

# What Queenslanders Really Think About Euthanasia and Assisted Suicide

POLL RESULTS | SEPTEMBER 2021

*Cherish Life*<sup>.org.au</sup>  
Queensland

[www.cherishlife.org.au](http://www.cherishlife.org.au)



[www.acli.org.au](http://www.acli.org.au)



[www.no euthanasia.org.au](http://www.no euthanasia.org.au)

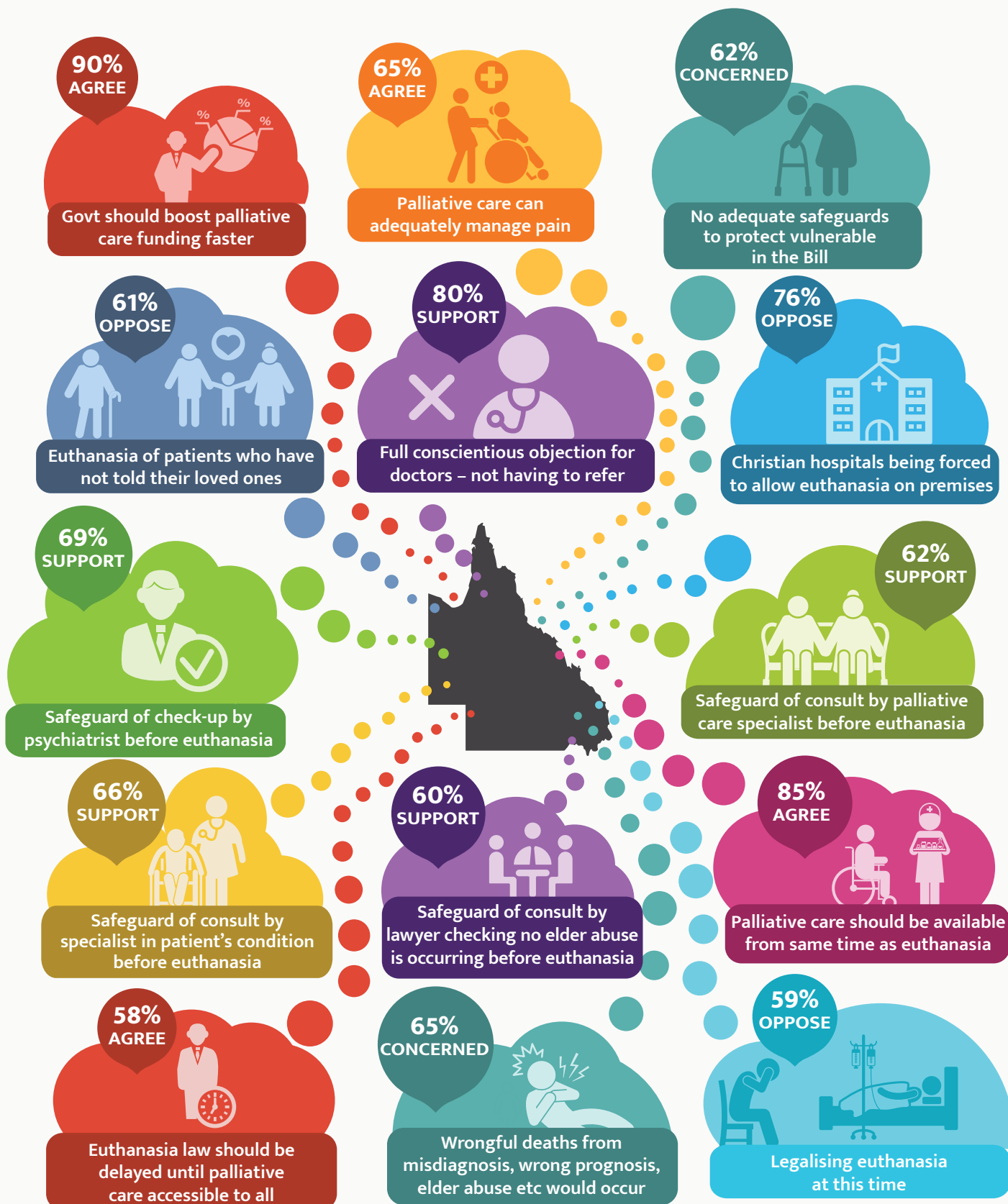


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# EXECUTIVE SUMMARY

A report on a comprehensive survey conducted by independent market research firm **Compass Polling**, commissioned by Cherish Life Queensland, Australian Christian Lobby and HOPE. This online opinion poll of a representative sample of 1,009 Queensland voters was conducted from 30 August to 6 September 2021. The margin of error is at most plus or minus 2.5%.



## SAMPLE CHARACTERISTICS

1. The sample consisted of 1,009 Queensland voters, who are representative of the Australian population on key demographics, as measured by the last Census (2016).
2. Our results gauge public opinion with an at most 2.5% margin of error. This is based on margin of confidence calculations for a sample of this size drawn by probability methods.
3. The sample was recruited from Australia's leading consumer panel provider PureProfile.
4. Data collection was completed on 6 September 2021



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## FINDINGS

### Palliative Care in Queensland

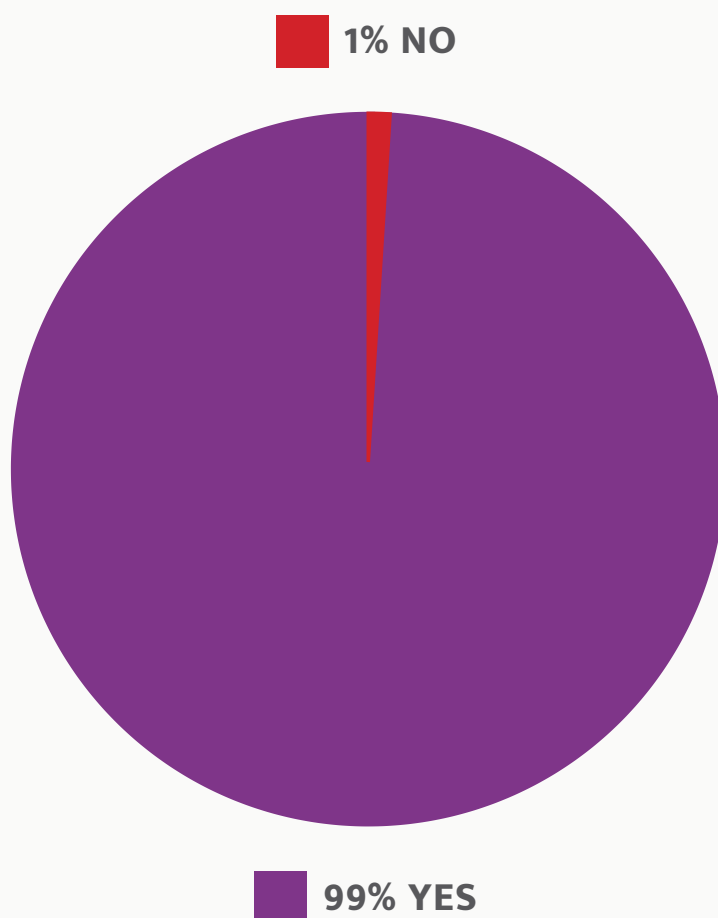
The best way of improving end-of-life health care is a current topic of debate in Queensland. Naturally, everyone wants as peaceful and dignified death as possible for themselves and their loved ones, when their time comes.

