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

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Select Committee on the Voluntary Assisted Dying Bill 2023
Legislative Assembly for the Australian Capital Territory
Via email: LACommitteeVAD@parliament.act.gov.au

Dear committee members

Thank you for the opportunity to make a submission to this inquiry.

I recognise that this bill comes from a place of wanting to help those who are suffering. This does not change the fact that euthanasia is a grave moral wrong. I know that this is a minority position among Australians, and puts me in an even smaller minority among Canberrans. I know that the fact that my position is rooted in my Christian faith means that many will dismiss it out of hand. The broad community support for this legislation does not make it right, merely popular.

I recommend that this bill not be passed at all, but I recognise that the probability of the Assembly adopting my preferred pathway is zero. I hope that in time the ACT community will come around to the realisation that this bill is a tragic mistake.

With that said, if this bill is to be passed, it must have the strongest possible safeguards in place to minimise abuse, misuse and harm, particularly against the most vulnerable members of our community. I recommend that:

- Health practitioners must not be allowed to initiate discussions about euthanasia. In other jurisdictions, such as Canada, we can already see the impact that practitioner-initiated discussions on euthanasia are having on vulnerable patients.
- The Assembly must ensure that the introduction of this legislation does not lead us down a path of funding cuts to healthcare and aged care services, in particular palliative care services. The Government cannot be allowed to use the VAD scheme as a way out of the problems with our health and aged care systems.
    - Section 159 should be amended to include a requirement to specifically review access to and quality of palliative care services in the ACT, and the degree to which failings in care lead people to use the VAD scheme, over a period of at least 10 years after the commencement of the scheme.
- Similarly, there are many well documented cases in other jurisdictions of people accessing euthanasia due to poverty and lack of access to appropriate economic supports.
    - Practitioners should be required, as a mandatory consideration in their decision making process, to assess whether economic vulnerability is influencing the patient's decisions, and to refer such patients to appropriate support and advocacy services rather than approving a VAD request.
- The Committee should rule out, in the strongest possible terms, the option of extending the VAD scheme to people under 18 or people who lack decision-making capacity, as currently anticipated in section 159.
    - Section 159 should be amended to remove the requirement to review the potential

extension of the scheme.

- The Committee should rule out extending the scheme to cover mental illness.
- Protections for conscientious objectors – both individual and organisational – must be strong.
    - Facility operators should be permitted to completely opt-out of the VAD scheme and provide no support for VAD-related activities on their premises, so long as they make it clear to all prospective patients that this is their policy. Patients, particularly those who consider themselves vulnerable, should have the option of choosing a facility where VAD will not be offered under any circumstances even by external providers.
- Penalties for violations of the Act, including those that are "administrative" in nature, must reflect the severity of the subject matter.
    - Subsection 40(1), which makes it an offence to, dishonestly or by coercion, induce an individual to make a request for VAD, should carry a sentence at least equal to that of manslaughter (i.e. 20 years imprisonment).
    - The Director-General and the Oversight Board must have powers to **immediately** suspend the authorisations of practitioners, with no requirement for advance notice, if they receive information that suggests that the practitioner has previously violated the requirements of the Act or that there is a risk of further violations. The current provisions regarding imposition of conditions are clearly inadequate in this regard.

I once again thank the Committee for the opportunity to make a submission and would be happy to speak further to the Committee on any matter I have raised.

Yours sincerely

Andrew Donnellan