




Speech By
Patrick Weir

MEMBER FOR CONDAMINE

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VOLUNTARY ASSISTED DYING BILL

 **Mr WEIR** (Condamine—LNP) (6.22 pm): I rise to make my contribution to the debate on the Voluntary Assisted Dying Bill 2021. Like all members in this House, I have received a great deal of correspondence and feedback with regard to this particular piece of legislation. Due to the very nature of the bill, much of the feedback received has indicated a very strongly held position on both sides of the debate. This is not surprising at all. I fully expected that this would be the response to the legislation before us. This is the reason the Leader of the Opposition, David Crisafulli, has offered all members of the LNP party room a conscience vote on this contentious bill.

The policy objectives of the bill, as outlined, are to: give persons who are suffering and dying, and who meet eligibility criteria, the option of requesting medical assistance to end their lives; to establish a lawful process for eligible persons to exercise that option; to establish safeguards to ensure voluntary assisted dying is accessed only by persons who have been assessed to be eligible and protect vulnerable persons from coercion and exploitation; to provide legal protection for health practitioners who choose to assist, or not assist, persons to exercise the option of ending their lives in accordance with the bill; and to establish a Voluntary Assisted Dying Review Board and other mechanisms to ensure compliance with the act. The bill states that, for a person to be eligible, the eligibility criteria includes: suffering from a disease, illness or medical condition which is advanced, progressive, causing intolerable pain and will cause death within 12 months; a person must still possess a decision-making capacity; the person must be acting voluntarily and without coercion; the person must have reached the age of 18 years; and the person must be an Australian citizen.

Like all members in this House, I have heard many tragic stories of family members who have had the distressing experience of watching a loved one suffering a painful and lengthy death. These stories are heartbreaking and there would be few in this House who have not experienced this situation with someone who is dear to us. None of us know how or in what circumstances we will leave this earth. We only know that at some time our turn will come and we hope it will be merciful and pain free. Regrettably, this is not always the case. The intent of this bill is to give a person enduring intolerable pain the choice to hasten the end of life and bring their suffering to an end. None of us could disagree with that sentiment. The question is: is this bill the vehicle to achieve this outcome and does it have sufficient safeguards in place?

To gain an insight into the support or opposition to the bill, my office started collating all constituents' opinions from when the bill was first introduced to the House. A survey was also conducted within the electorate of Condamine. I met with welfare organisations, aged-care and palliative care providers, medical practitioners, religious groups and concerned individuals to discuss the intent of this bill. They all provided me with information from both sides of the argument. The objectives of the bill raised issues ranging from inadequate safeguards to unintended consequences to religious and ethical grounds. I come from a family with a very strong Catholic faith, both on the Weir and the Coonan sides, and I can fully understand those concerns. Those reservations are genuinely held. I do not doubt anybody's faith. There are a number of issues which fall into the concerns that are raised on religious

grounds. Firstly, any person who finds themselves in this unfortunate position can refuse end-of-life treatment and instead opt for palliative care or simply let nature take its course. It is a voluntary based scheme. That decision remains with the patient.

For the faith based health providers, it is a little more complicated. I have heard government members state that these health providers would not be forced to participate. This is at odds with what these health practitioners are saying to me. There are very real concerns that the legislation does not adequately ensure this. Whilst it is a voluntary opt-in scheme for the patient, it also needs to be a voluntary opt-in scheme for the health service providers and staff asked to administer the life-ending drug. If staff are forced into a situation where they feel they have no option other than to participate in ending a life, this will have significant mental health impacts.

The qualifications of the referring medical practitioner were raised as a concern, mostly by those in the medical fraternity. There were some questions regarding the experience of a graduate after only practising for, say, five years to make this important decision. The bill states that the referring doctor must ascertain that the person is suffering with an incurable disease and would die within 12 months, is of sound mind and has decision-making ability. This decision is not dependent on a recommendation from a psychologist or a psychiatrist; it rests with a general practitioner.

This decision would also need to include that the person had not made the request under duress or coercion. How can this be 100 per cent guaranteed? I think this decision could possibly be open to some conjecture or challenge on a number of fronts. We need to also acknowledge the family and the patient may not be completely in agreeance on a particular course of action. As one doctor who has worked mainly in the palliative care area said, 'You often have to balance the wishes of the patient with the wishes of the family,' which leads to another matter which was raised by a large number of constituents. The bill states that the person must make the decision voluntarily and without coercion. How can anyone guarantee that? The likelihood that there has been a certain amount of coercion and pressure is very real. This is what the doctor I quoted earlier was speaking of when he said that you are often treating the family. As we have heard many times in this debate, it is a deeply distressing experience for the family to endure. It is a sad fact that elder abuse is a reality, and I am sure all members in this House would have had to deal with this sad issue on some occasion when constituents request assistance from them as the local member.

As a regional member, it is important that I comment on palliative care. In many areas of rural and regional Queensland, palliative care provisions and options are sadly lacking. Whilst a substantial funding increase is necessary, this is not simply a monetary issue. Accessing suitably qualified staff to live and work in the regions is a very real challenge. We are seeing this in our aged-care facilities, and a number of them are facing closure due to staffing issues.

Regional Queenslanders are fiercely independent and hate to think they are a burden on their family, aged-care provider or anybody else. They like to soldier on in surroundings familiar to them and are loathe to ask for help. Given the shortfall of palliative care in the regions it is a very real possibility that our rural patients may see VAD as their only option.

As I stated at the beginning of my contribution, we have kept a tally of all constituents who contacted the office of Condamine on this issue. We only recorded those who reside in the seat of Condamine. Unlike some of the results we have heard from other members in this debate, the final result in Condamine was 64 per cent opposed to the bill with 34 per cent in favour. Given the concerns of my community, which I also share, I cannot support the bill. I am aware that some will be disappointed at my decision, which was always going to be the case whichever way I voted. I just ask for your understanding. I value all opinions, but this is the position that I have taken.

There will be a number of amendments moved by the member for Toowoomba South in consideration in detail. It is vitally important that these amendments are debated. During the debate on this bill we have heard many truly tragic and sad events which members have witnessed or relayed on behalf of others. We have heard very little during this debate on the actual legislation which this bill is comprised of. I cannot remember in my time in this House so little debate devoted to the actual legislation. We need to have this opportunity in the consideration in detail.