Health and Environment Committee

From: Scott Muir [redacted]
Sent: Thursday, 1 July 2021 8:44 PM
To: Health and Environment Committee
Subject: VAD Submission from Central Church Ipswich

Categories: Submission

At a duly constituted meeting of the Session of Central Presbyterian Church Ipswich on Tuesday, 8 June 2021, the leadership resolved to write to your committee to make a submission against the VAD Bill.

Central Presbyterian Church Ipswich consists of about 800 people across three areas in Ipswich and also at Forest Hill.

As a part of the Presbyterian denomination, we affirm the matters raised by our State Denomination in a submission to the Qld Parliament in 2019 on this matter which is extracted here:

We urge that VAD not be allowed in Queensland in order to safeguard compassionate care for the suffering and vulnerable in our community.
Advocates of VAD argue that individual people should be able to choose the way in which they die. While we agree that the state should uphold considerable freedom of individual choice, this should not be upheld to the detriment of supportive and protective social relationships within Queensland communities.

The current prohibition on taking the life of a person or enabling their suicide is a vital boundary for protecting people and relationships within our communities.
As a Christian denomination that cares for the elderly, sick and vulnerable in multiple ways, we hold reasonable and grave concerns that the legalisation of VAD, while opening up choice for a few, will have profoundly negative consequences for many in Queensland Our main reasons for arguing this position are as follows:

a. While VAD legislation in Victoria and overseas seeks to ensure patients act without coercion, this does not take into account the subtle coercion that the choice of VAD itself creates. Individual choices are profoundly shaped by social beliefs and structures. The process of VAD assessment supports those patients who adhere to VAD criteria in thinking that euthanasia or suicide is a valid and logical choice. This validation then creates tension within a health care culture that also seeks to honour and support life. Terminally ill patients will find themselves in a situation where hastening death is an option always at hand. They may well feel they need to defend to themselves and perhaps to others why they choose to stay alive, especially when they sense the burden of their 3 care on others. Indeed, the same may eventually be felt by those with long term disabilities and chronic illnesses. It is telling that while an increasingly large percentage of the population are in favour of VAD, a very much smaller percentage of terminally ill patients desire it. In the face of death, patients generally desire more time, not less (Megan Best, 'Euthanasia' (October 2016) https://freedomforfaith.org.au/library/euthanasia). No VAD legislation can ensure that the quiet concerns and doubts of older, vulnerable and disabled people are adequately heard, and their desires and choices protected.

b. No legal safeguards can fully guard against the abuse and misuse of Assisted Dying practices, including the occurrence of Involuntary Euthanasia. Transgressions and loosening of legal requirements have been demonstrated in jurisdictions in which VAD is allowed (J. Pereira, 'Legalizing euthanasia or assisted suicide: the illusion of safeguards and controls' in Current Oncology 18(2) April 2011, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3070710/ • I. Tuffrey-Wijne, L. Curffs, I. Finlay and S. Hollins, 'Euthanasia and assisted suicide for people with an intellectual disability and/or autism spectrum disorder: an examination of nine relevant euthanasia cases in the Netherlands (2012–2016)' in BMC

Medical Ethics 19(17), 2018. https://bmcmedethics.biomedcentral.com/articles/10.1186/s12910-018-0257-6)
Moreover, we must acknowledge that, in the real world, those health professionals, family and friends close to a termin - ally ill person may encourage and enable VAD for reasons of personal gain. No formal safeguards can prevent subtle or masked expressions of selfishness in the use of VAD.

c. A community that supports VAD makes harmful assumptions about the nature of compassion and intolerable suffering.
- Fear, a sense of isolation and existential suffering in the terminally ill are major drivers of requests for VAD. The compassionate response to those experiencing such suffering is not to allow a hastened death but to gather around them, tending to those needs and demonstrating the value of their lives. Indeed, our community would greatly benefit from recovering practices of generously and patiently attending to the dying, learning how to face our own deaths in the process. People are more than independent choice makers — they need loving relationships that provide physical, emotional, psychological and spiritual care in the face of death.
- A culture that allows VAD makes certain assumptions about what constitutes intolerable suffering and a life no longer worth living. In a society that values autonomy, independence, control and self-sufficiency, those who are disabled, mentally ill, non-productive and dependent are easily judged to have intolerable lives. We argue, however, that vulnerability, interdependency and relationships of exchanging care are a natural part of flourishing human life. In both suffering and taking on the ‘burden’ of care for others, are opportunities for love, growth and finding meaning.

d. Increased access to high quality palliative care rather than VAD is the compassionate response to suffering in our community. Where good palliative care is available, the vast majority of patients receive the holistic care, including relational support and symptom control, needed to maximise quality of life as they die. Our responsibility as a community is not to attempt to minimise suffering by causing death, a practice that could all too easily substitute for the compassion, skill and rela - tionships human beings need during the hardest moments of their lives. 6 Our responsibility is to minimise suffering through maximising care.

Kind regards,

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