

VOLUNTARY ASSISTED DYING BILL 2021

Legislative Assembly Second Reading Debate – copied from Hansard 19 November 2021

Ms JULIA FINN (Granville) (16:33): I make a contribution to debate on the Voluntary Assisted Dying Bill. I oppose the bill. This subject is a complicated issue and I fully respect the reasons given by those who wish to assist people cease their suffering why they support the bill. I oppose the bill for two reasons. Firstly, the State should never sanction its citizens being killed. Life is precious and human life even more so. Secondly, I do not believe that we are ready to pursue voluntary assisted dying—having exhausted all other options for relieving the suffering of the terminally ill and the elderly in our society with the technology available to us—because we have not done and do not always do as much as possible to minimise suffering. We absolutely do not. The World Health Organization defines palliative care as:

An approach that improves the quality of life for patients and their families facing the problems associated with life-threatening illnesses through the prevention and relief of suffering by means of early identification, impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

I note the Australian and New Zealand Society for Palliative Medicine is opposed to assisted dying. I note also that when high-quality palliative care is available, demand for or interest in assisted suicide is significantly reduced. Palliative care is underfunded and not widely available. There is a massive divide between access to palliative care outpatient services and specialist inpatient services between metropolitan and rural New South Wales. Palliative care nurses make up just 1 per cent of the New South Wales nursing workforce. There are only 1,047 palliative care nurses and only 91 palliative care physicians in New South Wales. Added to that, the rural health inquiry has shown us just how bad access and outcomes to all health and hospital services are in rural New South Wales. I appreciate the considered contribution from the member for Oxley on that matter.

My own local hospital, Westmead, is the largest public hospital in Australia and yet it does not have a dedicated palliative care ward. I acknowledge the work of the Westmead Push for Palliative Care group and thank them for their hard work. Without that ward available to my local community, I find it very hard to consider supporting the bill. While there has been a recent commitment to reinstate the ward, for over a decade there has been a belief that a major teaching hospital is not an appropriate location for a palliative care ward, despite there being much more to learn and much to improve in the holistic treatment of complex cases and patients with complex comorbidities. Other members have raised concerns about the capacity for abuse of the provisions contained within the bill. While I like to think the best of people, elder abuse exists and it is horrific. The 2016 Legislative Council report on elder abuse estimated that 5 per cent of older Australians are victims of elder abuse.

But the World Health Organization has found that, in middle- and high-income countries like Australia, it can be as high as 14 per cent. Strong safeguards are required and hopefully they will never be needed, but the best safeguard is to not sanction voluntary assisted dying.

Even where there is no abuse, caring for the sick and elderly can be exhausting and demoralising. Seeing that exhaustion can often make the person receiving care feel guilt, a lack of autonomy and a belief that they are a burden. A loss of autonomy is often cited well ahead of unbearable pain among the people who have sought assisted suicide in Oregon, where that data is collected. Oregon legalised assisted dying 24 years ago and it is one of the few jurisdictions that collects detailed statistics on the reasons for those requests. So what are the reasons? The top five reasons include losing autonomy, being less able to engage in activities that make life enjoyable, loss of dignity, being a burden on family and caregivers and losing control of bodily functions. Those reasons are all horrible and of course I understand why anyone would want to avoid them. But, notably, unbearable physical pain is not one of them. Considering those reasons, I cannot ignore the findings of the Australia's aged-care royal commission.

The inquiry uncovered the grotesque indignities suffered by unfortunate older Australians who were failed by the aged-care system, who just happened to be living in the wrong place at the wrong time or who were placed at the wrong aged-care facility—they are certainly not all terrible, but some are. They are chronically underfunded and the staff are overworked. The royal commission found that government funding for aged

care was insufficient, insecure and subject to the fiscal priorities of the government of the day without sufficient regard to whether that funding is adequate to deliver high-quality, safe care. For residents of aged-care facilities in Australia, the outcome of failed aged-care services worsens when considering the five most common reasons that people access assisted dying in Oregon: losing autonomy, being less able to engage in activities that make life enjoyable, losing their dignity, a feeling of being a burden on family and caregivers and losing control of bodily functions.

