

Submission into the Voluntary Assisted Dying Bill 2021

Submission No.:	1219
Submitted by:	Margaret Farley
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* ,Safeguards,Conscientious objection by either individuals or entities,Oversight and review,Other
Attachments:	No attachment

Submitter Comments:

1. Introduction: In my view, no state sanctioned killing of terminally ill people should be legislated as this would unfairly place the final burden on others to participate, especially the medical profession who have usually sworn to protect life at all its stages. As can be observed in other countries, eg Switzerland, where initially only the terminally ill were allowed to be suicide assisted or euthanised, this has since been considerably extended. Euthanasia is indeed a slippery slope, it always starts off with narrow parameters and over time broadens as difficult cases present. Abuse of and coercion of those who cannot make informed decisions will naturally follow when governments legislate assisted-killing as an option to all.

2. No conscientious objection: Section 84, Subsection 2 of the Bill states that if a medical professional has a conscientious objection to euthanasia, they must still provide the patient with information about someone who does support euthanasia. This means that doctors will be forced to participate in the process of euthanasia even if it goes against their conscience on religious, moral or ethical grounds and professional judgement. This would be an unreasonable imposition placed upon such dedicated professionals.

A particular area of concern to myself and many others is that there also appears to be no proper exemptions on conscientious grounds in the Bill for faith-based hospitals, aged care facilities and health professionals. It would be an outrage if doctors and nurse practitioners are required by the State to enter church-run hospices without the permission of these facilities, to carry out assisted dying practices. Any compelling of medical practitioners and hospitals to violate their consciences and forcing religious institutions to violate their theology would be seen as an act of totalitarianism.

3. Palliative Care Funding increase necessary and best option: What is needed is increased funding for palliative care so that all terminally ill patients can experience death with as much dignity as possible. This has to be the most prudent, safest and ethical manner in which to proceed. I believe quite recently Palliative Care Queensland called for an extra \$121 million in funding per year. Instead, the State Government provided only an extra \$28.5 million per year. This shortfall needs to be urgently addressed.

Legalised euthanasia, would send a dangerous message to the vulnerable that their lives are of no value and corrupt the doctor-patient relationship. The misnomer “assisted dying” hides what euthanasia really is – intentional killing by lethal injection administered by doctors. Physician-assisted suicide is in direct conflict with the Hippocratic Oath which has guided medicine for over two millennia, which, when followed, has protected the patient, physician, society and the family, and at the same time has committed doctors to compassion and human dignity as far as humanly possible.

I understand that in the rare cases when physical pain cannot be managed adequately by palliative

care specialists, a form of deep anaesthesia called terminal sedation can be used to keep the dying patient comfortable.

4. Lack of doctors support for the Bill: Our medical professionals know that the answer to end of life suffering is properly funded and delivered Palliative Care, not euthanasia. Australian Medical Association President Dr Chris Perry recently stated to media: "People need to be kept comfortable in their dying times, and it's not by Voluntary Assisted Dying, it's by Palliative Care. So, I think they [the Government] should step up now and spend the money."

The World Medical Association (the WMA) opposes physician-assisted suicide and euthanasia on the basis they constitute the unethical practice of medicine. The WMA represents more than 10 million physicians and more than 112 national medical associations around the world, including the AMA. Assisted suicide reverses the proper role of a doctor as a healer, comforter and consoler to an improper role of the physician causing a patient's death.

All the time, effort and funding should be invested in continued improvements in palliative care for dying people rather than setting up a complicated bureaucratic and administrative system to deliver lethal substances to them to end their lives.

5. Open to abuse: We already know that many elderly Queenslanders are abused, mistreated and taken advantage of by the very people who are supposed to care for them - relatives, friends and carers. How many more will become victims under a Bill that takes away their right to life and care by offering assisted suicide instead? This Bill will open a Pandora's box to elder abuse, and increased suicide rates as evidenced in Europe, Canada and the United States where it has been legislated. Legalised euthanasia would send a message to the wider community that suicide is the answer to any pain experienced, whether mental or physical, or people who are simply tired of life, destroying efforts to reduce the already high number of suicides which is a scourge on the community.

6. Conclusion: Euthanasia, like abortion, corrupts the ethos of medicine which fundamentally exists for the health and longevity of human beings. Every stage of life is precious and I believe it is the collective responsibility and moral obligation of legislators, the medical profession, churches and the community to work together towards ensuring that the dignity and basic rights of every human being at all life stages from conception to natural death, is preserved as far as practicable. Future generations should be bequeathed a much more civilised, caring and meaningful legacy than the 'culture of death' model currently in vogue in many parts of the world and increasingly so in this country.

Thank you for considering my submission.