



1 July 2020

Health and Environment Committee (HEC)
Parliament House
George Street
BRISBANE QLD 4000

By email to: HEC@parliament.qld.gov.au

To the Health and Environment Committee

Re: Voluntary Assisted Dying (VAD) Draft Bill 2021

The Royal Australian and New Zealand College of Psychiatrists Queensland Branch (RANZCP Queensland Branch) would like to thank you for the opportunity to provide feedback to the *Queensland Law Reform Commission (QLRC)* draft *Voluntary Assisted Dying (VAD) Bill 2021* ("the Bill").

Overall, the RANZCP Queensland Branch is pleased with the draft *Voluntary Assisted Dying (VAD) Bill 2021* and lends our support to the submission of the Australian Medical Association Queensland (AMAQ), dated 21 June 2021.

This Bill is framed within a broader policy debate on the desirability or otherwise of introducing Voluntary Assisted Dying (VAD) legislation in Queensland. Consistent with the position of the AMAQ, the RANZCP Queensland Branch upholds the view that laws are a matter for society and government.

This response of the RANZCP Queensland Branch is specific to the draft Bill but is related to previous College/Branch advocacy below:

- Please click [here](#) to read the RANZCP Position Statement on Voluntary Assisted Dying (September 2020)
- Please click [here](#) to read the RANZCP Queensland Branch Submission to the Inquiry into aged care, end-of-life and palliative care, and voluntary assisted dying (April 2019).

Importance of funding palliative care

The RANZCP Queensland Branch maintains that it is imperative that first and foremost the Queensland Government must adequately fund high-quality public and community based palliative care services. Palliative care must be freely available to all who have a terminal condition, or who require management of the symptoms of chronic and incurable medical conditions.

We recognise that high quality, end-of-life care can alleviate pain and suffering for most people but acknowledge that there are some instances where it is not possible to achieve satisfactory relief of suffering.

Consistent with the perspective of the AMAQ, what is most important for RANZCP is that doctors (including psychiatrists) and patients have their rights and beliefs protected and the importance of medical practitioners being allowed to make their own ethical decisions with regard to their involvement with VAD, in line with relevant legislation.



Eligibility criteria

In Queensland, to access the VAD scheme, a person must be an adult, have decision-making capacity, be acting voluntarily and satisfy various residency requirements.

In Queensland, the draft Bill proposes that a person must have an advanced and progressive condition that will cause death within 12 months. In other jurisdictions, the eligibility period specifies death within six months, except for progressive neurological conditions, in which case it is 12 months.

The RANZCP Queensland Branch supports that a 12-month designated time period is more sensible than the existing six or 12-month edibility periods across various Australian jurisdictions. A longer edibility period is more coherent, as opposed to variable time periods where access to VAD is dependent on the nature of a person's illness (as is the case with progressive neurological conditions). A longer eligibility period also gives a person more time to apply for VAD and reduces the likelihood that the person may die before accessing VAD as this process can take some time.

Conscientious objection

A key distinguishing feature of the Queensland draft Bill is that it limits the ability of institutions to object to VAD.

We are pleased to see the draft Bill safeguard a doctor's right to conscientiously object to participating in the VAD process. However, and consistent with the submission of AMAQ, we recommend that this section of the Bill be changed to include organisational conscientious objection as we recognise that some health care facilities, particularly faith-based hospitals, may well be governed by a mission or ethos that stands contrary to the principles of VAD.

Access to telehealth services

The RANZCP Queensland Branch recommends creating legislative processes so eligible patients' access to terminal care options is not unreasonably hindered based on the geographic location where they live, particularly rural and regional areas of the state, where healthcare services may be more difficult to access.

To that end, we support the proposal of AMAQ that doctors should be able to use telehealth to provide care options for patients with terminal conditions.

Other relevant issues

Otherwise, the RANZCP Queensland Branch supports the AMAQ response to this enquiry, specifically:

- that self-administering the VAD substance should not be the default option, rather it should be up to the person requesting VAD to decide, based on the advice provided by the coordinating practitioner
- a patient's request to access the proposed VAD scheme should be enduring (unless it is rescinded by the patient), as it is a fundamental safeguard to protect persons seeking VAD



- permit patients who have in their Advance Health Directive a request to access the VAD scheme but subsequently lose capacity, for their wishes to be followed.

To discuss the contents of this letter please contact me via Ms Nada Martinovic, Policy and Advocacy Advisor (Queensland Branch), at [REDACTED]

Yours sincerely

A handwritten signature in black ink, appearing to read "Brett", followed by a long horizontal line that ends in a small hook.

Professor Brett Emmerson AM
Chair, RANZCP Queensland Branch Committee