Palliative care is a specialist medical service that improves the quality of life of terminally ill patients and their families through the prevention and relief of suffering by treatment of pain and other problems, physical, psychosocial, and spiritual.

Unfortunately, palliative care is under-resourced and underfunded in Queensland, with fewer than half the number of specialists we need and with Queensland Health having only 134 dedicated palliative care beds in the entire state.

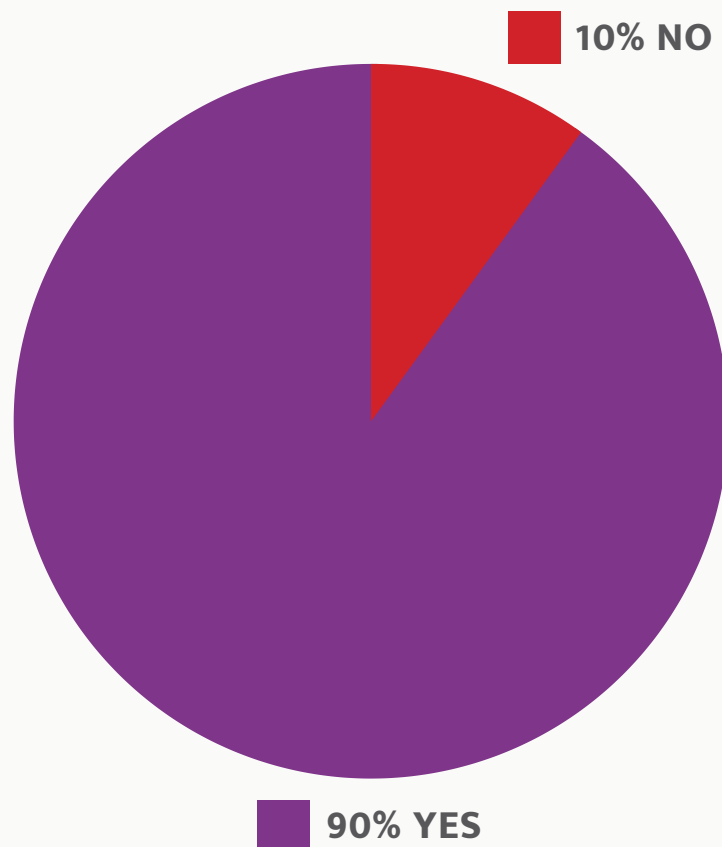
Palliative care services are particularly patchy and sometimes non-existent in regional Queensland, but even in south-east Queensland it is not generally available more than a few months before death.

**Do you agree that all Queenslanders should have access to needed medical services, including palliative care services?**



Palliative Care Queensland has called for a funding increase of \$275 million a year to ensure that every Queenslanders who needs this service can receive it. In response, the Queensland Labor Government has announced an increase of \$171 million per year to be delivered gradually over six years, starting with just \$28.5 million in the first year.

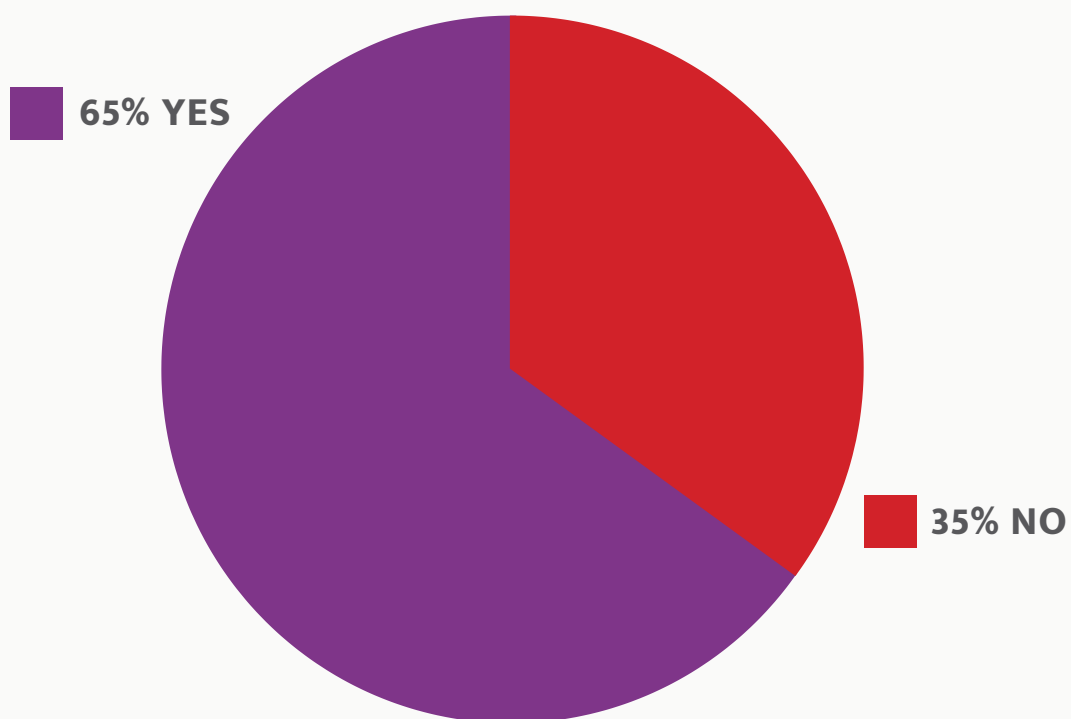
**Do you think that the Queensland Government should act more quickly to boost palliative care funding to the level recommended by Palliative Care Queensland?**



An open letter to politicians signed by 105 out of Australia's 148 palliative care specialists (70% of these doctors) in 2017 included the statement:

"Current Australian data indicates that no more than 2 in every 100 palliative care patients would be in moderate or severe pain at the end of life. In these unusual cases where all other methods of palliation for pain and other symptoms are inadequate, and if the patient agrees, palliative sedation therapy is available to provide adequate relief of suffering."

