




Speech By  
**Robbie Katter**

**MEMBER FOR TRAEGER**

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**VOLUNTARY ASSISTED DYING BILL**

 **Mr KATTER** (Traeger—KAP) (4.13 pm): I wish to quote from someone who put what I want to say more eloquently than I ever could. He said—

There is probably no more important issue in contemporary bioethics or a more serious ethical decision for our parliaments ...

...

This is a threshold moment for the country. No matter what justifications are offered for the bill, it constitutes an unacceptable departure in our approach to human existence and the irrevocable sanctity that should govern our understanding of what it means to be human.

...

In both practical and moral terms, it is misleading to think allowing people to terminate their life is without consequence for the entire society.

That was said by Paul Keating before the Victorian legislation was put in, which I understand is much weaker than what is being proposed here.

I consulted on this bill, like many members did. I think I went to more effort than I have with any bill in my time here. I deliberately engaged with people who I knew disagreed with me. We had some very meaningful exchanges and agreed to disagree. One of those was with a fellow who goes right to my next point. He is a tough old miner who said that he had a piercing pain. He was describing it to me and he said, 'I just don't want to go through that. I still want to live and see my grandkids but I can't deal with the pain.' I reflected on that. I know the stories of the inadequacies and inequities in our health system, and I wondered if he was getting the right advice. I questioned him on that and he said, 'I heard from one doctor so that's it.' That really summed it up for me, because we cannot disconnect this legislation from the fact that there are inequities in health. This is really the major point I would like to make in my contribution.

The key message is that there are inequities in health care and this then becomes a question of rich versus poor in how this legislation rolls out. I am sure this effect is not intentional, but no-one is going to convince me otherwise that this is not the effect because I live and breathe it in my electorate. I see the inequities. The proposition I am making is that health care diminishes, perhaps incrementally, the further you move out from the Brisbane CBD and the metropolitan areas. People who are facing the end of their life with a terminal illness in remote areas will invariably stare into a different looking future than if they had private health care and lived in the middle of Brisbane. It would be a completely different future, so there cannot be the same decision-making made under this legislation. I do not think that has been properly considered by people when they are filling out these surveys or when they are casting their vote.

I will give some healthcare statistics from my electorate. People in very remote areas are 24 per cent more likely to die from cancer. I represent some of the lowest socioeconomic regions in the state and that same data says that people in the lowest socioeconomic areas are 37 per cent more likely to

die from cancer. Mortality rates are 1.4 times higher for males and 1.8 times higher for females. Potentially preventable hospitalisation is 2.5 times higher in very remote areas compared to major cities. We have well-established inequities in health, and I live and breathe this.

I say to people here that a hypothetical Mrs Smith from Burketown is not going to face the same end-of-life decisions as a hypothetical Mrs Smith who lives in the middle of Ascot with private health care and has regular visits from her surgeon and a nice palliative care unit. They will have completely different decisions and I do not think anyone can get away from that. I would love someone to try to address that or argue with it. I have turned it over in my head and I cannot see how you can argue with that.

What is more, this effect is already taking place with dialysis. There was a well-documented case of a person in my electorate. He was in Cairns, away from his family, to receive dialysis. His son died and he said, 'I'm just going to move home. I don't care if they haven't got a chair for me. I don't care about the shortcomings in the health delivery out there. I'm just going to die.' Doesn't that speak volumes? In the context of this legislation, he was saying that there was not enough health care for him at Mount Isa but he did not care—'I'm just going to die.'

Members are going to say that this is not a rich versus poor thing, that this is not going to inequitably affect people in remote areas, or poor and disadvantaged people who might live at the back of Ipswich, more than it affects people who live in wealthy areas and who have a nice cosy run until the end. This is something that needs to be addressed. It is a question I ask members to consider before they cast their votes. I think it is a really important question that members need to ask themselves.

