care-catholic-health-australia/

(5) Doctors leave the profession rather than be executioners.
https://www.noeuthanasia.org.au/medical_professionals_resign_euthanasia_laws

(6) Queensland's health system in crisis:
https://www.9news.com.au/national/queensland-health-minister-admits-state-in-health-crisis-ramping-long-wait-times/21bdcde7-3357-406c-83b2-9929ef7ad9e7

(7) Old, lonely people feel pressured to die:
https://www.lifesitenews.com/opinion/why-legal-euthanasia-results-in-sick-elderly-being-pressured-to-die?utm_source=Kartra_euthanasia