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VOLUNTARY ASSISTED DYING BILL 2021 SUBMISSION

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INTRODUCTION

I welcome the opportunity to provide a submission to the Voluntary Assisted Dying Bill 2021.

From the outset I wish to state that I am against Voluntary Assisted Dying in any way – name, shape or form and the Bill before the Health and Environment Committee has not altered my views on the matter.

Number crunchers have calculated the figures and the state government are looking for the easy way out and the least expensive option through this piece of disgraceful legislation.

Instead our priority and attention should be focused towards significantly more investment to fund adequate Palliative care, particularly in regional Queensland

It is not a function of Government to legislate on life and death. Once governments interfere in this natural process and disagree with professionals worldwide, who have devoted their lives to save life, they place our society on a slippery slope where the next step, then the next step doesn't seem so far-fetched and hard to take.

Emotionally I argue that if this first step is taken in legalising assisted suicide, we will, in the future decide that once a person gets to a certain age they will no longer have a value to society and assisting or encouraging people to die will become a standard everyday part of our health care system.

In other jurisdictions around the world Euthanasia or Assisted dying legislation has proven to be abused. This evidence is outlined in my submission and is irrefutable.

The same will occur in Queensland if this Bill is passed.

Queenslanders need to ensure they are aware of exactly what Euthanasia and Assisted dying is. It is a conscious decision to terminate a life, which is against every principle and teaching to medical practitioners, who study and serve to save life.

Don't make the mistake of falling for slick propaganda or buzz words, made up by the Governments extensive media team in dressing up this bill under the guise of offering a humane choice.

This bill will offer no choice. There are no possible safeguards that can be implemented to protect the vulnerable and once that threshold is crossed there is no turning back.

VICTORIAN ASSISTED DYING BILL 2017

Victoria was the most recent state in Australia to pass Assisted Dying Laws in 2017.

Former Prime Minister of Australia, Paul Keating was passionately against the Bill in his submission to the committee.

I have included part of his submission below which perfectly sums up the reasons why state governments should not legislate to allow assisted suicide.

"Under this bill, conditions and safeguards are outlined that will allow physicians to terminate the life of patients and to assist patients to take their own life. This is a threshold moment for the country. No matter what justifications are offered for the bill, it constitutes an unacceptable departure in our approach to human existence and the irrevocable sanctity that should govern our understanding of what it means to be human.

The justifications offered by the bill's advocates – that the legal conditions are stringent or that the regime being authorised will be conservative – miss the point entirely. What matters is the core intention of the law. What matters is the ethical threshold being crossed. What matters is that under Victorian law there will be people whose lives we honour and those we believe are better off dead.

An alarming aspect of the debate is the claim that safeguards can be provided at every step to protect the vulnerable. This claim exposes the bald utopianism of the project – the advocates support a bill to authorise termination of life in the name of compassion, while at the same time claiming they can guarantee protection of the vulnerable, the depressed and the poor.

No law and no process can achieve that objective.

This is the point. If there are doctors prepared to bend the rules now, there will be doctors prepared to bend the rules under the new system. Beyond that, once termination of life is authorised the threshold is crossed. From that point it is much easier to liberalise the conditions governing the law. And liberalised they will be. Few people familiar with our politics would doubt that pressure would mount for further liberalisation based on the demand that people are being discriminated against if denied. The experience of overseas jurisdictions suggests the pressures for further liberalisation are irresistible.

Opposition to this bill is not about religion. It is about the civilisational ethic that should be at the heart of our secular society. The concerns I express are shared by people of any religion or no religion. In public life it is the principles that matter. They define the norms and values of a society and in this case the principles concern our view of human life itself. It is a mistake for legislators to act on the deeply held emotional concerns of many when that involves crossing a threshold that will affect the entire society in perpetuity."

UNDERSTANDING THE ISSUE

There is a lot of confusion over the terms "Euthanasia" and "Assisted Dying."

Euthanasia or Assisted Dying is NOT:

- Turning off life support.
- Do not resuscitate requests
- Ceasing medical tests, treatments and surgeries, or palliative care.

These options are all already available.

Euthanasia or Assisted Dying – (usually referred to as 'physician assisted suicide/ dying') however, is where a doctor or person "helps a person to terminate their life by providing drugs for self-administration, at that person's voluntary and competent request."

