




Speech By
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MEMBER FOR GREENSLOPES

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VOLUNTARY ASSISTED DYING BILL

 **Mr KELLY** (Greenslopes—ALP) (3.14 pm): 'I want to die.' 'I want all this to end.' 'I can't take it anymore.' 'Please just let me go.' These are the words I have been hearing from people I have cared for as a nurse since I started my career just a few days after my 18th birthday. These words invoke a natural reaction to care more for the person, to explore why they are feeling that way, to see if there is more I can do. I became a nurse to care for people, to make people healthier and to make the world a better place. Since I first heard these words and cared for a dying patient just weeks after my 18th birthday, I continue to have a natural reaction to explore a person's feelings. Now I believe I have a professional and ethical obligation to do so. I also believe I have the capacity to help people.

Under this legislation if those words are uttered to me in the form of a request for voluntary assisted dying I have only one option: to refer the patient on. If I follow my ethical and professional obligations, if I follow my natural human and compassionate instincts, if I attempt to use my skills and knowledge I have gained over three decades of nursing, under this bill I could stand accused of attempting to coerce a patient into or out of VAD and this carries a significant penalty.

I have spent years working at the Royal Brisbane and Women's Hospital rehabilitation unit, often caring for people who have experienced the most horrific trauma. That unit was just a kilometre from the main hospital campus, but we were often without medical cover and there was certainly no nurse practitioner and no palliative care on-call team. There were many times when a patient wanted to die. Probably one of the most distressing situations I have experienced is to be alone in the middle of the night with a patient in deep existential crisis. You cannot call for backup. You cannot call a team in. There is nothing acute to fix. You have to dig deep and provide comfort and care.

I can see that in that situation you might want to discuss a range of options, including VAD, with a patient in this situation. Imagine my mum in a nursing home in Coolumb. Even with Parkinson's disease slowly robbing her of her voice, Mum likes a good yarn. Imagine she asked the Saturday afternoon nurse about VAD and the nurse explores that with my mum; not necessarily because the nurse supports VAD, but because they know there will be no doctor for days and certainly no palliative care available without a complex referral process that will take time. That nurse, like me, would feel an ethical and professional obligation to provide Mum with a full range of options. Unfortunately, under this legislation that nurse is exposed to an allegation of coercing a patient into VAD and that carries a significant legal risk that could end a career.

It is rare that I agree with the member for Mudgeeraba, but the member is right: this issue and this bill presents a real conundrum for nurses. The member is also right that it is an absolute privilege to care for people who are dying. You care for the person up to and beyond the point of death. You care for their family and you care for their friends. I have cared for people who have experienced death in so many different forms.

This debate has been difficult and I thank all those who have shared their personal stories. I have lived my own personal stories: my nanna, my father, my father-in-law and I am living it every day with my mother. Nearly every story I have heard in this chamber and in the community has taken me to a

place and a time when I had to care for someone in a very similar situation. I have nothing but the deepest sympathy for people who have experienced difficult death. I have seen good death and I have seen bad death. I have also seen good life and I have seen what I hesitate to call bad life—let us just call it difficult and challenging life.

Many of the most distressing situations I have had to deal with, situations where I hoped death would release the person under my care, would not meet the criteria under this bill for VAD. It is my strong professional view, based on years of experience, education, research, numerous conversations over 33 years with nurses, doctors and other healthcare professionals in real life-and-death situations and many conversations with patients, families, friends and constituents, that we can provide dignified death when we provide good palliative care. Other nurses and healthcare professionals will form a different view. I know that. I respect that. Professionals disagree all the time.

One of the last patients I cared for died in a four-bed bay separated from the three other patients by a curtain. That is much better than it was 30 years ago when I would care for people in a 20-bed bay with just a thin curtain to provide dignity. Everyone hears the noises, smells the smells and perceives the grief. Many times I emerged from behind that curtain to have a patient or relative ask me what is going on and I cannot tell them.

In that instance, that went on for two days. There was little privacy for the family and no space to allow for proper religious or cultural activities. We provided the best care we possibly could. We were all experienced nurses with hundreds of years of combined experience, but certainly there was no qualified palliative care nurse. Every patient and visitor who saw that death from outside the curtain may have formed a negative view of death. The family members inside the curtain may have had similar views about death, but I hope we helped them. I can assure people that the patient died peacefully, surrounded by loved ones. Sadly this continues to be the experience for many people.

