




Speech By  
**Christopher Whiting**

**MEMBER FOR BANCROFT**

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### **VOLUNTARY ASSISTED DYING BILL**

 **Mr WHITING** (Bancroft—ALP) (4.04 pm): I rise today to support this historic bill. I will be voting in favour of the VAD Bill as it stands without amendment. To me there was no question as to whether or not I would vote in favour of a well-constructed bill that delivers a compassionate outcome. It was always going to be a yes; the decision was comparatively quick. Yet it has involved a long process to examine the reasons why I will vote yes, and I need to set out those reasons to my constituents. I want to acknowledge Professor Ben White, Professor Lindy Willmott and Dr Eliana Close. Two weeks ago I spoke to them here in the parliament. I want to thank them for the work they have done in bringing this bill to fruition. Professor White suggested that parliamentarians need to identify our values and be transparent about the values that bring us to our decisions in this matter. I think that is great, so let me outline the values and beliefs that have guided me here today.

I have believed for all of my adult life that humans have agency. Agency is the capacity to take creative action after interpreting the world around us. We are not passive recipients of the forces of fate or history. We do not need privilege to make decisions on our behalf or to take action on our behalf. Ordinary working people have the ability to figure out what is best, make a decision and take action. What is more, I trust in the collective wisdom of working people. They all make decisions for the greater good. I trust their judgement, and they get it right every time. It is true that with more education and resources, decisions and actions can be improved. That is part of what we do here in parliament. We give working Queenslanders a boost up that helps them overcome social, economic and environmental factors that constrain their actions.

That is the value framework I bring in making this decision today and all of the decisions we make in this House. I might add that Professor White also said we need to use evidence based data as much as possible—for example, population-wide surveys—instead of individual stories in relation to this end-of-life issue. One such study I want to bring to the attention of the House is the Oregon Death with Dignity Act 2018 Data Summary, and I table that.

*Tabled paper:* Oregon Health Authority, Public Health Division report, titled 'Oregon Death with Dignity Act—2018 data summary' [1379](#).

Oregon has had this act since 1997. This data summary shows that around 90 per cent of the people utilising this law have ended their life at home, and it has been that way for years—90 per cent. Prescribing physicians have been there for only 16.7 per cent of the time, and 22 per cent of patients had other healthcare providers there. This shows that the people who choose this path are passing at home and not in a hospital. At the same time, around 90 per cent were enrolled in hospice services. They were often using palliative care before choosing to go home. That is true dignity and compassion.

That brings me to how I see palliative care being used in this debate. Let me state that I do not want to see palliative care used as a shield by those who do not want to support this bill. Palliative care and this bill work together. Palliative care is part of the package of services at the end of life, and this bill and this government embrace that. Palliative care is about providing people with the best quality of life at the end of life. Like many others, I have the greatest respect for palliative care professionals and

I truly welcome today's announcement by the Minister for Health about \$250 million in funding for this area. As outlined by the Minister for Health, with our support no matter where Queenslanders live they will get access to quality palliative care. I hope that we get to a position such as Oregon, where people accessing this legislation are ending their lives outside of hospitals and not in palliative care—but at home, if they choose, with their loved ones.

There are a range of arguments by those opposing this bill. There are arguments I have heard from a range of people in charge of hospitals and health services that I want to address here today. Firstly, I have heard the argument from some medical leaders that this bill is akin to trespass—intimating that other doctors cannot come onto their property to deliver services to their patients or even take their patients. To label this bill as 'trespass' shows that some parts of Queensland's medical hierarchy think they own the process of dying or the intellectual machinations around dying, or even own the patient. They are calling for control of end-of-life matters to remain with them, the medical hierarchy.

My second point is that this medical hierarchy is already making these decisions about shortening a life that will soon end. I want to repeat what I heard one doctor say early last sitting week at an event at this parliament. He said words to the effect that a doctor may administer sedatives or drugs to ease suffering that may either hasten the end or lead to the end of life and that is within a doctor's prerogative. I do not know if that doctor was fully aware of the implications or the contradictions of what he was saying, but it should be no surprise that we know that some doctors, at the end, in consultation with families, will help ease the suffering or the pain. I know this because of what I have seen.

Allow me to use one anecdote here. I have been with a family at the end of life for one of their family members. It was not my family. I saw the family huddle in a corner and a little later the nurse came in with a needle in a kidney dish. I was informed that that member passed away in the morning hours in a peaceful manner. This was a very well educated and wealthy family. They knew how the medical system worked, how they could access this privilege.

We all accept that doctors can take steps to ease the patient's pain and they explain to the families the consequences of the actions that are being taken, but ordinary working people are not privy to this inside knowledge. They are outside the quiet systems of the medical hierarchy. This legislation allows everyday Queensland families to have equal access to the choices that are already being made within our system. It allows them to take control.

The third argument I want to counter is the argument from top level medicos that, instead of giving ordinary people the choice through VAD, there has to be a better death literacy amongst Queenslanders—that ordinary Queenslanders need to have explained to them the potential benefits of the dying process. I cannot imagine using this argument with the people who walk in the door of my electorate office when they are trying to navigate the health system, which is never easy. Their reaction would be probably either fury or laughter.

I think these are desperate arguments from a mindset where the medical hierarchy have sole carriage of end-of-life choices. It implies that ordinary working people do not understand this process and that the medical hierarchy know better and should be left in control. I may sound angry at this. Strangely enough, I have not got sadder as I have gone on this process; I have got angrier the more I have learnt in this process. I want to reject the argument that we have heard that we are imposing VAD on faith organisations. I repeat that decisions about end-of-life matters are already being made in places all over Queensland. This legislation is about sharing who makes those decisions.

My final point is that arguments about VAD do not come down to arguments about faith or belief or the best medical practice. They come down to who is in control at the end. The counterweight to control is choice. The crux of the matter to me is that this bill is about choice. True compassion is to offer that choice. The working families, the working men and women of Queensland, want that choice. This bill puts this choice into the hands of those ordinary Queenslanders. I commend the bill to the House.