

MY LIFE MY CHOICE

A newsletter for supporters of voluntary assisted dying law reform in Queensland — No.12 May 2020

Time to act is right now

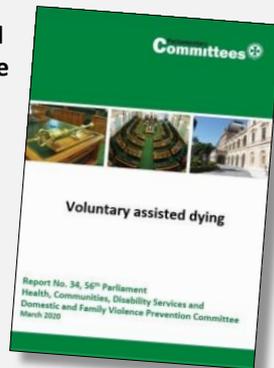
Parliament must debate VAD laws

The landmark [report](#) released last month following the State Parliamentary inquiry into voluntary assisted dying was given an overwhelmingly positive reception.

It is clear — as advocates of VAD law reform have been saying — that the majority of Queenslanders believe the terminally ill deserve a wider choice at the end of life. What we have also been repeatedly saying is that the need for such a choice is urgent if we are to minimise those same people's intolerable suffering.

The campaign for VAD law reform has been running in our state for decades. It has taken a major step forward with the finalisation of the cross-party Health Committee's in-depth inquiry and its evidence-based recommendations for the government to draft a VAD Bill.

But right now the timing of the next step is crucial.



While our state responds to the COVID-19 virus we must not lose sight of the urgent need for VAD law reform.

At its most recent sitting, our State Parliament passed laws enabling it to conduct virtual meetings for the duration of the current virus emergency. That means it is still possible for our 93 state

MPs to consider a VAD Bill soon, but only if the government acts quickly to have one drafted in line with the inquiry's recommendations.

I urge all supporters of voluntary assisted dying law reform to contact both the Premier and Opposition Leader to urge them to enable debate on this vital piece of legislation.



David Muir
Chair
The Clem Jones Trust



LET THEM KNOW

Voluntary assisted dying law reform should not be left on the shelf until the next parliament and should not become a political football at the next state election due in October this year.

If you agree, make tell Premier **Annastacia Palaszczuk** at: thepremier@premiers.qld.gov.au.

Let LNP leader **Deb Frecklington** know your views at: reception@opposition.qld.gov.au.

You can also find contact details for your local state MP on the [Queensland Parliament](#) website.

Independent MP quizzes Premier on timing

Independent MP for Noosa, Sandy Bolton, has sought to clarify the Premier's stand on voluntary assisted dying law reform.

In State Parliament Ms Bolton questioned Premier Annastacia Palaszczuk on her government's plans for VAD law reform.

In her question (pictured) Ms



Sandy Bolton

Bolton referred to the option of using virtual parliamentary sittings to consider a VAD Bill before the October state election.

In response the Premier said she planned to outline her plans for any law reform before the next sitting of parliament.

She said she was yet to read the VAD inquiry's report.

The next schedule sitting day is Tuesday 19 May.

Voluntary Assisted Dying Legislation

Ms BOLTON: My question without notice is to the Premier. With the COVID crisis being well managed and the introduction of virtual parliament to get back to full sittings, will the Premier commit to introducing the recommended draft legislation for voluntary assisted dying before the October election or outline to Queensland a timetable for this to occur?

Ms PALASZCZUK: I thank the member for Noosa for that very important question. From the outset, I thank the health committee for the thorough report that they have tabled in the parliament. As I have stated publicly, I will be reading that report and I give a commitment to letting Queenslanders know what the government's intention is before the next sitting of parliament.



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Why nurses support law reforms

Legislators in the north-east US state of Connecticut are currently considering a medical-aid-in-dying law. The draft legislation is similar to laws passed Victoria and WA but also contains some differences. Connecticut resident and experienced nurse SHANNON SANFORD wrote this article explaining why she and other nurses back the Bill.

As a nurse, nothing is more heartbreaking than providing the best care possible to a terminally ill patient but watching them die with intolerable suffering.

That is why I support “*An Act Concerning Aid in Dying for Terminally Ill Patients*”.

This [compassionate legislation](#) would allow terminally ill patients to have the option to request prescription medication they can decide to take if their suffering becomes unbearable, so they can die peacefully in their sleep, at home, surrounded by loved ones.

This Bill is modelled after the nation’s first medical aid-in-dying law that took effect in Oregon in 1997. In addition to Oregon, Washington DC and eight other states representing more than one-fifth (22 %) of our nation’s population have authorised medical aid in dying: Maine, California, Colorado, Hawaii, Montana, New Jersey, Vermont, and Washington State.

Contrary to claims by opponents, there is not one documented case of abuse, coercion or misuse involving this end-of-life care option in the combined 40-plus years of experience with it in these 10 jurisdictions.

There are more than a dozen safeguards in these laws and the Connecticut aid-in-dying bill.

Safeguards include requiring the terminally ill person to be mentally capable of making their own medical decisions and physically capable of self-ingesting the medication.

