




Speech By
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MEMBER FOR BROADWATER

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VOLUNTARY ASSISTED DYING BILL

 **Mr CRISAFULLI** (Broadwater—LNP) (Leader of the Opposition) (12.14 pm): Rarely have I confronted an issue so challenging as this. As parliamentarians, we often have to compromise in our decisions, whatever they be, due to electoral or party reasons, but it has always been my strong view that matters concerning life and death should be decided free from politics and free from pressure. They should be matters of conscience. For many, including myself, it has been an emotionally exhausting experience, weighing up the compelling and heartfelt testimony and submissions of people on both sides of the argument. The gravity of the decision we are about to make is not lost on anyone in this place today.

I have consulted widely with passionate groups for and against and with individuals with heartbreaking stories from opposite perspectives. In my electorate office in the last month I have had two people sit in the same chair and plead their case. One was a brave young woman aged 23. She watched her mum die an agonising death by cancer. She told me how she wished her mum's suffering could be ended earlier, how the onset of the disease robbed her of the goodbye she wanted to remember. Weeks later I spoke with a man in his 70s. He told how he sat with his wife during the palliative care treatment she received. He wept as he described the final 80 days with her as some of the most special in his marriage of many decades. Two people, different ages, different genders, different backgrounds—each with compelling stories that moved me. I phoned both of them this morning to advise how I would be voting before telling anyone in this House.

My core beliefs are based on the right of an individual to make a decision in their own interest free from the influence and obstruction of the state. To me, it has always been obvious that the sanctity of individual rights is derived from the inherent value of human life. What has not been obvious, at least to me, is how to reconcile my core beliefs with the impact of this bill—a human being's right to make decisions about their own life versus the real concerns surrounding the truly voluntary nature of these decisions and, indeed, the intrinsic value and sanctity of human life.

The confusion around the term 'voluntary' is further stoked by the desire of this legislation to remove the choices of conscientious objectors and institutions that wish to play no part. While there are some provisions in the legislation to protect conscientious objectors, the right to have no involvement is denied—a situation that some institutions will find particularly galling. The key to this bill is the term 'voluntary'. What in the context of this debate does 'voluntary' mean and who does it apply to? These are questions that have weighed heavily on me as I have considered the bill and reflected on it deeply.

Palliative Care Queensland's previous submissions on this issue were informative for me. Among the concerning issues they raised was that Queenslanders requiring palliative care were only able to access it with a prognosis of three months left to live. Some of the consequences they outlined included poor symptom management and little or no advance care planning or family and carer support. Critically, they identified lack of funding or a comprehensive end-of-life strategy for the last 12 months of life as another area of concern.

Seemingly, these issues still exist, as outlined by the Australian Medical Association in its submission. The AMA Queensland spoke about the considerable shortfall in funding for palliative care in Queensland. In the opinion of the AMA, there is an annual shortfall in funding of \$275 million. They point out that this legislation stipulates patients have access to VAD at 12 months while specialist palliative care is only available to those with a prognosis of three months. The part of their submission that has really stuck with me was their opinion that this is a 'major gap in real options for patients'. Why would you be provided access to death nine months before you are eligible for palliative care funding?

This brings me back to what 'voluntary' actually means. Does it mean a decision made by a human being to end their life because they cannot afford specialist palliative care and they are nine months away from the public system being able to offer it? A choice made under these circumstances does not seem like a free choice to me. The structural inequity of this circumstance is what haunts me about this bill—the potential for people to make this momentous decision in the knowledge that they and their family cannot afford proper pain management. Why should the size of your bank balance be the difference between taking the decision to end your life or being able to spend an extra nine months with your loved ones? The inequity that exists within the provision of palliative care is amplified in the regions, especially in remote areas where access is impractical. These include Indigenous communities and other disadvantaged communities. Again, a choice where options are not available is no choice at all.

Many people who support this legislation have pointed to the protections against coercion contained within this bill. While I understand the thinking behind the protection against the coercion of someone to end their life, I am a little confused as to why the protections give the same weight to someone trying to encourage a person to continue to live. It seems an absurdity that one who wished for the survival of another human being could, in the eyes of the law, be considered equally culpable as someone who coerced a person to end their life prematurely. Without even looking at the different intentions of these two actions, surely the natural instinct of doctors and loved ones would predominantly land on extending a patient's life. To me this belies a bill that is taking a far too sterile view of the sanctity of human life.

I spoke earlier about the intrinsic value of human life. Some will characterise any opposition to this bill as being religiously motivated. When discussing similar legislation in Victoria, former prime minister Paul Keating said—

Opposition to this bill is not about religion. It is about the civilisational ethic that should be at the heart of our secular society. The concerns I express are shared by people of any religion or no religion. In public life it is the principles that matter. They define the norms and values of a society and in this case the principles concern our view of human life itself. It is a mistake for legislators to act on the deeply held emotional concerns of many when that involves crossing a threshold that will affect the entire society in perpetuity.

I respect there is immense passion on both sides of this debate. I respect there is a majority in the middle who will understandably never read this legislation, but that is our job and we owe it to them to make it the best legislation possible. The amendments from the member for Toowoomba South do just this. He puts them forward in this case not as my deputy but as one of this building's most honourable parliamentarians trying to improve what is before us. That should be our reason for walking in here at all times, but if you are not willing to exercise that independence and choice during a conscience vote then a key plank of our Westminster tradition is eroded. The amendments to be introduced will, amongst other things, close definitional gaps, require specialist medical involvement, prohibit coercion, secure conscientious objection and enhance reporting measures, including annual reporting on palliative care and treatment spending.

I have heard people on both sides of the debate say that you cannot in good conscience vote for this legislation because—and then put their reason for support or condemnation, and that is not fair. As someone who has spent considerable time reviewing this, I can see merit and flaws in both sides of the argument. I have not allowed this to be politicised in my community, my party room or the headquarters of our political movement. This is a true conscience vote and you will see that in the individual decisions taken this week amongst the LNP MPs.

Politicising the debate has not led to a better bill. We got a glimpse of that during the campaigning when euthanasia became an election issue with the pronouncement that we required legislation by February 2021. With the Law Reform Commission not due to report until March 2021, this was a misguided intervention that shifted the issue from a matter of conscience to one firmly in the political realm. I remain hopeful despite this that strong parliamentarians will use the freedom this debate should bring to vote according to their beliefs and the quality of this legislation one way or another. If after three days of debate the government votes en bloc to pass this bill, you would have to question if this was truly a conscience vote.

Government members interjected.

Mr DEPUTY SPEAKER (Mr Hart): Order, members.

Mr CRISAFULLI: Regardless of our final decision, to pass this without amendments or, at the very least, some critical analysis and dissent will make this more about image than substance, and this is an important debate. I started my contribution—

Government members interjected.

Mr DEPUTY SPEAKER: Pause the clock. Sorry, Leader of the Opposition. Member for Maryborough, you are under a warning. One more interjection and you are out of here.

Mr CRISAFULLI: I started my contribution talking about my guiding principles, about the intrinsic value of human life, about the meaning of 'voluntary' in the context of this debate. I believe this bill unintentionally but unavoidably puts a lesser value on the life of the poor, the remote and the sick. I believe the intention of the bill is to offer choice, but the reality is that it offers choice on a sliding scale that is in proportion to the size of your bank account or where you live, but most importantly it breaks a fundamental tenet of our society that human life is sacrosanct.

While my heart hurts for people facing great pain and terminal illness, I cannot assist them to die via flawed legislation. I cannot support something that offers the assistance of the state to terminate their life, the same state that does not give them options of specialist palliative care within the same time frame. I will not be supporting this bill.