DOCTRINE OF DOUBLE EFFECT

Many Queenslanders would not be aware of the Doctrine of Double Effect and how it already applies to palliative care.

In medicine, an example of the double effect is that the medications used in palliative care may have the side effect of hastening death, even though the intent of the practitioner is to achieve relief of symptoms and NOT euthanasia.

This is a significant difference to ending life through euthanasia or assisted dying.

KEY POINTS TO CONSIDER

1. 107 of the World Medical Association's 109 constituent National medical Associations oppose euthanasia and assisted suicide

2. Care first. Every Queenslander has a fundamental right to high quality palliative care.

3. There is NO 'choice' until high quality palliative care is made available to ALL Queenslanders.

4. Before Parliament provides Queenslanders with an option to die, shouldn't it providing an option to live?

5. One of the most vulnerable sectors of our community – indigenous Queenslanders – have not been properly consulted on the matter

6. Outside of the SE corner and in remote, rural and regional Queensland palliative care services are virtually non-existent.

7. Queenslanders with disability are particularly vulnerable to pressure, neglect, and abuse regardless of 'safeguards.'

8. Elderly abuse and 'inheritance impatience' is real, underreported, and is further encouraged by euthanasia laws.

9. If 'safeguards' work why have we had Royal Commissions into aged care, disability, child abuse and mental health?

10. Queensland's current health system cannot even provide day to day health care – how can it safely provide such a scheme?

The Bill doesn't offer real choice for terminally ill people.
The Bill emphasises choice, saying that people who request VAD must be informed of their choices for treatment and/or palliative care.

But under-funding and poor resourcing of the palliative care sector means the only choice this Bill offers Queenslanders is the 'choice' between fear of a painful death or VAD.

Access to treatment and high-quality palliative care is seriously limited due to lack of funding, regional disparity and too few qualified experts. Hospitals, especially public hospitals, are struggling to meet patient demand. People who rely on the public system are at a significant disadvantage with lack of access to high quality palliative care.

Palliative Care Queensland and the Australian Medical Association have called for an additional $275 million annually to deliver adequate palliative care in Queensland.

The Bill lacks proper checks and balances.
The bar for assessing a person's capacity is unacceptably low.

The Bill outlines a process for accessing VAD that involves two doctors. All that is required is that two doctors agree that a person has a terminal disease with 12 months or less to live, and that the person is suffering.

A person can indicate simply through gesture that they consent to VAD.

The Bill doesn't require either of the two doctors involved in a VAD decision to be a specialist in the person's condition or in palliative care.

It doesn't require either of the two doctors to inform the person's GP or the hospital or aged care facility where they live that the person is considering VAD.

The Bill exposes care providers, their staff and other patients/residents to risk.
The Bill claims to offer choice in end of life matters.

It does not protect the choice of people who don't want anything to do with VAD.

Catholic health and aged care facilities provide a safe place for those in the community who do not wish to be involved in VAD.

The Bill would dismantle this protection, allowing doctors to access any health or aged care service and use its facilities for the purpose of VAD. A doctor can do this without informing the institution involved.

This goes against the duty of care these facilities owe their patients and creates an unacceptable level of risk to other patients and residents, as well as the safety and wellbeing of employees.
The Bill could expose workers in these facilities to handling lethal drugs and the euthanising of vulnerable people with whom they have a caring relationship.

It could also cause severe distress by exposing other residents and patients in shared accommodation to VAD taking place.

The Bill fails to ensure a person seeking VAD makes an informed choice.
The Bill doesn't require a person (or their VAD doctor) to inform their hospital or aged care service that they have chosen to go down the path of VAD.

Without this information, the institution can't act in their patient's best interests by ensuring the person has the information they need about their treatment and palliative care options.

They can't ensure that a person's physical and mental health difficulties –including the experience of loss of autonomy or fear of being a burden -are adequately addressed and, where possible, alleviated.

The Bill exposes vulnerable people to subtle coercion and limits information about their options. A vulnerable person could consider VAD out of fear of suffering and of being a burden to others.

They may not have access to information and people who support end of life care, free of any coercion to 'choose' VAD.

The Bill also includes penalties for people who are said to 'coerce' a person into changing their mind and refusing VAD. A person could go to jail for up to 7 years for convincing a person to not go through with VAD. This could deter people from openly speaking about pathways other than VAD –placing yet more pressure on vulnerable people to see VAD as their only option.