**Does this give you confidence that specialist palliative care can adequately manage physical pain in terminally ill patients?**

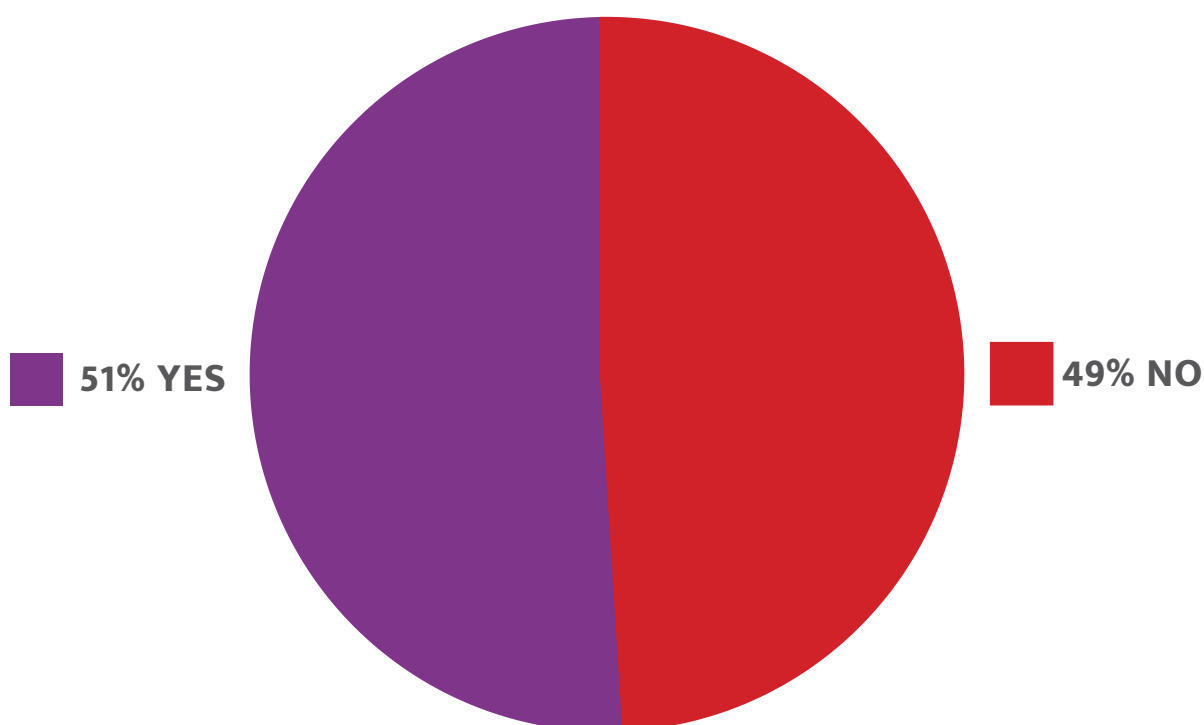


## Euthanasia and Assisted Suicide in Queensland

The Queensland Government has introduced the Voluntary Assisted Dying Bill 2021, which State Parliament will debate and vote on in September.

This proposed law will legalise euthanasia, which is the killing of a terminally ill patient at their request by a doctor or nurse by a lethal injection, and assisted suicide, which is the act of a terminally ill patient to end their own life by taking a lethal drug prescribed by a doctor.

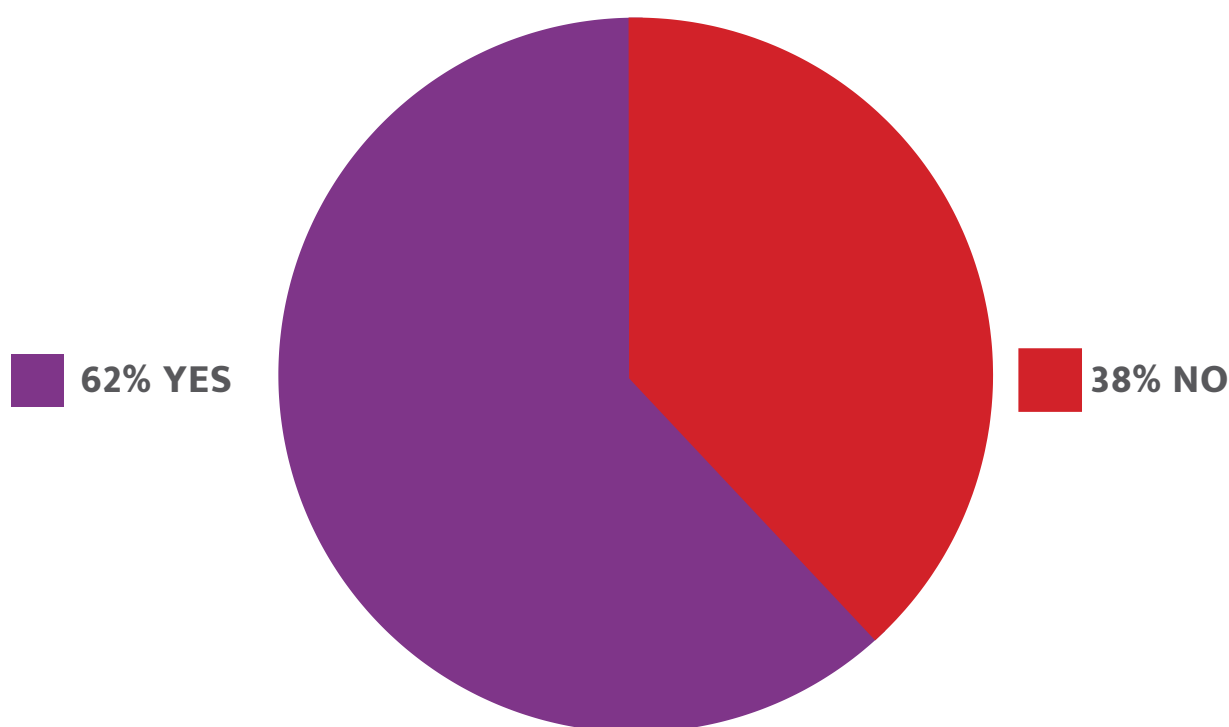
**Do you agree with the long-standing medical ethical principle, established 2,400 years ago in the Hippocratic Oath, that doctors should “do no harm” to their patients and “neither administer poison to anybody when asked to do so”?**



