




Speech By
Stephen Andrew

MEMBER FOR MIRANI

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VOLUNTARY ASSISTED DYING BILL

 **Mr ANDREW** (Mirani—PHON) (3.54 pm): Firstly, I would like to thank all of the committee members and the people who appeared as witnesses at all our meetings throughout the state. It was very touching. It is very sad to see what is going on.

I rise to speak on the Voluntary Assisted Dying Bill 2021. Under the terms of this bill, 'assisted dying' means a doctor or nurse providing the means for a patient to end their life or, if a patient is physically unable to do so, ending their life for them. This means the bill seeks to legalise both assisted suicide and euthanasia in Queensland.

Changing the law to legalise assisted dying in Queensland will put enormous pressure on the poor and vulnerable people in this state, especially those suffering from some kind of life-limiting disease. The tragic irony is that, while for a small minority the right to die represents choice and autonomy, for many thousands of others it will eventually mean less choice and less autonomy. Elderly, sick and disabled people already suffer from the feeling that they are a burden to their family, carers and a society that is cost conscious and short on resources.

No matter how many safeguards you put in this bill, all of our vulnerable groups will inevitably feel extraordinary internal pressure to opt for assisted dying when a choice is presented to them. Their decision-making is also likely to be affected by depression, confusion and dementia. They rely entirely on their doctors for reassurance and guidance.

The bill completely fails to take into account the enormous power imbalance involved here or the complexity of emotions that can influence people when they learn they have a terminal illness. Many of these patients may simply need reassurance from those around them—to hear that they are loved and that their lives have value and meaning, and to know that we, as a society, are committed to their wellbeing regardless of how much time, energy and money may be involved.

The experience of all of the other jurisdictions where these laws have been introduced shows clearly that even the strictest safeguards will, over time, be eroded. In some places like Canada this happened in just a few short years. Between 2016 and 2019, 14,000 Canadians ended their lives using legislation very similar to this. Over three years, the number of deaths using these laws jumped 30 per cent every year the laws were in effect.

Last year, Canada's assisted death rate rose another 34 per cent for 2020 alone. This means that between 2016 and 2019 the number of Canadians whose lives were ended under VAD legislation had risen by a total of 124 per cent. The same pattern has occurred in Belgium, Oregon, the Netherlands and Switzerland and in all other nations and states that allow assisted suicide to take place. Regardless of what the proponents of this bill claim, the slippery slope of assisted suicide and euthanasia laws is very real.

We only have to look at the recent public hearings on this bill where we heard many advocates for the laws complain about how the safeguards built into the Victorian bill were proving too restrictive and that not enough people had been able to get access to them. This was surprising, given that the

Victorian government said at the time they were shocked at how many patients were put on the 'applicant list' immediately after the laws passed, because the numbers were much higher than the proponents of the bill had led them to believe.

The fact is that there are far better, safer and more ethical ways to help patients as they approach the end of life. Around 32,000 people die in Queensland each year, and the vast majority do so without the benefit of palliative care to assist them. Palliative care in Queensland has been scandalously underfunded and under-resourced for years. As at January 2021, more than 23 per cent of category 1 oncology patients on waitlists are there for much longer than the recommended 30 days. Palliative Care Queensland has said an extra \$275 million per year is required to provide adequate access to palliative care services. I am with the member for Thuringowa in hoping that the federal government does put extra money into that.

The government has only promised an additional \$171 million over six years. It should be noted I believe they only did so to help push this bill a bit further. Either way, this funding is massively inadequate for a state with a large ageing population like Queensland. In Central Queensland, my own region, there has been a chronic shortage of GPs for years, not to mention palliative care specialists. Mackay, which has a population of 134,000, has no specialist palliative care doctor at all. I have seen people dying; it is very hard to take.

How can we even consider legalising voluntary assisted suicide when so many people are dying without the care they require or even the option of receiving it? This bill will cause tens of thousands of vulnerable Queenslanders to become even more neglected and marginalised within our health system. We are already seeing it with the rampant use of unreported and uncontrollable Liverpool Care Pathway policies in some of our hospitals—policies, I might add, that recently led to allegations of mass killings going on in UK hospitals and aged-care facilities that are now the subject of a government inquiry.

The clear message this sends to vulnerable people in our community is that anyone who has lost their capacity or health is living on borrowed time. Imagine the enormous pressure they will feel to consider calling it a day to make room for those who are young and healthy and, most importantly, economically productive. This is why so many bioethicists warn that laws like these can so easily slip from being about the right to die to a duty to die. The fact is that if this bill passes every poor, elderly, ill, infirm or alone patient will become subject to all sorts of unseen forms of coercion—coercion that is powerful, insidious and absolutely impossible to detect. That is the problem. Assisted suicide legislation always starts out as a discussion involving tragic individual stories which, to be frank, are emotionally manipulative and sometimes unverifiable. That is why it has always been a given that emotions and knee-jerk reactions should never form the basis of government policy or lawmaking.

Another big risk I see with these laws is the way they will end up being used by governments, insurers and health policy advisers to impose limits on what forms of health care people should expect to receive in Queensland and for how long. This is where we come to the eugenic roots of this kind of legislation. In the US, laws like these are already being used as little more than cheap alternative treatment options for those with serious or long-term illnesses. One 50-year-old lady in Oregon has written of how she was offered assisted dying brochures by her insurance company while being denied expensive chemotherapy treatment for her condition. Let's face it: if you are an overstretched state with budget problems or a healthcare insurance company looking to save a few billion during an economic downturn these laws are going to be a godsend. We should not gloss over that fact. Nothing I heard or saw in any of the hearings dealt with this issue at all.

The pressure will grow for many elderly and poor people or those with chronic life-limiting illnesses to opt for suicide to minimise costs and resources not only for the state but also for a lot of private for-profit companies such as aged care and insurance. The bill is drafted in such a way that it will all happen behind a veil of state sanctioned lies and secrecy. Under clause 81 of the bill doctors are instructed to falsify the public record by issuing death certificates that list the original disease or condition the patient suffered—not the lethal dose that was the true cause of the death. The clause also requires those same doctors to blatantly lie to the patient's family when telling them how their loved one died. The level of deceit involved here is a clear breach of public trust on almost every level. The loss of trust between people and their doctors will be nothing compared to the massive loss of public trust we will see in the integrity and truthfulness of all government data, statistics and recordkeeping.

I find the fact that family members are not even going to be told or consulted on what is happening before their loved one dies nor allowed to be with them at the end is shameful. I lost my grandfather; his spirit had flown. It was the worst thing that ever happened to me. Even after the event it seems that they will be told nothing. Claims that privacy is the reason for this are no more than a fig leaf. The government says these laws are wanted and justified, and I know that in some cases they definitely

are. If that is the case then why is everything to be done in secrecy, hidden away from the public and families? I find it all deeply disturbing. I am convinced it will lead to serious abuses down the track and many wrongful deaths will be the result.

I am also disturbed by the fact that virtually no consultation was carried out with Indigenous peoples or other marginalised groups. We did have a few. There was one lady, but I will tell you there are a lot of people I talk to who still do not really understand the whole impact of the bill. Ultimately, the only safeguard that works is the one already in place: a blanket prohibition on killing.