These safeguards prevent people with advanced dementia from using this end-of-life care option, as well as people with severe disabilities who are unable to self-ingest the medication.

A *Journal of Medical Ethics* [report](#) about Oregon’s medical aid-in-dying law confirms that these safeguards work: “Rates of assisted dying in Oregon ... showed no evidence of heightened risk for the elderly, women, the uninsured ... people with low educational status, the poor, the physically disabled or

chronically ill, minors, people with psychiatric illnesses including depression, or racial or ethnic minorities, compared with background populations.”

In addition, a *New England Journal of Medicine* research article concluded: “there are no substantial cost savings” for medical aid in dying. There is a simple explanation: 90% of terminally ill patients who utilize medical aid in dying in Oregon are enrolled in relatively inexpensive hospice care covered by Medicare and Medicaid.

The Connecticut legislation complies with the Centre for Disease Control and Prevention’s [requirements](#) for how medical professionals should code death certificates.



‘State polls show Connecticut voters want the option of medical aid-in-dying by a 2-1 margin’

The CDC defines the cause of death as the underlying reason the person died or the “disease or injury that initiated events resulting in death. If the cause of death were listed as ingesting aid-in-dying medication, instead of the underlying terminal illness, like cancer or ALS, it would distort vital statistics about what diseases cause death and adversely affect public health policy decision making.”

Doctors are free to note on the death certificate that the aid-in-dying medication was one of the events leading up to the person’s death, just not the underlying cause.

Contrary to opponents claims, there is absolutely no evidence that medical aid in dying impacts suicide rates. If you compare the [suicide ranking of states](#) between 2005 and 2017, you will see that nearly every state that passed laws



‘Authorising medical aid in dying actually prevents suicides among the terminally ill because when empowered at the end of life, and offered a gentle option, people aren’t forced to take their lives by violent means, afraid and alone, to end their suffering’

authorising medical aid in dying dropped in the rankings after they passed them.

Experience also demonstrates that authorising medical aid in dying actually prevents suicides among the terminally ill because when empowered at the end of life, and offered a gentle option, people aren’t forced to take their lives by violent means, afraid and alone, to end their suffering. All of this evidence helps explain why last year both the American Nurses Association (ANA) and Connecticut State Medical Society (CSMS) dropped their opposition to medical aid in dying.

The new [ANA policy](#) states: “Nurses ... must ... remain objective when discussing end-of-life options with patients who are exploring medical aid in dying.” The new [CSMS policy](#) states: “The CSMS is committed to protecting its members’ freedom to decide what medical aid-in-dying options to provide to patients in accordance with each physician’s personally held values, beliefs and ethical standards.”

Perhaps most importantly, state polls show Connecticut voters want the option of medical aid-in-dying by a 2-1 margin, including a majority regardless of party affiliation, age, gender or whether they live with a disability or not.

After debating medical aid-in-dying legislation for seven years, it is time for our lawmakers to pass it.

Shannon Sanford is a registered nurse in Seymour, Connecticut. She has a master’s degree as an oncology clinical nurse specialist from the Yale School of Nursing.

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A subject of lengthy debate



Dr Sid Finnigan MBBS, FRANZCO
Queensland Convenor
[Doctors For Assisted Dying Choice](#)

A friend has told me of a curious but timely discovery they made recently while searching for something to watch in the current state of social isolation.

During a check of programs offered by a free-to-air TV streaming service they found an [archive of episodes](#) of the Australian-made weekly drama series *A Country Practice*.

You may recall the show as a popular fixture in the nation's television schedule which won a big audience of devoted fans. The series was set in the fictitious rural town of Wandin Valley and, like many other successful and popular TV dramas, it revolved around the lives of doctors and nurses at the local hospital.

Also like many other successful TV drama series it often tackled important social issues through its storylines. One such issue was voluntary assisted dying which my friend found made an appearance in a storyline in episodes seven and eight of the very first series of *A Country Practice*.

In the episodes an elderly local is making no secret of the fact she plans to end her life with an overdose of stockpiled pills when she has "had enough" of the intolerable suffering she expects to face

from an incurable condition — in her case rheumatoid arthritis.

One of the local medicos, Dr Simon Bowen played by Grant Dodwell, visits and the pros and cons of VAD are canvassed in a heartfelt discussion.

Although the limitations of TV dramas mean they don't always give an in-depth treatment to the subject matter, these did touch upon some of the principles involved. An example is the following exchange:

*Doctor: "I suppose it's your choice."
Patient: "And that's the crux of the matter."*

In summary the patient goes through with her plan but Dr Bowen "rescues" her and justifies his action by saying "human life is sacred" to which the patient responds: "Yes, but it's my life and my choice."

There is also a short but pointed discussion between Dr Bowen and a more experienced colleague about the ethical choices medical professionals face in such circumstances.

