34 SYNOD 2019

Proposal 1
Best way for the Synod Standing Committee to Meet

That the Synod:

1. Reduce the ex-officio members on the Synod Standing Committee to 6 members:
   a. Moderator
   b. General Secretary
   c. ex-Moderator (for 12 months after the term of their office expires)
   d. Moderator-elect
   e. UnitingCare chairperson
   f. Wesley Mission Queensland chairperson.

2. Reduce Synod elected members to the Synod Standing Committee from 10 to 8.
3. Allow the Moderator to have power to nominate up to 2 additional ex-officio voting members to the Synod Standing Committee based on specialist skills / circumstances at any point, for a period to be determined by the Moderator.
4. Increase the term of elected members to the Synod Standing Committee to 3 years.
5. Request the Assembly Standing Committee to grant an exemption, as per Regulation 3.10.1, from Regulation 3.7.4.1(a)(iii) and to make an alternative Regulation to allow members of the Queensland Synod elected to the Synod Standing Committee to serve for a period of three consecutive ordinary Synod meetings, provided that such persons are members of the three ordinary consecutive Synod meetings.

Background

In the history of the Queensland Synod there have been several iterations of the Synod Standing Committee (SSC).

The Curtis Review in the mid-1990s led to the formation of a Synod Leadership Team (SLT) which included the Moderator, the General Secretary, relevant chairs from the (then) commission structure and members directly elected from Synod. This body was chaired by the General Secretary. The members of the SLT were also members of an elected larger "Council of Synod" that functioned as a widely representative body consisting of about 30 members.

The "council of Synod" met quarterly and the SLT met monthly. Alongside this structure was a Mission Advisory Forum that advised the SSC on mission priorities. It included presbytery, chaplaincy and mission research specialists. The Mission Advisory Forum became defunct in the early 2000s.

The Curtis model was replaced by the current SSC model in 2013. This model is based on the Synod in Session electing from its members those it believes have the gifts and skills to make decisions on behalf

of the Synod between its meetings. Ex-Officio appointments include Chair of UnitingCare; Chair of Finance and Property Board; Chair of Board for Christian Formation; Ex-moderator, Moderator-Elect; Chair of Remuneration and Nomination Committee. Standing Participants include Associate General Secretary, Director of Strategic Resources. In recent times, the moderator has invited emerging female leaders of the church to be standing associated participants.

Governing documents

Paragraph 36 of The Uniting Church in Australia Constitution states that the Synod shall appoint from among its members a Standing Committee which shall be empowered to act on behalf of the Synod between meetings of the Synod in respect of any of the responsibilities of the Synod except such as the Synod may determine.

Regulation 3.7.4.1(d) reiterates this by stating that the Standing Committee is empowered to act on behalf of the Synod between meetings of the Synod in respect of any of the responsibilities of the Synod except such as the Synod may determine.

The Queensland Synod by-laws give the SSC various powers and responsibilities, and at its core the committee is a decision-making body of the Synod.

The SSC currently meets monthly, excluding January, for between four and six hours. The SSC currently comprises up to 19 members: 10 elected members and up to nine ex officio members.

Regulation 3.7.4.1(a)(i) stipulates that the ex officio members of SSC are the Moderator, ex-Moderator, Moderator-elect and Secretary of the Synod, with any other ex officio members to be determined by Synod (Regulation 3.7.4.1(a)(ii)). Regulation 3.7.4.1(a)(iii) also states that the Synod shall elect any other members of SSC.

A summary of the proposal

The SSC considers that it is timely to revisit the model of the SSC to align it with best practice in effective governance. The proposition is based on the argument that a smaller SSC that continues to meet monthly in person would contribute to a more robust way of meeting. The quality of the decision-making is not seen to diminish by the size of the meeting, rather by the nature and accuracy of the information it receives.

The effect of these propositions would be that the SSC size would ordinarily be 12 voting members, with the potential for 14 if the Moderator used the discretion to appoint a further 2 ex-officio members. The Synod Standing Committee resolved to put this proposal to the Synod by agreement.

The SSC is the core governance body of the church in Queensland and is expected to hold itself across the complexity of the church, external regulations and community expectations. The SSC regularly receives information and makes decisions around the large and complex life of the church across Queensland. It manages the risk of adverse events as they occur and spends time overseeing the strategic mission of the church. It receives reports and oversees the functions of the Finance, Investment and Property Board, the Audit and Risk Committee and the Remuneration and Nomination

Committee as well as overseeing the activities of various Boards, Committees and Commissions and the activities of the Synod office.

