

# Offering pastoral care to those seeking voluntary assisted dying, their family, and friends in Queensland

Russell Briese

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*Festival of the Epiphany of Our Lord, 2023*

Voluntary assisted dying (VAD) is legal in Queensland as of 1 January 2023. Queenslanders may now access medically assisted euthanasia, providing they meet certain criteria as per Section 10 of the Voluntary Assisted Dying Act 2021 (QLD):<sup>1</sup>

- be diagnosed with a disease, illness, or medical condition that:
  - is advanced, progressive and will cause death.
  - is expected to cause death within 12 months.
  - is causing suffering that the person considers to be intolerable.
- have decision-making capacity in relation to voluntary assisted dying.
- be acting voluntarily and without coercion.
- be at least 18 years of age.
- be an Australian citizen, permanent resident, or have been ordinarily a resident in Australia for at least three years immediately before making their first request (or granted an Australian residency exemption by the Director-General of Queensland Health).
- have been ordinarily a resident in Queensland for at least 12 months immediately before the person makes the first request (or granted an Australian residency exemption by the Director-General of Queensland Health).

Furthermore, somewhat like clergy being familiar with lodging a Notice of Intended Marriage, anyone seeking VAD must make three formal requests, witnessed through approved channels within the designated period of nine days from and including the first request.<sup>2</sup>

It is to be noted that the above is not related in any way to current Advanced Health Care Directives, as these are relevant only when a person is no longer able to manage their own affairs.

The topic of this short paper is not medical or logistical, but pastoral. How do

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1 Queensland Voluntary Assisted Dying Act 2021 – Section 10 (1), <https://www.legislation.qld.gov.au/view/pdf/asmade/act-2021-017>.

2 Queensland Voluntary Assisted Dying Act 2021 – Section 43 (3).

LCAQD pastors and pastoral carers (I will use the terms ‘pastor’ and ‘pastoral carer’ interchangeably) offer pastoral support for those seeking, contemplating, or undertaking VAD? How do we care for family and friends of these same people before, during, and after the VAD process?

The LCAQD’s ‘Submission to the Queensland Law Reform Commission Consultation on a Legal Framework for Voluntary Assisted Dying’ in 2021 emphasises respect for human life as a divine gift and inherently valuable, and it urges that human autonomy be balanced with the principle of the common good.<sup>3</sup> It needs to be noted that church-affiliated aged care institutions (such as those run by Lutheran Services) are not granted an organisational right of conscientious objection (although individuals working in the organisation are able to conscientiously object) since residents are living there in their ‘own home’.

Despite any misgivings, the LCAQD will need to engage with the fact that some of our members, contacts, and/or members of their family or friends may wish to explore and/or access VAD. With the legalisation of VAD, this is our new reality.

I will contend, in short, that while we do not support VAD, we do support people.

We are all familiar with the fact that in days gone by, those who suicided were denied a religious funeral and buried outside the consecrated cemetery. Nowadays it is more likely that those who die by their own hand will be viewed with compassion, their situation lamented, and their families acknowledged as needing even more support than ever. Similarly, there may be good reasons for pastors to continue to support persons seeking VAD (and their loved ones) with pastoral understanding and support.

A significant inclusion in the Queensland legislation that differentiates itself from other jurisdictions is the threat of up to seven years imprisonment if anyone ‘dishonestly or by coercion, induces another person to make, or revoke, a request for access to VAD’.<sup>4</sup> This could be of particular significance to pastoral carers, as the church has a publicly stated opposition to VAD and clear moral position on the matter, and individuals may have strong feelings on the matter, possibly bringing them under scrutiny.

The Act (Section 7) is very strict regarding who can start a conversation with a person about voluntary assisted dying. Only doctors and nurse practitioners are allowed to initiate a conversation about voluntary assisted dying. They must, at the same time, inform the person about treatment options available and the likely outcomes of that treatment, and palliative care and treatment options available and the likely outcomes of that care and treatment.<sup>5</sup>

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3 Whilst the Queensland Law Reform Commission has a policy of not publishing the submissions it receives (see <https://www qlrc.qld.gov.au/make-a-submission>), the final report (with reference to the LCAQD submission) is available: See Queensland Law Reform Commission, *A legal framework for voluntary assisted dying*, Report No 79 (State of Queensland - Queensland Law Reform Commission, May 2021), [qlrc-report-79-a-legal-framework-for-voluntary-assisted-dying.pdf](https://www qlrc.qld.gov.au/reports-and-publications/qlrc-report-79-a-legal-framework-for-voluntary-assisted-dying.pdf).

