

Submission into the Voluntary Assisted Dying Bill 2021

Submission No.: 1216

Submitted by: Name withheld

Publication: Making the submission public but withholding your name

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:

Thank you for the opportunity to comment on this Bill.

I would like to comment about two **specific technical areas within the Bill**:

Firstly, in regard to the Eligibility Requirements for medical practitioners who will be involved in the VAD process, the knowledge and training requirements are astonishingly minimal. The doctor must have general registration of 5 years or specialist registration of 1 year, which means that they could be only 6 years or so out of medical school, or very newly finished with specialist training.

There is no requirement that the medical practitioner be a specialist in the area of the patient's particular illness. Therefore, the doctor may not have the best knowledge and experience to confirm that the patient is indeed terminally ill and that there are no possible treatments available to them.

There is also no requirement that the medical practitioner have training in palliative care. Therefore, the doctor is not able to reassure the patient about all the options available to them which can prevent and relieve physical and mental suffering.

The Bill states that the eligible medical practitioner must "meet the approved medical practitioner requirements" which the "chief executive must publish on the department's website". But there does not seem to be any further information about what these requirements are. Will the medical practitioner have the training to undertake a full mental health assessment in order to detect depression which frequently accompanies serious health conditions but which is eminently treatable? Will the medical practitioner be trained to pick up hints of coercion or abuse in the patient's background?

Secondly, in regard to Conscientious Objection, the Bill makes a point of stating that medical practitioners have a right to conscientious object – then, in the next clause, states that the practitioner must provide the patient with information about other practitioners who do not object. This is NOT real conscientious objection. It forces the objecting practitioner to be complicit with the act which they find conscientiously and morally repugnant. In these days of easy internet access, there is no need to enforce this requirement – patients can easily search for euthanasia organisations which, no doubt, would happily provide them with practitioner names.

The Bill needs to be changed to ensure true conscientious objection. As a former medical practitioner, the thought of being involved in the killing of a human being before their natural time fills me with horror, as I am sure it does the majority of doctors.

I would like to also make **general comments about this Bill**:

Firstly, I would strongly urge the Queensland Parliament to avoid passing this Bill while there remains a huge shortfall in funding for palliative care in this state.

Palliative Care Queensland and AMA Queensland state that there is a deficit of \$275 million per year to bring Queensland up to World Health Organisation standards, compared with

which the proposed additional \$28.5 million per year is paltry! (It is, in fact, only 10.4% of the requirement for equitable care for all Queenslanders.)

Palliative care specialists state that they are very good at relieving the discomfort and distress of those who are dying – and, from personal experience, I believe them!

My grandmother had a peaceful death with the assistance of the palliative care team in her town. Towards the end, she was unable to eat or drink, and could barely speak; however, they kept her comfortable with subcutaneous fluids and any pain relief she needed. They had already loaned her an adjustable bed and supplied whatever equipment was needed, so that she was able to die at home in the care of her beloved daughter, my mother. The nurses visited regularly and were also a great emotional support to my mother.

I have video of my grandmother from just a few days before she died where she is lying in bed, smiling and raising her hands towards heaven. She died happy, partly because she was very fortunate to live near a regional town which has a palliative care service.

It seems deeply wrong that other people would miss out on this peaceful end-of-life experience simply because of lack of resources – which the government could rectify if it had the will to do so.

Secondly, I would like to share another related personal story: About a decade ago, in my mid-30's, I became ill with a chronic disabling condition for which there is no cure and no effective medical treatment. I am now mostly house-bound, sometimes bed-bound. I have lost my career as a medical practitioner and will probably never be a working member of Queensland society again.

At one point early on, I was very depressed by these losses and wished that I were dead. In certain jurisdictions, where euthanasia has been available for some time, I would have been eligible to take this step.

I am thankful, however, that euthanasia was not available to me. Instead, I explored Acceptance and Commitment Therapy which teaches acceptance of our circumstances and emphasis on the things we value most in our lives. Since then, I have had precious time with my family, and I have learnt to enjoy all the simple pleasures in life, such as blue skies, books by Dickens and jigsaw puzzles.

A final comment: It seems deeply ironic to me that, during a global pandemic crisis in which extreme measures are being taken to prevent deaths from a virus which primarily kills those with already shortened lifespans, the Queensland Government is introducing a Bill to help people with shortened lifespans kill themselves.

Thank you for your time.

Dr Julene Haack

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