As a result, it is expected that the SSC oversee the activities of the whole church in a skilful manner. They need to be supported in their agility to make big decisions in relatively short timeframes. The current contemporary and well researched position is that a smaller body with a diversity of thinking is the best way for key governance bodies of this type to operate.

Rationale

Finding the right size

While SSC meetings are a gathering as witnesses to Christ, they have a lot of operating business to transact. This includes approving Synod-wide policies, agreeing to major contractual or program commitments and overseeing the risk and strategic direction of the entirety of Synod activities.

The SSC aims to be as effective as possible in fulfilling its duties. Whilst there is no perfect size for any governing body, the size should be such that the requirements of the church can be met – yet not so large as to be unwieldy.

Contemporary governance best practice indicates that the size of a governing body would be between eight and 12 members. This is significantly smaller than the current size of the SSC. However, this expectation assumes a standard corporate entity of a group of members, a board, and a body of staff.

It is considered that the proposed model reflects good governance practice balanced with the practices of the church. A smaller SSC aligns with contemporary governance practice and shifts SSC membership from a more representative model to a skills-based model. In addition, the proposal ensures that at least half of the members are elected by the Synod in Session. The lay: ministerial member requirement for the SSC overall would remain per clause 36 of the Constitution and Regulation 3.7.4.1(b).

The proposal reduces the number of ex-officio members on the SSC to be:

- Moderator
- General Secretary
- ex-Moderator (for 12 months after the term of their office expires)
- Moderator-elect
- UnitingCare chairperson
- Wesley Mission Queensland chairperson.

Consultation on this proposal

In June 2018 a consultation paper was circulated on Queensland Synod Governance Structures, inviting comment on a number of governance areas within the Synod, including the best way for the SSC to meet. The paper was circulated broadly with several reminders issued via Uniting News.

The consultation paper proposed three options:

1. Expand the size of the SSC so that it includes representation from all the significant councils and entities from across the life of the church: presbyteries, UnitingCare Queensland, Wesley Mission

Queensland, Schools and Residential Colleges Commission, Board for Christian Formation and lay and ordained members. This body would meet quarterly and would focus on strategic planning and direction, risk management and compliance, monitoring performance and outcomes, policy setting, and communication and feedback across the whole of the church in Queensland. From it, six to eight people would be appointed to form an executive which would meet monthly. The SSC would determine the delegated power to the executive and monitor the executive's use of those delegations.

2. Decrease the size of the SSC and continue to meet monthly in person. This would contribute to what is considered a more robust way of meeting. The quality of the decision-making is not seen to diminish by the size of the meeting, rather by the nature and accuracy of the information it receives.

3. Maintain the status quo and redesign the nature of the business the SSC is expected to consider. Delegate decision-making across a range of operational matters to other committees and commissions of the church.

Following the consultation process, there was strong support for Option 2: decreasing the size of the SSC but maintaining monthly meetings.

Finding the right skills mix

Effective boards and committees need an appropriate mix of skills, attributes and perspectives to enable them to meet their stated remit and be high performing. Effective boards and committees exhibit diversity in terms of skill, attributes and perspectives, the focus of which is diversity of thought.

The proposition that the Moderator have the power to nominate up to 2 additional ex-officio voting members to the SSC based on specialist skills / circumstances at any point would enable the Moderator to make targeted appointments based on the needs of the day.

In July 2018 the SSC approved a skills matrix which was aimed at strengthening governance capacity by identifying specific skills, attributes and perspectives which should be present in the current and future membership of each identified church governing body.

