




Speech By  
**Jessica Pugh**

**MEMBER FOR MOUNT OMMANEY**

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**VOLUNTARY ASSISTED DYING BILL**

 **Ms PUGH** (Mount Ommaney—ALP) (9.12 pm): I would like to start my contribution to the Voluntary Assisted Dying Bill today by thanking the many members of the Mount Ommaney community who shared their personal and heartfelt views on this legislation with me and came to speak with me both for and against voluntary assisted dying. I have to say that, despite the differing views of many in my community, the thing that struck me about people from both sides of the argument very consistently was that their views came firmly, whether they were for or against the legislation, from a place of love and deep compassion for their fellow man. They just had very different ideas about how to get there.

As I said, I heard from people with both sets of views, both for and against the legislation. In the process, I had wonderful conversations with people right across the view spectrum in my community and I will treasure those conversations for the rest of my life. I am going to speak later about some of the concerns that people took the opportunity to raise with me but, first, I want to share with the House that I am not the first member of my immediate family to vote in support of legislating for voluntary assisted dying. A few years ago, the entire Pugh family in Auckland voted in the New Zealand referendum, and I am proud to inform the House that both my grandparents, Margaret and Murray Pugh, voted in support of voluntary assisted dying.

I have long held the view that there are a large number of similarities between New Zealand and Queensland in particular. I know that there is strong support for the proposed model of voluntary assisted dying in my electorate. In a Facebook poll run in my electorate, 741 votes were cast; 688 of those votes were yes, 36 were no and 17 were unsure. Similarly, we saw loud and clear in the referendum outcome that 65 per cent or thereabouts of New Zealand residents supported voluntary assisted dying.

Everyone who votes on this legislation will have personal reasons for doing so in this parliament. Likewise, there is no doubt in my mind that when my grandparents voted for the legislation they would have been thinking of their son Alan. Alan Pugh was my father's baby brother. He was in his late 30s when he was given the diagnosis of bowel cancer that had metastasised into his liver. He was fairly recently married and his wife had given birth to two very premature but now healthy, beautiful twin girls. They were just six months gestated at their birth, and he spent many sleepless nights at their bedside as they grew in their tiny humidicribs. They were just two years old when he died.

By the time Alan received his diagnosis of bowel cancer metastasised, his doctor told him that it was so far gone that there was not actually any point pursuing conventional treatment like chemotherapy. I did not know this at the time. When my father told me he had cancer, I did not realise how sick he was. Dad told me that everything was going to be fine because he wanted to protect me and my sister from being worried.

With no real hope from the outset, Alan could do little more than wait. He quit his job and he went to spend time with his beloved girls—so tiny I do not think they could even speak—his wife, his parents, his brothers and his friends. My dad got to go and say goodbye. He flew back to New Zealand but I know that Alan's death changed him greatly. The profound unfairness of it made it pretty hard to be

around my dad during my teenage years, especially in the month of March, the anniversary of Alan's death. As a family, we stopped attending church after Alan died because my father was so angry he just could not go. It took many years to heal the hurt that Alan's death inflicted on my dad.

When the time came, Alan was at home. He was comfortable in his own bed and he was surrounded by his entire family. There were good conversations and many tears. As Alan died, my nan said that his eyes opened really wide and he smiled. My nan firmly believes—and she still tells me—that somebody came to get Alan, and that thought has given her great comfort in the 20 years since. At the time, I could only feel desperately sad for my dad who lost his brother, but in listening to the stories of my community I have come to realise that Alan's death was actually a comparatively good one. For that I am very grateful. However, it could so easily have been different. None of us will know if we need voluntary assisted dying until it is too late.

Let us be clear. This legislation will actually only be used by a very small number of Queenslanders, but for the Queenslanders whose lives that it will impact it is critically important. The Queensland Law Reform Commission said for most Queenslanders the excellent palliative care work that our hospitals and nurses do will be sufficient. However, there is a small number for whom their pain cannot be palliated away. For those few people, this is not a choice between life and death; it is a choice between a good death or a slow and painful one.

I have spoken to many of my constituents who believe that life can only be taken away by God, and I understand and respect their view. However, I believe that, if we are talking about life and death and a choice made by God, the choice has been made and all we are talking about now is the manner in which they go. This legislation only applies to people with a terminal illness with a diagnosis of 12 months or less and who have the capacity to consent. It is not available to those with a disability or to the elderly, and nor should it be.

I have heard concerns from the community about future potential provisions extending the laws out to those groups, of allowing the elderly to elect to die not because they are ill but because they are old. Elder abuse is a real and present issue in each of our communities, but it is already there. I would not support a bill, ever, that allows people to access VAD simply because they are old, and I know that my community stands behind me in that view.

Similarly, I know that some members of my community are concerned that having a disability, dementia or mental illness could one day qualify. The criteria around voluntary assisted dying is important. We cannot get this wrong. That is why this vote is so important. We have taken a look at the possible options and decided that it should not include the elderly or those with a disability or mental illness. We here in this House are the arbiters of what happens with this legislation, and this legislation has been formulated over a painful, painstaking three-year process. These decisions should be weighted carefully by the members of this House, with our consciences and our communities consulted.

For most Queenslanders, their support of voluntary assisted dying is not unconditional. Queenslanders are smart enough to be able to understand why safeguards are needed and that we cannot simply change them at will. I have committed to the people of my electorate that I would not support those sorts of changes and that it is important that this legislation only applies to the terminally ill.

Terminally ill people, as Duncan Pegg so rightly said, do not want to die. They want to live and they fight every day to live. One man who fought every day was Tony's dad. In his own words, according to Tony, when he received his diagnosis of motor neurone in 2013 he said, 'It's like the Rolls Royce of terminal illness such was his positivity.' He said, 'I'm not young. I still have some time with my family.' He had a positive outlook and a determination to spend the rest of his remaining years with his family, but the next year he was diagnosed with a glioblastoma—brain cancer. Both of these diagnoses separately and together were terminal. Despite having two terminal illnesses, he had the treatment for cancer and recovered but he needed a wheelchair.

By 2015 Tony's dad was in a lot of pain. Tony came down to see him in Victoria before he was admitted to hospital. He declined over a period of weeks and became non-verbal and struggled to breathe. He could only move his head to communicate. There was a time in hospital when Tony was only aware his father was in pain because he could see the tears streaming down his face. He asked his father if he was in pain and he could only communicate by nodding yes.

Tony has been clear with me. He said he does not know what his father would have thought of VAD and Tony never discussed it because it was not an option in Victoria at the time. However, the suffering Tony's dad endured moved their family to lobby the Victorian government to introduce their VAD Bill. I congratulate his family on their advocacy. He said to me—

I don't want VAD because I think dad would have used it, I want it because if I were in his shoes, I would have wanted the choice.

I want to be equally clear with members that I feel the word 'dignity' has become shorthand for having control of your body and your bodily functions, which you often lose when facing a terminal illness. Of course, there are many times throughout our lives when this can happen. It sometimes happens after giving birth. There is nothing undignified about needing help when you have a degenerative illness or any other condition or if you need help for any reason. It is an act of love to care for somebody who needs it, whether they have just given birth or whether they are dying. Dignity is a condition that is inherent in humanity. For me, it is having the ability to decide on my own terms.

Each human is beautiful and wonderful from the day they are born to the day they die. Human life, I think we can all agree, is truly sacred and beautiful, but human suffering is not. I commend the bill to the House.