




Speech By
Rob Molhoek

MEMBER FOR SOUTHPORT

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VOLUNTARY ASSISTED DYING BILL

 **Mr MOLHOEK** (Southport—LNP) (3.17 pm): There is so much to say in only 10 minutes. Those who have had the opportunity to read my statement of reservation will see I had 27,000 words to say about this issue. I would like to open by quoting a former member of this parliament, Mark McArdle, the former member for Caloundra. He makes this comment—

There has been no explanation as to why the committee determined to separate the reports into VAD and Aged care, end-of-life care and palliative care. It could be argued the VAD report had a predetermined outcome.

It could be argued that a combined assessment would have achieved a greater balance between the desperate needs for improved palliative care and equally determined the value of palliative care in today's modern society and its relationship to VAD.

The separate report could be read to advocate VAD over palliative care, and that is a great travesty.

I particularly honour Mark for the hard work that he did in steering our side of the House through those two very important studies.

Today I rise to fundamentally support the principle of choice. I have wrestled with this at length over the past three months. While choice is afforded to those who are suffering, and I believe that is an important principle, I am concerned that that same freedom of choice is not extended to entities. I want to quote briefly from Rebecca Burdick Davies, the Director of Strategy and Mission for Catholic Health Australia. In a public hearing she said—

... our members have provided cradle-to-grave care for Queenslanders, as I said earlier, in many cases for more than a century. We can be trusted. That is something I would like to repeat a few times today: we can be trusted to provide compassionate care for every person in every circumstance. What I think is extraordinary about this bill is that it dismantles our members' ability to pursue that mission of compassionate care.

As I stand in the House today, my appeal to all members is simply this: when we do come to the point in the week when we consider the amendments, if there is one amendment that members would be prepared to cross the floor to support I ask that it be in support of our entities because freedom should be universal. Can members imagine if we were seeking to pass legislation in this House that would direct universities as to what they should teach or, dare I say, that would suggest to McDonald's that they have to start selling KFC nuggets? I know that may seem something of a trivialisation, but the fact is that freedom is one of the foundational principles of our democracy and freedom of choice should apply to every aspect of our policymaking and our legislating because it is a fundamental principle that underpins what makes this nation and this state so great.

Like many members of the House, I have canvassed my community. I have to say that there is very strong support for VAD. In fact, over about a seven- or eight-year period through successive surveys, as well as another survey that I did around the time this legislation was released, more than 75 per cent of my constituents reinforced that view. However, I am concerned that there are aspects of this bill that will disappoint some. One of those issues particularly relates to the issue of advance health directives because the bill does not address that. Some would argue that this is, in fact, VAD lite. Without getting into a debate about the wrongs and rights of voluntary assisted dying, I am concerned that there are aspects of this bill that are somewhat, if not a little, misleading at a broader level.

In my statement of reservation I shared some very deep and personal experiences of death. At the commencement of the public hearings I sadly received news that my niece, who lives in Tasmania, has been diagnosed with terminal cancer. Sadly, it is the same cancer that took her mother about 15 years ago. Sadly, the health system has failed her because she waited 12 months for what should have been a routine check at the hospital, in the public health system, and by the time they finally got to do that assessment they discovered a tumour in her stomach that was larger than her stomach itself.

Over the course of three months, we heard from many people in the public hearings. We received thousands of submissions. On one occasion I had the opportunity to travel to Boulia with the member for Gregory. I will not divulge the name of the person because I think the family would like their privacy protected. Three Indigenous women came to see me, a mother, an aunt and a sister. They shared the story of their sister who had recently passed from pancreatic cancer. She was flown from Boulia to Mount Isa where she spent a couple of days in the hospital, but she could not get the pain relief she needed. So frustrated was she that she walked out. She checked herself out of the hospital and made her own way to Toowoomba on an overnight bus with Queensland Coaches. On arrival, she was in such bad shape that the bus driver phoned ahead and organised for an ambulance to meet the bus. In Toowoomba she got the right medication but was still in a lot of pain. Because she had only weeks to live she wanted to return home. Angel Flight took her back to Mount Isa. Her sister picked her up and took her home. Very sadly, while the family were seated in the lounge room on a telehealth call, getting advice on how they would look after their sister, she passed. We must do better.

In the consideration of this legislation my overriding concern has been simply and most importantly around the issue of palliative care and how we effectively care for those Queenslanders living in remote and rural Queensland where there is not the same access to services that we enjoy in South-East Queensland. In a report that I commissioned from the Queensland parliamentary library service, I asked them to provide some information around palliative care. It is interesting to note that for the entire state of Queensland there are only 49 employed palliative care medical specialists in the public health system. There are 681 palliative care nurses, but in the course of the last year there were over 10,000 end-of-life and palliative care hospitalisations. It is also concerning to note that, of the 16 hospital and health services across Queensland, seven have no dedicated palliative care beds or units. At this point across the state we have only 139 palliative care beds available for those at end of life.

We have to do better. We must do better. It is beholden on all of us in this House to ensure that if this legislation is passed—and I am almost certain that it will be—we do the best we can to address the amendments and listen to what have been some fairly reasonable submissions and requests from entities, from individuals and from other organisations across the state that to date have been largely ignored by both the committee at large and also, sadly, by cabinet. Last week I was a little buoyed when I heard the Premier announce that they would be looking at the possibility of some amendments, but then very saddened to open the newspaper this morning and read that no amendments would be considered by the Labor government of this state. I have to say that I think that that reeks of a degree of arrogance and a lack of compassion, because there are many people in our health system who work incredibly hard for those who are approaching end of life and their voices deserve to be heard.

I do not believe that it is too much to ask that, at the end of this process, this parliament consider some of those very reasonable requests to protect the conscientious objection of health practitioners and to further protect the conscientious objection of entities, because at the end of the day entities are made up of people. I have been on the board of Bravehearts for 15 years and I can assure the House that every one of us on that board is there because we care about children and we care about their futures. I believe that the directors of all of those entities that are asking for these amendments care too.