




Speech By
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MEMBER FOR JORDAN

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VOLUNTARY ASSISTED DYING BILL

 **Mrs MULLEN** (Jordan—ALP) (5.13 pm): I rise to make a contribution to the Voluntary Assisted Dying Bill 2021. It was Dame Cicely Saunders, the founder of the modern hospice movement, who said, 'How people die remains in the memory of those who live on.' It is something which has stuck with me during the many months and weeks leading into this debate—the various and varied discussions I have had, the reports and letters I have read. The truth is we cannot speak with the dead so we can never truly understand their feelings on the matter. This debate is only for the living.

We all have different relationships with death, shaped by our personal experiences, religious or spiritual beliefs, culture, family history and current life circumstances. Most of us will experience losing people we love during our lifetime and at some point we will all die. What we hear often is that there are good deaths and bad deaths. I came to this debate with an open and almost curious mind because, to date, I have never seen or experienced a bad death. I have no personal frame of reference, and that worried me. Would empathy and compassion be enough to bring me to such an important decision as supporting the end of a person's life?

I have allowed myself to listen, truly listen, to those who passionately support voluntary assisted dying and in turn those who vehemently decry it. I have interrogated my own prejudices, my growing annoyance at the intrusion I feel by the orchestrated email and phone campaigns for and against this legislation. 'Leave me be!' I wanted to shout. 'Don't clutter my mind when it already feels so full.'

I have read the Queensland Law Reform Commission's report line by line, have highlighted and tagged sections I wanted to come back to, to think more deeply on or to question, and I returned to the one death I saw close-up—its sadness, its release and its contradictions.

My maternal grandmother, Mary, was an important figure in my life, living with us for most of my childhood. As part of a Greek family, this was not unusual and my yiayia and I were incredibly close to the very end. One of my happiest memories was telling her I was expecting my first child and her first great-grandchild. One of my saddest was being seven months pregnant and holding her hand as she reached the end of her life. In that particular moment I wanted two contradictory things. I wanted her to stay and I was willing her to go. I could see it in her eyes; she was so ready.

My grandmother's death would have been considered a good death. She was not in a lot of pain, she was not dying of an incurable and debilitating disease, she had had a full life and it was just her time. It was a dignified death. It was, by all accounts, a good death. This is not everyone's experience and I have read enough accounts of and spoken with enough people to recognise this and to understand it.

I do not believe there is dignity in suffering. I do not believe that we should allow ongoing suffering and pain. If we can offer great comfort through quality palliative care, we should do our very best, but if we cannot, we need to give people the option to leave this life, and it must be their choice. This is why I will be supporting the legislation to allow voluntary assisted dying in Queensland.

I would like to turn to some specific aspects of the bill. This is not assisted suicide. I feel confident enough the legislation has been written with clear enough eligibility criteria and that, to access voluntary assisted dying, a person must have been diagnosed with a disease, illness or medical condition that is advanced, progressive and will cause death and is expected to cause death within 12 months and causes suffering that the person considers to be intolerable.

At the start of this debate, I had significant concerns about coercion and, of course, while there is no guarantee, I am satisfied that there are enough safeguards within the drafted legislation process to ensure a person is acting voluntarily and without coercion. The most important safeguard is that people will need to have decision-making capacity at all stages of the process and that this be independently assessed by two medical practitioners as part of their eligibility assessment.

I am also supportive of the conscientious objection provisions that registered health practitioners will have the right to refuse to participate or conscientiously object to being involved in the voluntary assisted dying process if this does not align with their values or beliefs.

If this is a debate about choice, then it must work for all participants. This has been particularly concerning for me in relation to the issues around faith based institutions and their clear and determined opposition to participation in this scheme. The Victorian, West Australian and Tasmanian acts do not address the issue of institutional objection. Queensland will be the only state that actively forces hospitals and aged-care homes to go against their values and beliefs and allow assisted dying on their premises. Whilst the Queensland bill provides that an entity is not obliged to provide or participate in the voluntary assisted dying process, it is a much more complex proposition for these institutions. The Queensland Nurses and Midwives' Union submitted that—

... one of the elements of a voluntary assisted dying framework should be that no individual, group or organisation is compelled against their will to either participate or not participate.

Palliative Care Queensland submitted that—

Health service entities should be provided with legislative protection to ensure they are not required to undertake any acts which conflict with their personal or professional values.

A common basis for institutional objection is religious belief, but not always, as outlined in a paper by Ben White, Lindy Willmott, Eliana Close and Jocelyn Downie—

An example of this is an objection based on an institution's philosophy of palliative care, which for some (but not others) warrants a strict separation from VAD. For other institutions, objections to VAD may be grounded in their view about the purpose of medicine; namely, to promote health and to preserve life, rather than to take life.

We do need to be cognisant of the fact that allowing voluntary assisted dying into these facilities does violate core values and beliefs, not only for their health practitioners who have chosen to practice in these facilities but also for those who also live there and who call some of these institutions home. As Lutheran Services outlined in their submission—

We understand that the Law Reform Commission and, by default, the government are of the view that the person who is seeking voluntary assisted dying has rights. I think it has been very light on the question of the choices that other residents in that home may wish to exercise.

Whilst I appreciate the need to balance the rights of facilities to not participate with the rights of individuals looking to access a legal end-of-life choice, I am disappointed that a compromise that satisfies faith based organisations within the legislation could not be reached by our government. Instead, there will be a clinical guideline regarding participation by entities. Given the limited opportunity to consider this, I will reserve judgement on how effective it will really be in addressing the concerns of institutions.

One of the most important and thoughtful discussions that I have had in the last few months has been with Palliative Care Queensland, and I want to place on record my appreciation of their considered work and advocacy in this important space. It has reaffirmed my belief that an informed discussion on voluntary assisted dying must include a strong and adequately funded palliative care system—one that is compassionate, of quality and accessible. Access to high-quality, well-funded palliative care must be prioritised if we are to present end-of-life options to dying Queenslanders. This has been the one unifying element in this at times divisive debate. It is something we can all agree on and something we can all strongly advocate for.

Finally, if there is one positive that has emerged in this debate, it is that we are finally talking about death. Research shows that Australians do not talk about death enough. Having open conversations about death and dying allows us to consider how we feel about different options to end-of-life care, how we want to live our final days and how we wish to be celebrated and remembered.

Earlier this year, and encouraged by this debate, my brothers and I sat down to a special and beautifully prepared lunch with my parents. It was one of the most important and memorable gatherings we will ever have as a family—as we helped them to complete their advance health directives. Yes, there were many tears, but also laughter—a joy in discovering how our parents wish to be remembered and a confidence in understanding our parents' final health and personal wishes on this earth. For that, we will always be grateful. They say talking about death is an act of love, bearing witness to a life well lived and simply having it can open doors to the soul.

I would like to thank every single person who has contacted me and spoken with me about death and how it has shaped their beliefs or views on this important issue of voluntary assisted dying. I will always be thankful for these conversations and the guidance it has provided me in making such an important decision today.