4 Queensland Voluntary Assisted Dying Act 2021 – Section 141 (1).

5 Queensland Voluntary Assisted Dying Act 2021 – Section 7.

If anyone seeks information and/or access to VAD, pastors could choose to refer them to the Queensland Government's QVAD Support,<sup>6</sup> where they will be provided with information. Alternatively, a pastor should suggest they make contact with a medical professional. Non-medical professionals are never to raise the topic of VAD and are under no obligation to provide any material or details. All other health and aged care workers, including pastors, can respond to requests for information about voluntary assisted dying, if they feel comfortable doing so, but are not permitted to raise the topic of voluntary assisted dying before the person raises the issue themselves.

Pastors would normally be expected to offer a safe place to anyone to discuss matters of life and death. It should be noted that someone expressing a general wish to die and someone explicitly mentioning VAD are quite different situations. Once VAD is the topic of discussion, care must be taken to not contravene state laws. This is even more the case when the conversation takes place in a health care facility, such as a hospital.

Deciding whether to access voluntary assisted dying is a sensitive, personal end-of-life choice for an eligible person who is suffering and dying. It is important to protect the person's privacy and right to confidentiality throughout the voluntary assisted dying process. Personal information (including information about VAD) should only be shared as necessary with members of the care team. This means that information may not be available to the pastor unless the person raises the topic with them or requests pastor involvement.

Pastors are at full liberty to articulate the church's, and their personal, position on the matter only if and when they are asked. However, to move into a space that might be perceived as coercing someone to (assumedly) not go down the VAD path, may be considered not only illegal but in some cases spiritually abusive. The best-case scenario would be for the individual to feel they have been heard by the pastor and feel they will be supported spiritually whatever their choice.

Documentation of conversations in this area would be prudent, noting the people involved in the conversation, the date and time, the place, whether and how VAD was raised and by whom, and any actions to be followed as a result of this discussion.

Any pastor is free to exercise their own conscientious objection, as is any individual, including health care workers, and fully absent themselves from any discussion of VAD or its process, and indeed refrain from offering pastoral care to those involved. However, it is assumed that in the great majority of cases, pastors will continue to provide appropriate and compassionate informal and/or formal pastoral care without prejudice to the individual and their family and friends throughout and immediately following the process. Alternatively, they could refer the patient to another pastoral carer.

In considering whether and to what extent we remain engaged with pastoral care at these times, I note ethicist Daniel Fleming of St Vincent's Health suggests four reasons a pastor

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6 Queensland Government, 'Queensland voluntary assisted dying support service (QVAD-Support),' <https://www.qld.gov.au/health/support/voluntary-assisted-dying/help-support-systems/qvad-support>.

might provide pastoral care to someone seeking VAD.<sup>7</sup> I find them persuasive due to their gospel-centeredness.

- There are no aspects of the human experience in which the love of God cannot break through.
- The love of God has no bounds, and so remaining by the side of the sick is a sign of love and of the hope it contains.
- A person who has taken the final step will still need end-of-life care and may experience a conversion of the heart.
- That an occasion for scandal might or could exist is insufficient for withholding the spiritual and temporal goods at stake.

Of course, the presence of a pastoral carer around a VAD process could be interpreted as complicity. This could put the pastor into a vulnerable position, and yet it is clear the pastor is entering the space of someone who is themselves extremely vulnerable.

I contend a pastor can in good conscience promise to not abandon someone during the VAD journey, providing pastoral care as best they can, while themselves unconvinced this is the best route. Indeed, a pastor needs to manage their absence with great care. Is absence or denial of pastoral care going to communicate abandonment? Is abandonment by a pastoral carer a sign of God's abandonment of the individual?

Finally, we need to consider how we care for the person and their loved ones after death. Pastors need to be concerned about appropriate funeral and other rites if requested, for which LCA liturgical rites and resources will assist.