Oncology is a specialty of medicine that treats cancer sufferers. In 2017, 101 oncologists signed an open letter to the Victorian State Government as they considered a "Voluntary Assisted Dying Bill".

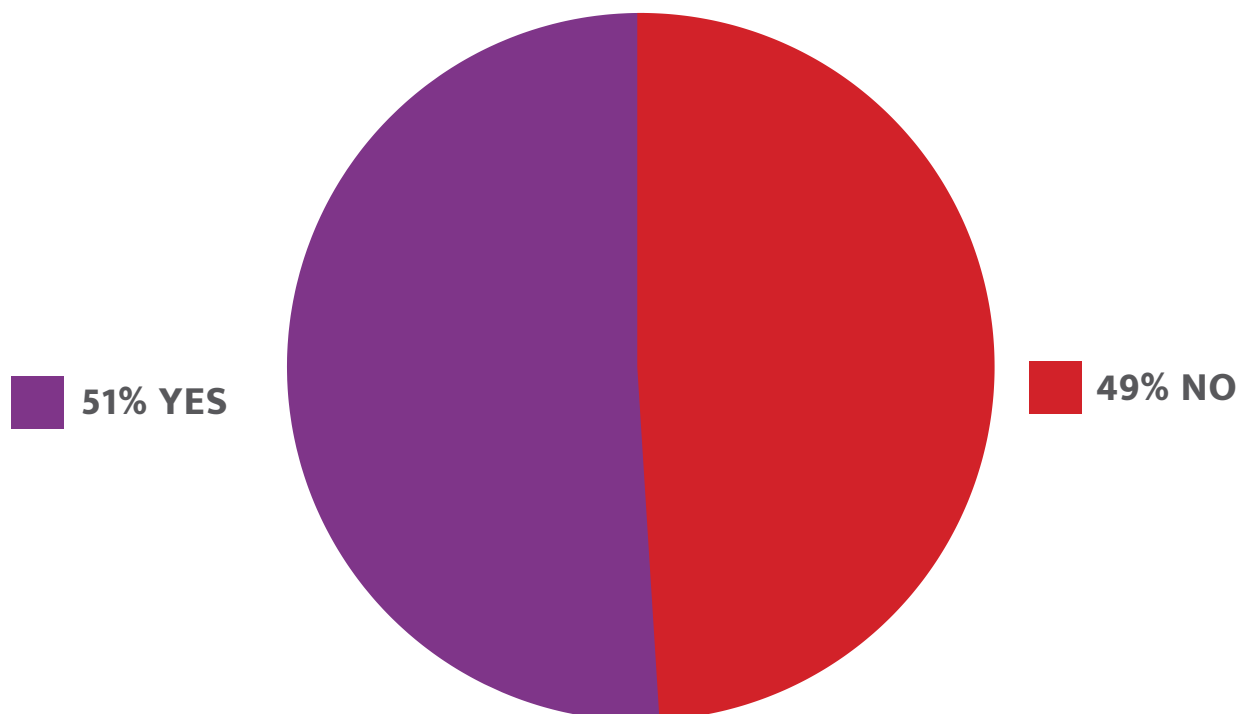
An excerpt from the letter states: "As 80% of those who access physician assisted dying legally overseas have cancer, we feel our perspective on this issue should be heard... "We do not believe that it is possible to draft assisted dying laws that have adequate safeguards to protect vulnerable populations, especially those with incurable cancer, progressive neurological illness, the aged and disabled. These groups of people experience high rates of depression and isolation."

**Are you concerned that it is not possible to create "voluntary assisted dying" or euthanasia and assisted suicide legislation with adequate safeguards to protect the vulnerable?**





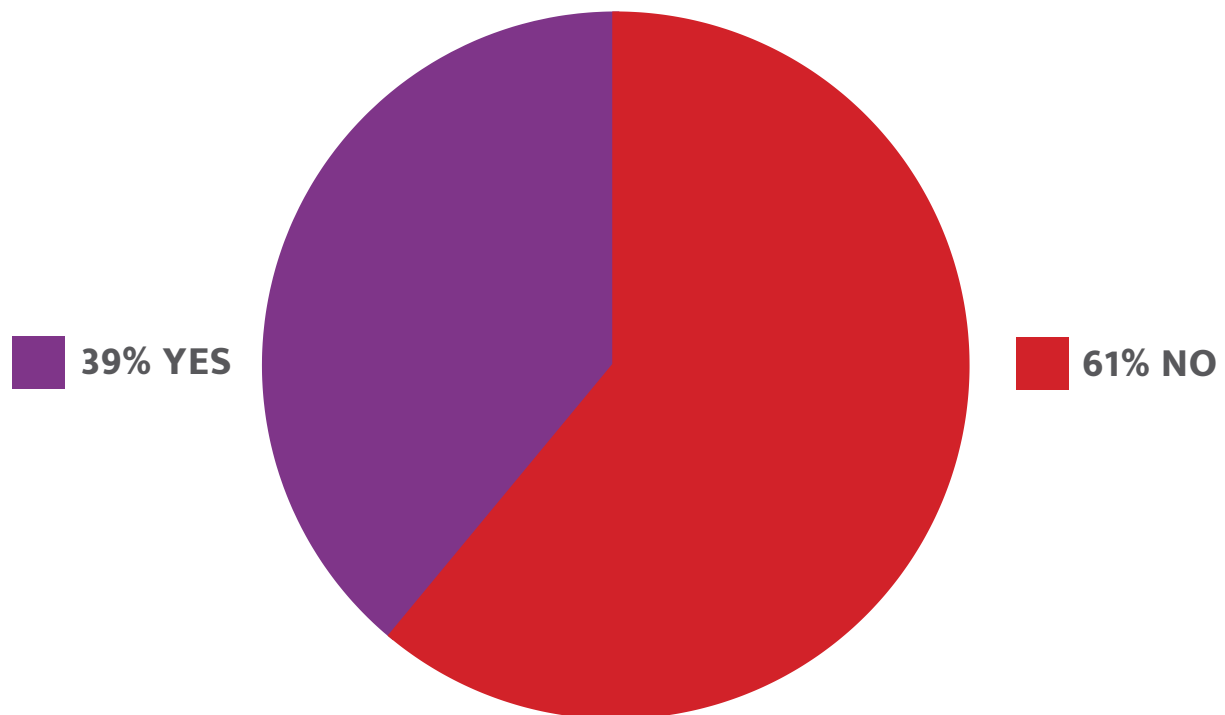
**Are you concerned that the legalisation of euthanasia and assisted suicide would cause vulnerable terminally ill patients to feel pressure - whether real or imagined - to do "the right thing" and request early death so they are not "a burden on their family"?**



