




Speech By
Colin Boyce

MEMBER FOR CALLIDE

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VOLUNTARY ASSISTED DYING BILL

 **Mr BOYCE** (Callide—LNP) (11.45 am): I rise to make a contribution to the debate on the Voluntary Assisted Dying Bill 2021. It is my intention to vote against the bill, as I stated publicly some months ago. I take my duty to represent my constituents very seriously. I have received many letters recounting personal accounts of their loved ones' final days and their reasons to support the bill. I thank my constituents for taking the time to inform me of their opinions in relation to this bill. That being said, however, the majority of the Callide constituents who contacted me are opposed to the bill.

I have put much time and consideration into the bill and the report *A legal framework for voluntary assisted dying*. I have also met with many constituents and health professionals from both sides of the argument. I have read a great deal on the subject. To sum up my reasoning I would like to quote from a *Quadrant* magazine article titled 'The five reasons to say no to intentional killing' so it is on the record. The article states—

1. Euthanasia shatters the foundation of law. In all civilisations, the prohibition of intentional killing is the foundation of law. Euthanasia is intentional killing, and that is a line that should never be crossed.
2. Euthanasia shatters the foundation of medicine. It turns society's bringers of life and health into society's bringers of death. It violates our Hippocratic Oath: "I will not give a lethal drug to anyone if I am asked." That is why the Australian Medical Association so strongly opposes euthanasia, stating in 2016, "Doctors should not be involved in interventions that have as their primary intention the ending of a person's life."
3. There are no effective safeguards against abuse. There is nothing—no law, no bureaucratic regulation—that can prevent demoralised old people, in the loneliness of their nursing home, feeling pressure to seek early death. And there is nothing that can protect vulnerable patients from doctors who think they should be dead, as we have seen in Holland.
4. There are no effective limits on who will be euthanized. There is no ethical principle or legal logic that can stop the so-called "right to die" being extended to ever wider categories of people, as we have seen overseas—from the terminally ill to the disabled and those with depression—

and chronic fatigue, as in Belgium—

to anorexics, autistics, and those merely "tired of life". Advocates who say we can limit euthanasia to "the terminally ill in terrible pain" are defying the facts of history.

5. Palliative care, not euthanasia, is the way to go. When we reject euthanasia we are not abandoning those who suffer; as a community we are supporting them with ever-improving palliative care, a powerful field of medical and nursing care that comforts the patient as they approach their natural death, without ever crossing the line into intentional killing.

These five points make it quite clear why I do not support this bill and why others should not support it. We, as lawmakers of the land, should not attempt to change the cornerstone of law that has served humanity well for a thousand years, nor should we divide the medical profession and compromise them as savers of lives. We should not demoralise the nursing profession and put them in a questionable position that may be at odds with their belief.

This bill has the potential to become an insidious new form of elder abuse. That is simply not acceptable, and we as the parliament of Queensland should reject it. This bill is supposed to be about choice. Where is the choice for the aged-care facilities and hospitals that have made a conscientious objection to voluntary assisted dying for religious or other reasons? This bill prevents freedom of

objection by enabling the patient's choice to overrule the right of the facility to object to voluntary assisted dying practitioners to carry out their administration of a VAD substance at their facility. How do we allow such a fundamental human right of choice to be accessed by one person but not permitted or overridden by another?

Prominent QUT professors Ben White and Lindy Willmott, who drafted the initial VAD legislation, wrote in their paper—

Another novel feature is the Queensland bill limits the ability of institutions to object to voluntary assisted dying. This is an Australian-first, as Victorian, Western Australian and Tasmanian laws only deal with permitting individual health professionals to conscientiously object.

This limitation sets the Queensland bill apart from legislation passed in other states. Senior doctors and past presidents of AMA Queensland have said—

It would be wrong for legislation to project the choice of one patient on a very rare occasion, but disregard the choice of the many thousands of patients and staff, who on a daily basis choose to be treated or to work in institutions that do not support VAD.

To close, if this bill is to pass, it will change the fundamental principles that underpin our society. The venerable Fulton Sheen said—

Moral principles do not depend on a majority vote. Wrong is wrong, even if everybody is wrong. Right is right, even if nobody is right.

This bill is wrong and I urge my parliamentary colleagues to vote the bill down, as I will.