I want to reemphasize that on many occasions I have participated in providing positive death experiences. We help people to live and die with dignity. We help their families to say goodbye, accept and heal. I believe that we need to work harder to ensure that every patient has access to good quality palliative care. I want to acknowledge all the nurses, midwives, doctors, health workers and volunteers involved in end-of-life care. I acknowledge the significant funding announced by the health minister and the Premier and I thank them for that. However, the fact is that we just do not have adequate palliative care. There are complex reasons for that and I am not going to explore those now due to a lack of time and for fear of being accused of politicising this issue, but just ask any nurse or doctor. It is a fact and it impacts people's perceptions.

I have many other issues with this bill that time will not allow me to explore, such as the qualifications of the staff who can coordinate care and the need to transfer care away from a treating team. I have raised my concerns with the Deputy Premier and I thank him for listening. I respect his position. We have been mates for over 20 years. He knows I will keep pushing for the things I believe in. I believe in palliative care and I believe that this bill can be fixed, but I will not try to amend the bill as it has been widely consulted on and considered. I will use future reviews and other mechanisms to correct the problems that I perceive in this bill. If this bill passes—and I believe it will—like many nurses I will feel an ethical and professional obligation to ensure all patients have access to all services that our society deems legal.

I want to thank the committee. I respect the member for Thuringowa's passion and his years of experience as a health professional, which have led him to views that differ to mine. I thank the member for Lytton. Our views also differ, but the member has been my conduit on this bill and has never shied away from a difficult conversation. I thank all the committee members and secretariat staff. I thank all the advocacy groups who continue to pursue these issues passionately on behalf of society. It gives nurses and other healthcare workers great comfort to know that there are people in our community who want to see a healthier society and a continually improving health system. Mostly I want to thank the people who made submissions, contacted me, shared stories and challenged my thinking. It is never easy sharing stories of loss and grief.

Due to the extremely serious legal implications for nurses and other health workers in this bill, and the other issues that I have not explored fully in this contribution, as well as my strong professional belief that palliative care can provide dignified death and that that should be our priority, I cannot support this bill. I know this will be very disappointing to many people I care about: my parliamentary colleagues, family, friends, fellow unionists, branch members and the majority of my constituents. I hope those who are disappointed know that I come to this issue with a huge amount of compassion, experience and thought. I hope nobody ever accuses me of not caring.

You do not, at two in the morning, hold the hand of a 14-year-old dying of leukaemia; you do not spend days with people who have attempted and failed suicide only to recover enough to know they are going to die in a few days; you do not sit with a person whose family has rejected them because of

the terrible things they have done, knowing you are the only human being who will be with them at the end; you do not work with people who awake with third-degree burns to nearly their entire body; you do not clean teeth, feed, bathe and comfort a 90-year-old with dementia; you do not, over a year of care, apply the prosthetic nose for a patient who has survived meningococcal disease and now faces a life with no legs, no arms, no ears and no hope; you do not try desperately to get a First Nations person to stay in a whitefella hospital because you know they are going to die of a hypoglycaemic episode if they are discharged; you do not get punched in the head by people who are demented or sick; you do not listen non-judgementally to people who ask you to keep a relative alive so that other relatives do not have to interrupt a holiday; you do not see people dying of end-stage liver failure, AIDS, leukaemia, stroke, heart disease, cancer or as the result of trauma caused by accidents, stupidity, alcohol or domestic violence—you do not see that and not care. You do not see that and keep turning up if you do not genuinely care. You do not keep trying and wishing the world would be different. You do not do those things unless you genuinely want to end suffering. You have to genuinely want to end suffering. You certainly do not experience that stuff and forget it.

I have probably shared more than I wanted to. I desperately care about people and that is why I am a strong advocate for palliative care. I will continue to care about people. I hope the good people of Greenslopes do not send me back to full-time nursing anytime soon, but I hope I get back there at some point to help people. I thank everyone for a deeply respectful debate. It is a debate Queenslanders want us to have and I fully acknowledge the Premier for leading the debate. I will respect the will of the people expressed via this parliament. I hope, whatever we decide, that we can help people to have a better end-of-life experience. I am sure that is what every nurse and health professional wants. I know that that is what the majority of Queenslanders want.