




Speech By  
**Hon. Yvette D'Ath**

**MEMBER FOR REDCLIFFE**

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Record of Proceedings, 14 September 2021

### **VOLUNTARY ASSISTED DYING BILL**

 **Hon. YM D'ATH** (Redcliffe—ALP) (Minister for Health and Ambulance Services) (12.27 pm): I rise to speak in support of the Voluntary Assisted Dying Bill 2021. The Palaszczuk government made an election commitment to introduce a voluntary assisted dying bill in this term of government. I want to acknowledge the Premier's leadership in introducing this historic bill to the parliament. Rather than repeating the details of the bill, as the health minister I will address a few of the matters raised by stakeholders and the public. Those opposed to the bill have raised concerns that palliative care will be negatively impacted by the introduction of voluntary assisted dying. On the contrary, high-quality, compassionate and accessible palliative care is a right that all Queenslanders living with life-limiting illness should expect.

I want to take a moment to acknowledge and thank the hardworking medical, nursing and allied health professionals who provide high-quality and compassionate palliative care in Queensland. They undertake challenging work addressing not just the physical but the psychological, social, cultural and spiritual needs of Queenslanders living with a life-limiting condition and providing essential support to their loved ones.

The bill does not and should not detract from an accessible, effective and well resourced palliative care system. The Palaszczuk government is committed to high-quality and accessible palliative care. This is demonstrated by our commitment to an additional investment of \$171 million in 2021 through to 2025-26 to lead palliative care reforms and strengthen the system. This investment will support the palliative care sector and workforce to build on existing funding and service provision, strengthen its service offerings and deliver equity of access to palliative care, regardless of where a person lives across our great state.

The palliative care reforms include developing and implementing a new palliative and end-of-life care strategy. Queensland Health has commenced this work and will continue to consult with key stakeholders during its development. The strategy will guide local service delivery to ensure all Queenslanders can access high-quality palliative care and deliver the care they deserve at the end of life. The reforms include leveraging and advocating for a strong primary care system. Reform will see Queensland Health investing in community-based services to improve and promote choice for care at end of life through increased home based and after-hours care, with a focus on regional, rural and remote service provision. These services are essential to best support people in the community and to build a responsive and integrated system that drives excellence in supportive care for people living with life-limiting illness.

We are growing and investing in Queensland's specialist palliative care workforce, developing a new workforce plan and driving palliative care health equity outcomes for First Nations people. We are supporting practitioners, enabling innovation in digital services and telehealth support and delivering new public education and advocacy. The government's commitment to a new strategy and palliative care reform builds on a track record of increasing ongoing investment in the Queensland palliative care

system since 2015. The government is taking a stepwise approach to investment, recognising that the palliative care sector and workforce need time to build capability and capacity to provide high-quality palliative care across the state.

The new funding will be implemented by building on each year, over five years, to reach a record investment of close to \$250 million in 2025-26. We need time to work with clinicians and get the new models of care and the arrangements for service delivery right. Work is progressing with recognition that it will take time to sustainably incentivise and attract, train and retain clinicians to fill the gap in the specialist workforce to meet community needs. Investing in the palliative care system over time supports critical initiatives to expand and strengthen palliative care services for Queenslanders in a sustainable way to ensure it remains high quality and accessible.

The introduction of voluntary assisted dying laws will provide further choice to people who are suffering and dying about the timing and circumstances of their death. Having access to both high-quality palliative care, in tandem with the opportunity for voluntary assisted dying, provides dignity, choice and care to those who are suffering. For some Queenslanders living with a life-limiting condition, even the best quality palliative care is unable to effectively manage their pain, symptoms or suffering. This can be severely distressing for the person and their loved ones. For these individuals, simply having the knowledge that voluntary assisted dying is an option may alleviate their suffering.

