



Speech By
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MEMBER FOR CLAYFIELD

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VOLUNTARY ASSISTED DYING BILL

 **Mr NICHOLLS** (Clayfield—LNP) (2.57 pm): Roman philosopher Seneca the Younger said, 'Death is the wish of some, the relief of many and the end of all.' No doubt, this bill has forced many members of this place to consider strongly held beliefs about the importance of life and the way our society deals with dying and death. It certainly has for me. For me, this debate is about compassion, tolerance, protection for those who need it and respect for individual choice. It is also about respect for life—a life well lived, a life fulfilled, a life content with achievements both small and great, a life that will shortly be ending.

To my mind, labelling people's views as either conservative or progressive serves no good purpose and in fact only muddies the waters. I want to acknowledge the efforts of the Leader of the Opposition to ensure that LNP MPs can truly exercise a conscience vote on this bill.

There are many good and caring people on both sides of this debate who honestly and fervently hold strong views about this legislation and we should not in any sense dismiss those views or hold them as any less worth than any others, and I want to say thank you to the very many people who shared their views with me. I listened carefully to what you all said. No doubt some will be unhappy with my decision and some will, I hope, feel a great sense of relief and satisfaction with it. For me this debate comes down to two principles—should this parliament support the policy of voluntary assisted dying and, if so, does this bill implement that policy in a way that respects life, individual autonomy, freedom of thought and belief and does it protect the vulnerable?

To answer the first question, I look to my principles. I believe fundamentally in the freedom of the individual. That is why I joined the Liberal Party over 35 years ago and am now a member of the LNP. Since my first speech in this place I have consistently championed the choice of the individual above that of the collective, so long as the choice does not harm others. The great tradition and freedom of liberal western democracies is that our citizens are best placed to make important decisions about their own lives. In doing so, they also assume a great obligation and that is to be responsible for those decisions and their lives, and those two tenets of our society go hand in hand—the freedom to choose and the obligation to be responsible for that choice.

If dying is a part of life, as it undoubtedly is, then the ability for people who have a terminal disease and the capacity to do so—to choose how they die and when they die—is part of what is involved in taking responsibility for their lives. Many people facing a grim and life-shortening medical prognosis will worry about what the last phase of their lives will be like, and not merely because of fear that their dying might involve great suffering but also because they want to retain their dignity and as much control over their lives as possible during that phase, and of equal importance is promoting the wellbeing of those who are suffering. When someone is suffering intolerably from their affliction and they voluntarily, freely and competently request assistance with dying, that person's wellbeing may best be promoted by giving that assistance. I believe that together the value to individuals of making autonomous choices and the

value to those who make such choices in promoting their own wellbeing provides the basis for voluntary assisted dying. So it is not just the freedom to make a choice and nor is it just their own wellbeing that justifies voluntary assisted dying; both are necessary but by themselves neither is sufficient.

In late May I conducted an electorate-wide survey on VAD. I wanted to know what the people of Clayfield thought about this issue after hearing so many conflicting reports. The response was instant and enormous. Over 1,500 people have responded. Some 88 per cent of respondents support VAD being legalised; 11 per cent do not, and I table a chart showing those survey results.

Tabled paper: Document, undated, titled 'VAD Survey Results' [1378](#).

Many shared their stories. Here are just four of the hundreds I received. Susan of Ascot—

I have secondary Breast Cancer in my bones, and I'd like to have the choice to end my life if such time that pain was no longer controllable, treatment options were exhausted and the quality of my life was unliveable. I want to be able to die with dignity and still be able to recognise my husband to say goodbye.

Here is Katie, a doctor from Gordon Park—

I also think that a good death significantly helps with grief and coping following a loved one's death. I am a doctor and have seen many patients die. I believe that as long as carefully selected, this is a very appropriate choice for patients, who are afforded some control when they have lost control of their body to the disease which has taken over. We can manage symptoms well but allowing patients to choose the time and place to die is a comfort to the patient and their family.

