

Submission
to the Enquiry into
The Voluntary Assisted Dying Bill 2021

Health and Environment Committee
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Enclosed: Three pages of the Submission

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Submission to the Enquiry into Voluntary Assisted Dying Bill 2021

The following are my comments, in italics, on certain aspects of the draft Voluntary Assisted Dying Bill 2021. I am a retired teacher and a Christian. I am against the taking of human life before the time and point out some of the weaknesses of such legislation. I recognise that there are citizens in our country who are suffering through severe illness. I understand when such people see the right to end their lives as the only way to end their suffering, but there are serious pitfalls and grave possibilities for error and miscarriage of justice in such legislation. I believe that palliative care services have been greatly improved in recent years and there is room for even greater improvement. I believe that improved palliative care is the way to go, not assisted dying.

Part 1. Preliminary

Division 1. Introduction

3. Main Purposes of the Act. (p.10)

(c). To establish safeguards

The establishing of safeguards is of the utmost importance for all concerned, especially for the welfare of the patient. The safeguards described in the draft Bill appear reasonable in theory, but research into the experience overseas, in countries where laws enabling assisted dying have been enacted, has found that safeguards, no matter how well intentioned, are not always enough to ensure there is no miscarriage of justice and wrongful death. The protection of vulnerable people from coercion and exploitation does not always occur and harm has been done. The Australian Care Alliance has done some very useful research and has pointed out that it is impossible to legislate to take life without opening the door to unprincipled practitioners and the putting of vulnerable people at risk, including those with psychiatric disorders, the disabled and the elderly.

Division 2 Principles of voluntary assisted dying. (p. 11)

5. Principles

The Principles that are described as underpinning the proposed legislation are commendable. Such principles have also been foundational for similar legislation overseas but, as new laws have enabled the killing of human beings 'before the time', Principles, like the Safeguards, have been set aside there, as complacency has set in. We might note the alarming statement by Dr. Henry Marsh, an influential British neuro-surgeon and proponent of legalizing assisted suicide and euthanasia.

Dr Marsh has acknowledged the possibility of coercion and elder abuse leading to wrongful deaths under such laws, but he claims "Even if a few grannies get bullied into [suicide] isn't that a price worth paying for all the people who could die with dignity?"

I find this a shocking statement, but it is close to the truth of what is happening overseas, and will very likely happen here if similar legislation is adopted and the conscience and sensibilities of professionals become dulled.

I agree (d) that every person approaching the end of life should be provided with high quality care and treatment, including palliative care, to minimise the person's suffering and to maximise the person's quality of life. In some parts of Queensland the palliative care given to patients approaching the end of their lives is first class, but not in all regions. It is costly and the promised funds are not always forthcoming. I fear that, should this proposed Bill now under scrutiny become law, the government will find it more 'cost-effective' to encourage euthanasia/assisted dying rather than ensure that palliative care is well-funded and first class in all regions of Queensland.

Part 2: Requirements for Access to Voluntary Assisted Dying. (pp 17)

9 When a person may access voluntary assisted dying

In theory the requirements for access to the voluntary assisted dying procedures appear to ensure that only those who are terminally ill, enduring severe suffering and who have taken the appropriate steps laid down in the legislation will be eligible, but the fact that such persons are very ill makes it unlikely that they will be able to fulfill the necessary requirements, and shortcuts could be taken by the assessment team, or members thereof, resulting in mistakes, possible wrongful diagnoses and wrongful death.

Part 4: Accessing voluntary assisted dying and death

Division 1. Administration of voluntary assisted dying substance. (pp. 36 - 42)

50 Administration decision

(4). The person may make an administration decision verbally or by gestures or by other means of communication available to the person.

I am concerned about the decision being communicated by 'gestures' or by 'other means of communication available to the person'. There could be ambiguity here. It would be unsafe to allow anything but verbal communication.

52 Self-administration - authorisations

I am concerned that there is huge responsibility to be placed on the shoulders of all concerned in this section. I believe the responsibility is too great. I am against the whole idea of voluntary assisted dying and in particular, the allowing of self-administration. The risk of error is too great, and the risk of misuse, even if well-intentioned, is also too great.

53 Practitioner Administration. - authorisations

Again I am concerned that the responsibility is too great for all involved. Even though the participants are all professionals, I believe the requirements described in this section amount to too great a responsibility, even though all involved are covered legally for any mishap. The fact that

they have legal exemption from prosecution might even encourage some to take liberties with the procedures.

As the ACA research has indicated no law can exclude a mistaken diagnosis or errors in prognosis. It is feared that 'doctor shopping' for a doctor who will 'tick the boxes' and provide assistance on request rather than engage in a genuine doctor-patient relationship will in time become the norm.

Division 3. Prescribing, supplying and disposing of voluntary assisted dying substance.

Once more I am concerned about the huge responsibility for all involved in this section, not just for those involved in the prescribing and administration, but for all who have a part to play.

Part 6: Participation

Division 1. Conscientious objection. (p. 59)

84 Registered Health Practitioner with Conscientious Objection

I appreciate that Health Practitioners would be allowed Conscientious Objection to informing their patients about Assisted Dying, but such practitioners are still required to inform their patients as to where the latter could obtain such information. I believe this requirement still causes Practitioners to be involved in a process and an act which they oppose. Instead I would recommend that Practitioners with Conscientious Objection be required to direct their patients to Palliative Care Services only.

Conclusion:

I am against the proposal to legislate for the taking of life prematurely through the Voluntary Assisted Dying Bill 2021 or any other such legislation. I recognise that there are citizens in our country who are suffering through severe illness and understand when such people see the right to end their lives as the only way to end their suffering but, as I have pointed out above, there are serious pitfalls and grave possibilities for error and miscarriage of justice in such legislation. I believe that more funds should be directed into improved palliative care services and the training of doctors, nurses and carers. Palliative care has greatly improved in recent years but there is room for even greater improvement. I believe that improved palliative care is the way to go, not assisted dying.

.....*Cecily Mac Alpine*.....
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