




Speech By  
**Ann Leahy**

**MEMBER FOR WARREGO**

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### **VOLUNTARY ASSISTED DYING BILL**

 **Ms LEAHY** (Warrego—LNP) (7.58 pm): I rise to contribute to the debate of the Voluntary Assisted Dying Bill. The Voluntary Assisted Dying Bill has taken a long journey. I thank those from the Law Reform Commission for their work and also the members of parliament from both sides of the House who have held inquiries and reviewed this legislation. I have taken careful consideration of the legislation that is before us today. The bill has long-lasting implications that will change the state and change our society. It will change our attitude and it will change the society. For some, it will change the way we view life in Queensland.

I have considered the bill carefully and I have urged my constituents to also consider what is contained in the bill and to consider what this law change will or will not deliver in relation to their expectations. That is what we as elected representatives are voting on and we need to consider the outcomes and the results from these proposed laws. I want to thank all of those constituents who have contacted me—and there have been many of them—especially those who have had the courage to talk of a family member that they have lost. It has been very emotional for some of those people. Of those who have contacted me, the overwhelming majority have stated that they do not support this legislation. I also thank those who support this legislation and who have contacted me. I appreciate you informing me of your views.

It is our responsibility as legislators to consider how policy in society will change with the passage of these euthanasia laws. It is our job to listen, to question and to inquire as to the outcomes that will be achieved. What will this change mean for the people that we represent? Once the bridge is crossed, there will be irreversible change—change in the ethics of doctors, in hospitals, in healthcare workers and, for some, in their own family home. We have to ask ourselves: what pressure are we placing on the aged, the frail and the sick? What pressure are we placing them under? How will these people, many who are the most vulnerable, feel now? Will they feel under pressure to nominate themselves for termination? Make no mistake: laws create expectations and change behaviour. The Law Reform Commission on page 7 of its report summary said—

We agree. Therefore, any scheme for voluntary assisted dying should complement, not detract from, the provision of high quality and accessible palliative care.

The important words here are ‘accessible palliative care’. Palliative Care Queensland has petitioned the government to fund palliative care for an additional \$275 million needed to guarantee Queenslanders can access quality end-of-life care. That is about \$53 per person across Queensland, or the cost of a carton of beer. That is all that is needed for the Queensland state Labor government to be funding better quality palliative care for those who are at the end of their lives. Only 15 per cent die suddenly either from a massive heart attack, suicide or car accident. Therefore, 85 per cent of us need access to some type of palliative care. Data from other jurisdictions indicates that the option to access voluntary assisted dying would be taken up by less than two per cent of the population.

I have listened to the local nurses in my electorate who have nursed the terminally ill and interacted with their families. The specialist palliative care is delivered by the phone, not by the bedside. There simply are not enough specialist palliative care workers to have these specialists available in the hospitals in rural and regional Queensland. There are no palliative care beds or units in the following health and hospital areas: Cairns and Hinterland, Central West, Mackay, North West, South West in my electorate, Torres and Cape, and Wide Bay. The government will say it has invested millions in statewide palliative care funding. However, it has failed to deliver one bed to seven hospital and health service areas of this state. If it was truly about a choice, there would be much better access to palliative care in all regions of this state. I appreciate that people in the more metropolitan areas do have that access, and I do not deny them that at all. They are entitled to that. If this bill is about choice, those who live in those seven hospital and health service areas would have palliative care beds when they need it rather than having to travel many miles away from family, away from their friends, away from their support networks and away from their country.

When it comes to what the Law Reform Commission said, VAD should complement, not detract, from the provision of high-quality and accessible palliative care. I have to say that across my electorate and many other areas of the state we are not at that level of palliative care service provision that is readily accessible for residents. Earlier we heard a harrowing story from the member for Gregory in relation to that dear lady from Boulia, and so many other people across rural and regional Queensland deal with those sorts of situations. With regard to the bill, I was advised by my local GPs that they are concerned that there is no requirement for a palliative care review. Palliative care is a tailored holistic approach to the physical, psychological and practical planning, including relationships. They are concerned that the bill opens a wide door for people to swiftly press the delete button on their lives without having first received the tailored care to actually address their end-of-life issues which can only be provided by professional and specialist palliative care services.

The bill also has no requirement for a specialist review in the area of patient suffering—for example, an oncologist in the case of cancer or a cardiologist in the case of end-stage heart disease. We cannot expect GPs to make such heavy decisions without the support of their specialist colleagues. How can we imagine that you would have assisted suicide for a terminal condition if the condition is not assessed by a specialist? It is really important for the patient to be receiving the highest level of care before any questions of life or death can be addressed, and these are the words of the GPs who have reached out in my electorate. I appreciate what they have done and what they have put forward. There are also 19 Australian Medical Association presidents who have raised concerns about the insufficient skills required of the coordinating and consulting doctors which is inconsistent with good medical practice and the principles of informed consent. They have also raised concerns that making the eligibility conditional on the estimate of 12 months until likely death from a disease provides a significant risk of inaccurate assessment. That was also echoed by the GPs in my electorate.

Impositions regarding institutional conscientious objection are not consistent with the accepted principles of the provision of care and of choice, thereby posing a risk to those seeking VAD as well as other patients, residents and staff of institutions with conscientious objection. The underlying assumption is that every Queenslanders approaching end of life can access palliative care, and this we know cannot be achieved. The Labor government has not recognised the concerns of doctors and it has not addressed these concerns. The member for Toowoomba South has put forward 52 amendments to provide stringent eligibility requirements, strengthen decision-making capacity and informed consent with a range of advice provided, additional protections for those under coercion and align the VAD dying provisions with Australian and international jurisdictions, and enhance research reporting and monitoring, investigation and compliance. That is critically important so that we can see that information coming forward. I do urge members to look closely at the member for Toowoomba South's amendments and I encourage them to consider these amendments.

In the time I have left I, too, have lost parents to cancer—both of them. My parents were farmers and we grew up with euthanasia as you have to do when you run a primary production farm. Not once did they ever request that their lives be ended with euthanasia. I cannot support this bill for the many reasons I have outlined and many other reasons.