




Speech By
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MEMBER FOR TOOWOOMBA NORTH

Record of Proceedings, 14 September 2021

VOLUNTARY ASSISTED DYING BILL

 **Mr WATTS** (Toowoomba North—LNP) (7.23 pm): I rise to make my contribution to this very serious debate. Firstly I want to talk about palliation and palliative care. I will table a letter from Palliative Care Queensland.

Tabled paper: Letter, dated 14 September 2021, from the President, Ms Marg Adams, and Chief Executive Officer, Ms Shyla Mills, Palliative Care Queensland, to the Premier and Minister for Trade, the Hon. Annastacia Palaszczuk; Deputy Premier and Minister for State Development, Infrastructure, Local Government and Planning, the Hon. Steven Miles; and the Treasurer and Minister for Investment, the Hon. Cameron Dick; titled 'True Choice for all Queenslanders during the debate on VAD'. [1381](#).

Here in Queensland we come equal fifth or second last in the provision of palliative care doctors and nurses around the state. Funding is poor. We know that people in regional Queensland play postcode lottery with palliation and it is not available to them to the degree we would wish. First and foremost I encourage this government to seriously look at what it has proposed for palliative care and increase it. Let me now come to the bill itself.

We do not get to discuss the topic of voluntary assisted dying or people committing suicide at the end of life. We do not get to discuss that topic: we get to discuss this law. As lawmakers, we are responsible for ensuring that legislation is safe and that it protects the vulnerable. This bill is not safe. It does not protect the vulnerable from potential malicious pressure from relatives or doctors. It does not protect the vulnerable from their own depression or lack of information. When I walk through the steps proposed by this unsafe bill leading to the premature deaths of vulnerable Queenslanders I am amazed at how weak the safeguards are.

The key player in this bill is called the coordinating practitioner. He or she gets to make all important assessments and decisions that lead to the act of euthanasia or assisted suicide. The coordinating practitioner needs to be five years out of medical school with no specialist qualifications. He or she might be a trainee GP with an ideological commitment to euthanasia but no knowledge of palliative care. The coordinating practitioner is not required by this bill to have any prior professional relationship with the person seeking VAD. They can be complete strangers to the patient. The coordinating practitioner is not required by this bill to contact the patient's usual GP to get relevant information. The doctor can proceed along the path to assisted suicide with inadequate background medical and social data on the patient. Perhaps the patient is experiencing elder abuse from a relative. The coordinating practitioner is not required by this bill to make any inquiries of the patient, relatives or the GP to see if the patient is suffering any coercion. In any case, doctors are not trained in the sort of questioning needed to uncover elder abuse, but the coordinating practitioner is allowed by this bill to tick a box that there is no coercion or elder abuse present. That is legally unsafe.

Then there is the failure of the bill to protect suicidal patients from their own mental state. We have heard from doctors about how common depression is with advanced disease and how difficult it is to diagnose in a distressed patient with powerful medication on board that also may affect their mental state. Under this reckless bill the coordinating practitioner, who might have little experience in the field of psychiatry, is not required to involve a specialist psychiatrist to assess the patient and ensure they are not affected by a brain disorder such as depression or dementia. That is medically unsafe.

As we walk a little further along this path towards the end point of euthanasia or assisted suicide we see that a second doctor, the consulting practitioner, is involved. Under this bill the consulting practitioner can perform the same charade the coordinating practitioner performed. The consulting practitioner is not required by this bill to do anything different to the first doctor. There are no requirements for a meaningful briefing by the patient's GP, no involvement by a legal expert to exclude elder abuse, no involvement by a palliative specialist or a psychiatrist to ensure the patient is of sound mind and properly informed of their options—options, I might add, that may not exist in Western Queensland.

Something that I find amazing is that under this bill neither doctor is required to keep detailed records on the patient's file. They do not have to show the results of their examination and assessment. They do not have to give reasons for their decision that the patient has legal capacity and is able to give fully informed consent, so how can the doctor's decision be challenged or in fact validated?

Some of us received the detailed legal memo about this bill from a senior Victorian barrister, Paul Santamaria. He has experience with the Victorian VAD legislation. He concluded—

For those who truly need protection, the Bill comes up short. The protections much vaunted by the proponents of the Bill are only paper thin, wallpaper as it were, to assuage concerns of the parliamentary middle ground and to garner their support which is necessary to secure its passage into law.

As a lawyer, Mr Santamaria says the following about elder abuse and the impossibility of protecting vulnerable patients—

Elder abuse is commonly very hard to detect and can easily slip past the safeguards established within most VAD frameworks. This is because such abuse may be subtle, result from the dependence of vulnerable patients upon their families and carers, and is difficult to measure using purely qualitative standards.

He then asked a series of questions about whether this particular bill ensures elder abuse or coercion is detected. He asked—

First, how does the Bill enable the doctor to come to determine whether the person is acting voluntarily and without coercion? Is there a positive duty of inquiry on the part of the doctor? No. Is the doctor required to consult with the patient's own GP who might be expected to know the personality of the patient, past expressions of wishes when diagnosed with a terminal illness, or the dynamic within the patient's own family? No. Is the doctor required even to inquire of the patient whether they might feel a bit of pressure from family members or the aged-care manager to request VAD? No. Is the doctor directed by the Bill to ask anyone anything on that topic? No.

We are dealing here with a matter of life and death, and this bill does not do it justice. As Mr Santamaria concluded—

It is one thing to respect personal autonomy; it is quite another to pass legislation where vulnerable members of the community may be led into a VAD death not by a genuine exercise of personal autonomy, but rather because they feel pressured to agree or, worse, are actually unaware of the nature of the process being undertaken "for" them. The current Bill provides inadequate protection for vulnerable members of the community. The "safeguards" have not received the critical scrutiny they warrant.

That really sums it up. This bill promises much but delivers very little. There are a couple of other things I would like to do. I would like to quote from correspondence from the chair of Queensland's Mater Group, who stated—

For healthcare providers such as Mater, the proposed law takes away our ability to operate our hospitals and community health services according to the ethos on which we were founded in Queensland more than a century ago. That ethos is one of compassionate care, from the beginning to the end of life.

...

The legislation would over-ride Mater's accreditation process that, for more than 100 years, has ensured the safety of our staff and patients by insisting the doctors and practitioners allowed into our hospitals are credentialed specialists who adhere to our high professional standards and ethical requirements.

There is also a letter from my own St Vincent's Private Hospital in Toowoomba, which I will also table. It states—

As the doctor responsible for overseeing patient safety and clinical best practice at a major regional hospital, my specific concerns may be summarised:

- Accreditation provides for all Australian health facilities to know the skills and standards which medical practitioners bring. The current proposal allows for *unaccredited* practitioners to enter our facility; to access patient records and to conduct medical procedures with neither our approval nor our knowledge.

That is a serious concern. It continues—

- The current proposal allows for no facility authority over standards; no ability to influence the quality of the proposed service and, importantly, no recourse when things go wrong.

Tabled paper: Letter, dated 13 September 2021, from Chief Medical Officer, St Vincent's Private Hospital Toowoomba, Dr Rob Gray, addressed to all Queensland MPs, requesting the need to amend Voluntary Assisted Dying Bill 2021 (Qld) for patient safety and extracts from research provided by Queensland Parliamentary Library and Research Service [1382](#).

I cannot support this bill because this bill is not good legislation. The principle is not the issue here; this legislation is. I commend the amendments that have been put forward to the parliament to see if we can tighten up some of this bill.