

Health and Environment Committee

From: Ian Joyner [REDACTED]
Sent: Friday, 2 July 2021 8:42 AM
To: Health and Environment Committee
Subject: Submission: Qld Voluntary Assisted Dying Bill

Categories: Submission

From: Ian Joyner
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TO THE HEALTH COMMITTEE**Voluntary Assisted Dying Bill Submission 2-7-21**

I write to express my objections to the Queensland Labor Government's "voluntary assisted dying" Bill, which is really an assisted suicide Bill.

I believe it is a very dangerous Bill which would lead to extra deaths in Queensland every year, including people who would have wrongfully accessed assisted suicide because of wrong diagnosis, wrong prognosis, coercion, elder abuse, untreated mental anguish, or because they had little or no access to palliative care specialists and felt they had no other choice.

There's also grave concerns, that like Victoria, there would be an increase in non-assisted suicide rates because of a suicide cognation effect that often accompanies euthanasia or assisted suicide being legalised.

Aspects of the proposed law ("Voluntary Assisted Dying Bill") which I find unacceptable, include:

1. Queenslanders with a 12 month prognosis who are over 18 years old would be eligible for euthanasia or assisted suicide, upon the approval of two doctors who don't have to be specialists. Nor is there a requirement for the patient to be examined by a specialist at any stage of their illness.
2. The two approving doctors can be junior General Practitioners with little or no specialised training in end-of-life management. (Palliative care specialists train for at least four years full-time after graduating with a medical degree.)
3. 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.
4. Health institutions whose charter is opposed to euthanasia (i.e. Catholic Health Australia and UnitingCare as well as many others) would be compelled to refer patients who qualify for euthanasia or assisted suicide upon request. In the case where the patient is a permanent resident of a facility, like an aged care home for example, the institution would be forced to let the assisted suicide or euthanasia take place on the premises by an outside doctor coming in to kill the patient or the poison being delivered to the facility.

5. No mental health checks. There is no requirement for those requesting assisted suicide to be assessed by a mental health expert like a psychiatrist, yet mental anguish and depression is often one of the main drivers for requests for euthanasia, as data from other jurisdictions shows.
6. No requirement to be seen by a specialist in the area of the patient's suffering, e.g. an oncologist for cancer patients.
7. No requirement for a patient to be seen by a palliative care specialist.
8. Inequitable access to euthanasia and palliative care. If passed, this law would allow people with a 12 month prognosis to access euthanasia straight away, but they may not be able to access palliative care until a few weeks or a few months before the end of life (and in some cases in regional Queensland they may have no access to palliative care at all). Very concerning, when Western Australia passed its assisted suicide legislation, an amendment to the Bill which would have given regional WA the same access to palliative care as assisted suicide was voted down.
9. The deceptive language in the Bill - even the term "voluntary assisted dying" makes it sound like people are accessing palliative care when in fact it is euthanasia or assisted suicide.
10. The Bill allows people with a prognosis of 12 months to access assisted suicide. In other Australian jurisdictions the legislation stipulates a six month prognosis, so it allows access six months earlier than all other assisted suicide legislation in Australia.
11. Trying to talk someone out of assisted suicide could put you in jail for up to 7 years. Under this bill expressing love and concern to a close relative or friend to discourage them from wanting to take their own life is now becoming the equivalent of a criminal offence!
Unbelievable!
Unacceptable!
I do not understand what this trying to achieve? – other than to punish loving and caring people.
As I am writing this there is a story on TV of a woman who has come from overseas to see her dying father who had only days to live due to melanoma. However, due to interstate covid quarantining restrictions she was not allowed any exemption to see her dad before he passed away. The law can be very cruel when it denies people their right to express their normal love and care for relatives and friends.
12. 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.
13. The Premier also wants "tele-deaths" legalised so people can access assisted suicide via a mere phone call or over the internet - she has even asked the Prime Minister to change the telecommunications / carriage laws to facilitate this.
14. A doctor or a nurse can raise the idea of assisted suicide in the context of discussing other end-of-life options. This is incredibly dangerous, as a patient would no doubt be feeling unwell, distressed by their prognosis and very vulnerable.
15. The Bill if passed would legalise both assisted suicide, where the doctor prescribes poison for the patient to take, and euthanasia, where the doctor administers a lethal injection to kill the patient either via syringe or a drip.

16. The Voluntary Assisted Dying 2021 Bill does not only fail the elderly and vulnerable – it fails health care providers.

There is no provision for faith-based hospitals and nursing homes to refuse to provide assisted suicide on their premises. The Bill requires them to transfer a person to somewhere that allows it, or in some circumstances, allow the killing to take place on their premises.

Section 92(b) (2) The relevant entity and any other entity that owns or occupies the facility must allow reasonable access to the person at the facility by a medical practitioner (a) whose presence is requested by the person; and (b) who (i) for a first request—is eligible to act as a coordinating practitioner; or (ii) for a final request—is the coordinating practitioner for the person.

It is unacceptable in a free country to force organisations to engage in something that is directly opposed to their mission. They exist to care for the sick and elderly – not kill them. To force them to participate in assisted suicide is outrageous. Please defend essential care providers by rejecting this Bill.

Additional considerations are:

- Queensland has a woeful palliative care funding deficit to the tune of about \$275 million per year according to Palliative Care Queensland. 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 our parliamentary petition to the Queensland Government (thank you those who signed, we achieved almost 8,000 signatures!). The palliative care deficit is most felt in regional Queensland where some areas have no palliative care services at all.
- Queensland Health only has 134 dedicated palliative beds.
- Queensland already has almost the highest suicide rate in Australia. 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.
- The Australian Medical Association, Nurses Professional Association of Queensland, and 107 out of 109 national medical bodies are opposed to euthanasia of any kind.

This bill needs to be rejected!