It's worth noting that the first episodes of *A Country Practice* aired almost 40



Above: Wandin Valley's Dr Simon Bowen and his patient have a heartfelt discussion

Years ago in 1981. So although the specifics of the VAD debate may have altered in line with social and medical advances, the central issue has been the subject of long and exhausting public debate.

VAD has been debated for decades. It is now well and truly time for action.

Did you know?

Since 1946 the Roy Morgan Research company has conducted 16 opinion polls on end-of-life choices in Australia asking: "A question on hopelessly ill people experiencing unrelievable suffering. If there's absolutely no chance of a patient recovering, should the doctor let the patient die – or should the doctor try to keep the patient alive as long as possible?"

When first asked, 42% of respondents said "let the

patient die" and 41% said "try to keep the patient alive" with 17% undecided.

In November 2017 when the same question was asked the corresponding results were 87% saying "let the patient die", 10% "try to keep the patient alive", and 3% undecided.

From 1962 Roy Morgan has included in 14 of its polls on end-of-life choices an extra question: "If a hopelessly ill patient with no chance of

recovering asks for a lethal dose, should a doctor be allowed to give a lethal dose, or not?"

When first asked 47% of respondents supported a doctor giving a lethal dose, 39% opposed, with 14% undecided.

In a November 2017 Roy Morgan poll 85% supported a doctor administering a lethal dose, 15% opposed and no respondent was undecided.

N.J. law stands up in court

A Superior Court judge in the US state of New Jersey [has dismissed](#) a move to overturn the state's 2019 medical aid-in-dying law.

The judge ruled that a doctor and two others [named as plaintiffs](#) had neither legal standing nor the constitutional right to interfere with a terminally ill person's choice to end his or her life.



ROY MORGAN
RESEARCH INSTITUTE

Former MP speaks out on VAD

Stuckey cites influence of the 'religious right' in LNP

VAD law reform advocate Jann Stuckey resigned from the Queensland Parliament on health grounds earlier this year after representing the seat of Currumbin since 2004. In a recent [interview with the National Secular Lobby](#) she offered her views on the prospects for VAD in the state and the growing political influence of the 'religious right'.

National Secular Lobby (NSL): Regarding the issue of voluntary assisted dying in Queensland, you publicly called on the Labor Premier to introduce a Bill to VAD before the Queensland state election. What are the chances of that happening?

Jann Stuckey (JS): Given the fact the Premier delayed the committee report on this inquiry from November 2019 until the end of March 2020, the coronavirus pandemic has literally turned our world upside down. The Queensland parliament won't be sitting in its usual manner, so I am very doubtful that VAD will be debated before the October state election. The report has now been completed. As predicted the LNP have opposed its recommendations on the grounds that more funding and resources should be given to palliative care. It's a fair argument but flawed, as VAD and palliative care are compatible. The debate needs to be about offering choices for terminally ill patients, not one method or another.

NSL: If a conscience vote was held in the current parliament, do you think there would be sufficient support for VAD to pass?

JS: It is difficult to say. Unfortunately, because a state election is about six months away, the focus will be all about winning votes and not necessarily about sensitive and topical issues like VAD.

NSL: In recent years, you have been among a handful of moderate Liberals who have been the target of abuse within the LNP for your advocacy of issues such as VAD and abortion rights. It appears there is a contest over 'values' within the party. What direction do you think the party is heading?

JS: The LNP is definitely moving to the religious right and looking more and more like the National Party of old.

NSL: Threats have been made to moderate MPs concerning their chances of pre-selection due to their stance on VAD and other social issues. Is there a danger that moderate voices may be lost to the party?

JS: The VAD legislation deserves a conscience vote. And, from my own recent experience, and veiled threats from the LNP hierarchy that those MPs not toeing the party line will be disendorsed or not pre-selected, sadly I cannot see anyone from the LNP straying from that position.

NSL: What does 'secularism' mean to you? Has it been part of your political philosophy in any way?

JS: Secularism is a belief that religion should be separated from the state. Whilst I have not had that uppermost in my mind, I have always stood by the principal that politics

should not be ruled by religion. As an Anglican, I have always been able to separate my judgements and decisions by consulting a wide range of views, including those in the electorate I represented. I realise that my personal religious beliefs have some bearing, but it's never been a determining factor in my decisions. I have crossed the floor on three conscience votes in 16 years after significant and lengthy deliberation and examination of the facts and sentiments.

NSL: From the outside, there appears to be a significant conservative block within the LNP whose members hold strong religious beliefs and act upon these in their policy making. What's your view of this observation? Do you think there is, in general, any problem mixing religion with politics?

JS: That's a true assessment. And those with conservative religious views are very vocal and try to sway others to their beliefs and thinking. I have experienced this on more than one occasion, sometimes in a mild-mannered way and other times with considerable forcefulness. Once I was bailed up against the wall in parliament prior to a vote.



