




Speech By  
**Shane Knuth**

**MEMBER FOR HILL**

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### **VOLUNTARY ASSISTED DYING BILL**

 **Mr KNUTH** (Hill—KAP) (9.03 pm): I rise to give my contribution to the debate on the Voluntary Assisted Dying Bill. This is a deeply emotional and personal issue to many Queenslanders and it deserves a compassionate and considerate debate. I recently lost my father under difficult circumstances, so the issue is even more personal to me and my family. I felt that strongly against the introduction of what I would call a dangerous piece of legislation that I wrote a submission to the Health and Environment Committee expressing my objections to the bill.

It is not the function of government, nor should it be their job, to legislate death by suicide. That is the only way to describe what this bill proposes when government interferes in this natural process and disagrees with medical professionals worldwide who have devoted their lives to saving lives. I would argue that this first step taken in legalising assisted suicide will evolve so that when a person gets to a certain age and they will no longer have a value to society, assisting or encouraging them to die will become a standard, everyday part of our healthcare system.

In other jurisdictions around the world assisted dying legislation has been proven to be abused. If anyone has not watched Louis Theroux's *Altered States*, I would advise them to do so. It provides a stark, realistic view on where our VAD laws will end up, how these laws create division within families, mental anguish over having the option to choose death, and the reality of taking what are referred to as 'death kits', where it can take eight hours for a patient to die slowly and painfully. That is not dying with dignity.

Queenslanders need to ensure they are aware of exactly what euthanasia and assisted dying is. It is a conscious decision to terminate a life, which is against every principle and teaching of medical practitioners who study and devote their entire lives to saving lives. The government's extensive media team has dressed up this bill by saying it offers human choice. The reality is this bill will offer no choice, particularly to the vulnerable, poor and isolated members of our society. There are no possible safeguards that can be implemented to protect the people who will be exploited by this bill.

As proven in other jurisdictions, elder abuse, coercion and inheritance abuse will skyrocket. Providing the option to die will push those who are ill into a wrongful mental state of not wanting to be a burden on their families. This bill creates a division between the rich and the poor. Those who can afford specialist palliative care will have a realistic, unpressured choice; however, those who are poor and cannot afford specialist palliative care or who live in rural and regional areas will face the pressure of only one choice: assisted suicide. Former prime minister Paul Keating summed up his opposition to VAD laws being introduced in Victoria by saying—

What matters is that under Victorian law there will be people whose lives we honour and those we believe are better off dead.

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An alarming aspect of the debate is the claim that safeguards can be provided at every step to protect the vulnerable. This claim exposes the bald utopianism of the project—the advocates support a bill to authorise termination of life in the name of compassion, while at the same time claiming they can guarantee protection of the vulnerable, the depressed and the poor.

No law and no process can achieve that objective.

I cannot get my head around how advocates of this bill have ignored the best medical advice with regard to the introduction of VAD laws. If VAD laws are so compassionate, then why are they opposed by our peak medical body and nearly every national medical body around the world? The government is quick to consistently point out that they follow the best medical advice when making decisions during the COVID-19 pandemic yet completely ignore the best medical advice from our own leading medical body on VAD laws. Every Queenslanders should be asking why. Supporters of VAD will state that these laws give choice. However, if they really believe in having a choice then why have these same advocates not supported the AMA and Queensland Palliative Care's calls for an increase in funding of \$275 million annually to properly deliver palliative care? Without adequate palliative care there is no choice.

I do have to admire all of the MPs in this House for their considerate and measured approach. I am very disappointed with the member for Thuringowa for getting in the gutter, pointing fingers and making this political—even the Premier called for a considerate debate—particularly against our motion calling for \$275 million in palliative care to be spread across areas in our region. I challenge the member for Thuringowa to go up there and tell our First Australians who live on the cape and the gulf and our rural communities who are crying out for palliative care that we are not going to offer it to them, but you do have a choice and that is assisted suicide.

I am also disappointed in relation to the concerns in regards to the faith based organisations who have had hundreds of years of proven health care. They are still in limbo over this bill and euthanising patients against their code and their beliefs.

In closing, I would like to tell a true story about a terminal cancer sufferer. This is a real situation that will be encountered constantly with the introduction of these laws. Mike, who owns a steel fabrication business, went for a regular medical check-up where a growth was picked up in his lungs. After consulting with a specialist, he was told that he had a cancerous tumour which was terminal. He was told to get his affairs in order as he had three to six months to live. A second opinion said the same thing. Mike spiralled into despair and lost the will to live. His family, however, rallied around him, keeping the business afloat and his seven employees in a job. They sought alternative treatments and made sure he followed his chemotherapy and radiation therapy treatments.

It is 15 months since Mike was first diagnosed with terminal cancer. At his last specialist appointment, he was advised that his cancer was almost gone and that he now had years of living to look forward to. Mike admitted that, if the VAD laws had been in place at the time he was diagnosed, he would have taken the option to die as he did not want to be a burden on his family. He is thankful that the laws were not in place and he did not have the option, and he is now firmly against the proposed VAD laws.

The issue is not how many people will choose to die under this proposed law; it is how many people will give up like Mike and may die when otherwise they would not. If this bill is passed, the expectations of patients and families will change. The culture of dying will gradually invade into our medical, health, social and institutional arrangements. I urge members to carefully consider the implications this bill will have on all of our lives. I oppose this bill.