The common skills, attributes and perspectives for all Synod governing bodies are:

Mandatory general governance skills: expected of all Synod governing body members

1. Theological understanding
2. Corporate governance understanding and commitment
3. Financial literacy
4. Strategic thinking
5. Critical reflection
6. Communication skills

Specialist skills: Synod governing body members should have a complementary mix of these areas

1. Specific and relevant industry knowledge, including Uniting Church ethos and polity
2. Board experience
3. Theological expertise
4. Risk management
5. Financial expertise
6. Legal expertise

7. Strategic planning
8. Property expertise
9. Education knowledge and expertise

Attributes and attitudes: expected of all Synod governing body members

1. Ability and experience to reflect theologically
2. Capacity to devote necessary time
3. Commitment to ongoing personal / professional development

Specialist perspectives: Synod governing body members should have a complementary mix of these perspectives

1. First Peoples
2. Multi-cultural
3. Youth and young adults
4. Regional and remote
5. Business / enterprise experience independent from the church

Limiting the term of the ex-Moderator

It is proposed that it is appropriate to limit the term of the ex-Moderator on the SSC to 12 months after the term of their office expires. It is proposed that the transition time from one Moderator to the next can be effectively managed in a 12-month period.

If this proposition is agreed by the 34th Synod, either an Assembly exemption from Regulation 3.7.4.1(a) regarding the ex-Moderator's position on the SSC or a presidential ruling regarding limiting the term of the ex-Moderator on the SSC (clause 36 of the Constitution) will be sought.

As a transitional strategy the Moderator-elect appointed at the 34th Synod would serve on the SSC for an 18 month term until the 35th Synod, with Moderator-elects thereafter serving for a 12 month term.

Limiting the number of ex-officio appointments

Whilst the chairs of the Finance, Investment and Property Board, Board for Christian Formation and the Remuneration and Nomination Committee would be removed as ex-officio members, they would continue to be engaged in the SSC via their respective regular reporting obligations.

The charters for these governing bodies require meeting minutes or regular reporting to be provided to the SSC.

Three-year terms with staggered / rotational appointments

3 year terms of appointment are normal for all other Synod governing bodies and are regarded as an appropriate minimum term for persons who are appointed to significant governance roles. The current requirements of the Regulations preclude the primary governance body of the Synod (between meetings of the Synod) from adopting this practice.

The SSC considers that the significant amount of complex business that needs to be transacted by it means that the need for continuity of membership beyond 'one cycle of a Synod meeting' is crucial.

Regulation 3.7.4.1(a)(iii) states that SSC members are elected until the next ordinary meeting of the Synod, so it is proposed that an exemption from this regulation be sought from the Assembly Standing Committee. Subject to the exemption being received, the Queensland Synod by-laws would be redrafted to allow elected members to serve on the SSC for a period of three ordinary meetings of the Synod subject to the person remaining a member of the ordinary meetings of the Synod for that whole period. This would also be subject to the 34th Synod approving the move to annual Synod in Session meetings.

If this proposition is approved, as a transitional arrangement, members elected at the 35th Synod would be appointed for varying nominal terms to allow a transition to staggered / rotational appointments.

Proposers

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34 SYNOD 2019

Proposal 2
Best way for the Synod in Session to Meet

That the Synod:

- pursuant to Regulation 3.5.6(a) determines that the Queensland Synod be held annually
- determines that annual Synod meetings be commenced after the 35th Synod (October 2020)
- pursuant to regulation 3.5.5(c) agrees the dates of the annual Synod will be fixed by the Synod Standing Committee

The Scope

The Uniting Church in Australia calls for a Synod to gather so that the people of God may share together in the successes and struggles of the ministry of the church, be accountable to one another and encourage one another. At the Synod in Session we also worship and delve into the Scriptures and the Christian tradition.

We gather so that out of sacred story and contemporary experience we may discern how we might grow in fulfilling our calling as the people of God in this Synod, in all the variety of our ministry contexts.

From a governing document perspective, the following paragraphs specify various responsibilities of the Synod:

(a) The BOU (paragraph 15) outlines that the Synod (the regional council) has responsibility for the general oversight, direction and administration of the church's worship, witness and service in the region allotted to it, with such powers and authorities as may from time to time be determined by the Assembly.

(b) The Constitution (paragraph 32) outlines that, subject to the direction of the Assembly, the Synod shall have general oversight, direction and administration of the church's worship, witness and service within its bounds. It shall exercise executive, administrative, pastoral and disciplinary functions over the presbyteries within its bounds, shall be the council to hear and deal with appeals and requests from presbyteries and shall establish and maintain such boards, institutions, committees and agencies as are appropriate to the furtherance of its responsibilities. A Synod may do other things as are consistent with the purposes of the church and not the exclusive responsibility of any other council or body within the church.

