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: 040

Date Authorised for Publication: 14 December 2023

My name is Mary Bruinink nee Horvath of Wantirna Melbourne Victoria. I am

I believe that the Voluntary Assisted Dying Bill 2023 which is to be introduced into the ACT Parliament is a flawed and dangerous document and I believe it is being used to essentially give the right to medical staff to euthanise the elderly, the disabled, the mentally challenged and those who have no verbal ability to defend themselves. This law will be the green light with no legal consequences for those who wish to end the lives of the vulnerable without their express consent or input/knowledge from their chosen medical power of attorney representative or next of kin.

This bill, which was first passed in the Victorian Parliament by the State Premier at the time Daniel Andrews, was rushed through the Victorian parliament. Certain protective clauses were included at the time to protect against abuse. However I believe these were recently removed. Former Barrister John Olle supported Daniel Andrews by presenting instances of the elderly suiciding, which was supposed to provide justification for offering the VAD to these sad and depressed people and to expedite passing this bill. John Olle was put in place as a Coroner in Victoria by Daniel Andrews.

Daniel Andrews, as a former Health Minister, introduced the Medical Treatment Decision Maker document which is a type of Medical Power of Attorney but can be used to override others such as next of kin and medical power of attorney by doctors and hospitals.

There is a gaggle of medical professionals, ironically called the "care team" including General Practitioners, Senior Nursing Staff at hospitals and aged care facilities, Speech Therapists, Dieticians, Physiotherapists, Geriatricians and Palliative Care staff (in cases of the elderly) . All of these have their input of opinion as to why the person being assessed is no longer viable as a human being and is now considered "palliative" and/or end of life.

This is removing the right of next of kin or a person nominated as Medical Power of Attorney to obtain informed consent or to advocate regarding medications and procedures for the person in question when they cannot advocate or give consent themselves. Often persons who are suddenly in a precarious medical situation cannot give verbal or written consent.

Dementia is often an overused general description for many conditions an elderly person may have. Many of the symptoms used for diagnosis can be triggered or caused by other things such as malnutrition, dehydration, deafness caused by ears blocked by earwax (causing the person to not respond), over prescription of inappropriate medication etc. Asking someone what day of the week it is or who is the current prime minister is a woeful and inconclusive test.

Dieticians in the Care Team supposedly spend a lot of time analysing the person and detail what they should eat, how they should eat and the texture and consistency of what they eat. Chewing and dentition (having teeth or not, and including oral care) is very important, including the production of saliva that assists with swallowing. In my experience , the dieticians could not be contacted to discuss their report and assessment, especially if something was incorrect or missing. It takes a while to sit and observe an elderly person eating, especially when it takes time and allowing them to chew and swallow without choking. Choking can lead to aspiration of food, which can lead to complications such as pneumonia. I note that aspiration pneumonia has been a

convenient primary cause of death and I understand that an autopsy would produce only a indeterminate and inconclusive cause of death and mask the true cause.

Speech Pathologists are another specialist who is involved in the care team of the person. They are another part of the care team who decide if the person can swallow or not. They appear to work together with the dieticians. Together they decide if the person needs thickened food or water, the texture of the food (mashed, pureed, small soft pieces). They can also refuse to order food and drink for the person as they are deemed to be nil by mouth for food/drink due to the assessment that they cannot swallow and therefore are considered palliative. This in effect is denying the person sustenance and is a very painful way to deteriorate and die. It is plain out and out starvation. when this occurred I continued to feed and give him fluids against medical advice. They blamed me for causing my father to choke and die of aspiration pneumonia. This is untrue. He was eating well and alert when I last fed him before his sudden death which I witnessed. It was not aspiration pneumonia as listed on his death certificate. , the reports from the dieticians and speech therapist were virtually nonexistent and were grudgingly provided to me. The first assessments were virtually empty with hardly any text. The later one that I finally received was full of information that could have only come from me. I spent a great deal of time bringing in more nutritious food for my mother such as whole boiled eggs, noodles, bananas, creamed rice and cheese which she ate with gusto. I have documented her eating behaviours in detail with photos and video. Although she has no teeth, she gums her food extremely well having survived with no teeth for many years. She uses utensils to feed herself independently, She has no choking issues, and is very aware of food she cannot adequately masticate (such as green beans and foreign objects such as pips and bones) and she removes them from her mouth. She has no problem drinking regular fluids and does not choke at all. I provided the staff at the aged care facility with my observations which I believe the dietician and speech pathologist would have gleaned their reports from without actually seeing my mother. In one report they did not even have her name correct, not even close.

The physiotherapist is in charge of keeping the person mobile and independent. at .. in , fully ambulant and able to use the toilet herself. She did not spend all day in her bed. By she had had several falls (unwitnessed) and I received a call from a different doctor to tell me that was "deteriorating" and had a suspected broken hip. I asked if an x ray had been taken to confirm the diagnosis, and she replied "not yet". WHY???? The last reported fall was two weeks earlier. It was hard to imagine that my mother would have had been in a lot of pain for a long time. However, she was being given Norspan patches which are morphine. I am yet to discover when these patches were prescribed, dispensed and administered. These patches can cause dizziness which may lead to a fall. The facility has not been upfront about the circumstances regarding the falls.