And this blunt response from Andrew, a medical specialist—

As a cancer surgeon I have looked after far too many patients who would have asked for this had it been available. There are no grounds for opposing it. Allow it without further delay!

And Danielle from Windsor—

My husband's death from cancer last year took a devastating toll on him and our family. We found palliative care unable to heal his terrible side effects and pain, although they tried. Palliative care is not the total answer for everybody. One size does not fit all.

These are not the stories of zealots, campaigners or starry-eyed idealists; these are the stories of everyday Queenslanders who have turned their minds clearly and competently to deciding the question of how people die. Their thoughts reflect my own principles and they reflect the overwhelming majority of those in my electorate, so in principle and because the choice is free, voluntary and addresses intolerable suffering in the last phase of someone's life and because it is compassionate, I cannot in good conscience oppose this policy.

Turning now to the second question, does this bill implement VAD in a way that respects life, individual autonomy, freedom of thought and belief and protect the vulnerable? I believe it does. It balances competing rights and where it must come to a conclusion it does so in favour of the rights of the dying person. It does not do it carelessly or flippantly. The extent of the considerations in reaching this balance is evidenced in the Law Reform Commission's 600-plus page report. The bill does as best as any legislation can to address issues of tolerance, compassion, protection and individual choice in a thorough, well thought out and substantial manner. As the submission by the Bar Association of Queensland says—

The report shows inquiries of immense sensitivity and depth, and it arrives at considered recommendations which have, understandably, closely informed the drafting of the Bill ...

Having read the report of the Law Reform Commission, I can only say that we should be grateful for such a well-informed and researched report and I extend my thanks to Justice Applegarth, members of the commission and especially the secretariat.

Section 10 of the bill sets out the conditions for eligibility. It does so clearly and carefully. It emphasises the voluntary nature of the decision. It sets out a 12-month time limit for the expectation of death from disease, illness or medical condition and provides consistency and clarity. It requires decision-making capacity of the person seeking to access VAD and explicitly demands freedom from coercion. Associated provisions for three assessments over a period of at least nine days and the need for a second consulting practitioner ensures safety without making a dying person unfairly and unreasonably suffer a demeaning and drawn-out process. Other processes provided in the bill deal with conscientious objection and provide for institutions that for ethical or religious reasons will not engage in this process. The balance struck in these circumstances is fair and reasonable. It is not absolute and when it must it comes down in favour of the dying patient.

For some opponents of this bill there will never be enough to satisfy their concerns. For some, amendments ad nauseam could be made and they would still oppose the bill. We should be wary of amendments that seek to frustrate, delay and deny and should scrutinise carefully changes suggested under the cloak of patient protection. I am especially wary of amendments that seek to elevate the opinions of others, no matter who they may be, above the informed decision freely made of a patient

who is dying. Right now in Queensland a dying patient can refuse medication or sustenance, and no-one says that person needs a plethora of experts prying, prodding and second-guessing before that decision is made. To suggest otherwise for a decision made under this bill is I believe absurd, lacks consistency, logic and compassion.

There are other arguments put forward that this bill should not proceed until there is sufficient palliative care in Queensland. Palliative care and palliative carers are wonderful people doing the kindest and most compassionate of work, but palliative care is not for everyone. For some it is indeed a true relief; for others it simply does not address all of their suffering and some may simply say, 'This is not for me. I want to go on my own terms and at my own time.' Palliative care should be properly funded, but to conflate the issue of its funding with the passage of this legislation is to ignore those for whom palliative care is not enough or not wanted.

Voluntary assisted dying is just that—voluntary. This bill gives a choice to end suffering for those who are dying and wish to see their life end on their own terms. It respects the rights of individuals to participate or not. Where it must make a decision, it favours the right of the dying person but does so carefully and thoughtfully. It protects the vulnerable. It empowers those who most need it in their dying days and it is compassionate. We all want to live long, healthy and fulfilling lives. Dying peacefully without pain is one of the most wished for outcomes at the end of our days. Why would a compassionate society deny that wish to someone already dying and suffering? Surely the most important focus for all of us is not how someone dies but how they lived. I support the bill.