Then it is only a matter of geography in terms of where one lives. This is indeed a case of the haves and have-nots. It was put to me: am I going to question the integrity of doctors? Of course, I would question the integrity of anyone. That is not to say that all doctors are bad. However, to think we are going to pass legislation that will properly address coercion or that permits this performance by doctors is just arrogance or naivety; I do not know which. Of course that is going to happen; it will be exploited. Currently we have the safeguard of not having these laws in place, but the government is handing the keys to people.

I do not agree with the previous speaker. We are not always going to get the best outcomes for people. We might have the best intentions, but we are not always going to have the best outcomes when people come together. We are flawed. We create problems. We have had this social and cultural norm embedded in our society for thousands of years that life is precious and we must preserve it at all costs. Now we have the arrogance to say we are going to throw that out the window and test it. If anyone studies the word 'relativism' and the impacts of relativism, they would see that everything will then be on the table. Once we hand over the keys and jam our toe in the door so that life can be taken for certain reasons, it will only be a matter of years before the threshold is crossed and we start testing other areas. We did it with abortion; we came back during the last parliament to expand the powers of abortion. We will be back here in three years; we will be tinkering with the edges. It is what has happened overseas; they started tinkering with the edges as soon as it was passed.

I am sure there are many honourable members here who really believe in this, and I do not question that at all. However, they cannot deny that there is a political element to this, and that can be seen by the way it came through in the election campaign. When these things come in, there is a political element to it. Those opposite cannot deny that. We all trade in politics here. It is a big part of this. Politics will carry it and politics will continue to attack this.

There is an element of this which is the cultural divide and the battle that needs to be had out there in the public. Honourable members need to come and fly their flag every parliament to show that they are going to tear down some of these institutions. That will keep going and going. This is the big one because they are opening the door on taking people's lives. Many of the arguments that the government are bringing forward are legitimate and there is a lot of rationale to them, but they cannot deny that this is a watershed moment, that they are opening the door on a very big issue.

I turn now to the subject of coercion, and we have a very limited amount of time to talk about these things. Are we going to have the right picture on things? We saw the health minister stand up and talk, reflecting on the abortion legislation and responding to questions by saying that the number of abortions has gone down, which was just incorrect. It is entirely incorrect. It has gone up by 60 per cent. That is okay. We lost the fight on abortion and they won. That is fine, but they should be honest about the impact of it. If they have not been honest about that, how can we trust them to go forward with watershed legislation when they say, 'Trust us, we will put in place enough laws to prevent coercion.' I certainly do not trust them. I heard in the initial speech that faith based institutions will not be forced to participate. All I can say to that is I totally disagree. They might say palliative care should not be brought

into it. That is lovely. However, they should come out to Mount Isa and look at our palliative care units. The member for Southport met the lady from Boulia. He should go and talk to them about their prospects in palliative care because they might be very different to the ones experienced in some other electorates in the nicer, more modern hospitals.

The subject of polling has been used against us. Members have asked if we are listening to our people. Of course I am listening to my people. If a poll in my electorate has the result of 80 per cent, it does not mean we naturally agree with it. We take our principles and values to the election, which I did; and this came out before the election. People vote and we wear that at the next election. We are not a voting algorithm that only monitors polls in everything we do. We might take good notice of it, but it does not mean we have to agree with it. Some people are saying we have to agree because it was polled. No, I have my values and my thought processes. This is a very complicated question. It cannot be abbreviated into one question that we ask someone over the phone. That is nonsense. We need the rigour of investigation, reading input, talking to doctors and talking to people. Did everyone who answered that poll have that benefit? I am not sure they did.

In conclusion, we are not ready for this legislation. I move the following amendment—

That the words “now read a second time” be deleted and the following words be inserted:

“considered further after the state government has committed to provide the required additional funding of \$275 million per year to palliative care delivery.”

I table that amendment.

*Tabled paper:* Voluntary Assisted Dying Bill 2021, amendment to second reading motion moved by Mr Robbie Katter MP [1384](#).