




Speech By  
**Fiona Simpson**

**MEMBER FOR MAROOCHYDORE**

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Record of Proceedings, 14 September 2021

**VOLUNTARY ASSISTED DYING BILL**

 **Ms SIMPSON** (Maroochydore—LNP) (6.34 pm): I have listened to the views of constituents, doctors and nurses, lawyers, families and also reflected on my own experience caring for my terminally ill father until his last day on this earth. It was tough, but also a privilege. I have had people write to me wishing me and my family terrible deaths in order to emphasise their view, as they and their loved ones had suffered great pain which was why they supported euthanasia. I bear them no ill as I know their words came from a place of grief, their own pain and some desperation.

I know what it is like to be desperate to ensure your loved one does not suffer and is not in pain. I have been there. We were devastated when my father was diagnosed with terminal cancer with perhaps only a few months to live. I rang a friend who was a palliative nurse for advice as to what to do and she said, 'Get a palliative specialist consultation as soon as possible', which we did and I am so grateful for the demystification, calming guidance and practical care from Dr Louise Welch and the wonderful palliative nurses in the Sunshine Coast health district, including the Blue Nurses who later helped when I was caring for dad at home.

I wish that anyone facing a terminal illness has the opportunity to get early access to a quality palliative care consultation and the follow-up services. It helps you map out what to expect, what to put in place, who to call when things escalate or your own GP is not able to help. Tragically, not all Queenslanders have access to this and they should. It would remove a lot of the fear and a sense of not being in control, particularly when you are not a medical person yourself.

However, I have to tell a disturbing story which happened when dad was first diagnosed with cancer. During a routine operation in another facility, without his consent or family's knowledge, a 'do not resuscitate' order was placed on him by his surgeon which we learned of by accident afterwards. This may have been appropriate later in his journey with his consent and the knowledge of his family, but it was not right in this way and at this time. I remember how devastated dad and we were that we may have been denied those extra nine precious months together. It is shocking enough to find out someone you love is dying, without having it compounded by the fact that without his consent or knowledge his life may have been cut even shorter than was necessary. One should not have to have an advance health directive to request care as that is reversing the onus of care. I tell this story as I am deeply worried about the creep of a rationalist viewpoint that humans are of lesser value when their bodies are failing or minds are broken or imperfect. These attitudes that consider the disabled and elderly as a burden on our health system will see resources rationed to deny support, such as palliative care. It is already happening.

Some may say this is irrelevant to VAD. I say it is entirely relevant as people should have a right to care first, not the assumption that the elderly or terminally ill are a burden on society and costly to look after. No-one should die in pain. I do not believe anyone in this debate, whether you are pro voluntary assisted dying or anti euthanasia, believes that. Whether you agree with VAD or not, please do not demonise people on either side of the debate and claim compassion and the pursuit of dignity is held exclusively by one side over the other and that, conversely, others who disagree with you are

wanting to cause pain and harm. That is not only disrespectful to this debate today, but dangerous, as after this vote is taken people who care deeply and who work hard to care for the vulnerable and relieve their pain and suffering will still be trying to do just that and they do not need labels that stigmatise, demoralise and undermine them in their workplaces and their life's work.

As politicians we get a conscience vote but, ironically, the thousands of doctors, nurses and the places they choose to work do not get a true conscience vote or true conscientious objection. That is a flaw in this legislation, as has been pointed out by 19 AMA Queensland past presidents. We as politicians have a duty of care to Queenslanders wherever they live and also to the health practitioners, carers and counsellors who will operate under these laws if passed.

Pain has been a key feature of people's heart-wrenching stories, publicly and in the debate before the House. However, under this bill, to be eligible for euthanasia in Queensland does not require someone to be in pain. Pain is not mentioned until page 67 of this bill. This bill allows doctor assisted killing or assisted suicide for people in Queensland who are not in pain, but who are in mental distress under the broad phrase 'suffering that the person considers to be intolerable'. Simple yes/no polls about voluntary assisted dying seem to indicate broad support until you ask different questions, such as 'Should doctors be able to kill their patients if the patient is not in pain?' Then the results flip. In one New Zealand poll, which I will table, it went from 57 per cent in favour of VAD to 59 per cent against if the patient was not in pain.

*Tabled paper:* Curia Market Research report, dated 6 May 2019, titled 'Euthanasia Issues Poll—April May 2019' [1380](#).

I am greatly concerned that under the Queensland VAD law people who are in mental distress could be legally euthanased by doctors working in our health system without a mental health consultation to determine their capacity for informed consent or to guard against euthanasing someone with clinical depression. This flaw in the bill does not provide sufficient safeguards for the mentally vulnerable.

I am so grateful for the quality palliative care my late father received. However, currently doctors say that under Queensland Health access to palliative care is a postcode lottery. I am also very concerned that if ever there was a time when palliative care needs proper funding it is now, but this bill and the state government have failed to guarantee it. The state government's offer of an additional \$170 million in palliative care funding over four to five years is far short of the extra \$270 million per year required to remedy the shortfall, as identified by Palliative Care Queensland and the AMA. We can find money for new sports fields and even for grand finals, but not for the proper care of the dying and proper palliative care.

As Australian Care Alliance notes, the stories of people dying in pain without VAD are mainly historic or occurred where there was a lack of early access to quality palliative care. If our objective in this debate is to address pain then access to quality palliative care should be a right and not treated so poorly, yet here we are: inexplicably, the VAD legislation provides access to voluntary assisted suicide or killing for those facing a 12-month diagnosis of death through a terminal illness, yet palliative care is rationed. In some parts of this state it is available only as little as a few weeks out from death and in some parts it is not available at all. That is discrimination in terms of access to palliative care, it is not true choice and it is unconscionable as it hurts patients and their families.

People should also have access to a palliative care specialist assessment as soon as they are diagnosed with a terminal disease. That would relieve much of the fear and questions of the unknown and empower people with options that this bill does not provide. A coordinating practitioner with no palliative training providing their opinion to the patient on what palliative services can do for them is no substitute for expert palliative care consultation with specialist services.

That brings me to my next point: conflicts of interest and state coercion. Unless you properly fund quality specialist palliative care and fix this gaping hole in services, the state and the health bureaucracy have conflicts of interest as quality palliative care is more expensive than VAD. The deficit in early access to quality palliative care in Queensland, wherever you live or whatever your financial circumstances, runs the very real risk of causing state coercion by neglect. It is vital that palliative care is properly funded and there are accountability measures put in place to make sure that the money is not raided for other cost overruns, which happens in Queensland Health. They rip it out and leave the dying in the lurch. You have to drive quality outcomes by reporting them. One thing I have learned from many years of advocating and fighting for patients to access health services is that health bureaucracies and their ministers hate being accountable by publishing timely data about access to services and the quality of outcomes.

I want to say more about coercion. The majority of families are loving and want the best for the elderly, but sadly that is not true for all, which is why safeguards against abuse matter. We are yet to see legislation before the House to address coercive control and domestic violence as the state says

that it is complex. The very real issue of elder abuse, when the elderly are just as subject to coercive control, is supposed to be addressed in this VAD Bill but it is not. The legislation makes the paper trail to deter and detect elder abuse and the misuse of VAD very difficult as, under this legislation, death records will not reveal that someone has died by VAD.

In closing, regardless of whether or not we support voluntary assisted dying or assisted suicide, we must have greater safeguards for the vulnerable against deliberate abuse and systemic neglect. When you are in an emergency you do not get choices, you get a system. The system is broken. It must be fixed for the sake of the patients.

*(Time expired)*