




Speech By  
**Robert Skelton**

**MEMBER FOR NICKLIN**

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Record of Proceedings, 15 September 2021

### **VOLUNTARY ASSISTED DYING BILL**

 **Mr SKELTON** (Nicklin—ALP) (11.51 am): I rise to speak in support of the Voluntary Assisted Dying Bill 2021 that is currently before the House. I would like to thank the Premier for agreeing to allow members to vote with their conscience with respect to this bill, as it speaks to our own personal experiences through the end of life of a loved one. I would also like to thank all the members of my electorate who made the effort to reach out to me to communicate their views on this bill and the respectfulness of the debate that happened within the community, not only in Nicklin but right across Queensland. It is a credit to our system of government and the culture of our great state.

I am grateful for the hard work of the Health and Environment Committee and the earlier health committee—the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee—and of course the Queensland Law Reform Commission in the consideration of this bill. It is a process that has taken three long years.

I would also like to acknowledge the contributions of the union movement: the QCU, the Together union and the ETU, and in particular Stuart Trill, the assistant state secretary. I also acknowledge my colleague the member for Kurwongbah for sharing his very personal testimony about his friend Simmo and his union family. I would like to thank the Queensland Nurses and Midwives' Union, whose membership voted almost unanimously in support of VAD. With this I recognise my fiancée, Aggy, who has been a rock during this trialling process. I promise that for as long as I can I will stand up for those in our community who cannot for whatever reason.

I also thank: Everal Compton, elder of the Uniting Church, now OAM; David Muir, Peter Johnstone and Lindsay Marshall of the Clem Jones Trust; Jos Hall, Jeanette Wiley and the team at Dying with Dignity Queensland; Marshall Perron, a Buderim resident and former chief minister of the Northern Territory who was responsible for the first VAD law anywhere in the world back in 1996 and who has been an advocate for the cause ever since—I thank him for attending my forum, along with the other Sunshine Coast residents who attended; Go Gentle Australia, Andrew Denton and the Catholic Archdiocese of Brisbane for their perspectives on the matter; Dr Sid Finnigan and the principled medical professionals at Doctors for Assisted Dying Choice; professors Ben White and Lindy Willmott from the Australian Centre for Health Law Research at QUT; Fiona Jacobs and Nurses Supporting VAD, the Gold Coast Retirees and representatives of Queensland's first responders; the Gang of Four—Tanya Battel, Bev Young, Theresa McLean and Lyn Baily; John Ancliffe, Jen Blake and Kaela Gray on behalf of her mother, Gayl; and, hardest of all, all those who are suffering from a terminal illness or who have watched someone they love go through it.

I will now outline key features of the bill. Voluntary assisted dying laws will give individuals who are dying and experiencing intolerable suffering an additional end-of-life choice and enable eligible people to choose the timing and circumstances of their death. Consistent with the Queensland Law Reform Commission's recommendations, the bill provides that, to be eligible to access voluntary assisted dying, the person must be diagnosed with a disease, illness or medical condition that is advanced and progressive and will cause death within 12 months and is causing suffering that the person considers to be intolerable.

The person must also have the decision-making capacity in relation to voluntary assisted dying and be acting voluntarily and without coercion. The person must be at least 18 years of age and meet Australian citizen and Queensland residency requirements. Residency exemptions may apply where the person has a substantial connection to Queensland and there are compassionate grounds for granting an exemption.

Safeguards have been a primary focus during the committee process and now in this debate. Establishing appropriate safeguards is one of the main purposes of the bill. The protections in the bill ensure that voluntary assisted dying is accessed only by people who have been assessed as eligible. There are specific provisions and requirements to protect vulnerable people from coercion and exploitation. The safeguards include that a person who accesses voluntary assisted dying must be assessed by two medical practitioners as having decision-making capacity and be acting voluntarily and without coercion. The person must make choices that are informed about other end-of-life options, such as further treatment and palliative care, and demonstrate that the choice to request voluntary assisted dying is enduring by following the staged request and assessment process. There is also a requirement that a person is told that, of course, they can change their mind at any time.

There are mandatory minimum qualification and training requirements for participating practitioners, offence provisions for noncompliance, strict requirements for managing the voluntary assisted dying substance and independent oversight by a review board. The Law Reform Commission considered that practitioners who meet these minimum qualification requirements will have spent many years in practice, gaining experience in end-of-life care.

A medical practitioner is eligible to act as a coordinating or consulting practitioner if they: hold a specialist registration, having practised in the medical profession for at least one year as the holder of specialist registration; hold general registration, having practised in the medical profession for at least five years as the holder of general registration; hold specialist registration, having practised in the medical profession for at least five years as the holder of general registration; or are an overseas trained specialist who holds limited or provisional registration.

Some stakeholders considered that there should be a requirement for the person to see a specialist in their condition. The commission noted that requiring the practitioner to be a specialist in a specific disease, illness or medical condition would be a barrier to a person's access to the scheme, particularly in rural, regional and remote areas. The bill provides that, if either practitioner is unable to determine whether the person has an eligible condition or decision-making capacity, they must refer the person to a registered health practitioner who has appropriate skills.

The bill establishes a Voluntary Assisted Dying Review Board to provide independent oversight of the VAD scheme and provides for its operation. The board will monitor the operation of the act closely. They will ensure compliance with the act and review each completed VAD request to confirm compliance by people involved in the scheme. The board will play an important role in ensuring the safe operation of the scheme.

The bill includes a range of safeguards, including a qualified prohibition on healthcare workers initiating a discussion about VAD. The bill prohibits a healthcare worker from initiating a discussion with a person about VAD or suggesting VAD to the dying person whilst providing a health service or personal care service. The prohibition ensures that someone in a therapeutic relationship, who is likely to be influential and trusted by the person, does not initiate or influence a discussion about VAD.

The bill does not require an entity to participate in the VAD process. An organisation is entitled to make operational or policy decisions about its services. The bill sets out requirements for each stage of the process, from requests for information to administration of the substance.

After many hours of consideration, consultation with my community and reflection of my own personal experiences I have decided to vote in support of this bill, although I recognise and respect those members—some even from this side of the House—who may choose differently. I also recognise and respect the many communities as well as the cultural and religious institutions that help inform those opinions.

My own personal views come from watching my grandad pass away after a long, protracted battle with lung cancer, an experience reflected in many submissions and conversations that have been had on this bill. I wonder whether if my grandad had had the opportunity to end his life on his terms surrounded by his family at a time of his choosing with dignity instead of wasting away as his body slowly betrayed him he would have taken comfort in having this bill as an option, as would have countless others.

I know that this bill does not take away from alternative options relating to end-of-life care but only seeks to add another choice for Queenslanders nearing life's end. The bill does not take away the option to choose palliative care. The bill also does not change the effectiveness of do-not-resuscitate

orders. It is my view that the proposed VAD legislation does carefully consider and balance the rights of institutions, doctors and patients. It is exemplary in the fairness of its approach. It is about humanity, empathy and dignity. It is about a distressed individual having some control at the end of their life. As quoted in the poem *Invictus*—

I am the master of my fate,

I am the captain of my soul.

All Queenslanders deserve choice in their own ending as they have had in their life. I support the Voluntary Assisted Dying Bill without amendment or alteration. As such, I commend this bill to the House.