




Speech By
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MEMBER FOR MOGGILL

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VOLUNTARY ASSISTED DYING BILL

 **Dr ROWAN** (Moggill—LNP) (5.22 pm): I rise to address the Voluntary Assisted Dying Bill 2021. This legislation is perhaps one of the most substantial and consequential elements of social reform that the Queensland parliament has ever been asked to consider. As a legislator, as a parliamentarian, as a specialist physician, as well as being a former president of the Australian Medical Association of Queensland and the Rural Doctors Association of Queensland, I have always respected voluntary assisted dying as being a matter that surpasses political philosophy, ideology, religious affiliation or personal belief.

I think it is well known that I am a social conservative. However, beyond this, while others may seek to define and label elected representatives for perfunctory political purposes, I regard myself as possessing and relying upon an eclectic range of values-based philosophies and diverse ethical frameworks, including consequentialism, and therefore not being defined by singular doctrine or dogma. The perspective I bring to this debate is one that is secular. It is a perspective based on medical professional experience, and one which references detailed conversations and engagement with various organisations, as well as health and legal stakeholders. Like all elected representatives, I do have my own values, shaped by life experiences. Contrary to some who make assumptions and inaccurate determinations, I have always brought a predominately medical professional perspective to both the termination of pregnancy legislation as well as the voluntary assisted dying legislation.

In the months and weeks leading up to this parliamentary debate, I have actively sought to engage with and listen to as many constituents and representatives of various organisations who hold many diverse and varied views on voluntary assisted dying. Earlier this year, in my community survey sent to nearly 20,000 homes in the electorate of Moggill, I included specific questions asking local residents to provide their input and feedback on this proposed voluntary assisted dying legislation. I would like to thank the many local residents who took the time to provide written feedback and to share their diverse personal stories as well as experiences and views on this legislation. Can I also thank those who formally met with me in the Moggill electorate office.

I have also actively engaged with and listened to the many key stakeholders throughout this debate—from across the spectrum, both those in favour and those opposed, to this legislation. This engagement included attending a diverse range of briefings and panel sessions here in the Queensland parliament and also listening to and engaging with representatives from Dying With Dignity, Doctors for Assisted Dying Choice, Everal Compton's Christians for Voluntary Assisted Dying Queensland, the Clem Jones Trust, health practitioners, medical professionals, past presidents of the Australian Medical Association of Queensland, Catholic Health Australia, Palliative Care Queensland, the Australian Care Alliance, the Queensland Care Alliance, various denominational faiths and Indigenous and multicultural organisations. I also met with Andrew Denton from Go Gentle Australia.

I also sought the professional input and views from a significant and diverse range of medical specialists, general practitioners and other health professionals who are particularly experienced in end-of-life care and treatment. I also listened to patients with terminal illness and the families of those

who have lost loved ones due to terminal illness, just as I have also done throughout my own medical professional life.

On both a personal and professional level, I understand and appreciate the distressing emotion that comes with something as significant as the end of life for a family member, friend, loved one or indeed a patient. Importantly, we simply cannot legislate on personal emotion alone, and on such considerable and consequential issues that are related to a framework for voluntary assisted dying here in Queensland.

It is incumbent on all of us in this Queensland parliament to consider every legislative clause, all intent, every oversight and review aspect, every clinical process within state and federal clinical governance health standards and, importantly, every purported safeguard for vulnerable and at-risk individuals. Individuals have rights, but all of us have obligations to humanity. This obligation demands a comprehensive understanding of not only how such legislation will operate in practice, but the ramifications and consequences for all individuals, for society and for our state. Elected representatives have a fundamental responsibility and duty to legislate and provide for those who are vulnerable, whether due to old age, youth, disability or those with mental health disorders. Parliamentarians have a duty to protect Queenslanders from oppression and injustice, but also to lead with integrity, consistency and conviction.

Providing Queenslanders with an avenue to death, whilst experiencing vulnerabilities, without adequate protections and safeguards, whilst also not meeting the needs and providing access to evidence based, multidisciplinary palliative care for all Queenslanders, is quite simply unacceptable. As such, I cannot support the legislation.

