




Speech By
Lachlan Millar

MEMBER FOR GREGORY

Record of Proceedings, 14 September 2021

VOLUNTARY ASSISTED DYING BILL

 **Mr MILLAR** (Gregory—LNP) (5.58 pm): I rise to speak in this debate on what is probably the most important bill that will come before this House in my time as a member of the Queensland parliament. I do so humbly, having consulted with my constituents and given several aspects of the bill and the debate itself careful consideration. It is in this narrow space that we are being asked to debate, because at the end of the debate we will have to cast our votes on a compassionate sounding idea but actually we will be voting on the meaning of the written law that is in front of us.

This bill, if passed, will affect all Queenslanders and will change forever the fundamental duty of the state to protect the inalienable right of Queenslanders to life and to the security of their person. It will also fundamentally change the relationship between the patient and those doctors and nurses who late-stage patients are totally dependent on for pain relief and for even the smallest dignities of life. Most of all, this is a public policy change with huge implications at the very foundation of the relationship between the state and the individual.

I understand the arguments of those who have borne a horrible burden or witnessed a loved one die a death that has been both unpreventable and full of suffering. Close families members in my own family have experienced that. All of us could not help but be moved to pity and distress by the stories that have been recounted to me and publicly in the media. I do not dismiss these events and the emotions they have stirred in the recounting. Both the events and the impact on the loving witnesses are as real and as wrenching as a human experience gets. However, the emotional argument is not sufficient grounds in itself for a legislator to tick through legislation of such gravity without a thorough examination of the laws we are being asked to pass.

Despite the conscience vote granted to MPs, we are still elected by our constituents to act as legislators and we have an absolute responsibility to our electors to examine this legislation and its possible effects on the real world. Otherwise, why not just pass the laws by a referendum? As a parliamentarian, I do not believe I have the luxury of voting solely on the basis of my own emotions or my own feelings. Despite having been granted a conscience vote, when the laws being discussed will be what determines life or death for my fellow Queenslanders, I believe I must examine the laws being proposed in the context of the actions or inactions they will create and operate in.

Many constituents have raised with me the deep concerns that these laws conflict with their religious beliefs. These are good people. They see this legislation as taking away their religious rights. The religious objections do not pertain solely to Christianity but emanate from all the great world religions. I can say this should not be an emotions based examination, but I cannot dismiss religious objections in the same way. This is because Queensland—indeed all western democracies—have a formal relationship between the state and religions that is fundamental to the nature of the western democratic state. Under the UN Charter's Universal Declaration of Human Rights and under Queensland's own Human Rights Bill 2018, religious belief is granted formal protection as well as

protections by longstanding convention. Indeed, the Queensland legislation protects freedoms of not just religion but also freedom of thought, conscience and belief. How will this voluntary assisted dying legislation impact those protections?

There are two parties to consider here, the patient and the practitioner. It is clear from the inclusion of the word 'voluntary' in the title of the bill that there is no intention to remove the patient's freedom of thought, conscience, religion or belief. However, many doctors and nurses have been distressed to discover that it will affect their freedom of thought, conscience, religion and belief, and it completely ignores any institutional right to deny voluntary assisted dying. The threat of these laws will be ever present in aged-care homes, nursing homes, hospices and Queensland hospitals. There are also not sufficient protections against coercion. As I have said previously, we must examine these laws in the context in which they are going to operate.

Here is some context to consider. We live in a time when the elderly are going to outnumber young adult taxpayers. As a result the burden of care will fall more heavily upon fewer shoulders. We have just had an inquiry into a shortage of aged-care places at a national level. There is already a shortage of both high needs care and less complex aged care and even independent living for the aged. At both a state and a federal level there are currently inquiries into social isolation, loneliness and the elderly, chronically ill and those with mental illness are all the key demographics. Government and not-for-profits have both had to set up units that work in that area for elder abuse.

Most country Queenslanders have no access to palliative care. This is the context this bill will operate in. One of my concerns is—and this is one of my major concerns—I know the pride of country Queenslanders. Country people are such that both men and women will sign up to avoid being a burden on their own families. What makes this worse is that country Queenslanders are being asked to accept the voluntary assisted dying laws before they even have equal access to palliative care. This is what is distressing me most of all. At the moment many of my constituents cannot access any form of palliative care. Those who can are not usually eligible for palliative care until they are actually about to die or until they have a life expectancy of less than three months. If this bill passes, they can sign up for voluntary assisted dying when their life expectancy is still 12 months. I have great concerns about this.

I have great concerns about people living in rural and remote areas where they may have received the news that they have a terminal illness and they do not want to be a burden on the family. They do not want to move to the coast or move to South-East Queensland; they do not want to put that burden on their family. They may even think because of their state and because of the sadness and the mental health issues, 'It might be best if I go early.' I do not want to see that. I want to see rural and remote Queenslanders have the same access to palliative care as people in South-East Queensland. I would not deny South-East Queensland having that access to palliative care; they deserve it. However, we also deserve it in rural and remote Queensland.

The Queensland Law Reform Commission said that it is imperative that people have the full range of options available. They also stated that regardless of whether these laws are introduced, palliative care must be adequately resourced and supported. Palliative Care Queensland, the Queensland Specialist Palliative Care Services Medical Directors' Group and the AMA Queensland have said that the annual investment of an additional \$275 million is needed if all Queenslanders are to have access to care of a genuine choice. This can be absolutely achieved if the government wishes. Knowing this, the government has offered \$171 million over six years. This is a huge shortfall. It is \$247 million short per annum. In the current context, it is barely a down payment and so it is impossible to see this bill as an expansion of civil rights or sacred end-of-life choices.

As a country MP, as the member for Gregory, I absolutely cannot vote for these laws that do not adequately address what I see as an absolute essential first, and that is palliative care. I will repeat what I said earlier—and I thank the deputy chair of the Health and Environment Committee and the member for Southport, Rob Molhoek, for what he said in his contribution about what we experienced in Boulia a couple of months ago. I took the member for Southport to Boulia to work on some mental health issues we have in Boulia, and we also had some meetings with our locals, as we usually do when we go to Boulia. This is just a typical situation in which we find ourselves in rural and remote Queensland when it comes to palliative care.

We sat down with a well-known Indigenous family in the area who had just lost their sister. She was in the Mount Isa Hospital and because she was not receiving the pain relief she needed, she booked a ticket on a bus from Mount Isa to Toowoomba. By the time she reached Toowoomba she was in so much pain and discomfort the bus driver called ahead for an ambulance and she was taken to the Toowoomba Hospital. Once receiving the right treatment for pain, she eventually caught an Angel Flight

back to Mount Isa and was picked up by her sister and taken back to Boulia. She was terminally ill. While her family were talking to palliative care specialists on the phone in Boulia she passed away, and that is very sad. We are a better state than that. We need to look after people in rural and remote areas a lot better.

I felt terrible. It was an example of where we are missing when it comes to palliative care in rural and remote areas. I do not expect us to have major hospitals in rural and remote areas, but I do expect us to have some level of service for end-of-life choices for these people. I hope that the government will look at palliative care and look at delivering palliative care to these rural and remote areas. Whether people are in the seat of Burdekin or the seat of Warrego, a lot of Queensland does not have the access we need when it comes to end-of-life choices. I call on the government to please have a look at that. I will say at the end of this debate I will be voting against this bill.