Throughout these processes, pastors would themselves be strongly advised to remain in touch with their spiritual director or professional supervisor for their personal reflection and care. This will serve the extra purpose of documenting pastoral care in these difficult situations.

*Rev Dr Russell Briese is Director of Chaplaincy and Ministry Development, Lutheran Services, a department of the Lutheran Church of Australia, Queensland District.*

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<sup>7</sup> Daniel Fleming, 'Is presence always complicity? An analysis of presence, its moral objects, and scandal in proximity to physician-assisted suicide and euthanasia,' *Theological Studies* 82, no. 3 (Sep 2021), 505–508.

## Appendix: useful resources

### Queensland Government:

- The Queensland Government legislation can be accessed in full here: <https://www.legislation.qld.gov.au/view/pdf/asmade/act-2021-017>.
- Queensland Health has also developed a comprehensive handbook for health professionals: State of Queensland (Queensland Health), Queensland voluntary assisted dying handbook. Version 2.0. (October 2022), [https://www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0027/1166184/qvad-handbook.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0027/1166184/qvad-handbook.pdf).
- Queensland Government, 'Queensland voluntary assisted dying support service (QVAD-Support),' <https://www.qld.gov.au/health/support/voluntary-assisted-dying/help-support-systems/qvad-support>.

### Uniting Church Pastoral Care Resources:

- Uniting Care, Remaining in lament and hope: A pastoral response for a Voluntary Assisted Dying pathway (The Uniting Church in Australia – Queensland Synod, 2022), accessible via <https://ucaql.com.au/about-us/ministry-resources/vad-2/>.
- Uniting Care, UCA Pastoral Support for a person accessing voluntary assisted dying procedure, accessible via <https://ucaql.com.au/about-us/ministry-resources/vad-2/>.

### LCAQD Lutheran Services:

- Lutheran Services, operating a number of aged care and disability housing facilities, has prepared a policy and manual for their staff, and is available on request. The policy details the approach of the organisation in meeting legislative standards and the stance of the church. The manual covers the practical aspects of how staff onsite manage a VAD request.

### Theological:

- Daniel Fleming, 'Is presence always complicity? An analysis of presence, its moral objects, and scandal in proximity to physician-assisted suicide and euthanasia,' *Theological Studies* 82, no. 3 (Sep 2021): 487–508 (<https://doi.org/10.1177/00405639211032707>).
- Jason Goroncy, 'Dying without a script: some theological reflections on voluntary assisted dying,' *Colloquium* 51, no. 1 (2019): 25–39 (<https://doi.org/10.17613/4d25-1c24>).

## **Presentations to clergy and pastoral carers of the Anglican Church of Southern Queensland (November 2022):**

- Dr Katrine Del Villar, a lawyer and lecturer in medical law and ethics at QUT, presents the legislation in the context of pastoral issues: PMC Anglican Church Southern Queensland, 'Part 2: VAD - a legal perspective,' ACSQ Voluntary Assisted Dying Workshop 17 October 2022, <https://www.youtube.com/watch?v=SCaSJAToZZ0>. See also the accompanying slides: Katrine Del Villar, 'Voluntary assisted dying in Queensland and pastoral care: an overview' (Australian Centre for Health Law Research, QUT, 2022), [www.faithfulandeffective.com/wp-content/uploads/2022/11/Dr-Katrine-Del-Villar-Presentation.pdf](http://www.faithfulandeffective.com/wp-content/uploads/2022/11/Dr-Katrine-Del-Villar-Presentation.pdf).
- Prof Liz Reymond, from South Brisbane Palliative Care, explains the clinical process with particular reference to support for the dying and palliative care: PMC Anglican Church Southern Queensland, 'Part 1: VAD - a medical perspective,' ACSQ Voluntary Assisted Dying Workshop 18 October 2022, <https://www.youtube.com/watch?v=v-2REEwX7qQ>. See also the accompanying slides: Liz Reymond, 'Voluntary assisted dying (VAD) in Queensland' (Queensland Government, 2022), [www.faithfulandeffective.com/wp-content/uploads/2022/11/Dr-Liz-Reymond-Presentation.pdf](http://www.faithfulandeffective.com/wp-content/uploads/2022/11/Dr-Liz-Reymond-Presentation.pdf).