The views espoused and arguments put forth by proponents of this legislation are undoubtedly genuine and heartfelt. They are equally strong both in their conviction and emotion. Nevertheless, as many have told me over the course of the public debate on this legislation, it is entirely possible to be supportive of voluntary assisted dying and yet still not be in favour of this legislation as it is drafted. In fact, as Dr David Kirchoffer, Director of the Queensland Bioethics Centre at the Australian Catholic University, articulated—

The Queensland Voluntary Assisted Dying Bill aims to balance individual choice with the protection of the vulnerable. In its current form, and in the current state of health affairs in Queensland, the Bill does neither.

Whilst many proponents have gone to great lengths to assure Queenslanders that there are adequate safeguards and protections, coupled with comprehensive assessment processes, a thorough scrutiny of this legislation reveals that this is simply not the case. This is perhaps nowhere more evident than in the required skill set of the coordinating and consulting practitioners. It is a fact that this legislation does not require either the coordinating or consulting doctor on voluntary assisted dying to have any expertise in the particular terminal disease, illness or medical condition nor in end-of-life or palliative care of patients.

As articulated in correspondence signed by the 19 past presidents of the Australian Medical Association of Queensland—

Doctors who have no or very little expertise in that area of medical practice will decide on life expectancy, the counselling and care of the vulnerable patient and the assessment of competence. This is contrary to best medical practice and it presumes that the medical practitioner will always act appropriately with knowledge commensurate with their decision making power.

This does not provide appropriate protection for the vulnerable with terminal illness because it does not ensure that a patient has been adequately informed about possible treatments and palliative care options.

This inevitably leads to the next serious concern of the draft legislation—the eligibility requirement which states that a person may access assisted dying if the disease, illness or medical condition is estimated to cause death within 12 months. As even the most experienced and credentialed doctors will admit, it is an incredibly difficult task to assess and deliver a prognosis of 12 months. Such difficulty is further backed by studies and reviews reported within important medical journals, including a 2016 study titled ‘A systematic review of predictions of survival in palliative care: how accurate are clinicians and who are the experts?’. The 19 past presidents of the Australian Medical Association of Queensland have made the salient point—

Access to appropriate palliative care which includes physical and mental health, may not be available at 12 months prior to death even if it is available in the few months before death ... this inadequately protects a patient's rights to make medical choices based on appropriate and adequate information.

This leads to one of the most glaring failures of this legislation, and that is the failure to ensure patients have access to high-quality and properly funded evidence based palliative care. Proponents have consistently argued that assisted dying can sit equally alongside palliative care and that the provision of assisted dying finally grants a choice to terminal patients. A choice that is afforded to some but is explicitly denied to others is no real choice at all. It is an accepted fact that funding for palliative

care in Queensland is grossly insufficient to meet the needs of all Queenslanders who need it most, particularly in regional, rural and remote communities, as well as many others from multicultural and First Nations communities.

All of this is to say nothing of the fact that there are also ethically, medically and professionally unacceptable provisions in this legislation which grant access to institutions by practitioners who have no admitting rights or facility accreditation. As such, this imposes clinical governance risks with respect to various state and federal legislation, as well as breaching the healthcare standards of the Australian Commission on Safety and Quality in Health Care.

Again, those in favour of this legislation espouse a standard of choice that can be afforded to some but explicitly and deliberately denied to others. Such overwhelming instances of insufficient consideration for the vulnerable and the protection of patients diagnosed with terminal illness, as drafted in the voluntary assisted dying legislation, demands that at the very least it be rectified and amended. This includes, but is in no way limited to, greater clarity around eligibility, as well as the professional accreditation, expertise and experience in such diagnosed diseases, illnesses or medical conditions for which the person is seeking access to assisted dying provisions. There also must be significant enhancements made with respect to the provision of conscientious objection and associated protections for those who seek to exercise this right.

Regardless of how any member in this Queensland parliament intends to vote on this legislation, surely each and every member would want to be certain, and be without any doubt, that the passing of any legislation which would enshrine the ability to assist a person with taking their life is as rigorous and robust as possible, with unquestionable safeguards and protection for our most vulnerable Queenslanders and with the full consideration of all relevant clinical and individual autonomy matters.

Yesterday the Labor state government cabinet foreshadowed clinical guidelines which the Deputy Premier tabled today. However, the following is the simple reality: clinical guidelines have no enforceability, offer limited legal standing and provide no true statutory protections. As such, I would encourage all members to give their full consideration to all legal amendments as tabled by the member for Toowoomba South and as a part of the debate on the Voluntary Assisted Dying Bill 2021.