'Unfortunately, because a state election is about six months away, the focus will be all about winning votes and not necessarily about sensitive and topical issues like VAD.'

Jann Stuckey

NSL: Do you have any specific concerns about the influence of pro-religious forces who lobby politicians, parties and parliaments for greater religious freedoms in Queensland and nationally?

JS: Every group has a right to lobby those who have the power to legislate decisions and policy. However, what I have seen in recent years could be described as intimidating behaviour towards elected representatives, coupled with extensive advertising and campaigning. It has never fazed me, as I have always consulted widely with my electorate and relevant experts. But I am sure some MPs would have concerns they may lose their seats.

NSL: Do you have a message for people who share your values and who are thinking about getting involved in politics?

JS: I can only speak for myself, and it's pretty obvious what happened to me. If people have a desire to enter politics, they can choose to join a specific party based on values that are similar to their own or run as an Independent, which is technically and financially difficult. My values are those of a moderate Liberal. But where I have differed from my party's increasingly conservative views has been in relation to 'conscience' votes. Both major parties, the LNP and ALP, are making a mockery of this term, as MPs on both sides are coerced into voting along party lines, which is such a shame. If you want to get ahead, you have to keep your head down and do as you are told. But that has never sat well with me. I have always put the needs and aspirations of the people who live in the electorate of Currumbin first.

Get ready for the same old fight

'Slippery slope' myth debunked time and again

News that a Dutch court has [clarified the country's voluntary assisted dying laws](#) as they apply to patients with advanced dementia will no doubt spark cries of "slippery slope" among opponents of law reform here in Queensland.

The slippery slope argument tries to suggest that once a VAD law is introduced, it somehow is inevitably expanded to widen its scope and cover a range of people it previously excluded. But the fact is, the slippery slope argument has been dismissed in no uncertain terms by three full-scale public inquiries — in Victoria, West Australia, and most recently in Queensland. That's in addition to findings of other inquiries elsewhere.

The Victorian Parliament's inquiry into end-of-life choices found "rigorous safeguards, monitoring procedures and high levels of compliance" and no



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evidence of institutional corrosion or the "slippery slope" in jurisdictions with VAD laws.

The WA Parliament's inquiry also reported no evidence of a "slippery slope".

Regardless of the facts, it can be guaranteed that our opponents will continue to push the totally discredited "slippery slope" argument.

As always we must be prepared to disprove it and

'The committee notes there is no clear evidence that legalisation of assisted dying results in an inevitable move toward the erosion of safeguards and an increase of non-voluntary euthanasia.'

In its [report on voluntary assisted dying](#) the cross-party Health Committee of our State Parliament also found no evidence of a slippery slope.

It said: "The committee notes there is no clear evidence that legalisation of assisted dying results in an inevitable move toward the erosion of safeguards and an increase of non-voluntary euthanasia."

it is comforting to have so many findings of so many inquiries to support our case.

The bottom line is that each legislature around the world that has enacted VAD laws has done so independently and as a result of an evidence-based approach that has responded to conditions and circumstances in their own jurisdictions.

What happens in one nation or state does not automatically flow to another.

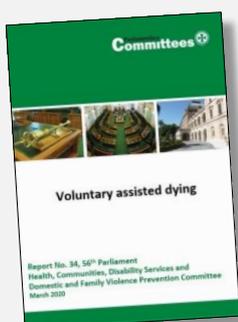
The Bill that will eventually — and hopefully soon — appear for consideration by our 93 state MPs will be a Bill that applies to our state and nowhere else.

Likewise, if it is passed and in coming years or decades changes are mooted, then those changes will go through the same strict processes of evidence-based assessment and design.

"Slippery slope" adherents try to suggest that VAD laws are somehow mysteriously and automatically changed.

But an amendment to legislation in Queensland or elsewhere in Australia can always be guaranteed public scrutiny, exposure and debate.

Our democratic system includes our independent judiciary that provides an avenue to challenge existing laws and our parliamentary system and free media ensure that avenues always exist to expose and analyse any proposed amendments to any laws.



Catch up on the VAD inquiry's recommendations

- ❖ If you haven't yet read the report by the Queensland Parliament's cross-party Health Committee into voluntary assisted dying you can find the inquiry's [full report](#) online at the [committee's website](#).
- ❖ The site also contains a [summary document](#) and a volume of [additional information](#).
- ❖ The Committee's page also contains links to its report on the [aged care and palliative care](#) components of its inquiry and associated documents.

The *My Life My Choice* newsletter is produced by the Clem Jones Group, Dying With Dignity Queensland, and Doctors For Assisted Dying Choice (Queensland) for supporters of voluntary assisted dying law reform in Queensland. Contact: The Clem Jones Group 07 3391 3406 / admin@clemjonesgroup.com.au



Doctors for Assisted Dying Choice