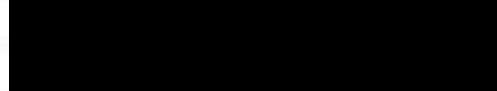


24th June 2021.



Dear Sir/Madam,

I am writing this letter to let

you know that I am totally opposed to the bill called
 "Voluntary Assisted Dying." The bill might be called "assisted
 dying" but in fact it is "assisted suicide".

One reason I am opposed to the
 bill is that it would give a bad signal to the younger ones.
 Here we oldies are doing everything we can to curb suicide in
 the younger generation but are planning to legalise suicide
 for us oldies. Young people can be traumatised as much as
 older people. Just as we try to help the young ones to be positive
 about life, we need to help the elderly do the same. For this
 they need palliative care.

I am including a list of eleven
 reasons why I am also opposed to this bill

Yours sincerely
 Tom Clair

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.
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 concerningly, 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.