




Speech By
Stephen Bennett

MEMBER FOR BURNETT

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VOLUNTARY ASSISTED DYING BILL

 **Mr BENNETT** (Burnett—LNP) (6.47 pm): I want to start my speech by acknowledging some of the terrific contributions we have heard over the past couple of days, some of which were very heartfelt. A lot of thought and effort has gone into the contributions. We can all be proud of the way we have conducted ourselves. For me it has been interesting to hear personal stories. We acknowledge those people. Our thoughts are with you.

That said, I believe the bill will pass. I continue to grapple with the issues around protections and safeguards. We know that in this process the Labor government, as is their right, is putting their election commitments into legislation. I believe that this week Queensland will become the fifth state to enact the right to voluntary assisted dying, or other machinations of it, after Victoria, Western, Australia, Tasmania and South Australia. In my reading I have been trying to get some facts around Victoria, where the legislation has been in place for only 18 months or a bit longer. I would have liked to have seen the testing and the statistics to understand the full ramifications for jurisdictions in Australia and compare that with jurisdictions around the world. While later in my contribution I will talk about another jurisdiction, I think Australians are smart and compassionate people and that most Australians can get on with the job.

Unlike the other states that I have mentioned, Queensland has no upper house so we need to really look at the amendments and concerns raised by other members. I put on record that I really encourage that amendments be heard and debated in a partisan way. As the committee has provided the only real scrutiny to date, we owe it to ourselves to look at those with due consideration.

I want to acknowledge the significant amount of correspondence both for and against the passing of this legislation. The thoughtful and respectful correspondence into my office has been really well received. I said it earlier tonight, but I really want to acknowledge my staff. The staff in our offices have had to read those emails and deal with those corresponding people, so we need to remember and thank those wonderful staff who have had to go on this sometimes difficult journey with us.

I note that some of the submissions to the Queensland Law Reform Commission talk about the safeguards for the elderly and other vulnerable people. I acknowledge the member for Toohey's critique of some of those issues; there is no need to repeat those. One of those submissions talked about there being inadequate protections for such members of the community and issued some warnings around the draft law framed by Ben White and Lindy Willmott. It talked about the risk to patients who do not possess sufficient decision-making capacity and/or who are not acting voluntarily. In that case they are talking about euthanasia, not voluntary assisted dying. We have all had to navigate some of the emotive issues and language that has come through.

Many have talked about the differences between what happened in Victoria and Western Australia and what we are debating. In Queensland, the situation has changed on the VAD issue and the question is no longer whether there is a right to die or to die in dignity but how. They are the conversations we have heard over the last couple of days.

Of concern to many is that the legislation is based on the Law Reform Commission model, and it has been claimed there is a widening of scope from the Western Australian and Victorian model. Many say that the changes appear minor. Again, it is about the safeguards. That has been one of the key messages for parliamentarians as we have read the mountains of correspondence on these issues.

I do not need to repeat the eligibility criteria: a person must be over 18, must be a resident and must be suffering intolerably from an advanced, progressive, incurable disease. Requests for termination of life have to be signed off by accredited doctors. The process has been talked about and everyone who has an opinion on it has articulated it well.

With reference to safeguards, issues have been raised around medical practitioners who have never had contact with the person before and have no prior knowledge of the patient's health record, let alone their personality, moods, beliefs or previously discussed issues. People have asked: if there was a breach, how would it be detected let alone enforced?

I have read about inconsistencies already emerging between the different state regimes, as I have alluded to. Of course, we should not forget that we need to constantly review how this legislation will be rolled out.

It has been said that, in theory, VAD would not be accessible by patients suffering dementia or any form of mental illness. There was no positive duty in the model bill requiring an assessing doctor to interrogate the clinical history of the patient.

There have been concerns raised in other areas by other practitioners around that issue. I guess time will tell if those concerns become issues as the reviews on this legislation are conducted in years to come.

The issue has been raised of the upper house and its role in legislative reforms. I want to congratulate the committee. I am not being critical of it, but legislative review being carried out by only six members, with two LNP members dissenting, should not give us confidence that we have fully scrutinised the clauses and the issues of this important debate.

I want to talk about the issues around mental illness. I guess everyone in this House has had experience of or has known someone who has had mental health issues. The reason I raise that is to do with the expansion of Canada's euthanasia regime. They moved Bill C-7, which affects everyone in Canada. Included in the bill was the Senate's insertion of an amendment approving euthanasia for those suffering exclusively from mental illness. Our alignment with Commonwealth countries like Canada can be an issue of concern for us going forward. We need to stay cognisant in this place—as will members who are here when these debates are had in the future—of the possible inclusion of mental illness in criteria for approval.

Just six years after legalising its assisted suicide regime, Canada has had a number of deaths—nearly 20,000. It has been said that palliative care in Canada is not as good as it could be. That criticism can be made quite easily as people struggle with that issue.

I want to talk about medical practitioners and their role in making decisions. Out of the blue, I had a young speech pathologist and a couple of her students come to see me. The legislation states that for those who have limited communication abilities a speech pathologist must be engaged to translate for the individual. In addition, a speech pathologist may be requested to determine the intent of the individual, if required. Several speech pathologists and some speech pathology students are very nervous that they may be required to make a determination of what is being intended to be spoken. I do not think we really intended for those young speech pathologists to be caught up in this issue. The problem they raised with me is that Speech Pathology Australia has not been consulted. They claim that the patients need a translator, not a speech pathologist. Their scope is to assist to develop and maintain communication; they do not speak on behalf of patients. I pass on these concerns. I think they are very relevant and important.

My region needs significant hospice care and palliative care funding to alleviate pain. This is in conjunction with the legislation that I believe will pass. I think this is only right and proper for those who want to pursue other courses to maintain dignity at end of life. We must honour the dignity and value of life and help the person die with peace of mind, surrounded by those who care.

I acknowledge that there are different views among my constituents and that some will disagree with my decision, but I have sought to act in good faith and have engaged deeply with many of the conflicting legal, religious, medical and ethical implications embedded in the bill. Informed politicians will vote in accordance with their own conscience. I make no apology for fighting for what I see and believe as the right thing to do, and that is to exercise my conscience vote. I will be voting against this assisting dying legislation.