(c) Paragraph 63 of the Constitution enables a Synod to make by-laws not inconsistent with this Constitution or with regulations made by the Assembly prescribing all matters which by this Constitution are required or permitted to be prescribed in connection with a Synod or which are necessary or convenient to be prescribed for the carrying out or giving effect to this Constitution or for the life of the church within that Synod.

The Queensland Synod by-laws afford various powers and responsibilities to governing bodies of the Queensland Synod to ensure the effective operation of the church in Queensland. This recognises that

operational decisions are required at more regular intervals than the Synod meets. Paragraph 36 of the Constitution supports this where it states that the Synod shall appoint from among its members a Standing Committee which shall be empowered to act on behalf of the Synod between meetings of the Synod in respect of any of the responsibilities of the Synod except such as the Synod may determine.

Regulation 3.7.4.1(d) reiterates this by stating that the Standing Committee is empowered to act on behalf of the Synod between meetings of the Synod in respect of any of the responsibilities of the Synod except such as the Synod may determine.

Paragraph 37 of the Constitution stipulates that the Synod shall meet at least once every three years between normal meetings of the Assembly, and at such other times as are determined in such manner as may be prescribed. Regulation 3.5.6(a) reiterates this position by stating that each Synod shall hold an ordinary meeting at a frequency determined by the Synod and at least once every three years between ordinary meetings of the Assembly.

The Queensland Synod, via its by-laws, has stipulated that ordinary meetings of the Synod shall be held at intervals of approximately 18 months.

Regulation 3.5.6(c) states that the Synod or its Standing Committee shall fix the time and place for the commencement of the next ordinary meeting of the Synod. The meeting is generally held from Friday to Tuesday and has historically been held at Alexandra Park Conference Centre.

Rationale

The last few Synods have included the traditional elements of worship and Bible study, reporting, deliberating on proposals and celebrating ministry. They have also included training and development opportunities, priority-setting processes, and significant opportunities for informal engagement. The agenda has struggled with the breadth of possibilities and opportunities.

In June 2018 a consultation paper was circulated on Queensland Synod Governance Structures, inviting comment on a number of governance areas within the Synod, including the best way for the Synod in Session to meet. The paper was circulated broadly with several reminders issued via Uniting News.

The consultation paper proposed three options:

1. Annual meetings, held over a weekend of two to three days. Shorter and more regular meetings may encourage more diverse representation to attend, and more current and topical matters could be discussed with more regular reporting.
2. A full Synod meeting every two years, with an annual gathering in between which has no formality (e.g. voting). A gathering every two years to focus on feeding and energising the church may reimagine what the Synod meetings can be.
3. Maintain the status quo and redesign the business of the Synod to meet current expectations and needs.

Following the consultation process, there was mixed feedback on the best way for the Synod in Session to meet, however a majority were in favour of shorter annual meetings.

1. Annual meetings focussed on:
   - deep listening and discernment across the councils of the church
   - inspiration, prayer, theology and relationship
   - matters of strategic planning, evaluation, risk as determined by the Synod Standing Committee (SSC) and dependent on issues which have arisen within the Church during the year

   Meetings will require a more intentional commitment by members to attend and participate in the work of the Synod.

   The 35th Synod would be held in October 2020, with annual Synod meetings thereafter.
   It is acknowledged that annual meetings may impact upon the workload of Synod office staff and those preparing reports for Synod meetings.

2. Meeting held at the same time each year (i.e. October) which allows attendees to forward plan flights and accommodation. Meeting in October separates the Synod meeting from the post-Christmas period which is often busy and therefore problematic to plan sufficiently for a Synod meeting in the first half of the calendar year.
3. Shorter meeting held from Friday – Sunday to enable attendance by the broadest and most diverse range of people possible. It is acknowledged that this may exclude some people, who have long periods of travel, from participating.
4. Remain at Alexandra Park for at least the 35th Synod, but explore other venues for future Synods. Considerations for venues to include, but not be limited to: cost of venue, accommodation and meals; accessibility; AV/tech capacity.
5. With annual meetings there would be no expectation that people attend every Synod in person, particularly since technological progress means we now have capacity to livestream sessions and circulate paperwork in the lead up to the meeting. There will be an impact on the rhythm of presbytery life for rural presbyteries and remote congregations. There is increased capacity for more people in the broader church to participate in discussing the matters to be considered by the Synod in Session without being members. Voting members would however still need to be on the floor of the Synod in Session. It is acknowledged that rural Presbyteries may have to be more targeted in their decisions around Synod attendance, however annual meetings may also present an opportunity to arrange add-on or elective sessions to ensure more value for money in attending the Synod in Session meeting (e.g. Safe Ministry training).
6. Review in 5 years to assess how the meeting model it is working for the broader church.