Following the hip operation, was bedbound and not given any physiotherapy. She was comatose when I arrived at .., her food came and went and a drip was put in by a doctor at my insistence. eventually came around and I was able to support her with feeding and taking fluids. I have a Certificate III in Aged Care with some years of experience with elderly clients as well as my father. I made sure was fully awake and upright before offering food or drink. Her appetite was, and still is, excellent. I also brought other foods such as yoghurt, hash browns, sandwiches and cheese which she fully consumed without issue. I allege that was being overdosed with units of insulin for a diabetes type 2 diagnosis I have serious

doubts about. A doctor at the hospital argued with me about the insulin dosage and informed me that was about 60 kilograms. This alarmed me as was less than 40 kilograms and overdose of insulin could be fatal.

Once returned to the Aged Care facility she was denied physiotherapy by the in house physiotherapist on the basis of her inability to bear her own weight and because of the alleged dementia. I pushed for a private physiotherapist but the facility GP wrote such a damning referral the physiotherapist refused to provide physiotherapy for . I do not believe she even examined in person. was bedbound for many months and is currently in this state. On my visits I could see her muscles were quite atrophied. However, her keen appetite and sheer physical strength for such a thin tiny woman were both a surprise and comfort for me.

I took in a wheelchair to a case conference regarding her end of life decisions and documents on . Attending this meeting was the Facility GP, a palliative care nurse, a physiotherapist, the care coordinator from the facility and case manager from Guardians ACT via zoom. I did not notify anyone that my mother would be attending. Since her ears had been cleaned out under sedation, I believe her hearing was much better including her comprehension. At this meeting, my mother consumed a boiled egg and a banana on her own volition so that those attending could see there was no issue with choking or swallowing or indeed her ability to feed herself. Not behaviour that suggests dementia.

This meeting had been called to discuss end of life plan. During her hip operation stay, it was noted that a mass was present in her bladder. Later it was proved after a biopsy to be cancerous. I do not know exactly the details of the biopsy as I have not been given a copy of the results by the GP, and he has not given this to the Guardians either. I would be of the opinion that a second opinion should be sought and further exploration as how to treat this and provide the best care for .

I have been in discussions with Guardians ACT to apply again for guardianship of and bring her down to Melbourne where I can actively support her on a da ily basis. I doubt that the GP at the facility would be proactive about this.

was placed under Guardians ACT following an incident that required an ambulance to be called and she was taken to . No one called me, despite the fact that I am listed as her daughter and senior next of kin along with my details. I only heard about my mother being in hospital via ACAT and a submission from my brother for guardianship. A decade earlier I applied for guardianship from NCAT for which was granted and I brought him to Melbourne.

My involvement with ACAT in provided me with documentation from a geriatrician and a social worker from . I stated during the hearing that the assessment and report of health and background was largely inaccurate and in some cases, false. This involved the diagnosis and labelling of having dementia, acute kidney disease (which the facility has noted "resolved") and diabetes. It is of concern to me that proper diagnostics do not have appeared to be used and false conditions were included in my mother's health records. I am still seeking to obtain her medical records from her regular GP, the ambulance and the emergency department records at to follow the paper trail and have an independent assessment made

of her current health. I made several attempts to speak personally to the geriatrician who made the initial assessment but he did not allow me this courtesy. My brother should not have been considered the senior next of kin as he is not. I should have been notified immediately by and I would have travelled up to . languished in a locked ward with no clothes, her personal items such as keys, cash and her wedding being stolen, and being forcibly held down by several medical staff when she refused medication. I did not see her in person until the hearing in I was shocked and distressed at the sight of looking so pitiful, yet relieved that she immediately recognised me.

She was kept in this locked ward under the until when a bed was

available at . There was an obsession about background, with a false assumption that she could not understand English. I have had to correct this time and time again as she came to Australia when she was 15 and can understand and speak English very well!!

I understand that are not allowed to be named on the End of Life documents, known as MORPH. An initial MORPH was issued and provided to by a junior doctor from . I do not believe that this is legal as a senior doctor must issue this and sign it. When quizzing the Facility GP who would be included on that document (thinking it would be a family member/NOK if not the Guardians) he said no, it would be solely the right of the "care team", because that is the law. The documents they were trying to force me to agree with appear to be just an update of the original MORPH which was still in place despite the Guardians' request to have it shredded.

In other words, this MORPH is a carte blanche document to give doctors and the care team the lawful right to make the decision to end a person's life and not require an advocate to protect the person who cannot speak for themselves.

When governments get involved in making a decision to end a person's life without the person's express consent, it concerns me greatly that laws are passed without true and involved public scrutiny. If a person has a legal document naming a Medical Power of Attorney that was signed when they were able to, no one has the right to override the involvement of a named legal person to act as an advocate. If there is the mere possibility that this legislation will be abused by those who would benefit from ending a life for their objectives, this must not be allowed. I understand that family/senior next of kin automatically have this advocacy right and there is no need for documentation of this.

There is a lot more than I could comment on, but time has gotten away from me.

I continue to advocate for and not allow this "care team" to decide who will be there at her passing. I was denied this privilege with my father by the hospital where he died, and I will NOT allow it to occur again. will pass peacefully with me holding her hand when her natural death journey begins, not at the convenience of those who desire to make death fit into their timetables.

MARY BRUININK - Wantirna, Melbourne, Victoria