



Stephen Andrew MP

State Member for Mirani

Colonial Corner
1-3, 73 Broad Street
PO Box 56 Sarina Qld 4737

Phone: 07 4806 0700
Toll Free: 1800 812 340
Mirani@parliament.qld.gov.au

Queensland Politics and Economy - Kickstart Queensland



19th August 2021

Health and Environment Committee
Via email: HEC@parliament.qld.gov.au

DISSENTING REPORT: Voluntary Assisted Dying Bill 2021

As a Health and Environment Committee Member I oppose the Voluntary Assisted Dying Bill 2021 (the Bill hereafter) as it is fatally flawed by its very intention to legalise assisted suicide and euthanasia in Queensland and it fails to fulfill Principles 5 (a), (b), (d), (e), (g) and (h) outlined in the Bill.

Our recent inquiry hearings failed in exploring the fundamental question of: What would be the likely consequence of enacting this Bill in Queensland?

My understanding; informed by the submissions and those that gave evidence, is that the highly likely consequences are on balance extremely negative. They include:

- The unfair burden placed on institutions with a conscientious objection to euthanasia and assisted suicide under s97 of the Bill to be complicit with the killing of one of their residents or patients could see the withdrawal of some of these health care facilities, and/or discouragement to open new premises and expand. This is of critical importance as about one in four beds is supplied by the private or semi-private Christian sector.
- The unfair burden placed on individual doctors with conscientious objections to euthanasia and assisted suicide under s97(2) to be part of the euthanasia process would mean some leave medicine, others decide not to study medicine, and other doctors are discouraged to go to regional areas as they may be the only doctor in the area and are concerned, they will be called upon to help with a euthanasia or assisted suicide request.
- Wrongful deaths would occur from incorrect diagnosis and prognosis, coercion and elder abuse - there is no argument about this.
- The experience of other jurisdictions which have legalised euthanasia and assisted suicide shows that it is likely that Queensland would experience an increase in the overall suicide rate of close to 60% over the next 10 years.

In addition, the Bill does not attempt to correct Queensland's dire palliative care funding deficit, nor the huge health service delivery problems particularly experienced in regional Queensland, which was raised by a significant number of people who gave evidence. If enacted, the legislation would lead to a continuation of this under-funding and under-resourcing as euthanasia and assisted suicide is cheaper than investing in a world-class palliative care system. There's also grave concern that if enacted some terminally ill people in regional Queensland would opt for euthanasia or assisted suicide because they didn't have access to palliative care, feeling they had no other "choice", ironically.

At present the best determinant of whether a Queenslanders will get palliative care in the event of a terminal illness or end of life suffering is their postcode, and this inequitable access to an essential medical service would only be exacerbated if this Bill were passed. Another lack of parity exists in the fact that, even in regions where there is access to palliative care, normally a person won't be able to access palliative care assistance until three months before their expected death date, yet the Bill proposes to allow terminally ill patients access to euthanasia or assisted suicide up to twelve months of their expected death date. So people can access assisted suicide or euthanasia nine months earlier than palliative care. This alone could incentivise, and even subtly coerce, people into opting for euthanasia or assisted suicide.

While palliative care is the gold standard for end-of-life care, as many medical witnesses advised the Committee, this Bill doesn't reflect that in any way. In fact, there is a high risk it would undermine and demoralise an already fragile palliative care service.

The lack of specialist involvement required by this Bill is also concerning and characteristic of its alarmingly broad scope. There's no doubt that not requiring euthanasia / assisted suicide seekers to have a free consultation with a palliative care specialist, a specialist in the patient's suspected illness and a mental healthcare specialist would lead to extra wrongful deaths. During a public HEC hearing it was noted that mandating specialist involvement in the Bill would limit access to "VAD" because of the lack of specialists in some areas. The sad irony of what was being said seems to have been lost on some of the HEC members – the truth of a massive public health fail of providing of sufficient specialist doctors in the regions – yet they want these people to have access to euthanasia / assisted suicide. How insulting and grievous.

The Bill also does little to protect vulnerable from coercion, particularly if it is subtle. Elder abuse is real, as different inquiries have revealed time and again, and so too is loneliness and mental issues, perhaps even more so during the pandemic.

The threat of seven years' jail if someone tries to encourage a loved one not to have euthanasia or assisted suicide is deeply divisive and a prime example of the state over-reaching into familial relationships.

As an Australian South Sea Islander, I also have concerns about the lack of consultation with indigenous Queenslanders on this critical public health life and death issue. The barriers many indigenous Australians face in getting timely, quality medical care is tragic. This Bill if enacted would do nothing to improve medical care for vulnerable groups like indigenous Australians.

As a Christian committed to helping people and as a parliamentarian, it deeply grieves me to see such a reckless piece of legislation before the House. It should not be enacted in Queensland; it would only lead to more deaths and the further corruption of our already struggling health system.

There's no debate that euthanasia of any kind is poor public policy, and the extreme nature of this Bill means that this would be even more so. If passed, it would also be a gross abdication of the first role of government which is to protect human life.



Stephen Andrew MP

Member for Mirani

Health and Environment Committee Member

Queensland Parliament