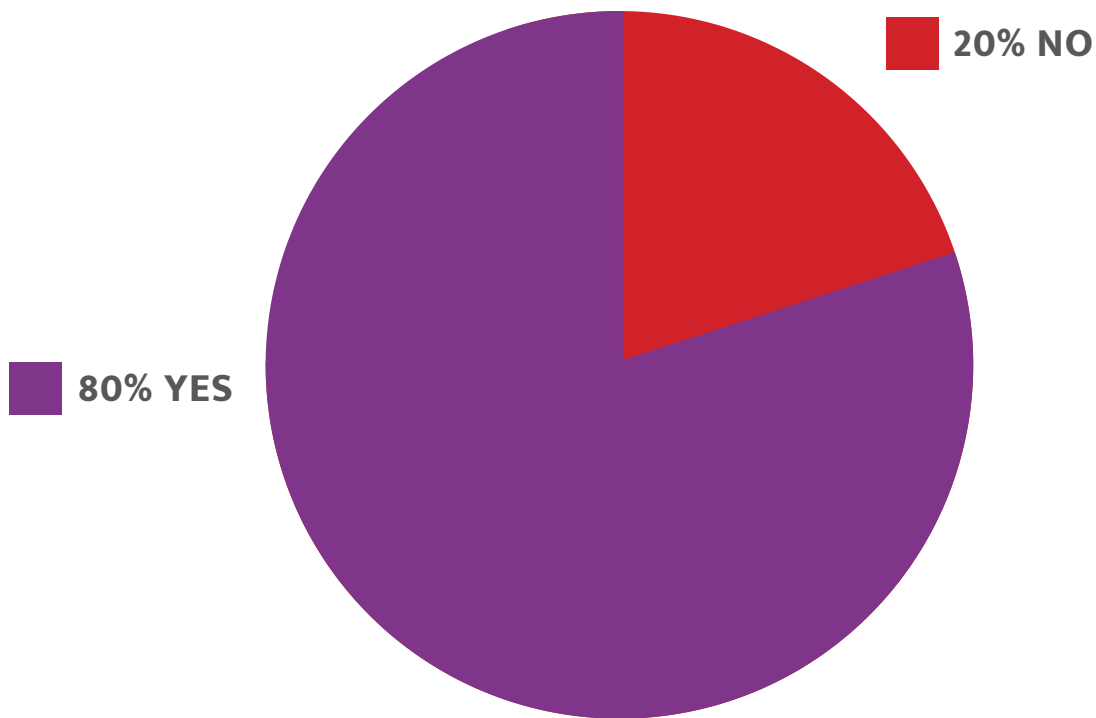
Under the current Queensland law, doctors are legally allowed to give patients as much pain medication as they need to be comfortable, even if this might unintentionally hasten their deaths.

Under the proposed Queensland law, a person will qualify for voluntary euthanasia and assisted suicide if they have been diagnosed with a terminal condition, that is, they have 12 months or less to live, and they are suffering in a way that they find intolerable, whether that suffering is emotional or physical.

**Do you agree with a provision in the proposed Queensland law which would allow a person as young as 18 to request a lethal injection or a prescription for a lethal drug without having to tell their loved ones beforehand?**



Under the proposed Queensland law, doctors and nurses who think intentional killing of patients is wrong would be forced to collaborate with euthanasia and assisted suicide. Do you agree that there should be an amendment to the Bill so that a doctor or nurse who has an ethical objection to euthanasia and assisted suicide does not have to refer for it and be complicit in the death of a patient?