It is not just people in aged care who are at risk. We have seen the evidence that was provided to the disability royal commission that shows that time and again people with disability are subject to widespread abuse at far higher rates than the wider population. Further, the United Nations Special Rapporteur on the Rights of Persons with Disabilities has expressed extreme concern over the lack of protocols to ensure that people with disabilities are provided with viable alternatives to euthanasia. He reported that, "Persons with disabilities in institutions were being pressured to seek medical assistance in dying."

I grew up in country New South Wales and I know many people who think that we treat our pets and our stock better than we treat other humans, because we do not allow assisted dying. We put down animals who are clearly suffering, especially when they are clearly dying. I have considered this very carefully and I acknowledge that they have a point. But an animal that is our pet or our stock is entirely reliant upon us to make decisions about them at all stages of their lives, including the last stage. They cannot seek medical care; we do that for them. They cannot diagnose the cause of their illness or injury; we do that for them. A sick or injured animal will express pain and may curl up into a ball until they feel better or die. They probably do not like or trust the vet that restores them to health. We will often notice their symptoms of serious illness long after a human suffering the same cancer or terminal illness would have reported symptoms. We know when they are dying and whether their suffering will precede their return to health or their death.

With this monopoly on the knowledge about our pets and stock, we are obliged to prevent their unnecessary suffering by euthanising them. It is an obligation of ownership; it is not a right. The human experience is entirely different. I will now discuss some of my specific concerns about the bill. It has been carefully drafted, but there are problems I hope will be addressed by amendments should this bill pass. I do not believe allowing access to euthanasia should be subject to an age limit as young as 18. I note the previous bill introduced by the Hon. Trevor Khan in the other place had an age limit of 25. Under this bill doctors can suggest assisted dying to their patients. If we go down this path it should be only on request. It should be illegal to make such a suggestion to a patient. A doctor does not need to specialise in the area of a patient's illness, nor do they need to physically examine the patient to approve medically assisted dying. It is essential that a relevant specialist be involved and a physical examination carried out.

Mental illness is not a barrier to accessing assisted dying under this bill and it should be. Given the prevalence in other jurisdictions of people seeking assisted dying for reasons other than pain and suffering— reasons that hint at depression, such as feeling a loss of autonomy and being a burden on family and caregivers— we must preclude those suffering from depression and other mental illnesses from accessing it. Conscientious objection to providing assisted dying should be better protected for individual doctors and nurses, as well as for hospitals and aged-care facilities. Data should be gathered on the illnesses suffered and the reasons given for accessing assisted dying. I have been in contact with many people in my electorate about this issue. The majority I have spoken to are opposed to the bill, but it is not overwhelming and certainly polling would indicate the opposite. Many cite the teachings of their faith in opposition. I have spoken to people who describe themselves as agnostic or not religious, who oppose the bill. I have spoken also to Catholics and Muslims who support these reforms.

Many criticise members of Parliament for not putting aside their faith in making these decisions, as we represent communities of all faiths and none. However I believe in this case it is possible to do so and still come to the conclusion that this bill should not be supported. I appreciate the efforts of the member for Sydney and all co-sponsors of the bill in bringing it to the House. I know it comes from a place of compassion and deep concern for those who are suffering from a terminal illness. Those of us who oppose this bill do not lack compassion or concern to address the suffering of others. We do not do enough to alleviate suffering; nor do we do enough to alleviate the more commonly cited reasons for wanting to access assisted dying, such as a loss of autonomy, not being able to engage in pleasurable activities and concern that a person has become a

burden. Not enough people have access to high-quality palliative care. We have a huge obligation and an opportunity to alleviate the suffering that causes people to seek assisted dying. Let us do that before we even consider allowing people to access assisted dying who may not have had access to the care and support they deserve. I oppose the bill.