




Speech By
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MEMBER FOR NOOSA

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VOLUNTARY ASSISTED DYING BILL

 **Ms BOLTON** (Noosa—Ind) (3.24 pm): It has been over three years since I first stood in this chamber asking when an inquiry into voluntary assisted dying would commence. It has been three decades or more for those who have fought to give dignity through choice to Queenslanders. The Voluntary Assisted Dying Bill 2021 is highly emotional as it deals with the part of our lives we most fear: the end of our life, our hopes and our dreams. However, as we have heard, read or experienced, there is a greater fear than death: that of intolerable suffering. We all know someone who can share the stories of their loved one's desperate pleas to spend their last weeks and moments as they wished, not as determined for them.

This bill does not negate the need for increased palliative care, including at our wonderful hospices such as Katie Rose Cottage Hospice at Noosa. We do need extra funding and it must be a priority. A consistent message in submissions both for and against VAD was that best practice palliative care be accessible for all, regardless of locale and financial means, from the date of a terminal diagnosis. Contrary to some claims, this bill does not create an avenue for coercion from family members to end someone's life nor is it a pathway to suicide as those much loved Queenslanders are already dying from a terminal disease, illness or medical condition. As John shared with us on Monday, he is not choosing death over life, just the manner of his passing.

Several states in Australia have passed VAD legislation, including Victoria, Western Australia, Tasmania and South Australia. Other countries to have done so include New Zealand, Canada, the Netherlands, Belgium and Luxembourg, as well as several states in America including California, Colorado and Hawaii. In its first 18 months of operation in Victoria, 405 eligible patients registered for VAD with only 224 participating. That suggests that choice alone may have given the comfort sought. VAD does not mean you will or have to use it. As has been shared many times, terminally ill Queenslanders desperately want to live.

With over 6,000 individuals and organisations providing their views through submissions and five public hearings, on top of the 4,700 submissions to and 34 hearings by the former committee, Queenslanders, from the border all the way to Palm Island, provided clarity around the arguments both for and against the legislation, with the vast majority arguing for it. Those who support it range from those who have watched their loved ones die in extreme pain and those who are themselves terminal, to individuals and institutions that, through their beliefs, do not support VAD but support the right for others to have choice.

There have been many heartbreaking as well as heartwarming stories shared by the families of those who have passed and by members of parliament in the chamber this week. Diane Gray suffered an intolerable battle with cancer in 2019 but could not access VAD. Her diary states—

... there is nothing humane about this ending...this is not my life or my body anymore, I am a shell and you have taken control of me.

Nicole Robertson, whose mother did access VAD, said—

Before this happened I was afraid of death, but Mum was incredibly brave and the way that she died gave me a whole new perspective on death itself.

Many submitters sought empowerment for those who suffer intolerably, not from a lack of palliative care but from the reality as has been relayed by many medical professionals. At a recent panel, specialist palliative care physician Dr Will Cairns and specialist palliative care nurse Bev Young shared specific cases where the very best of palliative care could not and cannot stop the patient's pain, indignity and suffering. That was devastating to hear.

QUT's Australian Centre for Health Law Research believes that the bill is a safe and measured law, and that VAD can be safely regulated and should be passed. However, it does warn against adding ad hoc safeguards that may lead to inconsistency, which was echoed by Dying with Dignity Queensland and other advocacy groups. Similarly, last minute amendments that have not passed through the extensive scrutiny, research and analysis that this bill has been through could have unintended consequences and should not be supported.

The Clem Jones Group simplified the reality: this law provides for both sides of the argument, for and against, through personal choice. Catholic, Australian Christian churches and others outlined their reasons for not supporting the bill which included religious and operational ethos, potential wrongful deaths and insufficient protection for individuals.

The seeking of respect was important for these entities and organisations who provide medical and aged care, and I agree, as the work they do is paramount and deeply appreciated. However, though this bill limits the ability of institutions to object or block access to VAD, clinical guidelines will be developed with them that specifically address their concerns. In addition, the provisions will allow any medical practitioners, including nurses, who have a conscientious objection, the right to refuse to participate in any stage of the process.

Visiting practitioners must be registered specialists or GPs, with years of practising experience and approved training. Eligible doctors will also be accountable in real time to the review board. There will also be an oversight board and a statewide care navigator service to provide information and assistance to patients, families and health practitioners in navigating the process which is long and complex.

The Australian Medical Association remain opposed and are concerned with the lack of organisational conscientious objection. However, ultimately should not the overarching consideration here be the right of the patient versus an organisation?

During this debate, we have heard about the sanctity of life. What about human rights? Compassion, respect and care should not have ideological, operational, territorial or interpretive boundaries.

The Queensland Law Reform Commission's review into VAD had a number of objectives, including ensuring safeguards and protections. It took 12 months to compile, resulting in an extensive 900-page report. The recommendations for implementation were clear, evidence based, well researched and consulted on exhaustively.

Over these many months, I have asked that VAD not be politicised with viewpoints shared respectfully and compassionately. I am deeply appreciative that in my community and across Queensland this has been achieved as well here during this debate. Thank you.

The Vote Compass data of nearly 1,300 people in my electorate showed support for voluntary assisted dying of 82 per cent. For those who chose to nominate a religious faith, their support ranged between 75 to 95 per cent. Over the last four years, the annual Noosa electorate survey showed over 90 per cent of respondents were in support. My office had only a small number of emails in opposition, and I appreciated being able to meet or speak with many of these and hear their concerns.

I now ask all MPs to disregard what you believe a conscience vote is to one that it should be. As representatives of our communities, our role is to bring into this chamber the wishes of our constituents, not our own, nor that of a party policy. The polls were clear across Queensland. At the end of the day, we all need to look in the mirror and ask the question: did I serve my community or myself? Life is precious. Is there no greater demonstration of love and compassion than to empower others at their end of life?

As relayed in submissions, choice takes away the angst, fear and anger that comes with the unknown and loss of control. I am truly blessed to live in a community where those that would never consider VAD for themselves would not deny the right of choice to others.

In closing, there are so many to thank: Dying with Dignity Queensland, Go Gentle Australia, VALE, Doctors for Assisted Dying, the Clem Jones Group and Nurses Supporting VAD are just some. I thank advocates Andrew Denton, David Muir, Everaldo Compton, Lindsay Marshall, Jos Hall, Fiona Jacobs and so many more. Professors Ben White and Lindy Willmott, thank you. To Justice Peter Applegarth and team, you took into account not only the objectivity but also the humanity.

To both health ministers and departmental staff, chairs and members of both health committees and your secretariats, we appreciate the enormous amount of work you undertook, as well as the emotion that went into this. To all submitters and the hearing attendees, I offer gratitude. To the Premier and government who listened to the call from Queenslanders, again, thank you.

To all over many years who fought for their voice to be heard, as well as your loved ones, including those from my community who had to fly away overseas from all that you knew and loved to end your suffering, and those who used means too devastating to mention that left your family, friends and community traumatised, you may not be with us now; however, your pleas for compassion, love and hope have now been heard in this chamber, loud and clear. May you now be able to rest in the peace that you so deserve.

To those who are still with us, there are no words—just enormous gratitude and love for your bravery, dignity and wisdom. You will be forever in our hearts. It is on all of your behalf that I commend this bill to the House. Thank you.