

From: [REDACTED]
To: [LA VAD](#)
Cc: [REDACTED]
Subject: Voluntary Assisted Dying Submission
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Dear Sir/ Madam,

I have been asked to send you my submission that I submitted to the Queensland Government Process, some years ago now.

I do hope it is of use in the NT debate.

Please be free to contact me at any time. I am a retired Anglican Priest in Queensland. I'm sure you can check my authenticity through the Qld Anglican Church!!!
Signing this is beyond my tech pay grade!!!

Many thanks indeed and best of wishes to you all.

Sid Rogers

Rev'd Sid Rogers: Retired Hospital Chaplain and Anglican Priest

Euthanasia: A contribution to the debate – Voluntary Assisted Dying is not suicide

The Health Committee - Queensland Parliament

To Whom it May Concern:

Over the last ten years of my ministry as an Anglican Minister of 39 years, as a Chaplain in palliative care wards over numerous hospitals on the Gold Coast, daily I dealt with people in extreme trauma. In this period, I have been asked by at least 100 people {patients and family members} if I could, by speaking with their clinicians, arrange for them to have VAD. The law prohibits them from doing so. As a consequence, these patients and their loved ones, and many others, all endured an awful end of life experience or one that they did not choose. Most importantly, in this debate, it was not one that they would have chosen but was forced upon them by the law. This could, in most cases, have been hastened considerably. It would have spared often weeks, months, sometimes years, of cruel, unnecessary suffering that you, most certainly, would not inflict upon your pet. I hasten to add that these requests were from patients in a hospice also.

In Queensland, an excellent document can be purchased from any Post Office called an *Advance Health Directive*. It is a document that anyone can complete so as to instruct family, friends and clinicians not to keep them alive under certain circumstances. It must be countersigned by your GP and Justice of the Peace, and should be discussed with all the significant people in your life, especially family. **Every person should have one - now.** It would simplify this debate considerably. It is a sophisticated extension of DNR {*Do Not Resuscitate!*} – letters *sometimes even tattooed on people's chests*, who do not wish to have their death prolonged unnecessarily.

Futile medicine is medicine practised with no benefit to the patient. The harms out way the benefits. Much of palliation, though clearly not all, is in pain control etc, is futile medicine, in that it is prolonging death and not enhancing life. Withholding futile treatment is clearly handled in the document. Administering futile treatment is to simply prolong death, not enhance life. Much end-of-life palliation today **is** a subtle form of euthanasia. Patients are allowed to die in as dignified manner as is legally possible.

Most importantly, in this debate, prolonging death is not the same as extending life.

It is also essential that we choose to use non-emotive language. A while ago now, I heard a Radio National presenter use the words..... ‘allowing Doctors to kill patients.’ This is simply absurd and possibly deliberately mischievous, certainly misleading. *Voluntary Assisted Dying* {VAD} has nothing to do with killing or murder, but the **fulfilment of the considered wishes** of a patient. We should never use the term ‘assisted suicide’.

Suicide refers to the action a person takes who is **not** about to die from an incurable disease, or seriously injured with life-sustaining medication or even living the futile existence as some of our elderly. {Many elderly, not in palliation, have also told me, of their own volition, some in Retirement Villages etc, that they do not wish to continue living.}

Many attempted suicides actually want to live...it is cry for help. Suicide correctly applies to a person, without a terminal illness, who has a considerable number of productive/positive years or decades ahead. Here, living is clearly still a most viable option. **Suicide ends a life which has still yet to be lived.** VAD is completely different. **It refers to an end-of-life decision.** VAD ends a life where the patient, with full capacity, determines that their life **has** been lived or identifies conditions deemed, by them, futile to continue.

To choose VAD is a decision that honours the quality of life rather than quantity. Just because modern medicine can keep people alive well after they naturally would be deceased, does not mean that we ought to. Under certain circumstances, many people of faith with an incurable disease or in a futile state, wish to embrace eternal life, rather than postpone it. For people, of no faith, they simple no longer have the desire to live.

For the vast majority of human beings, life only has meaning when it is existential, relational. Most people, through these relationships, measure the meaning of their life. Therefore, so long as I can continue to interact and communicate with the people I love, to my satisfaction: life has value and meaning. All that proponents of VAD are asking, is that if they can no longer experience these attributes that define us as a human, then there is no longer any purpose for them to live.

Indeed, my love for my family compels me not to have them also endure the agony of a protracted, essentially futile existence. Many many family members of patients told me how awful the experience was. It is actually love that is the motivation for requesting VAD. In any ethical decision, it is the motivation for an action that takes precedence even over the action {decision} itself, the circumstance or the consequences of a decision. VAD is a selfless act, not a selfish act. Those who wish to prolong the extreme physical, psychological, cognitive and spiritual pain that I observed daily with dying patients and families , need to seriously question their motive - who exactly benefits here?

What gives you the right to deny somebody else's well thought through decision to end their life in dignity? And a most important point – VAD is not being legislated as compulsory for all, it is a choice people must make. If you do not wish to have VAD, then that is your choice, However, you have no right to force your views on someone else.

My love and compassion for people compels me to urge our legislators to legislate for euthanasia. In that way we will honour the consensus of almost 80% of Australians. For those 20% who do not wish VAD, your decision is likewise honoured, nothing will change.

I would be happy to speak with anyone should that be helpful.

Rev'd Sid Rogers

Retired Anglican Chaplain to the Gold Coast Hospitals

22nd March 2019

