



Speech By  
**Sandy Bolton**


**MEMBER FOR NOOSA**

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Record of Proceedings, 23 August 2023

## **ADJOURNMENT**

### **Voluntary Assisted Dying**

 **Ms BOLTON** (Noosa—Ind) (7.19 pm): In response to requests, tonight I share the gratitude from those who have passed with dignity and their families since the voluntary assisted dying legislation commenced this year as well as our palliative doctors, nurses and hospices that have ensured that their last wishes of choosing their time of passing surrounded by loved ones are honoured. We have heard many heartwarming stories. As with any piece of new legislation, we know that there may be need for improvements after implementation. Brought forward so far to our office has been the need to look again at some of the constraints and barriers to Queenslanders. These include the criteria of residency, as to access VAD you must be an Australian citizen, a permanent resident of Australia or have been ordinarily a resident in Australia for at least three years prior to making the first request. Seeking exemptions when you have been out of the country for family or work reasons can be problematic.

There remains uncertainty around using telehealth for some parts of the VAD process due to an alleged conflict with sections of the Commonwealth Criminal Code designed to prevent the use of carriage services. This is presently causing issues with some doctors hesitant to be involved, impacting patients in remote areas. We then have situations unforeseen. As shared by one family, their loved one had made arrangements for an end-of-life injection by the administering practitioner on a particular day. However, when the pain became unmanageable, with the only option available sedation, this day needed to be brought forward which was initially not possible as the designated practitioner was not available. This led to a distressing situation for his family to find a way to honour his wishes as the legislation requires that an administering practitioner may only administer VAD if at the time the person has decision-making capacity, which sedation takes away.

How does the patient or their family choose the incredible pain and suffering for days just to retain decision-making capacity to work in with the availability of an administering practitioner? This could be avoided if there was capacity within the process for a second administering practitioner should the first become unavailable. The requirement for decision-making capacity at time of administration is vital. However, when a patient has already undergone an extensive process of a first assessment, a consulting assessment, a second request, a final request and a final review, their intent is known. Would not their wishes before sedation be accepted as having decision-making capacity? With Victoria and Western Australia about to undertake their own reviews, may we take their experiences as well as ours forward into our own review in January 2026.