

Submission into the Voluntary Assisted Dying Bill 2021

Submission No.:	1221
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:	Eligibility criteria* ,Conscientious objection by either individuals or entities,Oversight and review,Other
Attachments:	No attachment

Submitter Comments:

There are many concerns that arise with the proposed legislation of the Voluntary Assisted Dying Bill 2021. I share these concerns based on my experience and observations whilst working as a junior doctor in a North Queensland Hospital.

1. Need for better palliative care services

People may initially embrace the Voluntary Assisted Dying Bill as it sounds as if it will “alleviate suffering”. No one wants to suffer or make other people suffer. But it is bold to suggest that the best way to alleviate suffering is to end a person’s life. There are more definite ways to alleviate suffering, namely in the form of good palliative care. As a medical practitioner I have seen a lot of patients suffering due to illness. But I have also seen the incredible difference that good palliative care makes to a patient’s suffering and quality of life. It has already been announced by AMA Queensland President Professor Chris Perry that an additional \$275 million per year is needed to urgently meet the growing demand for palliative care services. It is not okay to offer euthanasia to patients with terminal illnesses when there is not an alternative such as good palliative care and support. More funding should be invested into providing palliative care instead of Voluntary Assisted Dying. People should not have to choose between pain and death. The nature of the resources and medical advancements we have in Australia should mean that excellent palliative care be provided for all those with terminal illnesses.

2. Mistakes in diagnosis & prognosis

Just like all people, doctors make mistakes. I have come across patients in the hospital who have been told that they have a palliative condition and commenced end of life treatment (e.g. a syringe driver- a small needle that delivers medications under the skin to help a person remain comfortable whilst Dying), only to get further results back which show they have a condition which is potentially curable. A different form of treatment is commenced and the patient gets to live for a period time significantly longer than that originally expected. There have also been occurrences where a prognosis is given for an illness but the person ends up living for, in some cases, a considerably shorter time, but in other cases, a considerably longer time than was originally anticipated. If Voluntary Assisted Dying was introduced there is a possibility for some people to end up having a premature death due to mistakes made in diagnoses or prognoses.

3. Elder abuse

Elder abuse is already rampant throughout the state. As a medical practitioner I have seen many cases of elder abuse. The Voluntary Assisted Dying Bill opens up new possibilities for elder abuse to occur, no matter how seemingly strict the regulations are surrounding it.

4. 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 and professional judgement.

5. Advocacy

As a doctor it is my duty to speak up and advocate for people- to ensure they will receive the best possible care. If legislated, the Voluntary Assisted Dying Bill may place undue pressure and guilt on patients who may believe that they are a burden on their friends, family or society and feel that Assisted Dying is expected because it is a (potential) legislation. I believe the safest and most humane way to care for those who are suffering is not to complicate things further by introducing the Voluntary Assisted Dying Bill. The very nature of the Bill suggests that in some cases people are better ending their life than continuing to live. This is an extremely bold statement to make. People assume that after death there is no further suffering but this is purely an assumption. I think to show that we believe all human life is valuable and all human beings are worthy, we need to be protecting life and advocating for that which makes a person's time alive as comfortable as possible (palliative care).

6. Cause of death

In regards to section 81, subsection 3, listing the cause of death on the death certificate as the medical condition the patient had and not including the substance used to assist in the death is a form of deceit and suggests there is something to hide in the cause of death.

7. Subjective definition

Section 10, subsection 2 defines suffering as "physical or mental suffering". This is a subjective definition and not one that is clearly defined. The difficulty with a subjective definition is that it allows different interpretations of the definition and different applications that may not be what was originally intended in legislation.

8. Mental health

Different mental health conditions can affect a person's ability to make decisions. As an example, when mental health conditions are untreated a patient may make decisions that they would not make if their mental health condition was treated. Physical and mental health affect each other significantly. I cannot see that official mental health assessments have been included in the proposed Voluntary Assisted Dying Bill to ensure that people are not making decisions about ending their life whilst being affected by potentially treatable mental illness.

Summary

In summary, there is a better alternative to Voluntary Assisted Dying and that is providing quality palliative care services. The nature of the resources and medical advancements we have in Australia should mean that excellent palliative care be provided for all those with terminal illnesses. There are also too many potentials for abuse of the Voluntary Assisted Dying Bill and as such the introduction of the Bill should be reconsidered. Thank you for your consideration of this submission.