



Key messages for Euthanasia Bill

- There is NO 'choice' until high quality palliative care is available to ALL Queenslanders
- Care first. Every Queenslander has a fundamental right to high quality palliative care.
- Before Parliament provides Queenslanders with an option to die, shouldn't it providing an option to live?
- One of the most vulnerable sector of our community – indigenous Queenslanders – have not been consulted on the matter
- A tiny percentage of Queenslanders may access Euthanasia, but 100% of Queenslanders will require palliative care.
- Outside of the SE corner and in remote, rural and regional Queensland palliative care services are virtually non-existent.
- Major stakeholder- Indigenous Queenslanders have not been properly consulted on the matter.
- Providing high quality palliative care to ALL Queenslanders costs less than 3 klm of Ipswich motorway upgrade. Palliative Care \$385m/yr Vs motorway upgrade \$400M
- Providing high quality palliative care to ALL Queenslanders cost less than 2 cups of coffee - \$5.70 per Queensland
- Elder abuse 'inheritance impatience' is real, underreported, and is further encouraged by euthanasia laws
- Queenslanders with disability are particularly vulnerable to pressure, neglect, and abuse regardless of 'safeguards.'
- If 'safeguards' work why have we had Royal Commissions into aged care, disability, child abuse and mental health?
- 107 of the World Medical Association's 109 constituent National medical Associations oppose euthanasia and assisted suicide
- Queensland's current health system cannot even provide day to day health care – how can it safely cope with providing such a scheme?
- Polling of 1000 Queenslanders IS NOT representative of what most Queenslanders want (MP's quote 85% of Queenslanders are in favour of assisted suicide laws)
- Canvassing your electorate is NOT conscience vote – it is a political vote. The Premier says MPs should have a 'personal' conscience vote
- Irony of introducing euthanasia when;
 - QLD Gov target for halving suicide rates by 2026
 - protecting the elderly and the vulnerable were/are the priority during COVID
- Any such legislation should provide institutional conscientious objector provisions to Aged Care & Health Providers or risk them withdrawing from providing end of life care. They are the only operators of very few aged & palliative care services in rural and regional QLD.