




Speech By
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VOLUNTARY ASSISTED DYING BILL

 **Mr RUSSO** (Toohey—ALP) (6.40 pm): When I was 20 I watched my father die from pancreatic cancer. In the late 1970s being diagnosed with or even detecting cancer was not as efficient as it is today and it took some time for Dad to be diagnosed. I was the eldest so I have a pretty clear memory of what was happening. I remember Dad being sick and no-one being able to tell us what was wrong with him. I recall Dad being laid up in bed and the GP, whose doctor's surgery was just around the corner from where we lived, being dragged out of bed to visit him. The GP was angry that we had disturbed his peaceful night. I remember how he hurt Dad when he examined his stomach as Dad indicated where the pain was. At one point there was talk of Dad talking to psychologists because the consensus by the medical community was that his issue was a psychological one and not a sickness issue.

As I have mentioned in this place previously, we were a big Catholic family. There were six of us. The youngest, my brother, Paul, I think would have been about eight at the time. Once Dad was finally diagnosed, the disease had progressed too far. I am not sure if anyone here knows the stages that someone with pancreatic cancer goes through. If caught very early it can be curable. However, most times, and this was certainly the case with my dad, the disease is incurable. I can assure members that it was very painful to watch him to die.

We are here today to debate the voluntary assisted dying legislation that has been designed to give individuals who are suffering and dying an additional end-of-life choice. To be clear, this is not a way to end life for those who are not dying. It will only be available to people who are dying from an incurable disease. This will not result in any extra deaths, just less suffering. This is not about taking away from palliative care support. Voluntary assisted dying and palliative care are not competitors. It is not an either/or situation. Both can and should coexist.

My mum was a nurse so she and her mates who were also nurses rallied around to help my dad. They were able to provide him with the care that he desperately needed by the time of his diagnosis, but it was not enough. It never could have been enough. Palliative care cannot do it all. Even with the most modern of medicines there are some situations or patient issues, problems and suffering that cannot be addressed despite the first-class care and support the patient is receiving. This voluntary assisted dying law is about choice. It will allow eligible people who are dying to choose the timing and the circumstances of their death. It will give them an option that can limit suffering at the end of their life.

Like others in this chamber, many people have reached out to me with their points of view on the bill. Some people were strongly opposed to it. Some had researched and formed their views. I want to acknowledge their points of view and to state that I do respect their right to have those views and to make their own choices for themselves.

Sadly, there were others whose point of view was based on incorrect claims and who demonstrated to me that they would not take the time to understand the fallacy of those claims. Those claims included: that the Voluntary Assisted Dying Bill will force people or workplaces to participate in

voluntary assisted dying against their will; that nurses and other clinical staff may be forced to handle lethal drugs and be exposed to euthanising vulnerable people under their care; that the Voluntary Assisted Dying Bill will expose people to criminal investigation if they discuss other options to voluntary assisted dying with their loved ones or those that they provide care for; that it will force hospitals and aged-care facilities to act contrary to deep philosophical objections; that people will be forced to go against their will and they will be pressured to take their life; that wrongful deaths will occur from incorrect diagnosis and prognosis, coercion and elder abuse; and that, if passed, the bill will be likely to lead to an increase in the total number of Queenslanders who die by suicide. Those claims are wrong. A review of the proposed legislation shows the error of the claims.

Let me talk briefly about the claim that the legislation will lead to an increase in suicide and why those who call the legislation a 'suicide contagion' are wrong. Let us look at Switzerland to see how suicide rates have changed since they first introduced assisted dying in 1942. In Switzerland the only requirement for providing assistance to someone is that the assistance is rendered for non-selfish purposes. That is it. The hysteria being bandied around about suicide contagion does not mention the suicide rates in Switzerland. That is at best ignorant and at worst deliberately omitting to observe that the general suicide rate in Switzerland has dropped significantly and consistently.

To be clear, in Switzerland there have been zero cases of minors receiving assisted dying and the recorded data shows that cases of people under 35 years are uncommon. The false claim that minors will be forced to choose suicide is just that—false. The Switzerland experience has shown that by helping people get the medical care they need assisted dying is only considered when other avenues have failed to provide acceptable relief. That is what we are talking about here: helping people—helping them to get the care and support they need and to provide them with a choice. It is about being human and compassionate.

To the many people who shared their very personal experiences of losing a loved one, I say thank you. Thank you for taking the time to relive what was a very traumatic experience. At times the stories were confronting. It brought back memories of how Dad died. In my view, on this topic we should not impose our personal views on others; that is, if a dying person is suffering and they wish to exercise the choice of voluntary assisted dying, who are we to say that that is not a valid choice? It is an intensely personal decision.

I live in a multicultural and diverse community and, at least here in Queensland, I believe people should have the freedom to live their lives according to their own values and moral codes as long as they are not causing harm to others. I support this legislation to give individuals who are suffering and dying a voluntary and additional end-of-life choice. I commend this bill to the House.