

Health and Environment Committee

From: Damien Madden [REDACTED]
Sent: Friday, 2 July 2021 2:54 AM
To: Health and Environment Committee
Subject: I oppose the "Voluntary Assisted Dying" Bill

Categories: Submission

Re: I oppose the "Voluntary Assisted Dying" Bill

Dear Health Committee Members,

Dear QLD Parliament Health Committee Members

The Queensland Labor Government has tabled an extreme euthanasia Bill that is based upon a semantic fallacy of twisting the term voluntary assisted dying to denote care, help and compassion in what is actually a trick to give certain doctors the right to kill. VAD emphasises the warped notion that only a doctor who is willing to kill someone is truly assisting the dying.

This bleak, semantic fallacy of word play is the language of the con-artist. The only assistance for the dying that euthanasia advocates acknowledge as real assistance and care is to give medical practitioners a right to kill. The required two approving doctors can be junior General Practitioners with little or no specialised training in end-of-life management. There is no acknowledgement that Palliative care specialist train for at least four years full-time after graduating with a medical degree.

To add to the above bleak semantic fallacy is the distortion of the word "voluntary". Doctors with a conscientious objection to euthanasia or assisted suicide would be forced to refer patients for it, and therefore be complicit in the outcome of a patient killed.

Health institutions whose charter is opposed to euthanasia (Catholic Health Australia and Uniting Care as well as many others) would be compelled to refer patients who qualify for euthanasia or assisted suicide upon request. If the patient is a permanent resident of a facility e.g. aged care home the institution would be forced to let the assisted suicide or euthanasia take place on the premise by outside doctor coming in to kill the patient or poison being delivered to the facility.

To add insult to injury the VAD legislation impact is not only to legalise this form of medical killing, but to prevent the people working in institutions which have a pro-life religious ethical base to be exempt from having it done at the institution. This also raises the flawed argument of rights of the individual patient being pitted against an institution. This highlights the deeply flawed and false premise that it is the rights of the person who requests euthanasia. What is ignored is that it is not only the rights of the person requesting euthanasia but the rights of a whole community made up of many individuals working at such an institution, all of whom have agreed by working at such a facility to uphold its ethical base.

For example it has been noted by many others that in a Catholic hospital all the staff work hard at a compassionate community of care. They all have a relationship with one another, but by denying conscientious objection to the institution as a whole, the government would effectively deny the individual consciences of each member of the staff.

In such an institution active euthanasia (as distinct from withdrawal of treatment with care and compassion) cannot be allowed. Consequently, neither of the two doctors involved in the decision to kill a terminal patient would have come from the hospital or had any relationship with that patient. It has also been noted

that there is no requirement that the patient has even to tell the hospital of their wishes. There would be no opportunity for the hospital to really assess the patient as competent.

In the absence of institutional conscientious objection there has been the bizarre scenario raised of doctors coming in to kill a patient, while the staff are left helpless. Trying to talk someone out of assisted suicide could put you in jail for up to 7 years. However a doctor or a nurse can raise the idea of assisted suicide in discussing other end-of-life options. The deceptive language of the bill even extends to end of life as death certificates would be falsified for people who access assisted suicide to record their underlying sickness as the cause of death instead of suicide or euthanasia. It has also been reported that the Queensland Premier wants "tele-deaths" legalised so people can access assisted suicide via a mere phone call or over the internet - she has asked the Prime Minister to change the telecommunications/carriage laws to facilitate this.

The Queensland government promises the choice of every Queenslanders having palliative care and the bill has provision that it be offered. However Queensland has a woeful palliative care funding deficit to the tune of about \$275 million per year. This is despite many calls for substantial increases to palliative care funding from the Australian Medical Association, Catholic Health Australia (the largest provider of health care after the government) and Cherish Life through its parliamentary petition to the Queensland Government. This palliative care deficit is most felt in regional Queensland where some areas have no palliative care services at all.

While Queensland already has almost the highest suicide rate in Australia. If this dangerous and fatally flawed bill is passed it is expected the suicide rate to increase dramatically. In Victoria, in the year after assisted suicide was legalised, the non-assisted suicide rate increased by 13%, and in Canada since euthanasia was legalised in 2016, the total number of suicides (both assisted suicide and non-assisted suicide) increased by 400% over just four years. The Netherlands has recorded an increase in non-assisted suicides of 10% since it legalised euthanasia in 2008.

In addition to concerns raised by the Australian Medical Association, Catholic Health Australia and Cherish Life to this deceptive and fatally flawed bill the Nurses Professional Association of Queensland , and 107 out of 109 national medical bodies are opposed to euthanasia of any kind.

Sincerely yours

Damien Madden.

Sincerely,