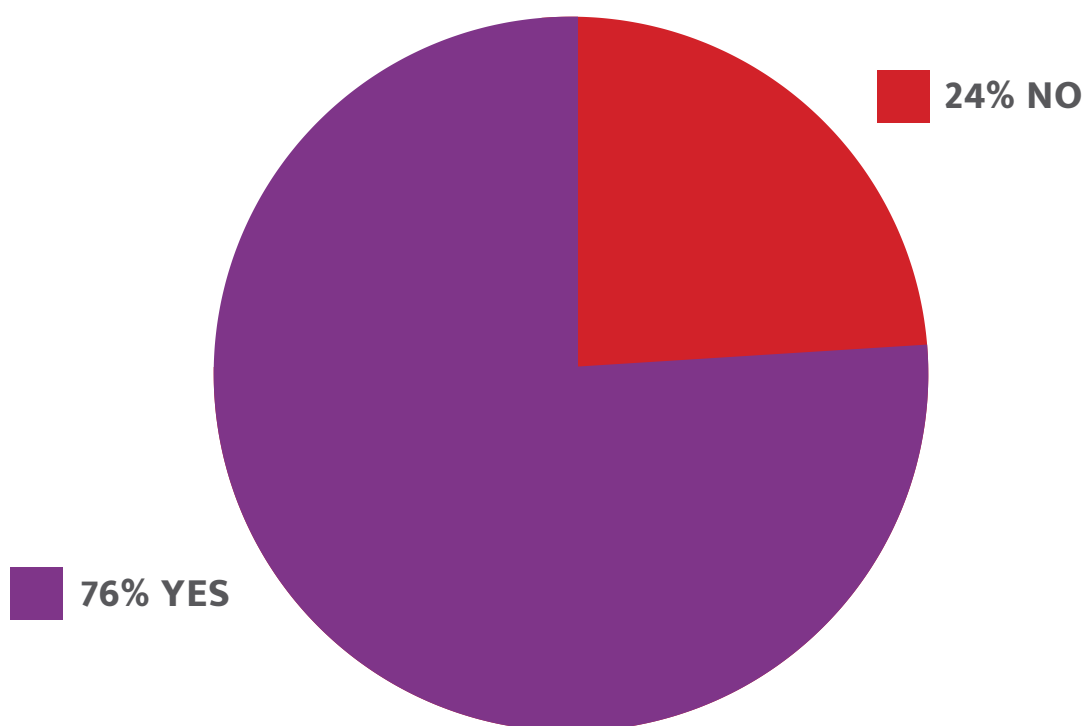


Institutional conscientious objection refers to the right of an institution, such as a hospital, hospice or nursing home, to object to something which is against their charter of values.

The proposed Queensland law would force institutions with an ethical or religious objection to euthanasia and assisted suicide to allow outside doctors to come on to their premises to give a lethal injection to a patient who requests it, or to allow lethal drugs to be delivered to a patient for them to self-administer.

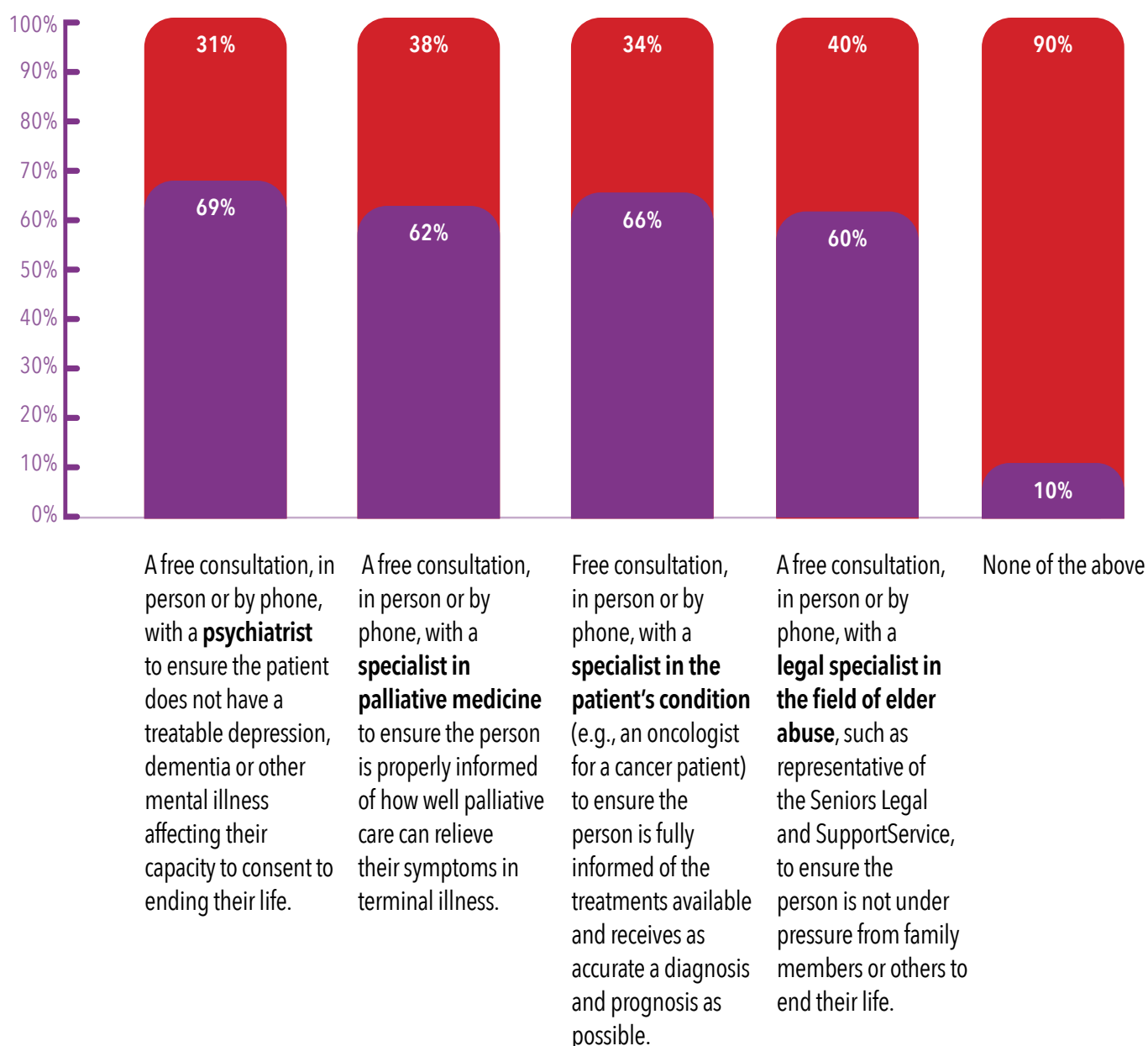
All faith-affiliated health care providers, which provide about one in four beds in the Queensland health system, have objected strongly to this requirement. There are serious concerns that, if this becomes law, some institutions may close facilities and/or defer opening new premises.