FACTS YOU MUST KNOW ABOUT PALLIATIVE CARE

1. The Australian and New Zealand Society for Palliative Medicine and the Australian Medical Association does not support euthanasia and assisted suicide.

2. Evidence provided to a Queensland Parliamentary Committee back in 2013 indicated there was significant unmet need for palliative care in Queensland and this gap was continuing to grow[i].

3. In 2013 the Health Department's own reports admitted Queensland palliative care services were already stretched, with referrals to services increasing annually by 20 per cent while funding was only expected to increase by an annual 12.9 percent[ii]. More recent reports reveal only a 5.6% funding increase between 2013/4 and 2019[iii].

4. A 2016 review of the National Palliative Care Strategy found that there are significant barriers to access to palliative care services for a number of people within the population, particularly for Aboriginal and Torres Strait Islander peoples[iv].

5. As at 2018 Queensland had approximately 49 FTE palliative care specialists for the state[v]. To meet Palliative Care Queensland's recommendation of 2 FTE specialist palliative medicine physicians per 100,000 population, Queensland would need 101 FTE palliative care doctors.

6. A 2019 QUT report estimated that between 51,000 to 71,000 of the total population in Queensland require palliative care services. For people over 65 years old, between 52,000 and 57,000 would require palliative care services[vi].

7. Queensland ranks low among the other states for the number of publicly funded in-patient palliative care beds per capita, and though efforts are being made in digital/telehealth to connect specialist palliative care to regional and remote areas, face to face access is significantly limited. For example, the town of Mackay with a population of 125,000 has no specialist palliative care physician[vii].

8. Of the 49 recommendations made in Victoria's inquiry into end of life choices, 30 related to the improvement of palliative care funding and access, and only a single recommendation related to the introduction of assisted suicide. Palliative Care Victoria requested an additional $65 million per annum to implement the recommendations, but it received only half this amount. The Victorian state government only committed an extra $71 .9 million, over a 4-year period, and only after the euthanasia and assisted suicide legislation had been passed[viii].

9. 105 of Australia's 148 palliative medicine specialists (70% of the profession) wrote an open letter in 2017 to Victorian and NSW MPs, saying that euthanasia advocates "actively and deliberately undermine" public confidence in palliative care[ix].

10. Current Australian data indicates that no more than 2 in every 100 Palliative Care patients would be in moderate or severe pain at the end of life. In these unusual cases where when all other methods of palliation for pain and other symptoms is inadequate, and if the patient agrees, palliative sedation therapy is available to provide adequate relief of suffering[ix].

TEN FACTS YOU MUST KNOW ABOUT EUTHANASIA/ASSISTED SUICIDE AROUND THE WORLD

1. 107 of the World Medical Association's 109 constituent National Medical Associations oppose euthanasia and assisted suicide.

2. In the past two years, in Belgium:
   - 3 children;
   - 77 people suffering from mental health issues; and
   - 173 people with no physical suffering but afflicted by conditions such as addiction, loneliness and despair were euthanised.[3]

3. Since the legalisation of assisted suicide in Oregon 20 years ago, the top five reasons given by those who request (and are given) assisted suicide drugs have been:
   - Losing autonomy
   - Less ability to engage in activities making life enjoyable
   - Loss of dignity
   - Losing control of bodily functions
   - Burden on family, friends and caregivers.

   These are the same top five reasons given by those in Washington State who request assisted suicide.[4]

   Notably, pain or fear of it does not appear in the top reasons.[5]

4. In 2017 in Oregon, the median length of the relationship between the patient and the doctor who prescribed the lethal drugs was 10 weeks, and the median length of time between the first request for assisted suicide and patient death was 52 days.[6]

   This means that the median time between the first encounter between a drug-prescribing doctor and a request for death is less than three weeks, indicating that the doctors signing off on a patient's death do not have an existing relationship with the patient.

5. Only 4.9% of those who have been given assisted suicide drugs in Oregon were sent for a psychiatric evaluation beforehand[7] and only 6% of psychiatrists in Oregon reported being very confident that they could adequately determine whether a psychiatric disorder was impairing the judgment of a patient requesting assisted suicide in a single evaluation.[8]

6. The legalisation of assisted suicide has a contagion effect, increasing the rate of suicide in the community.[9] The suicide rate in Oregon, where assisted suicide was legalised in 1997, has been increasing. In 2012, Oregon's suicide rate was 42% higher than the national average.[10] This does not include deaths by assisted suicide, as they are recorded as being deaths due to the underlying condition.

