

SUBMISSION TO
HEALTH AND ENVIRONMENT COMMITTEE
VOLUNTARY ASSISTED DYING BILL 2021

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Introduction:

Having graduated in medicine in 1973 I have worked in general practice since 1980 in South Australia, New South Wales and Queensland. During this period I have maintained a continuous involvement in geriatric medicine especially in aged care homes and have assisted many hundreds of patients in their end of life care. Whilst many die peacefully others do not despite accessing the best quality palliative care.

I have thus always supported the concept of Voluntary Assisted Dying and to raise awareness of this issue I ran as an independent candidate at the 2020 Queensland State Election in the seat of Currumbin on a platform of Palliative Care, VAD, Aged Care staffing and Mental Health support.

Specific Comments:

I support the legislation as a whole as it seems balanced, well thought through, and addresses some of the shortcomings of similar legislation in other states.

Specific sections I support but will not address are: The distinction between VAD and suicide, the ability of medical and nurse practitioners to initiate discussion about VAD, the eligibility of medical practitioners to participate in VAD, self-administration or practitioner administration, shortened period between first and final request and time frame till death.

I am also aware of the problems of making multiple changes that may alter the general thrust of a good bill. I do, however, wish to comment on a few specific points which I do feel need changing:

Eligibility requirements: paras 7.71; 7.73; 7.74. The inclusion of the word 'incurable' DOES materially add to other eligibility criteria. An underlying tenant of the medical profession is that, if something is curable, we cure it. One could postulate that a rapidly progressive pulmonary carcinoma that has not yet metastasised, a myocardial infarct in evolution or a cerebral infarct

in evolution are all advanced, progressive and will cause death, but are all curable. Even the most ardent detractors of VAD and the health practitioners involved would likely want the word 'incurable' included.

Initiating discussion: para 6-1. Whilst I agree with the prohibition of health care workers initiating discussion with a patient about voluntary assisted dying the same should apply to health care workers initiating discussion against voluntary assisted dying. This latter scenario is not covered adequately in the Bill.

Clauses 141 and 142 make it an offence to induce "another person" to revoke a request for VAD but the "other person" may not be the patient. Clearly the only person who can revoke a VAD request is the patient.

Board: paras 122, 123, 124. The makeup of the board is vague, there being a Chair, Deputy Chair and an undisclosed number of members. I feel numbers need to be specified and that medical practitioners and nurse practitioners comprise 30% of the board.

Yours Sincerely

Dr Richard Stuckey MB BS DRCOG.

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