




Speech By
Andrew Powell

MEMBER FOR GLASS HOUSE

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VOLUNTARY ASSISTED DYING BILL

 **Mr POWELL** (Glass House—LNP) (5.04 pm): This is going to be a tough debate. This is going to be a tough speech to deliver. But you would not expect anything less from a debate that goes to the heart of life and death. Matters of life and death are tough. They are challenging, they are emotional and they are personal. So I expect for all members in the House, myself included, this is going to be one of the most challenging weeks of our parliamentary careers. It is my hope that we can conduct ourselves throughout this debate with a high level of respect and understanding.

When I approach each debate on each piece of legislation here in the parliament, there are four elements that influence my vote. There is my beloved electorate of Glass House; there is my party, the Liberal National Party; there are inputs from experts; and there are my personal beliefs, values and ethics. In many instances people will know I cast a party vote. Fortunately, in nearly all of those instances that party vote reflects my personal beliefs, it reflects consideration of what the experts say and, as they have now elected me on five occasions as an LNP candidate, I believe it represents the majority of constituents in Glass House. So in nearly all cases that I can recall, those four elements have aligned: my community, my party, the experts and my personal value system.

In this instance there is no party vote. I would like to thank the LNP parliamentary leadership, the members for Broadwater and Toowoomba South, and my LNP party room for seeing fit to make this a proper conscience issue for us to consider. That means we can all decide for ourselves, free of party influence, how we will vote. That brings it down to my community, the experts and my personal beliefs. What makes it particularly tough this time is that, for the first time, I believe potentially the experts and I are not in alignment with what I understand to be the views of many in my community. Therefore, I believe I owe it to my community to explain why my vote in this debate may not reflect what potentially is their collective conscience.

When I focus on my personal input into this debate I need to start with the fact that I am a Christian. That means different things for different people. For me that does not equate to a 'religion'. It is not a belief in an institution. It is a very personal faith in God and in his son, Jesus Christ. At the outset let me say that I am not perfect. Indeed, I am far from it and if you want proof just ask my wife, Taryn. It is because I am not perfect that I know I need Jesus Christ. As I said in my maiden speech, it is the teachings of that man, Jesus, that I try to live out in my life and that guide the way I operate as a member of parliament, particularly his teachings around serving others. I have endeavoured to do that over the course of the past 12 years.

The teachings of Christ and God also talk about the sanctity of life and that we as humans are created in the image of our maker, God. That implies that all human life is sacred. It is a sacredness and an image that is inherently in each of us, regardless of how young, old, healthy, sick, able-bodied or disabled we are. That image was valued so highly by God that, to save us from ourselves, Jesus Christ went all the way to an incredibly painful death on a cross for me. I have been asked by some to ignore my faith. I am sorry but I cannot help but let those teachings, that belief and my efforts to be more like Christ influence my decision here today.

Let me turn to what the experts say. Perhaps no-one in Queensland is more expert on matters of end-of-life care than Palliative Care Queensland. In a recent media release they said, in part—

VAD will not stop the suffering of all Queenslanders. Just as palliative care, ICU, Social funding systems, human rights laws won't stop all the suffering. Therefore, VAD must not and should not be considered in isolation. VAD is part of a much more complex and interlinked care ecosystem, and only through a holistic approach to care at the end stage of life will Queenslanders have a 'true choice'.

...

Only through an appropriately funded palliative care sector will 'true choice' be available to all, enabling Queenslanders to choose the care that they require, based on their location, situation and circumstances

They continue—

Sadly, palliative care has historically been poorly funded, and while we have welcomed the Premier's election commitment of an extra \$171 million over six years, it's only an extra \$28 million a year. It leaves a \$247 Million per year that we know is needed.

According to the experts, there is an almost quarter of a billion dollar gap in funding needed for palliative care in this state.

Secondly, we have an offering from 19 of the past presidents of the peak body representing our doctors. They wrote to all of us here urging us to consider significant matters of concern they have with this legislation. In their letter they outline four key areas where they found this legislation to be deficient. I will briefly touch upon three. First they raise concerns regarding the required skill set of the coordinating and consulting practitioners that, under the proposed legislation, the coordinating and consulting doctors are not required to have any expertise in the particular disease they are consulting on. They wrote—

This is contrary to best medical practice ... does not ensure that a patient has been adequately informed about possible treatments and palliative care options.

Secondly, they, the medical experts, warn us about the 12-month time frame the government has proposed—

Giving an accurate assessment 12 months prior to death is a difficult task even for the experienced doctor.

Again, they warn here that—

This inadequately protects a patient's rights to make a medical choice.

This point is exacerbated when you again consider the physician does not need to be an expert in the field.

Lastly, and in concert with Palliative Care Queensland they raise issues regarding the funding of palliative care services in Queensland. It is simple: the playing field is not level. Not everyone in Queensland can be given the same level of access to palliative care.

Many of us in this place can relate to this point. I cannot tell you how often I have heard stories about people trying to access these critical services, only to find there are none on offer, and that is here in the South-East. What do we presume is the impact of this shortfall in more rural and remote areas of our state? Would it not be better for us to first address the funding shortfall before we pursue voluntary assisted dying?

To my community, there have been a few published polls into the issue of voluntary assisted dying and the majority of them appear to support passing some sort of euthanasia laws. Can I say I understand the sentiment of support expressed in these polls. I also firmly believe that no-one should die in pain or distress, nor should a family member watch a loved one experience such. I have. In fact, my immediate family lives with pain, constantly, pain that has not been able to be treated surgically or medicinally. It is debilitating. It is wearing. It is hard to watch when it is someone you love and it is hard to know what to do. So I have an understanding, as do many here, as to what is at stake.

The single greatest test for any parliamentarian when dealing with legislation such as this is: does the legislation improve the lives of Queenslanders? If the answer is no, we really must ask ourselves why would we be pursuing this, especially right now.

The world is in the midst of a pandemic. Many in Australia have been doing it tough. Here in Queensland businesses have closed down, jobs have been lost and loved ones have been isolated from each other. Through this pandemic, we have heard reports from the professionals that the mental health of Australians and Queenslanders is suffering. While we have come a very long way with our appreciation, understanding and acceptance of mental health, when it comes to the impacts of COVID-19, we still do not know how big the iceberg really is. We do not know the state of mind of our communities.

Given all this—the shortfall in palliative care funding, the warnings from our doctors regarding the inadequacies from a clinical perspective of this legislation and given the current state of where we are—why are we embarking on this now? What is the urgency? Why would we not first pause, make sure all these matters are resolved before considering this legislation?

Though it pains me to disappoint many in my electorate of Glass House, when my moral compass and the experts align, I cannot possibly support this legislation.