LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON VOLUNTARY ASSISTED DYING BILL
Ms Suzanne Orr MLA (Chair), Ms Leanne Castley (Deputy Chair),
Mr Andrew Braddock MLA, Mr Ed Cocks MLA, Dr Marisa Paterson MLA

Submission Cover Sheet

Inquiry into the Voluntary Assisted Dying Bill 2023

Submission Number: 080

Date Authorised for Publication: 04 January 2024

From:
To: LA Committee - VAD
Subject: Review of the ACT VAD Bill
Date: Wednesday, 3 January 2024 12:54:12 PM

I have a number of comments about the review of the ACT VAD Bill.

[1] I contend that an Advanced Care Directive could be used to good effect if a person loses decision-making capacity after gaining access to VAD. And if the Advanced Care Directive registers this decision. This would avoid the practitioner having to prove on-going decision-making capacity in a dying person. Using the Advanced Care Directive would give some certainty to the process.

[2] The process of gaining access to VAD is unnecessarily complicated especially in the ACT Bill. If this is really about compassion and dying with dignity, the last thing patient and doctor need is another layer of bureaucracy, or another list of instructions. Please consider the use of the Advanced Care Directive. This would put the ACT at the forefront of VAD legislation in Australia.

[3] I find it misleading in the Bill summary where it refers to nurse practitioners being able “to provide this service”. In another place in the summary it makes very clear that a nurse can be involved, but not alone as this statement implies – a GP must also be there as the second person whose involvement is required. This should be made very clear in the Bill.

[4] The ACT Bill allows a practitioner to raise the subject of VAD. I disagree with this. This is alarming to me. Any mention of VAD by a health professional WILL influence a patient.

Unless the patient is saying they want to die, the doctor should not be permitted to raise the subject of VAD. It would be wise for the ACT to follow other States on this.

[5] About 30% of people who are given VAD drugs do not use them. That makes it clear that approval is a flawed process. Its complexity does not mean it is an effective process. If VAD is about dying with dignity, the wrong questions are being asked by psychiatrists when assessing patients. The less complicated the process is, the more transparency there can be. Fewer Doctors assessing a patient, leads to greater accountability.

Regards
Jennifer Hobson