




Speech By
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MEMBER FOR MACKAY

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VOLUNTARY ASSISTED DYING BILL

 **Mrs GILBERT** (Mackay—ALP) (8.08 pm): There has been a long and considered process to get here to the Voluntary Assisted Dying Bill 2021—an inquiry by the former health committee, a yearlong inquiry by the independent Law Reform Commission and a further extended committee process. The result is the Voluntary Assisted Dying Bill for Queensland that is both robust and compassionate. It is well thought out and it is evidence based. It is patient centred and it is practical. The 12-week Health and Environment Committee inquiry into the bill, the consultation undertaken by the Law Reform Commission and the previous parliamentary committee's inquiry reflect the consultative approach that has been taken to understand the diverse views of Queenslanders.

Each year more than 20,000 Queenslanders die from life-limiting conditions. Queenslanders suffering with terminal conditions deserve to be able to consider this choice if it is the right choice for them. As Assistant Minister for Health and Regional Health Infrastructure, I would like to address a particular aspect of the bill that has been discussed throughout the committee process. Under the bill practitioners must meet minimum qualification, experience and training requirements to perform particular roles. The QLRC considered that practitioners who meet these minimum qualification requirements will typically have spent many years in practice, gaining experience in end-of-life care. Concerns have been raised by some stakeholders that there is no requirement for one of the assessing practitioners to be a specialist in a person's medical condition and that an assessing practitioner may get a person's diagnosis or prognosis wrong. The QLRC specifically considered this in drafting the bill. They noted that requiring the practitioner to be a specialist in a specific disease, illness or medical condition would be a barrier to a person's access to a scheme, particularly in rural, regional and remote areas.

Those of us from regional and rural seats know how specialist practitioners in most cases choose to only do clinics on a FIFO basis. We know that this has been an issue in Victoria. In a state as vast and decentralised as Queensland this is an important issue to get right to ensure access in regional areas. The bill provides that if either practitioner is unable to determine whether the person has an eligible condition they must refer the person to a registered health practitioner who has the appropriate skills and training to make the determination. The QLRC considered this a necessary safeguard to ensure a person assessed as eligible meets all the eligibility requirements. This is also consistent with good medical practice.

Concerns were also raised that a person is not required by the bill to see a palliative care specialist. The QLRC did not recommend that a person should be required to see a palliative care specialist. The bill requires that if a person is assessed as eligible for voluntary assisted dying, both assessing practitioners must inform the person of a range of matters, including palliative care and treatment options available and the likely outcomes of that care and treatment. This will ensure the person can reach an informed decision.

The coordinating practitioner and consulting practitioner must have completed approved training before undertaking a person's eligibility assessments. The chief executive of Queensland Health will be required to provide the training and publish details of the approval on the Queensland Health website. The training will be developed during implementation. The training requirements will ensure high-quality, safe care by requiring practitioners with key roles in the scheme to be aware of their responsibilities. There is also a requirement for participating practitioners to meet any additional requirements approved by the chief executive of Queensland Health. This is similar to the approach taken in Western Australia, which has comparable geographical challenges to Queensland.

Specific eligibility requirements were also developed for administering practitioners to ensure accessibility to the scheme in rural and remote parts of Queensland. This bill authorises nurse practitioners to act as administering practitioners. This facilitates access to voluntary assisted dying for those Queenslanders residing in rural and remote areas where there are fewer medical practitioners. Further work will be undertaken during the implementation to ensure that this scheme is accessible to Queenslanders in regional areas.

The Queensland Law Reform Commission undertook extensive research and analysis on voluntary assisted dying to provide the best legal framework for Queensland. The committee has recommended that the bill be passed in its current form. This is a deeply personal matter and the centre of the decision should be around the people who are suffering with life-limiting conditions and their right to make a choice about their end of life. I have consulted with my community with my own survey which showed that 85 per cent of respondents are in favour of safe legislation for voluntary assisted dying. I have had many conversations over the past three years with people with a wide range of opinions: people who want the bill to go further and faith based people who believe there should be no legislation at all. I believe that people should be afforded the ability to make their own decision about their death when the time comes without the belief systems of others being placed over their personal decisions.

Bridgeen Dougherty, a courageous woman in my electorate with C4 ovarian cancer, wrote these few sentences for me to share with you—

My fear is not of death itself, it is the fear of a long, drawn-out process of pain and agitation before dying occurs.

This is not only to my detriment but to that of my loved ones who stand by feeling helpless and distressed and left with the memory of how I passed when death could be achieved more humanely.

After all, we afford our animals this right to die without pain and with dignity; why not us?

I commend the bill to the House.