




Speech By
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MEMBER FOR COOPER

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VOLUNTARY ASSISTED DYING BILL

 **Ms BUSH** (Cooper—ALP) (4.44 pm): I rise in support of the Voluntary Assisted Dying Bill. I started writing this speech weeks ago when I developed the clear and unequivocal position that I would be voting this way and I have to confess that until today I was still editing these words. This is my first conscience vote in this House and I have felt the weight of that responsibility greatly, as I know we all have. Being a member of parliament is an opportunity afforded to so very few. We have unimaginable power, not just influence but actual power—power to create change for people that, if not enduring, at least matters greatly to some for a moment in time. Having worked with people and met and loved people who wanted so desperately for a moment in time, I know how important moments like this can be.

I want to formally acknowledge those who were influential in my decision today: the work of both committees and the members of the QLRC who have listened with such competence, care and sensitivity to the testimony given to them; professors Ben White and Lindy Willmott, who provided great assistance through the inquiries and throughout the debate; Andrew Denton, Frankie and their peers at Go Gentle Australia for their information, stories and connections to people and their evidence from jurisdictions that have had operational voluntary assisted dying legislation in place for decades; Craig Glasby from Dying with Dignity Queensland and his team—people like Craig have been advocating on this issue for a very long time and I appreciate their endurance; and Shyla Mills and her team from Palliative Care Queensland for giving me such honest insights into palliative care in Queensland currently.

I heard Professor White speak recently about the role that values play in this debate and I would like to take up his challenge to speak to the values that make me comfortable with the decision that I am making. Before that, I do want to be clear that it was paramount that my vote echo the sentiments of the community that I represent. Early in the debate I wrote to every household in my electorate communicating this intention and since then our office has heard from over 1,200 people who participated in a formal survey. Hundreds more have emailed me or called our office, dropped in, visited me at a mobile office or stopped me on the street. The views in my electorate reflect the broader national trend that the overwhelmingly majority of Australians support a safe, regulated, accessible voluntary assisted dying option in the circumstances where they have a terminal illness for which they are suffering and cannot recover. I want to place on record my thanks to everyone in my electorate who took the time to share their experiences with me on all sides of the debate. Comments like this from Leona in The Gap were not uncommon—

I am making this submission to support the bill so that myself and my family and friends have the legal framework in which to make important life decisions for themselves and have the support of the medical profession when they most need it.

Beata in Paddington simply said—

I believe this bill is extremely important and I completely support it.

It is imperative that our legislation reflects community standards and I am satisfied that this bill achieves that.

There are four values that I want to speak to in this debate. The first for me is truth telling. Both parliamentary committees and the QLRC inquiry and indeed interstate and international inquiries have well documented the reality that some people who do not have access to a voluntary assisted dying scheme are forced to make impossible choices between continuing to live their final weeks or months in pain and anguish or choosing a death by suicide, often in pain, mostly alone. My heart broke for the people behind the stories of those who had committed suicide and for those who loved them and for those who discovered their bodies. What stood out to me was the silence between the person dying and their family, between the patient and their treating practitioners. Whether that silence occurs through a sense of shame or through fear of their loved ones being prosecuted for assisting suicide, the result is that people are grappling with literal life-and-death choices alone. I have now heard and read many stories, including the woman who returned home from grocery shopping one day to find her husband had drowned himself in their backyard pool; of the gentleman with terminal cancer who took his life in his backyard, with his intellectually disabled son discovering his body. We have before us an opportunity to legislate in a way that creates the space for honest and lawful conversations to occur between people who are dying, for people who do not have time to spare.

I also value shared power. What stood out to me in the report, in the submissions and the stories of those who spoke to me was the urgent need to distribute the decision-making power towards those who are living with a life-limiting illness. As a patient you do not have any legal right to insist that a doctor gives you more or faster pain relief. That decision is entirely up to your treating practitioner whose personal beliefs or risk profile you may not share. The introduction of voluntary assisted dying expands the range of choices available to people at the end of their life. It does not remove palliative care as an option. It does not erode palliative care. In fact, it is my opinion that it enhances it. Voluntary assisted dying provides a choice to people; an option that, according to evidence, is palliative in and of itself. The evidence from Victoria is that two-thirds of people who are approved and prescribed an approved substance actually do not take it. It remains voluntary until the end, the decision beginning and remaining with the person, and this is important.

The third value driving me is the importance of lived experience. I draw from 20 years of both strategic and social policy and community development direct experience when I say that the most important voices in the room on debates like these are the voices of people directly impacted. Until then, and in the words of Ygritte, you know nothing. Prioritising the voice of those with lived experience takes discipline. You have to listen without interruption. You have to be comfortable in suspending your own beliefs. You have to be wise enough to recognise them as the context experts in this debate, which they are. They are the experts here.

Finally, I value the importance of an evidence based decision-making framework. Throughout my personal and professional life I have dealt with difficult and emotional topics, topics which cause such strong reactions. I have had those reactions too. It is both the beauty and danger of being human. But feelings and opinions, no matter how firmly held, are not objective facts. Here is the reality today: in Queensland right now it is legal, if you are dying and suffering beyond medical help, to end this suffering by committing suicide, often violently and almost always alone. It is legal to refuse all medical treatment, food and water and to die slowly of starvation or dehydration while your disease takes its course. It is legal for a doctor to provide a combination of approved drugs knowing that it will likely put you into a coma while your family waits for days or weeks for you to die. It is possible, and we have heard the stories, that this can happen without your consent. However, it is not legal, if you are dying and suffering beyond medical help, to end that suffering medically and with the supervision of a doctor.

Consequently, we know that a person with terminal illness dies by suicide each week in Queensland, that many more attempt suicide and survive, often with additional health complications as a result of their injuries, that individual doctors are absorbing all of the risk of having to provide the correct combination and amount of pain relieving medication that accords with a person's wishes while still remaining within the boundaries of their professional ethics without a formal legal framework for even talking about euthanasia, and that terminal sedation is occurring, at times without the informed consent of the person or their families. We have an opportunity to make this better.

This bill proposes to provide people who are suffering and dying and who meet strict eligibility criteria the option of requesting medical assistance to end their lives. The bill and the proposed broader voluntary assisted dying scheme in Queensland is based on the recommendations of the Queensland Law Reform Commission's report and fulfils the Palaszczuk government's 2020 election commitment to introduce voluntary assisted dying legislation in this term of government. At the outset the QLRC aimed to develop a draft law for Queensland that was compassionate, safe and practical. I do believe it has achieved that and arguably, if passed, it will be the most well considered legislation on this issue in Australia and I commend it to the House.