




Speech By
Amy MacMahon

MEMBER FOR SOUTH BRISBANE

Record of Proceedings, 15 September 2021

VOLUNTARY ASSISTED DYING BILL

 **Mrs McMAHON** (Macalister—ALP) (2.48 pm): I rise to support the Voluntary Assisted Dying Bill 2021. Before I give my contribution, I acknowledge the stories already told by members of this House in relation to their personal experiences of family and friends who have died in such heartbreaking circumstances. I, too, would like to acknowledge the journey of Simmo and Penny, which was so eloquently outlined yesterday by the member for Kurwongbah. I pay special mention to the former member for Stretton who we all deeply feel the loss of.

For me, in approaching this debate, I say from the outset that I do not come from a position of personal experience. I am one of the fortunate ones who still has my parents and most of my grandparents. I do not have the lived experience of a loved one diagnosed with a terminal or debilitating illness. However, that does not mean that I have lived a life free from death and suffering. To the contrary, I have been surrounded by more death and familial devastation than anyone ought to ever experience and maintain a healthy outlook on life. Certainly it has shaped my very pragmatic approach to life and death.

I have borne witness to all sorts of bodily trauma and death. I would like to say that most of it does wash over you, but there is always a place reserved deep in my mind for those who sought to end their life after receiving a terminal diagnosis. I did not get called to those who chose to die on their own terms by refusing medication or sustenance. Deaths in hospitals and deaths in care were not my remit. I would go to the most traumatic and the most harrowing.

The image that is burned into my mind is from well over 20 years ago—an elderly gentleman who, following his diagnosis, saw no other option but to jump from the window of the bedroom he now occupied at his daughter's house. It was not so much that he would be a burden to his daughter and her own young family but that he could not stand the indignity of what lay ahead of him in front of his children. His family were devastated. The scene was gruesome, to say the least. They were prepared for a long and painful journey they thought would ultimately be his death. What they were not prepared for was a man determined to go on his own terms. The choice that was left for him was devastating for them.

With the paramedics long gone, the undertaker gone and my partner taking the necessary particulars to lodge the body, I was left to do my best to clean the scene before the kids arrived home from school. This is not necessarily something that is in a police officer's job description, but no family should have to clear the remnants of their relative from their driveway. It was all I could do at the time to lessen the trauma that this family were now dealing with. I cannot recall exactly the ailment that this gentleman had, but I do know that when we lodged him and submitted the cause of death certificate it said 'suicide'. This is not unique. Several speakers have already mentioned the statistics on those who opt to end their lives early after a diagnosis, and many submissions from the committee were from first responders who told similar stories.

This one job has stayed with me—this experience and those visuals. That family does not live there anymore. Could you imagine remaining in that house? I am reminded of this job every single day—this house, this driveway. I drive past it every day on the way to my kids' school. I drive past it

thinking, 'What is it that went through that man's head when he made that decision? It certainly was not an easy task for him physically to climb out that window. Did he know how his actions would impact his family? When he made the decision, what other options could have been available to him? What if he had had a choice?' That is what this bill is about: choice. I would like to think that if this VAD framework had been in place, the death of a terminally ill loved one might not have been avoided but certainly the trauma around his death could have been.

It has been said many times that the subject of this debate is a deeply personal issue and people from all sides hold strong views, and I respect that. I am happy to admit that I approach this issue with a very open mind, albeit one that comes from a position of supporting personal choice and agency. I do not stand here subscribing to a particular dogma which will dictate or colour my views or stance on this bill or the issue more broadly. The only approach that I have is a pragmatic one and, obviously, mostly from a policing perspective. It involved the safeguards. I raised these particular issues when I first met with the Clem Jones Foundation a few years back.

I am happy to outline to the House that my initial concerns were twofold: firstly, around the possession and storage of a lethal drug in a domestic setting; and, secondly, the vulnerability of terminally ill patients to elder abuse, particularly when there are assets and wealth to be passed on. I have a wealth of experience working in the vulnerable persons unit and with the elder abuse staff there. Having gone through the QLRC report and the subsequent bill in front of us, I am content with the safeguards in place—firstly, with respect to part 4, division 3 and, secondly, by the specific eligibility criteria around the terms 'voluntary' and 'without coercion', not only at all stages of the request but also to be contained within practitioner guidelines and training as well as the safeguards mentioned in clause 21. With these somewhat pragmatic but no less essential concerns allayed, I do feel comfortable in supporting this bill and supporting it without amendment.

Like other members, I have consulted my electorate. I know the statistics on the support in my electorate and throughout Queensland. I was contacted by hundreds of people in my electorate. Just last Friday, on the eve of this debate, I had another community forum. I have had two in the past two years—one when the committee first submitted its report last term and one since the legislation was introduced to parliament. Over 80 per cent in attendance were in support of this bill. In fact, the most common comment I got was that this bill was too long in coming and that they wished it had been in place earlier, as they told me their stories. This is not a kneejerk reaction to lobbying, as some others would have indicated. I have confidence in the journey that this piece of legislation has taken: two parliamentary inquiries and a QLRC review. This is not kneejerk or flawed legislation. This legislation has drawn on the experience of every other relevant jurisdiction. This will likely be the most considered piece of legislation that this parliament has ever considered and in the country. I am so sorry for those for whom this legislation has come and will come too late and I am sorry for those who live with the trauma left behind by those who felt they had no choice, but we can change that now.

I will make some comments in relation to issues raised in the debate so far. I do not see this as a zero sum game. I do not see this as a palliative care versus voluntary assisted dying issue. If for a moment I thought the most well funded and resourced palliative care system in the world could take away suffering and pain, maybe I would think differently and I would have half a mind to join your cause, but since it cannot and it never will why can't we do both?

Finally, I would like to touch on some comments made in the QLRC report and by others who have spoken about the data and statistics around people who are prescribed the substance but then never take it. In doing so, I would like to reflect on the Deputy Premier's words about the human need for the concept of control. I cannot say for sure, but I would imagine that receiving the news of a terminal diagnosis would very much be accompanied by an absolute feeling of loss of control. As humans, we seek comfort in being able to control our environment and circumstances. To be able to decide the time and place of a certain death is an amazing amount of control for anyone to possess. The QLRC's comment, that simply having the substance available and in their control can reduce suffering, is an amazing insight into the human condition—the need for some semblance of control and the peace that that can bring when at the last you actually have a choice. That is what this bill is ultimately about: choice. I commend the bill to the House.