Speech By

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MEMBER FOR MUDGEERABA

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VOLUNTARY ASSISTED DYING BILL

Ms BATES (Mudgeeraba—LNP) (6.55 pm): I rise today as a nurse of 40 years to make a contribution to the Voluntary Assisted Dying Bill 2021. As a nurse, there is clear tension laid out before me in this bill and it is one which I personally have grappled with since the issue first featured in the public discourse here in Queensland.

I am a strident supporter of individual choice, the power and freedoms for individuals to make their own decisions. That value is core to my own beliefs and it is an important one to consider in this debate. I, too, believe that all lives are precious. I know I am not the only one who faces this moral conundrum here in this chamber today, be it on this side or the other side of the chamber.

We have already heard personal stories here today and it is important to hear those stories for they are the experiences which have shaped people's lives and their opinions. They are stories of a relative or a friend, someone close, someone loved. I will share personal stories over the course of my contribution, but I first want to speak to my professional experience on this matter.

I am a nurse and I have been for more than 40 years. It is a position of privilege. I have seen the beautiful moments when new life enters the world—the joy and adulation. On the contrary, I have seen the heartache, the pain and the anguish when a life ends. I have held the hands of people as they take their final breaths on this earth. I have broken the news to family members that their loved one has passed. These are always moments filled with raw emotion. For some it is painful—a life lost too soon. For some it is relief after a long, hard battle. No matter what the situation, it is never easy. That is the job of a nurse. It is our job to be there in those moments—the good and the bad.

My views have been coloured by these types of experiences which I have been involved in firsthand. It is also why I hold serious reservations about institutional conscientious objection issues for our faith based healthcare providers. The concerns cannot and should not be dismissed because in Queensland faith based institutions play a critical role in caring for Queenslanders at every stage of their life. I have practised as a nurse in a faith based hospital. I know the excellent care that they offer.

Many working at these institutions choose to do so based on the mission and the ethos of that organisation. The same can be said for patients who might choose to receive care or live in a facility based on their faith. Faith based institutions under this legislation will have to allow medical practitioners practising VAD to enter the premises to consult a patient. In the very unfortunate case where a patient cannot be transferred because of their deteriorating health, it will mean that the assisted suicide will take place at that facility; all this, despite it being against the very fibre of the institution whose mission as a faith based provider is to protect and preserve life. At that time it will place an undue strain and stress on clinical staff and patients alike and, as such, the bill should be amended to appropriately compensate for this.

Doctors and nurses, along with the institution they work for, need to have the right of conscientious objection preserved. Our hardworking medical professionals also need to have better education about treating people at the end of their lives. I know that many nurses are fearful about alleviating pain with high doses of opioids to make patients who are dying comfortable.

I also wish to raise the issue of palliative care here in Queensland. In my heart of hearts, I believe that nobody should die alone, afraid or in pain. Sadly, I know it is not always possible, and the reasons are varied and complex. However, with a properly resourced palliative care system in Queensland, I believe we could improve the final stages of life for so many as they begin this final chapter. Across the health sector, it is widely understood that palliative care has been significantly underfunded over many years now. The AMAQ, Palliative Care Queensland and the Queensland Specialist Palliative Care Directors Group say that a further $275 million a year is the amount needed to properly resource the system. It is an important point to make, because it directly correlates with what we are talking about here today.

In my experience there are good deaths and bad deaths. Let me tell you about some that have stayed with me for life. The first was Keith, the Greyhound bus driver. Keith was diagnosed at 32 with acute myeloid leukaemia and his death was excruciating. He was bleeding from every orifice and in pain. I was 18 years old, and I will never forget asking him if there was anything I could do for him and he replied, 'Yes, Ros, turn my face into the pillow.' I made sure his pain relief was increased and he passed, but it was not a death that was kind, nor was it peaceful and he was afraid, but he was not alone. Then there was Sophia with an inoperable glioblastoma that was growing not only into her brain but on the outside of her face. On a palliative care visit she said to me, 'Leave the whole bottle of morphine mixture next to my bed, put a straw in it and I will take the lot when the family goes out later today.'

Palliative care has come a long way since I was 18 and experienced these sad examples of a bad death. I also believe that honest conversations need to happen between clinicians and families. Far too many times I have seen families insist on invasive procedures to pull out every stop known to man to save their loved one, when in fact they are prolonging their loved one's death and putting them through unnecessary procedures.

My Aunty Joanie had a ruptured pancreatic abscess which was like having acid poured into her abdomen. They removed most of her internal organs and she was never going to survive. I spoke with my uncle and explained that any further procedures would not help her. Unfortunately, when the surgeon came in he gave the options which included further surgery and a tracheostomy, and my uncle opted for 'I would never forgive myself mode.' He left because he could not deal with her death, and I had to sit there and hold her hand until she died after she had procedures that did not change the outcome.

Now let me give you three examples of some good deaths. We have a family pact. Personally, I have a pact with my sisters that none of us will die alone, afraid or in pain and we ensured that happened with our family. My mum died from a broken heart, four years after my dad died. She haemorrhaged from an arterial line during surgery and came out of the procedure with heart failure and kidney failure. I watched her for 12 months struggling to breathe, drying up her kidneys so that the fluid was not on her lungs until eventually her kidneys failed.

I remember the night my sister called and asked me to come, as we had a pact. If she could not cope at home anymore with mum then I had to come and make the call to send her to hospital. I will never forget my mum's face when I walked in as she knew that it meant going to hospital as she was near the end. She made the choice to cease all treatment whilst she was still lucid. She trusted that I would be there to make sure she did not die in pain or afraid, and I did not let her down.

My dad died from his heart going into shock. There was no coming back from that. The day before we sat with his clinician and documented all his wishes. He still thought he would be going home that weekend, and I said to him, 'Not this time, Dad.' When it was clear that he would not survive, we had a family conference with the intensivist and the decision was made to cease all treatment. He died 20 minutes later surrounded by his loved ones.

Of course, there was my beautiful 99-year-old grandmother, whom I had transferred from a nursing home to hospital after realising that she had a bowel obstruction. I had her moved, not for surgical reasons as she would not have survived the surgery, but to make sure she had adequate pain relief. I recall her waking up and saying, 'Oh Rosslyn, I've been praying to go to grandad, but I keep waking up.' I told her she was not praying hard enough—she laughed—and then they changed her dose and she died within the hour. Much love also to my brave and beautiful best friend, Kim, who as of just this week palliated her beloved Terry and kept her promise that he would die at home.

I am concerned that this bill gives false hope to relatives who have loved ones with dementia or who are contracted up in a nursing home like Pearl with no quality of life. This bill does not address these situations as the patients are not of sound mind. In my experience, many patients want to live and many fight to live, like my mum and dad, so that they can spend more time with their loved ones rather than less.

I have consulted widely with the people of Mudgeeraba. I have received hundreds of emails, phone calls, letters and I sent a survey out. They were evenly split on this issue. I believe my electorate trusts my stance based on years of real-life experience in an area where only very few in this House have experienced these occasions on hundreds of occasions. I believe in choice, but this bill does not cover all the scenarios. If the government had introduced their own amendments or supported our amendments then my decision would have been much easier.