




Speech By  
**Amanda Camm**

**MEMBER FOR WHITSUNDAY**

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Record of Proceedings, 15 September 2021

### **VOLUNTARY ASSISTED DYING BILL**

 **Ms CAMM** (Whitsunday—LNP) (12.01 pm): I rise to contribute to what is the most significant change to public policy: the perspective of life and death as viewed by Queenslanders, the way in which the state protects life and upholds obligations and community expectations. This legislation will impact everyday Queenslanders not limited to the individuals seeking voluntary assisted suicide. It will also impact the medical practitioners, institutions, individuals and families that make up our communities.

My role as a parliamentarian and a legislator is to review the legislation. Traditionally, on the majority of decisions, it is also to review it alongside my colleagues within the context of our party, its values and our policy position. It is also our responsibility as elected members to represent the views of our electorate and the communities we represent. I thank my constituents for sharing their very personal stories and views from both sides of the debate.

Being granted a conscience vote is both a privilege and a freedom which I recognise and thank our leadership team for. On such matters of life and death what is so very personal for many and at times emotive goes to the heart of our values, beliefs, life experience and world view. For me, on this topic it also defines humanity—the way in which society treats our most vulnerable, sick, elderly and marginalised, and today we debate this legislation for those who are terminally ill.

While I respect an individual's right to choose, as part of that right as a society we have seen a shift in the autonomy of health decisions. This has been a trend in western culture that I recognise is both the overwhelming perception and at times the reality of popularity that a large majority of our Queensland population supports the intent of voluntary assisted dying. Through the many discussions that I have had I believe this is due to the lived experience of losing a loved one, a friend, a colleague or witnessing the pain, as many have outlined in this House before me, of a good death or a bad death. It is not my role to pass judgement on any member of this House nor any Queenslanders who has a view on voluntary assisted dying. I will respect the views of my colleagues, whether differing or not, and recognise the deeply personal and respectful way in which a decision of conscience is to be made.

As it is the individual freedom that is a core value of our party and myself, respect for life is a fundamental societal value, and I know that every member in this House over the course of this debate has expressed their individual view within their conscience. Whilst I was raised a Catholic with Christian values, the respect for life and the values and beliefs that shaped me have formed my conscience. In my view, the traditional concept of respect for life surpasses an individual's religious view and, for me, that is the foundation for humanity. Lived experience and lifelong learning from diverse cultures—it is often assumed this is exclusive to faith based organisations or Christians, but this is not the case for me. Within our society, in our community we hold in regard many institutions that exist in health, faith and community. Many have expressed concerns both against and in support of this piece of legislation. Later in the debate the member for Toowoomba South will move amendments to the bill—and many have expressed the need for amendments.

I raise concerns about the education of the broader community regarding this legislation, the unintended consequences and the safeguards and the protections outlined in the legislation. However, in my consideration of this bill I shared many of the concerns about the consequences, both real and

unintended, that impact the safeguards and protections of Queenslanders. I note the many submissions by Palliative Care Queensland, the Australian Care Alliance, faith based institutions and the AMA and the concerns they have outlined both during the committee process and during the course of the introduction of this legislation, and they should be recognised and valued. I also recognise the very deeply personal submissions made by individuals who strongly support this legislation. What has also been concerning is the number of constituents who have contacted me in support of the legislation who assume that dementia, Alzheimer's and other terminal illnesses are included but they are not. There must be more education delivered.

Whilst the bill outlines the access to VAD for individuals with a terminal illness who are expected to die within 12 months and who are suffering intolerable pain, I find this time frame a conflict with the access to palliative care options, which is limited across the state to three months. I have heard many say that this bill is separate from palliative care. I recognise the Law Reform Commission have prepared the recommendations based on a legal framework to facilitate individuals who may be suffering and are dying to choose suicide and the timing of their death. However, I speak with both conscience and a shared awareness amongst stakeholders that this bill's objective is dangerous in isolation, that a lack of access and option for alternatives to end-of-life care—quality and specialised palliative care—can have the unintended consequence of individuals choosing to end life through voluntary assisted suicide. In fact, we know that suicides are already occurring at a significantly high rate for the terminally ill. It begs the question: how many of those people have access to quality palliative care?

I have had it communicated by many in the medical profession that if a properly funded palliative care service was available with specialist and holistic standards of care, we would not be here debating this bill today. Fundamental principles of life and the default position of prolonging life or the preservation of human life underpin many who serve in the medical profession, those who serve in faith based organisations and many community organisations and also cultural leaders. For many, it is the underpinning of their view of humanity.

Regional and rural and remote communities already experience inequity when it comes to accessing health care. We already have limited access to diagnosis with the majority of specialists residing in metropolitan South-East Queensland. VAD and this essential debate is one of individual choice, but when there is an absence of palliative care—and I refer to the comments made by the member for Gregory and the member for Traeger—my fear is that many across rural and regional Queensland will see this legislation, if passed, as the only option. Our access and service standard is inequitable when compared to our city counterparts and this needs to be addressed.

In my electorate of Whitsunday there is no specific palliative care service. We do have wonderful staff at our local Proserpine Hospital and GPs who with little resourcing provide a standard of care and support for individuals and family. Whilst it is not specialised, it provides a palliative care pathway. I was very humbled to be able to experience that alongside my grandfather during his last days. They do their best to support dignity with appropriate medical care and where a GP is doing the best they can, but they are not a pain specialist; they are not a palliative care specialist. In my neighbouring electorate of Mackay, the Mackay Hospital services do not have palliative care beds. In fact, it is the Mater Hospital that supports with nine palliative care beds.

In my community, I asked the question regarding this legislation: what are the rights of the Mater Hospital, of the doctors, the nurses and the administrators who work there with respect to their conscientious objection and when they are the only private palliative care provider in my region? I note the minister introduced the clinical guidelines and a commitment of consultation with faith based organisations. On such important legislation I find it unacceptable that new models of care, the resourcing and implementation are outlined on a page with six dot points. This provides no confidence to institutions, practitioners and, more broadly, the general public whose care will be determined by these guidelines. Healthcare facilities where there is a distinctive mission, or where there is an individual within that service who wants to exercise their right of conscience, should be valued, respected and protected under the same premise of freedom that this bill offers those accessing VAD.

I am concerned about the vulnerable, the elderly and those with a disability. As someone who is responsible for a family member with an intellectual disability, I can already see the risk associated with this legislation.

I want to place on the record my advocacy for the Palliative Care Queensland submission and the recommendations regarding funding and access to care. I want to acknowledge the work of the committee—all of its members and the secretariat—on what would have been an emotionally draining and very hard task to undertake.

We have reflected on death, that all experiences are not equal. It should be the right of every individual to experience a death free from pain and suffering, with dignity, care and respect. As we reflect on living, not all experiences and opportunities are equal. The core values that underpin my

morality and social ethics include hope and, while life is full of grey and full of complexity, while it may seem a simple statement, for me, for my conscience, life is life. It is not for our choosing, nor for the state to take it away. I will not be supporting this legislation.