



AMA
QUEENSLAND



1250
RESPONDENTS

VOLUNTARY ASSISTED DYING IN QUEENSLAND

— A DOCTOR'S PERSPECTIVE —

In 2021, the Parliament of Queensland will have a conscience vote on Voluntary Assisted Dying (VAD) legislation. The Queensland Law Reform Commission (QLRC) will draft the legislation based on similar laws in other states, including Victoria (Vic) and Western Australia (WA), as well as feedback from the Queensland community and stakeholder groups. In October 2020, the QLRC invited key stakeholders, including AMA Queensland, to respond to questions on the proposed VAD legislation. We surveyed AMA Queensland members on several of these questions, where the organisation's position was not already publicly stated. The survey responses helped us to understand many key issues and concerns for members and guided AMA Queensland's submission to the QLRC. There were more than 1,250 respondents to the survey across a diverse range of medical professionals including students, doctors in training, GPs, salaried doctors, Visiting Medical Officers, specialists and retired doctors. This is a summary of the results.



PATIENT ACCESS

— A DOCTOR'S PERSPECTIVE —



74% VAD patients must be at least 18 years' old, be a resident of Queensland for at least 12 months, have an incurable disease and experience intolerable suffering

94% Patients in rural and remote areas should have equitable access to VAD

83% Patients with a disability should be able to access VAD

67% Patients with a diagnosed mental illness should be able to access VAD

We advocated for clarity on mental illnesses that may impair a patient's capacity to access VAD.

77% Patients with VAD in their advanced health care directive, with instructions on when they lose mental capacity, are eligible to access VAD if they lose capacity

61% Telehealth should be allowed for patients seeking VAD

QLRC asked this question but it is currently illegal under Federal legislation. Vic and WA unsuccessfully lobbied the Federal Government to change this law.

66% Limit the number of doctors a patient can see to assess VAD eligibility

70% All funding and facilities for VAD services should be provided by the State Government



DOCTOR'S ROLE

— A DOCTOR'S PERSPECTIVE —



86% Two doctors must assess a patient's eligibility and must be independent of each other

91% One of the assessing doctors must have a fellowship and have practiced as a registered doctor for at least five years and be experienced in the medical condition of the VAD patient

75% Referral to third independent specialist or patient's regular doctor required if patient is unknown to assessing doctors

95% Referral to expert required if assessing doctors are unable to determine if a patient is acting voluntarily or coerced

90% Some doctors excluded from the VAD scheme e.g. administrators, doctors-in-training

68% Doctors require a permit to assess patients for VAD

We recognise the need for VAD training however, question what a permit entails as no definition was provided by QLRC. Permits in Vic are required for each VAD assessment which has been heavily criticised by participating doctors as overly bureaucratic and is not a system we support.

73% Nurse practitioners should not perform VAD assessments

66% Nurse practitioners should not autonomously supply and/or administer VAD substances



RIGHT TO CHOOSE

— A DOCTOR'S PERSPECTIVE —



64% Doctors have the right to conscientiously object to participating in VAD

74% Doctors who conscientiously object to VAD should refer a patient to another doctor

54% Doctors should be able to discuss the option of VAD with patients

AMA Queensland advocates for patients to be provided with all care options including palliative care and VAD, which was overwhelmingly supported by members (98%).

82% Patients should decide if the VAD substance is self-administered or doctor administered

57% Doctors must be present when a patient self-administers the VAD substance

We advocated for patient autonomy on this issue as members were somewhat divided here but strongly supported patients deciding whether to self-administer or not (82%).

98% Accessible palliative care should be offered at the same time or prior to VAD