Submission into the Voluntary Assisted Dying Bill 2021

Submission No.:	1218
Submitted by:	Right to Life Australia
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,Safeguards,Conscientious objection by either individuals or entities,Oversight and review,Other
Attachments:	See attachment
Submitter Comments:	

Right to Life Australia Inc.

Submission to
Health and Environment Committee, Queensland

Voluntary Assisted Dying Bill 2021

July 2021

Who we are

Right to Life Australia Inc (RTLA). is a non-religious, non-party political peak body focused on ensuring legal protection for the most vulnerable in society. Our advocacy naturally concentrates therefore on end-of-life issues in Australian jurisdictions.

With many thousands of members and supporters across the nation we work with governments, politicians, medical practitioners, lawyers and civil society to enhance debate and reform public policy that best defends the dignity of all human life from its beginning to its natural death.

Summary of Recommendations

RTLA notes the Queensland Parliament Committee's advice to make submissions addressing specific aspects of the bill, rather than debating the broader underlying policy position contained therein. Towards this aim, RTLA has prepared a series of recommendations on specific aspects of the bill:

Recommendation 1: RTLA recommends that all references to Voluntary Assisted Dying in the Bill be changed to "euthanasia and assisted suicide".

Recommendation 2: RTLA recommends that the eligibility criteria be tightened to lessen the chance that vulnerable Queenslanders will fall victim to premature death through euthanasia or assisted suicide.

Recommendation 3: RTLA recommends that s84(2) be removed from the Bill to enable individual practitioners and organisations to exercise their right to consciously object to euthanasia and assisted suicide.

Recommendation 4: RTLA recommends that residency requirements be reviewed urgently to safeguard vulnerable Australians from being pressured to move to Queensland to die through euthanasia or assisted suicide.

Recommendation 5: RTLA recommends that practitioners should not be permitted to initiate a discussion about euthanasia and assisted suicide in any context, and that the practice of palliative care be considered as completely separate from conversations about euthanasia and assisted suicide.

In making these recommendations, RTLA wish to reiterate our unequivocal opposition to euthanasia and assisted suicide.

Terminology

RTLA rejects the terminology "Voluntary Assisted Dying" (VAD) which is used in this bill to describe the state-sanctioned killing of vulnerable Australians. The use of the term VAD is a deliberate attempt to avoid the underlying tragedy that occurs as a result of the act – i.e., the act of deliberately ending the life of a vulnerable human being

In line with the work of Australian Care Alliance [ACA] – an alliance of eminent Australian medical doctors, health professionals, lawyers and political experts - RTLA adopts the terminology of euthanasia and assisted suicide to refer to the acts proposed to be legalised under the term "voluntary assisted dying". These terms more honestly represent what the bill is seeking to legalise.

Recommendation 1:

RTLA recommends that all references to Voluntary Assisted Dying in the Bill be changed to "euthanasia and assisted suicide".

Eligibility criteria

This bill extends the parameters of eligibility beyond any other jurisdiction in Australia from a person with a diagnosis of a disease, illness or medical condition expected to cause their death within 6 months (with the exception of neurodegenerative disorders where eligibility is extended to 12 months) to 12 months[1] for all terminal diagnoses.

While RTLA believes that no amount of 'safeguarding' will make state-sanctioned euthanasia or assisted suicide safe, the eligibility criteria within the Queensland bill represents a major reduction in protections for vulnerable Australians.

Providing an adequate prognosis of longevity is a very challenging medical task. The Australian Care Alliance cites a medical study which found that physicians only made accurate (within 33% margin either way) prognoses in 20% of cases for terminally ill patients for example. As physicians will attest, it is difficult to distinguish between clinical deterioration which is part of the natural dying process and deterioration which can be treated and reversed.

Anomalies in predicting a 6-month prognosis for expected death (let alone a 12-month prognosis) are well established. Patients in Oregon have access to assisted suicide via self- administration of a lethal dose of drugs for example, have been recorded as living up to 1009 days post-eligibility for assisted suicide[2]. This means people are living up to 2.5 years post-diagnosis.

RTLA observes the inherent risk in extending eligibility from the chronically and terminally ill to people who are elderly, have a disability and/or suffer from depressive illnesses.

[1] See: Voluntary Assisted Dying Act 2017 [Victoria], Voluntary Assisted Dying Act 2019 [Western Australia], End-of-Life Choices (Voluntary Assisted Dying) Act 2021 [Tasmania] and Voluntary Assisted Dying Bill 2020 [South Australia

[2] See: Oregon USA "Death With Dignity' Data Summary statistics 1998-2016

Recommendation 2:

RTLA recommends that the eligibility criteria be tightened to lessen the chance that vulnerable Queenslanders will fall victim to premature death through euthanasia or assisted suicide.

Conscientious Objection Provision (or lack thereof)

This bill **does not** afford conscientious objection protection to medical practitioners nor registered health professionals or organisations. Under the proposed regime, if a medical professional who does not support assisted suicide as a matter of conscience, or if a health based facility is philosophically opposed to euthanasia, under the conditions of this bill, they will have to *actively refer* the person seeking assisted suicide to a professional who will participate in the scheme. This is conscription of the consciences of individuals and religious based organisations to a scheme to which they are philosophically opposed.

Recommendation 3:

RTLA recommends that s84(2) be removed from the Bill to enable individual practitioners and organisations to exercise their right to consciously object to euthanasia and assisted suicide.

Residency Requirements

This bill expands residency requirements compared to jurisdictions around Australia where similar legislation has been passed. If passed in its current form, this bill will enable a person who wishes to die through euthanasia or assisted suicide to apply to a 'chief executive' for an exemption to the Australian residency exemption or to the Queensland residency exemption. The chief executive must grant the exemption if satisfied that the person has a substantial connection to Queensland and there are compassionate grounds. This has the potential to open Queensland up for "suicide tourism" from both interstate and from overseas.

Recommendation 4:

RTLA recommends that residency requirements be reviewed urgently to safeguard vulnerable Australians from being pressured to move to Queensland to die through euthanasia or assisted suicide.

Devaluing Palliative Care & Initiating Discussions

This bill entangles the provision of palliative care with euthanasia by permitting a medical practitioner or nurse practitioner to initiate discussion about euthanasia and assisted suicide as long as they are simultaneously informing a patient about treatment or palliative care options and the likely outcomes of those choices. RTLA rejects the mixed messages this sends to vulnerable Queenslanders. We are concerned with the coercive behaviours this will encourage amongst practitioners who are supporters of, and participants in, euthanasia.

Patients diagnosed with [in this bill] 12 months life expectancy should not be offered euthanasia as a 'treatment' option. Euthanasia is not healthcare. Assisted suicide is not an extension of palliative care.

The power of suggestion is a real risk for vulnerable patients where a medical practitioner initiates a conversation about euthanasia which, as a result, predisposes the patient to consider a this as an option. There may be factors involved such as subtle coercion from families, feeling a burden and feeling loss of independence which will add to a patient's vulnerability.

Put simply, a patient's stated desire to die could be triggered by a medical professional, registered health practitioner, nurse practitioner or health worker – whether in or not in a position of power- initiating discussions that influence a patient over a period of time.[3]

Recommendation 5:
RTLA recommends that practitioners should not be permitted to initiate a discussion about euthanasia and assisted suicide in any context, and that the practice of palliative care be considered as completely separate from conversations about euthanasia and assisted suicide.

[3] Professor David Kissane, Head, Department of Psychiatry, Monash University in his submission to the STANDING COMMITTEE ON LEGAL AND SOCIAL ISSUES Subcommittee Inquiry into end-of-life choices Melbourne — 15 October 2015.