The decision to choose to undertake voluntary assisted dying is an individual one. The bill allows for individuals to maintain independence, choice and control in relation to their death. I note that the eligibility criteria for this bill does not go as far as some would like. I know it does not cover a variety of conditions, such as Alzheimer's. I note, if I am reading the amendments right, that there is a proposal to extend it to neurodegenerative diseases where they are life limiting within 12 months. As much as I absolutely support the intent of that, to simply move an amendment that expands those words without understanding how you would assess someone's capability, decision-making capacity and, when you are talking about dementia and Alzheimer's, assume they have that capacity in the last 12 months when no-one can diagnose the length of time because of the nature of that disease is to not understand that disease. I understand that disease. I understand because my mother died of young onset Alzheimer's.

**Mr DEPUTY SPEAKER** (Mr Hart): Pause the clock. Take your time.

**Mrs D'ATH:** Fifteen years on does not make it any easier to talk about. I know what she would choose. She would choose VAD. We had lots of conversations about how we wanted to live and die. I know she would choose VAD, but it is not as simple as adding a line and thinking you have all the answers. If a substantive amendment such as this is moved there has to be public discussion about how it would work and how it would be assessed. As the former attorney-general, I know how much elder abuse is out there and I know with dementia and Alzheimer's patients it is too risky. Someone could have that decision taken away from them and it not be truly voluntary.

Throughout the committee process and debate we have heard a lot about the rights of health practitioners not to be involved in voluntary assisted dying. Some people, including health practitioners, do not support voluntary assisted dying. This should be respected. The bill provides for this and allows health practitioners to conscientiously object to being involved in any part of the voluntary assisted dying process. As health minister, I would like to address this issue as it is something that affects both health practitioners and patients. The Queensland Law Reform Commission considered that the rights of an individual to freedom of conscience and belief should be recognised. The Queensland Law Reform Commission also considered that the right of a practitioner to conscientiously object should be balanced with the right of an individual to access information about end-of-life choices, including information about voluntary assisted dying. Let us not forget we have a Human Rights Act in this state.

The bill requires that a practitioner who refuses to participate because of a conscientious objection is required to inform the person of their refusal to participate in the process and the reason for their refusal; inform the person that other health practitioners, health service providers or services may be able to assist them; and give the person information about a health practitioner or service that could assist. The role of the official care navigator service will assist them in doing this in a way that respects their rights as a conscientious objector but also respects the rights of the individual.

Opponents of the legislation have argued that these requirements force objecting practitioners to participate in voluntary assisted dying. This fails to recognise that there must be some balance between the right of a practitioner not to participate with the right of a person seeking to access a lawful end-of-life option. The QLRC considered that the requirement for the practitioner to inform the person of their conscientious objection appropriately balances the right of the person to access voluntary assisted dying and the right of the practitioner to conscientiously object. This approach is not unusual and is, in

fact, consistent with the Medical Board of Australia Code of Conduct and the Australian Medical Association Position Statement on Conscientious Objection. The requirement for the practitioner to provide the person with enough information to enable them to access information about voluntary assisted dying also strikes an appropriate balance between a practitioner's right to conscientiously object and the right of a person to access voluntary assisted dying.

I will not go into as much detail as I would have liked about the role of the official statewide care navigator service, but I do believe that this assists those conscientious objectors and the entities in balancing their rights. I ask anyone who is still considering what to do when it comes to conscientious objectors to look at the evidence Dr Phillip Parente gave to the committee in relation to his role as a medical oncologist. He was a conscientious objector and has since changed his mind and is a strong advocate for voluntary assisted dying and he gives his reasons why. It is really telling to read his evidence and I encourage members to do that as they go through these debates and consider any amendments going forward.

We will implement a scheme that is safe, high quality, accessible and compassionate. Queenslanders, including people who are suffering and dying, their loved ones and health practitioners, can be confident that they will be treated with respect, have access to all the information they need and will be supported through at this process. I call on all members to support this bill. I understand it is a conscience vote. A conscience vote does not mean you think about your own personal views. I have a responsibility to think about all Queenslanders and what they deserve and the right for them to choose, not just my own personal choice. I will support this bill.