**Do you agree that there should be an amendment to the Bill so that a faith-affiliated hospital or nursing home which opposes euthanasia and assisted suicide cannot be forced to allow this to take place on its premises, on the proviso that they co-operate with the requesting patient if they wish to transfer to another institution?**



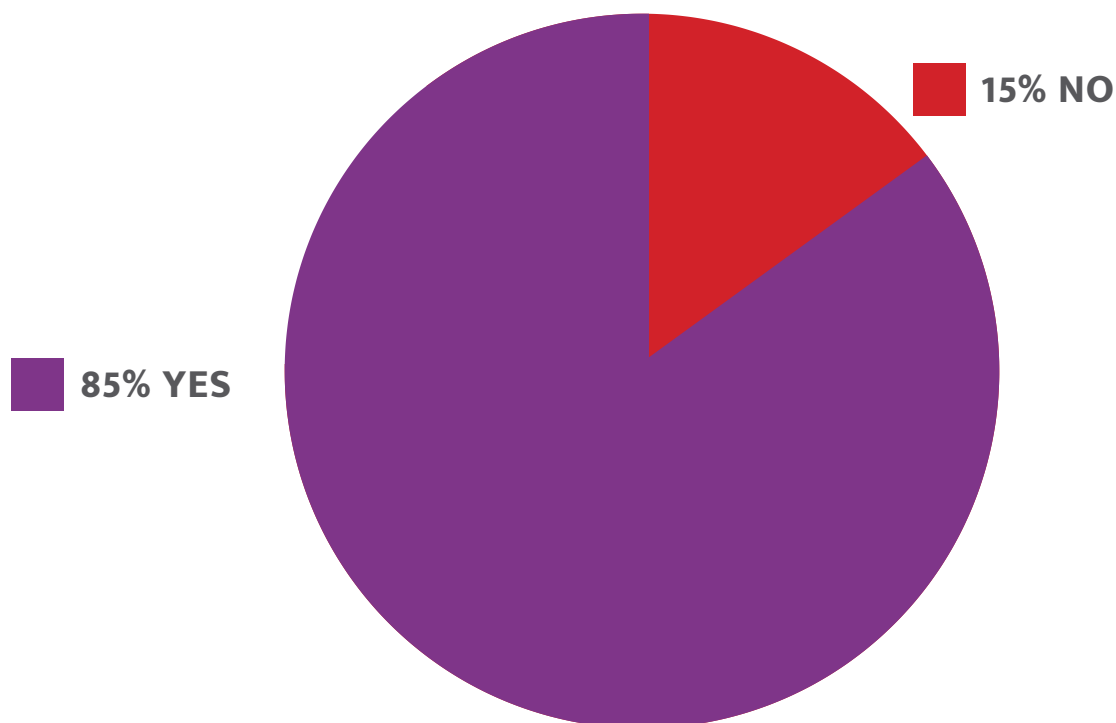
Given the seriousness of the decision to end a patient's life, and the need to be sure that the patient's decision is fully free and informed, which of the following requirements would you like to see added to the proposed law? Note that you can select several.

