Submission into the Voluntary Assisted Dying Bill 2021

Submission No.:	1230
Submitted by:	Zelle Hodge
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
Attachments:	See attachment
Submitter Comments:	

Submission to Parliamentary Health and Environment Committee regarding Voluntary Assisted Dying Bill 2021

I am a general practitioner and have been practising medicine for 47 years.

I wish to raise some specific concerns regarding the legislation and then some more general concerns with its implementation.

The specific concerns relate to

1. The timeframe of 12 months until death is likely to occur as a result of the disease process
2. The coordinating and consulting practitioners are not required to have any expertise in the disease, illness or medical condition that will cause death, nor in end of life care of patients.
3. The conscientious objection requirement for individual practitioners regarding referral to a service or practitioner who does not have a conscientious objection to VAD
4. The requirements on institutions who have conscientious objection to VAD

1. **The timeframe of 12 months until death is likely to occur as a result of the disease process**
   As a patient comes closer to dying from a specific disease then the timeframe for this to occur becomes a more accurate assessment to be able to make. At 12 months out that cannot be considered a reasonable assessment to be made. I would urge a much shorter timeframe consistent with what was considered in the Victorian legislation.
   Furthermore access to appropriate palliative care may not be available at 12 months prior to death.

2. **The coordinating and consulting practitioners are not required to have any expertise in the disease, illness or medical condition that will cause death, nor in end of life care of patients.**
   Under the proposed legislation the decision as to life expectancy can be made by practitioners who have no expertise in the disease process that will lead to death. This is contrary to best medical practice and it presumes that the medical practitioner will always act appropriately with knowledge commensurate with their decision making. This does not provide appropriate protection for the vulnerable with a terminal illness.

3. **The conscientious objection requirement for individual practitioners regarding referral to a service or practitioner who does not have a conscientious objection to VAD**
   For some practitioners, referral to a service that provides access to VAD would be considered a party to the action. With the availability of information in 2021 and beyond it should suffice that a practitioner advises a patient that he/she has a conscientious objection to VAD. For a patient who has the ability to make a decision regarding VAD then one would anticipate he/she would be able to access where to source that information assisting practitioners.
   Perhaps Government would include a list of services or practitioners who

would be involved in VAD through its website or through local public hospitals.

4. **The requirements on institutions who have conscientious objection to VAD**

The legislation states that institutions that have a conscientious objection to VAD must allow practitioners who practise VAD to attend patients in that institution's facility.
This is not consistent with respect for conscientious objection.
(h) a person's freedom of thought, conscience, religion and belief and enjoyment of their culture should be respected.
Division 2 Principles of voluntary Assisted Dying Principle (h)

Furthermore, it would be considered contrary to medical practice to allow a practitioner not accredited in a particular institution to treat a patient in that institution.
If an institution does not provide accreditation for practitioners for VAD then they should not be forced by legislation to allow non-accredited practitioners to treat patients in their facility.
e.g It would not be considered appropriate for cardiac stenting to occur in a patient with an infarct in a facility not accredited for that process.

GENERAL COMMENTS REGARDING SPECIFIC PRINCIPLES UNDERPINNING THE LEGISLATION

Principles (d) and (e)
(d) every person approaching the end of life should be provided with high quality care and treatment, including palliative care, to minimise the person's suffering and maximise the person's quality of life; and
(e) access to voluntary assisted dying and other end of life choices should be available regardless of where a person lives in Queensland; and

Currently in Queensland high quality palliative care and treatment is not universally available. To legislate for the availability of VAD regardless of where one lives before there is the availability universally throughout Queensland of high quality palliative care is contrary to this underlying principle of the legislation.

Principle (g)
(g) a person who is vulnerable should be protected from coercion and exploitation; and

Any person with a terminal illness is vulnerable. It is impossible to protect such a person from overt or covert coercion or exploitation in Queensland once there is the passage of VAD legislation. It is inevitable there will be unlawful deaths as a result of the legislation.