




Speech By  
**Hon. Meaghan Scanlon**

**MEMBER FOR GAVEN**

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### **VOLUNTARY ASSISTED DYING BILL**

 **Hon. MAJ SCANLON** (Gaven—ALP) (Minister for the Environment and the Great Barrier Reef and Minister for Science and Youth Affairs) (7.04 pm): ‘The way I die must not and cannot be anybody’s choice but mine.’ That is what my late friend Paul Bennett, who was the coordinator of Dying with Dignity on the Gold Coast, told this parliament in 2018. Paul sadly passed away last year in his sleep from the effects of a congestive heart disease after enjoying a gin sour on the balcony while soaking up the last warmth of the setting sun. Paul was a unique and persistent man. He was going blind but continued to hop on his bike, often to the detriment of anyone in his path, and pop into my mobile offices to ask for updates on this bill. He even joined the Labor Party, I suspect, in an effort to be able to remind me each month to hurry up.

Paul spent his moments fighting for other people to be able to die with dignity. Fighting for people like John Ancliffe, who lives on the Gold Coast and was diagnosed with motor neurone disease. John went from being a distance runner and playing in a rock band to being unable to walk, unable to talk and has difficulty even chewing and swallowing. He wakes up every day knowing his condition will deteriorate until the point where he can no longer breathe. Last night outside this parliament John’s daughter made an incredibly powerful and desperate plea saying—

Dad either has to take this illness to the end and die in that undignified, painful, slow progress that the illness is going to give him or he takes his life by his own hand.

But we can give people another choice. Every member in this chamber has the power here this week to give people like John control over how they choose to die. Without that choice, 168 Queenslanders suffering from a terminal or debilitating physical condition died through suicide in one financial year according to the National Coronial Information System. Those people died desperate and often alone avoiding incriminating their family.

The first responders who must deal with the impacts of these avoidable tragedies spoke powerfully in support of this legislation. People like Phil, who has over 30 years experience as a registered nurse, including seven years in a large palliative care facility and seven years as an advanced care paramedic, shared his experience saying—

I attended two suicides where it was known that the person killed themselves because they had either a terminal or an advanced progressive incurable debilitating condition. Both patients were men with self-inflicted firearm blasts to the head ... Reading the man’s suicide note was awful. He spoke of his love for his family and how he could no longer tolerate the symptoms he was experiencing in his terminal decline.

It is hard to imagine the depth of desperation that people are left in and difficult to understand without lived experience. The fact is that any one of us could find ourselves with a terminal disease or condition where our last months, weeks or days are excruciating. It is my firm belief that we should have the right to choose to end our suffering on our terms if it becomes too much because ultimately this whole debate is about choice.

As we have seen in Victoria between June 2019 and December 2020, 32 per cent of people who were granted a voluntary assisted dying subsequently died without choosing to utilise that relief. For many there is solace in knowing they will have control over their end of life even if they never enact it. No-one is disputing that we need and deserve a good palliative care system.

It is why the Palaszczuk government has already announced \$171 million of extra funding. It is why, as the Deputy Premier mentioned this morning, we funded cuddle beds at Robina Hospital's palliative care ward so that loved ones can stay close in those final moments. I want to acknowledge the thousands of nurses, doctors, carers and volunteers across this state who are providing compassionate, appropriate palliative care to families in their most challenging moments.

All of this does not take away the fact that all suffering cannot be relieved by palliative care, no matter how professional and skilful our health staff are. Health staff do all they can for terminally ill patients through sedation, withdrawal of treatment or intensified pain relief to help those with unbearable pain and suffering, even if this may ultimately cause death. Sometimes this provides sufficient relief; sometimes it does not.

Those who oppose this legislation seek to make this a binary issue between palliative care and voluntary assisted dying—but it is not. Both play an incredibly important role in our holistic system of care. It is with this in mind that this legislation has gone through such an extensive and rigorous process. It has been drafted by the QLRC and considered through multiple parliamentary committee processes.

It will allow a person with an eligible condition that is advanced and progressive, causing suffering that is intolerable and expected to cause death within 12 months to access voluntary assisted dying. They must be at least 18 years old, have a decision-making capacity, be acting voluntarily without coercion and fulfil a residency requirement. They will need to be assessed separately and independently by two doctors. They will need to make three different requests at least nine days apart from the first and last request. It is a comprehensive, evidence based and compassionate bill. Amendments on the floor of parliament would undermine all of the work that has been done and all of the people who submitted to this process.

I appreciate that people hold very different views to me on this issue and that is okay. While I support religious freedom, I do not support the rights of an institution to overrule the freedom of an individual to make the best choice for their own health care in their final moments.

For me this debate drills down to two really fundamental questions: as elected representatives, what do our communities think and what does our conscience say? Poll after poll has shown the overwhelming majority of Gold Coasters support this reform. Like many in this House, I have been inundated with feedback from health staff, children, parents and friends who have watched someone they love suffer and endure those last days, weeks and months.

My story is no different. I was seven years old when my dad was first diagnosed with cancer. I remember sitting in the room during his first day surgery, just around the corner from where my office now sits, when his first innocent looking freckle was cut out. His battle with melanoma was long and taxing—from diagnosis to radiation, chemotherapy, drug trials, surgery after surgery and relapse back and forth.

I can distinctly remember him being extremely unwell and taking me to the shops to buy a gift for Mother's Day and seeing people stare at him because half of his face had been permanently paralysed from the cancer wrapping around his facial nerves that had to be removed. He needed a walking stick because the melanoma had grown so harsh through his body, through his hip, creating a hole in his bone.

My dad was a proud and stoic man—a former police officer, six foot two and built like a brick, but by the end there was not much left of him. During those last few weeks and months, he could only eat pureed food and could not go to the bathroom by himself. My mum, five foot three, had to get him into a special chair and wheel him to the toilet. For my mum, the cruellest part was that there were no final hugs because he could not bear to be touched. He wanted to die at home, but that did not happen.

Compared to some final moments, his death would be considered a good death. I was 13 years old when he finally died. When you grow up watching someone you love go through that, it cannot help but frame your understanding and empathy for those who are suffering and who die suffering far greater than he did. It cannot help but make you consider what would be classified as a bad death. Who am I to deny that relief? Who are any of us to deny that relief?

For too long this issue has been put in the too-hard basket. For many, including myself, it is reform that has been a long time coming. This bill is not about a choice between life and death. That fate has already been determined. This will not cause a single extra death; it will just ensure less suffering. I commend the bill to the House.