




Speech By  
**Daniel Purdie**

**MEMBER FOR NINDERRY**

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### **VOLUNTARY ASSISTED DYING BILL**

 **Mr PURDIE** (Ninderry—LNP) (2.57 pm): I rise to speak on the Voluntary Assisted Dying Bill 2021 and to thank the Health and Environment Committee for their deliberations and consideration of the many emotional and at times heart-wrenching submissions from 6,000 people and organisations who provided input. The very existence of this bill reflects a seismic shift in the way we prepare for and face our mortality, the treatment of terminal patients, our personal rights and freedoms. Our views on death and dying are formed early in accordance with our moral compass and are later greatly influenced by our experience of watching a loved one's journey to death which may involve lengthy periods of suffering or, for others more fortunate, a relatively swift end to an inevitable journey.

For some of us due to our upbringing, or for those who have sworn an oath to protect and serve, helplessly watching people needlessly suffer feels incongruous to love and compassion and duty of care. Indeed, it feels criminal to witness a death and not intervene. In its simplest terms, the bill seeks to remove the moral components of this feeling and create the legal components to observe or take part in another person's death. On the basis that we are living longer because of medicine, if an individual no longer has access to life-saving medicine, should they have access to life-ending medicine and, if so, what does that look like? The premise of this bill is that the latter option in some circumstances is more humane and that ending our suffering at a time of our choosing is our fundamental right.

Over the past six years in Australia the dying with dignity movement has gained traction, effectively and convincingly challenging the data that has come from other jurisdictions post VAD laws being introduced with anecdotal evidence. Victoria, Tasmania and Western Australia have passed VAD laws. Around the world the movement to legally give an individual the power to end their own life began as early as 1997 in Oregon, USA. Belgium and the Netherlands enacted euthanasia laws in 2002 and Canada in 2016. Although anecdotal evidence is valuable, it is reasonable to review data from other jurisdictions and consider and address any lessons in the drafting of this bill.

The human condition is complex and pain and suffering are inevitable. Life-changing scientific breakthroughs have taught western cultures to expect miracle medicine, the miracle of palliative care and now the miracle of painless death. There are no debates more polarising than beginning and end of life. Palliative Care Queensland said that a person's choice to explore VAD should never be based on a lack of access to palliative care. In addition, just two per cent of dying patients will access VAD yet almost 100 per cent will require palliative care in some form. Many would argue that, due to a lack of public funding, terminally ill Queenslanders have not had fair and equitable access to these services, giving rise to the demand for a legal, lethal alternative.

At the same time as announcing the VAD scheme for Queensland, the Premier committed to boosting sector funding by \$170 million over six years or \$28 million each year. This was not before VAD; this was at the same time, which begs the question: if VAD is a last resort, then why has it been offered to Queenslanders before the frontline service is fully operational and accessible? Palliative Care Queensland has calculated the sector's true need to be \$275 million per annum, \$247 million more than the government would have you believe.

The genesis of this bill is worth understanding as it relates to why VAD is being considered in Queensland before an adequate palliative care service has been delivered. On 14 November 2018 the Legislative Assembly referred an inquiry into aged care, end of life, palliative care and VAD to the health committee. The committee reported 15 months later on 31 March 2020. Among other findings, it found that some Queenslanders experienced profound suffering as they die, in part due to the challenges of accessing palliative care. It also highlighted the results of opinion polls that VAD is supported by the majority of Australians. Conversely, of the 5,672 submissions received by the committee, 51 per cent were opposed to the bill.

The committee made 21 recommendations which were passed on to the QLRC to draft VAD legislation. Included in the terms of reference was that the provision of compassionate, high-quality and accessible palliative care for persons at the end of their life was a fundamental right for the Queensland community. In spite of this, it was decided to separate the aged-care, end-of-life and palliative care reports and prioritise VAD. Surely a combined assessment would make more sense. It could be argued that the separation of the reports and the prioritisation of this bill over the other changes that would have improved the palliative care system could be read that the government is prioritising VAD over palliative care. I am sure Queenslanders would agree that VAD must be a last resort.

An AMA survey of some 1,250 doctors revealed 98 per cent believed that they should be able to offer palliative care options before VAD yet, as has been highlighted earlier in this debate, Queenslanders will have access to VAD nine months before they can access palliative care. It is worth noting that in a recent survey I conducted in my electorate of Ninderry, although the concept of VAD was generally supported, 100 per cent of respondents wanted improvements and better access to palliative care. As always, the details of the bill are what we as parliamentarians must ultimately vote on. It is as much about what is left out as what is left in. We do not vote on a motion; we must vote on whether the bill will operationally protect Queenslanders from harm and protect their human rights.

So who is eligible to access VAD? A person must have an eligible disease, illness or medical condition that is advanced, progressive and will cause death. In the bill a specialist is not required to sign off on this, just two doctors, not necessarily involved in the patient's usual care, and the experience of the doctors is not in question. A person must have decision-making capacity. Voluntary assisted dying requests must be made voluntarily without coercion. Examples from other jurisdictions show this is extremely difficult to ensure. Elder abuse is an obvious area of concern and something that this government has invested heavily in to try and stamp out. Communication errors are of paramount concern. Data from Belgium reveals that one in six who have been euthanised did not expressly request it. It is well documented in the committee report that the support for VAD expressed by some patients comes from a place of burden that they wish to remove from their family. In Oregon, 59 per cent cited a feeling of burden as a factor to access VAD. We must be careful as we face the challenges of an ageing population that we do not create a culture where our elderly and sick feel they are not wanted.

The lack of provision for faith based hospitals and nursing homes to refuse a doctor approved to administer life-ending drugs is unique to Queensland law. In fact, it comes with a seven-year jail sentence. Not surprisingly, the sector does not support the bill. A medical practitioner is able to initiate a discussion about euthanasia providing that, if at the same time, they inform the patient of the treatment options available. The Australian Christian Lobby said that doctors and nurses are trusted authority figures in a vulnerable person's life. Is it ethical for them to discuss VAD and how much influence will that have on the patient's decision? Data from Victoria as to the reason for a person's request for VAD reveals that few cases relate to actual physical suffering and most cases relate to existential issues such as feelings of burden, loss and the ability to participate in enjoyable situations.

I share the Premier's concerns around the ability for faith based institutions that have a conscientious objection and I support those amendments being moved by the member for Toowoomba South. These sensible amendments will close definitional gaps, require specialist medical involvement, prohibit coercion, secure conscientious objection and enhance reporting measures, including annual reporting on palliative care spending. Queenslanders deserve the best legislation possible and I submit that the amendments tabled by the member for Toowoomba South improve safeguards and generally enhance the bill. In closing, people should have a right to choose. Currently, particularly in areas outside Brisbane like my electorate of Ninderry, there is no legitimate choice as palliative care is often not an easily accessible option. As it stands, I do not believe that this is the best possible legislation available and I will therefore not be supporting the bill.