Submission into the Voluntary Assisted Dying Bill 2021

Submission No.:	1226
Submitted by:	Christian Medical and Dental Fellowship of Australia (CMDFA)
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,Oversight and review,Other
Attachments:	See attachment
Submitter Comments:	

Christian Medical and
Dental Fellowship
of Australia

July 2, 2021

The Hon Aaron Harper MP
Chair, Health and Environment Committee
Queensland Parliament
Parliament House
George Street
BRISBANE QLD 4000

Dear Mr Harper,

We write as the State Committee for Queensland of the Christian Medical and Dental Fellowship in relation to the Inquiry into the Voluntary Assisted Dying Bill (VAD) 2021. As noted in our position statement on voluntary euthanasia, as an organisation representing medical practitioners and other health professionals, we have grave reservations about the legalisation of voluntary assisted dying and seek to register our concerns with the proposed legislation. We are concerned about the potential for wrongful deaths and unintended consequences of this legislation.

We are concerned about scope creep, and what are considered safeguards for the vulnerable to be protected by VAD today, may be considered barriers for access to VAD in 5 years time.

The general matters noted in our position statement regarding protection of vulnerable people, the tendency of legislation such as this to be extended beyond its initial scope, and the way that provisions such as this would distort the practice of medicine prompt us as an organisation to oppose the passing of this Bill in this, or any other form. But, should the Parliament be of a mind to pass such legislation, we have a number of specific concerns in relation to the proposed Bill that would need to be addressed in order to minimise the damage such a Bill might cause.

We are concerned that patients will become eligible for VAD when their life expectancy is less than 12 months. At the same time funding for palliative care (e.g. home care or for equipment) is often only available 3 months from the time of death. Equipment is available for patient's receiving palliative care for a time period of 6 months (e.g. see https://www.health.qld.gov.au/mass/prescribe/palliative-care-equipment-program). We see this as an issue of inequity.

We also suggest that the prognosis of eligibility for patients with cancer and other non-neurological conditions should be 6 months rather than 12 months. This is in keeping with other similar legislation in Australia.

We also believe the time frame between first request to and final request (ie designated time) should be a minimum of 15 working days rather than 9 days. This would allow sufficient time for appropriate assessments, and subsequent palliative or psychosocial interventions to be put in place, to ensure the request to hasten death is not sustained.

We have itemized our concerns.

Section 16. Clause 2 does allow for conscientious objection to participation in voluntary assisted dying (VAD), as does **Section 84** (and a corresponding provision in **Section 85** for speech pathologists). However, 16 (4) seeks to establish a duty of referral to another practitioner or service that will assist in VAD (with a corresponding provision for documentation in 17 (c)). Some, if not all of our members, would see such a referral as ethically objectionable. We recommend that these clauses

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be amended or removed to allow for conscientious objection to referral to an ethically objectionable service.

Conscientious objection means just that and the imperative for the dissenting practitioner to have to refer the patient for VAD makes them complicit in a process with which they disagree.

Section 38. No clear indication is given that persons who might act as witnesses to a request for VAD have appropriate training or expertise in discerning coercion. Such provision needs to be included in this section, as well as **Section 54** relating to being a witness to the administration of a substance for the purpose of VAD, in order to protect vulnerable persons from coercion and abuse.

Further, the definition of health care worker is quite broad including registered health practitioners, but also personal carers (4b). Some personal carers may have a Certificate or Diploma qualification and are concerned about personal carers being considered equal to qualified health professionals when it comes to this legislation.

Section 81. While we recognise that a register will be established and maintained by the Board, Clause b explicitly excludes the recording of VAD as the cause of death on a death certificate. This is both factually misleading, and will make it more difficult to accurately track the frequency and distribution of VAD as a cause of death. We recommend the removal of this, and all associated clauses. If a register overseen by the Board is deemed the way to proceed with reporting on VAD, we suggest that reporting is every 4 or 6 months.

That the cause of death is not to be VAD which is completely disingenuous – if the process is acceptable it should be reflected in documentation.

Yours faithfully,

Members of Queensland Committee of CMDFA

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