7. Despite only being legal for three years in Canada, the practice of euthanasia is widespread. At least 2614 people were euthanised in the ten months between 1 January and 31 October 2018, equating to about one person dying by lethal injection every three hours.[11]

8. In the first two years of legalised euthanasia in Quebec, 62 deaths (5.6% of all euthanasia deaths) were deemed by the Commission on End of Life Care to have been of abuse by the doctor who prescribed and administered the lethal injection, but the Commission did not recommend any for prosecution.[12]

9. On her visit to Canada, the UN Special Rapporteur on the Rights of Persons with Disabilities reported concerns about the implication of legalised euthanasia from a disability perspective, after receiving "worrisome claims about persons with disabilities in institutions being pressured to seek medical assistance in dying."[13]

10. In the United States, in states where assisted suicide is legal, insurance companies have refused to cover chemotherapy treatment for cancer patients, instead offering the insured assisted suicide drugs.[14]

EXAMPLES

The below are two (2) true life examples of the current system working and the change if this Bill was passed. Names have been changed to protect the families right to privacy.

Example 1.

Bill was diagnosed with terminal cancer in his early 70's. After 8 years of fighting the illness and being cared for at home by his immediate family, his condition deteriorated drastically, forcing the family to place Bill in Palliative care on a Thursday.

Family and friends were able to visit Bill in palliative care, where he was in no pain.

Bill passed away peacefully on the Tuesday. The family believe the level of medicine admitted to ensure Bill was in no pain, aided Bill in passing peacefully.

This is an example of the current system of palliative care and the doctrine of double effect working in partnership to allow the humane, peaceful passing of a family member.

Example 2.

David, a steel fabrication business owner in his late 60's is diagnosed with lung cancer. He is given a terminal diagnosis with a minimum of 3 months and maximum of 6 months to live.

David falls into a depression and effectively loses the will to live. However, supported by his family and medical experts, David undergoes chemo, radiation and immune therapy and through encouragement by his family and assistance with his business David returns to work.

It is now 12 months since David's original diagnosis. His latest results show a reduction in the size of the cancer in his lungs and his updated prognosis in for years to live.

If the Bill was in place, David admits because of his mental state, he was likely to have chosen to die and his family would have been helpless to prevent this.

David is thankful that the legislation was not in place during his ordeal as it would provide an easy way to give up and end his life prematurely.

Now David has years to enjoy his life and family and is an advocate against assisted dying.

SUMMARY

The anecdotal and verified evidence outlined in my submission provides a realistic view on exactly what the VAD bill will mean to all Queenslanders.

As former Prime Minister Paul Keating states; No matter what justifications are offered for the bill, it constitutes an unacceptable departure in our approach to human existence and the irrevocable sanctity that should govern our understanding of what it means to be human.

I encourage all Queenslanders to see through the rhetoric, propaganda, media spin and the dressing up of this Bill under the guise it provides a "choice."

Instead, the government should follow the advice of highly reputable bodies such as Queensland Palliative Care and the AMA who have called for an increase in funding of $275million annually to ensure Palliative care is delivered at a high standard across the state.

Instead, only $34mililon per year, over the next 5 years has been budgeted for palliative care.

This is a disgrace and far short of the $275million yearly required which Palliative Care Queensland and AMA Queensland insist is required to meet basic care and protect our most vulnerable in our society.

Throughout the Covid pandemic, we constantly hear the government quoting "we will follow the medical advice" or "we will only act on the best medical advice available."

Why is it then that the Queensland Government has completely ignored the advice of 107 of the World Medical Association's 109 constituent National Medical Associations who oppose euthanasia and assisted dying?

In other words, "following the best medical advice" is only used when it suits the Government.

Every Queenslander should question why the Government is ignoring this avalanche of medical advice by drastically underfunding palliative care over the next 5 years ahead of the debate on the introduction of the VAD Bill.

I cannot help but conclude that the motivation for the Government in the introduction of this disgraceful Bill has nothing to do with compassion, but is a smokescreen to ignore its responsibility to our vulnerable Queenslanders and save hundreds of millions in palliative care funding for our aging population.

I urge you to contact your local MP's and the Premiers office to voice your opposition to this disgraceful Bill.

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