■ YES  
■ NO

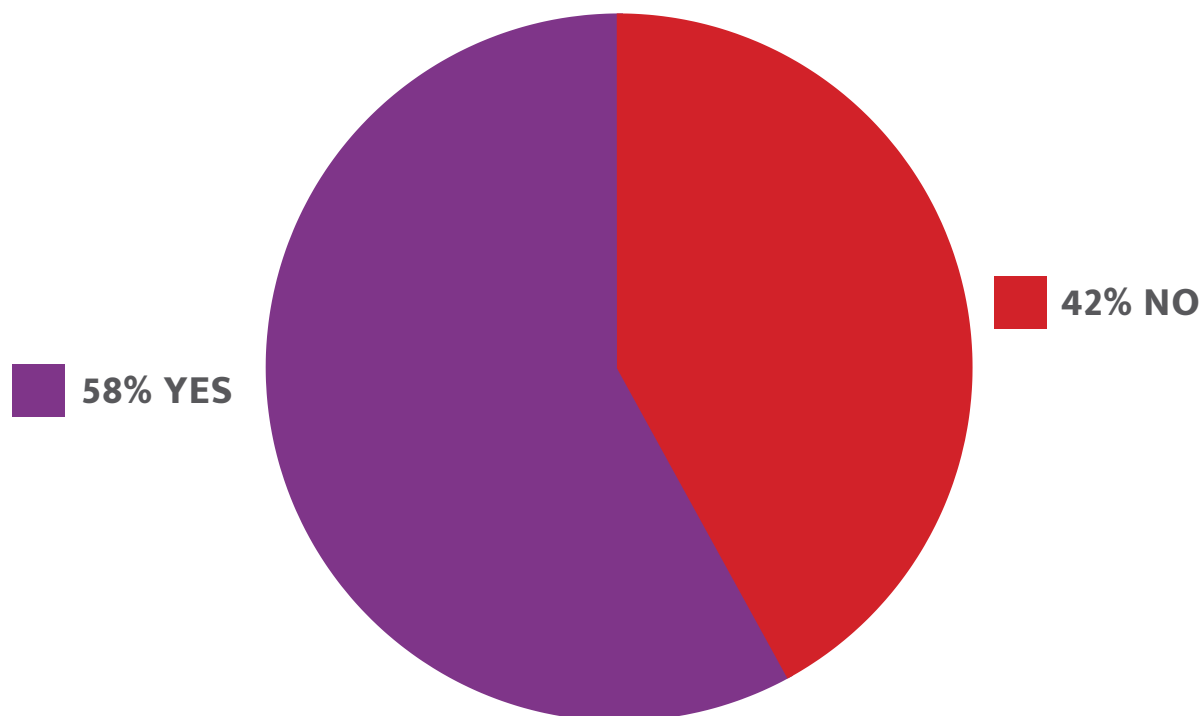




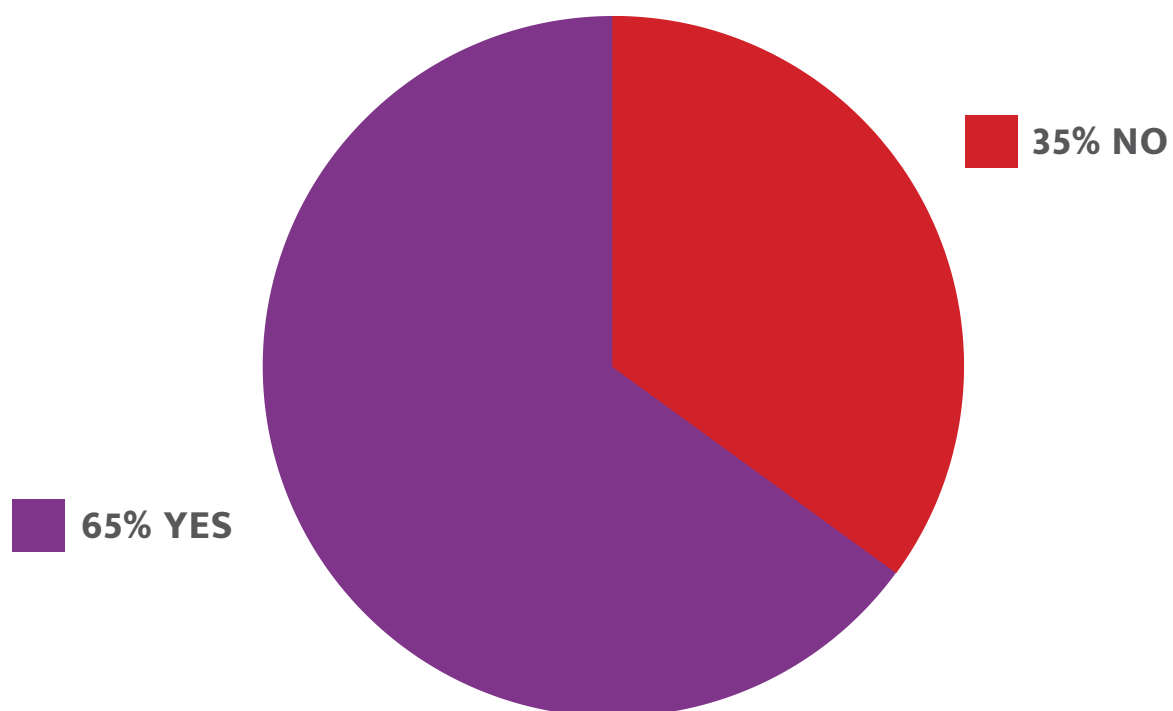
In Queensland, public funding for palliative care services is generally only available when a patient is diagnosed as having 3 months left to live. Under the proposed law, public funding to end a patient's life would start when the patient has 12 months to live. Do you agree that palliative care support should be available from the same time as voluntary euthanasia and assisted suicide, not nine months later?



Given that the State Government currently underfunds palliative care services by \$247 million a year and patients particularly in regional and remote Queensland often cannot access palliative care when they need it, do you think the proposed law for euthanasia and assisted suicide should be delayed until palliative care is an accessible option for all Queenslanders?

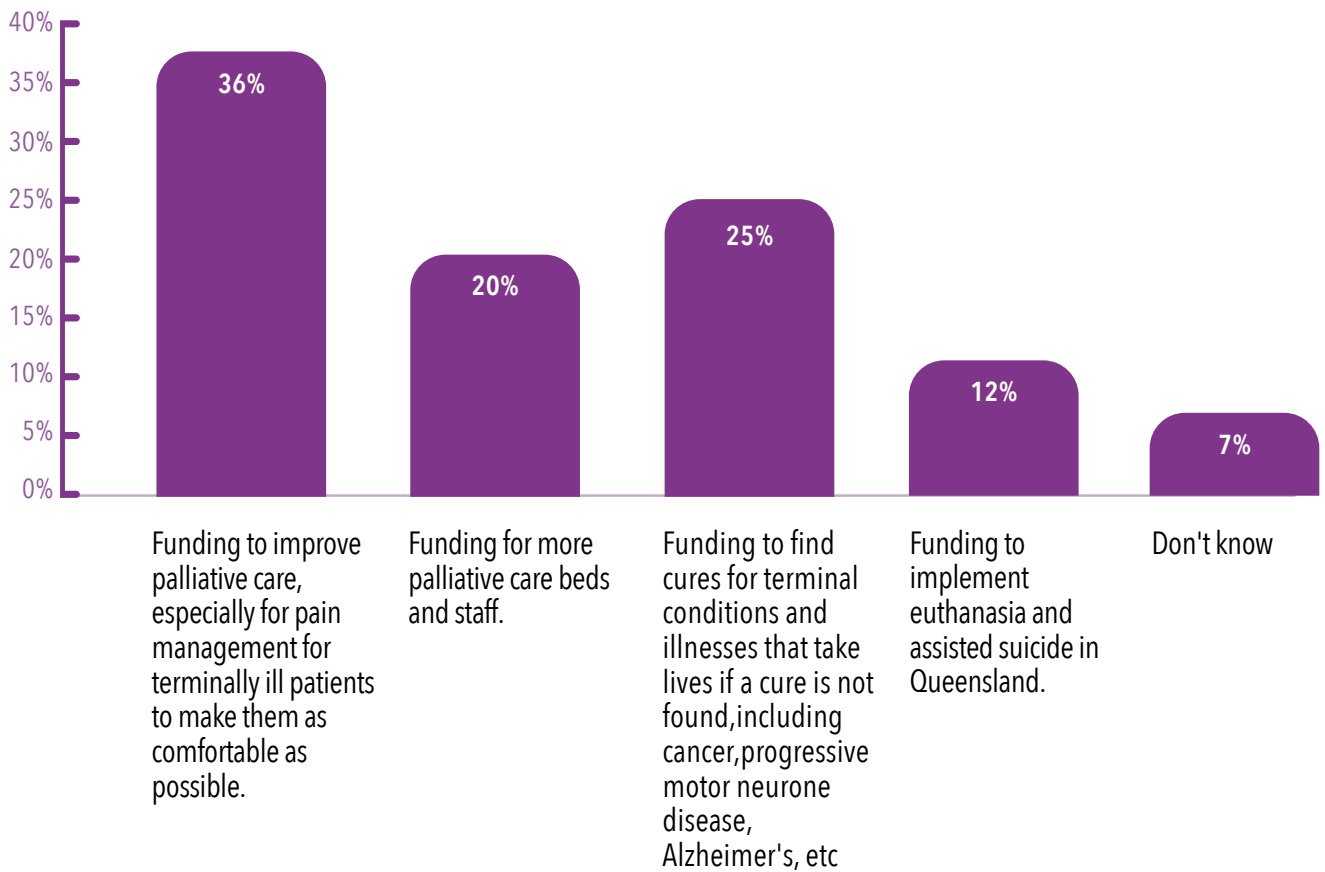


If the Voluntary Assisted Dying Bill 2021 is passed into law in its current form, without any amendments, are you concerned that it would result in wrongful deaths as a result of misdiagnosis, wrong prognosis, coercion, elder abuse, untreated mental anguish or patients feeling they have no other choice due to the lack of palliative care services?



## Funding and Priorities

Which do you think should be the most important funding priority for the Queensland Government out of the choices below?



Do you think that legalising euthanasia and assisted suicide should be a priority for the Queensland Government?

