




Speech By
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MEMBER FOR ASPLEY

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VOLUNTARY ASSISTED DYING BILL

 **Mr MELLISH** (Aspley—ALP) (4.05 pm): I rise to contribute to the Voluntary Assisted Dying Bill 2021. In Australia, a girl born in 1900 could have expected to live, on average, 55 years; if she were born today she would live to 85. A boy born in 1900 on average would live 51 years; now it is 81. These increases in life expectancy mean that now most people will live to old age, and once they reach old age they will live much longer than they used to. In just over a century that is a more than 50 per cent increase in the most important quantitative measurement of our lives: how long it is. Humans have been around for somewhere between 200,000 to 300,000 years—to put it another way, 2,000 to 3,000 centuries—and in just the last one of those centuries in the Western world we have almost doubled how long we live. People are living longer, and we are living longer well after we retire and enter old age. As a society, we still have not fully come to terms with what that means for how we value people as they get older. Where is the right place for them to live? How are they are viewed? From our specific perspective, how do governments fairly allocate resources to them?

What is this bill trying to achieve? Broadly and crudely categorised, I can see that firstly it is seeking to alleviate mental anguish; secondly, the physical suffering of people at the end of their lives. There is a third goal: giving greater individual control over people's end-of-life choices. All three of these goals are admirable, but it is whether the bill achieves these safely and equitably that interests me the most. There are very smart people on both sides who are well-meaning and have good arguments. I have met with many of them. There are people with personal stories that matter, and I have spoken to them at length. It is clear from reading the submissions and talking to people locally that fear of emotional anguish at the end of their lives is a key driver behind this legislation, and that is commendable.

In 2020 when we were experiencing lockdowns I set out with my office to speak to as many elderly people in the area as I could. We tried to speak to every single one of them. When I spoke to people the first thing they said was, 'Thanks for the call,' and then thanks to those people who were keeping them safe, including the Premier primarily. When you scratched below the surface, another issue that sometimes came up is anxiety about what the end of their life would look like. There was a fear of being forgotten, of not having any visitors, of being a burden. Whether VAD is the solution to these fears is a question worth asking.

Genetic pressures over 300,000 years have equipped us with a brain and a set of emotions and behaviours that are not designed or naturally suited to the modern world. Not all fears, desires or strong emotions in our lives can be ameliorated. In almost every aspect of our lives we recognise and realise that not all urges, emotions and desires are healthy or productive if they are followed through. It sounds very callous of me to say that. Perhaps Paul Keating said it better when he said—

It is a mistake for legislators to act on the deeply held emotional concerns of many when that involves crossing a threshold that will affect the entire society in perpetuity.

Regarding the second goal I mentioned earlier, alleviating physical pain, specifically the 12-month prognosis aspect of the bill, it is clear that could lead to discrepancies in access for many people. As stated in the submission of Palliative Care Queensland—

Most people with a life-limiting diagnosis can't get access to specialist palliative care until they're an estimated six to three months from death—which leaves a potential massive gap of six to nine months with little to no access to specialist palliative care for most Queenslanders who want to consider VAD as an option.

I have spoken to constituents both for and against the legislation who have had loved ones receive sub-par palliative care. In one case I clearly recall it was in a private institute they paid a lot of money for. Better palliative care is what we should be focussing our efforts on, and I do not mean purely in a budgetary sense, as obviously funding decisions in health are always very difficult. Of course I acknowledge the substantial investments in this space our government is making going forwards. But for someone who is undergoing substandard palliative care treatment whose options are presented as months of pain and loneliness or a quick solution, they are not being given a fully informed choice. The two are clearly linked and are not separate matters. In no way am I suggesting that all pain can be relieved by good palliative care. Submitters to the inquiry such as the AMA Queensland have said that palliative care services should be provided universally before VAD is offered as an option, and I agree with that position.

I go to the final issue of giving greater individual control for people at the end of their lives. Where we live, what we look like, who our parents are and how much money we make are arguably to some degree due to either chance or the decisions of other people. We can work hard and try to objectively make good decisions at the fringes, but even having the right intellectual ability and mental frame of mind to make good decisions is not something we have a great deal of control over. I may be wrong, and we may all be controllers of our own destinies, but there is no doubt that we are at least partly the result of thousands of years of genetic drivers pushing us to convince ourselves that we have agency.

Maybe some of the support for this bill is tapping into some subconscious desire to finally wrest control of our own destiny, right at the end of it all. I cannot fault that as a goal, but in practice I do not think this bill does that equitably. This bill only gives proper choice to some people—people who have a good relationship with a good GP, people who have a loving and supportive family who are not making them feel like a burden. It may work very well for people of wealth and people of means and people who are not at an informational disadvantage. It may not work well for all people, and it is those people we need to consider as legislators.

I have heard people such as former AMAQ presidents—and of course I acknowledge that there are not universal views either way in the medical profession—say that people with limited information and limited support networks could essentially have no-one on their side, no-one advocating for them, should they be reaching end-of-life decisions under this bill. Those are the people we should be seeking to protect.

What is this bill specifically trying to fix? Is it physical pain, is it emotional anguish or is it giving greater personal control? I think this bill does mostly good work in all three of these areas, but when it is a matter as fundamental as our ultimate demise mostly good is not good enough. The intentions behind this bill are entirely honourable, but it may not work for everyone in practice and, very importantly, it disincentivises advancements in palliative care.

We have come so far in medical advancement in the last 100 years alone. We have almost doubled our life expectancy. Crossing a substantial moral and ethical threshold assuming palliative medicine will not advance any further is a shortcut.

I do thank those many people who have engaged constructively with me on these issues. I spoke to everyone in the Aspley electorate who wanted to meet with me about this issue. I also thank those like Andrew Denton, my mate Everal Compton, Catholic Health Australia and my colleagues here, specifically those on committees who have dealt with this at length. Of course I thank the Premier for allowing this conscience vote and for bringing this debate forward in a respectful and tolerant manner to allow for a positive public discussion.

Given moves in other jurisdictions in Australia and public sentiment, this is the right time to bring on this debate. I am sure this is deeply personal for many here, as it is for me, and I acknowledge those very personal contributions many members have made. I have tried to make the best objective decision I can on this legislation, but I know many people may not agree with me. My decision has to be for what I believe is the best one for the people I am here to represent, but I do not begrudge any other member's journey or their own decision in this conscience vote. I do not support the bill.