As is currently the case, any business that was not dealt with at the Synod in Session meeting would be delegated to the SSC or deferred to the following year. The meeting would determine how unfinished business would be dealt with. The regularity of the meeting schedule would assist in ensuring that important matters requiring whole of Synod discernment were properly resourced in a timely way.

An indicative timeframe of how an annual Synod in Session meeting would look is below:

Friday	Saturday	Sunday
	8:00 Registration (*continues*) 8:30 Worship and Bible Study 9:30 **Reports/Info:** Mod, General Secretary, etc **9:45 Decision making session** 10:00 Introduction and Community Building	8.30 Worship and Bible study 9:05 **Discernment Session** 10:00 Small Groups
	10:30 Morning Tea	10:30 Morning Tea
	11:00 Small Groups Briefing 11:30 **Reports/Info**: **Work of the whole church** Ballot distribution (as required)	11:00 Celebration of Ministries **12:00 Decision making session**
	12:30 Lunch *(Partners in Ministry lunch)*	12:30 Lunch (*Moderator and Gen Sec lunch with retired Ministers and spouses)*
2:00 Registration opens	1:30 **Discernment Session** 2:30 Small Groups	**1:30 Decision making session** 3:00 Courtesies
	3:30 Afternoon Tea	3:30 Afternoon Tea
4:00 *Orientation for Small Group leaders* 4:00 *Orientation for new members* 5:20 **Synod Opens** 5:30 **Moderator's Address**	4:00 **Reports/Info**: **Work of the whole church** 4:15 **Reports/Info**: **Delegated bodies** 4:25 Award/celebrations etc. 4:40 General Business Close of Ballots	4:30 Closing Worship 5:00 Close of Day
6:00 Dinner	6:00 Dinner	
7:30 Opening Worship (and Welcome to Country) 8:30 Close of Day	7:30 **Reports/Info**: **Work of the whole church** **8:00 Decision making session** 8:30 Close of Day	

Proposers

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34 SYNOD 2019

Proposal 3
Renomination of a Moderator

That the Synod:

1. Amend by-law Q2.3.3 to:
   - allow for a Moderator to be nominated for a single contiguous 3 year term (to a maximum 6 year continuous total service)
   - allow the Moderator-elect and ex-Moderator to serve on Synod Standing Committee for 1 year before and after their moderatorial term respectively.
2. As transitional provisions:
   - allow the 34th Synod Moderator-elect to serve an 18 month term as Moderator-elect
   - direct the Synod Standing Committee to seek exemptions from Regulations from the Assembly Standing Committee as required to give effect to this decision.

The Scope

In late 2017, the long-standing inconsistency between the Constitution and the Regulations was considered by the National Assembly and as a result the President of the Assembly ruled on 19 October 2017 that Regulation 3.6.3.1(c) does not conform to the Constitution.

Paragraph 34 of the Constitution states that the Synod shall elect, in accordance with such rules and procedures and for such term as the Synod may determine, a Moderator who shall have such powers as may be prescribed and such further powers as may be determined by the Synod.

This means there is now no regulatory barrier against the Synod determining the length and conditions of the Moderator's term. The term can be changed at any time by the Synod.

Previously the Synod has requested from the Assembly that the prohibition on contiguous terms be lifted. This has been granted for the current Moderator's term only. Whilst it was expected that the 15th Assembly may consider Regulation 3.6.3.1(d) which governs contiguous terms, given that it also does not conform to the Constitution, this was not addressed.

The Queensland Synod's existing By-law Q2.3.3 states that the Moderator shall be elected for a term of 3 years and shall not be eligible for re-election for a contiguous term.

Rationale

Following the presidential ruling of 19 October 2017, there is no legal or regulatory prohibition to a longer Moderator term except for the Queensland Synod by-laws themselves.

After many years of discussion and consideration the 33rd Synod in Session considered the Moderator term again. It was clear during that discussion that the issue is still very much alive in people's minds.

Now there is no regulatory prohibition, the Synod's mind is sought as to whether the By-laws be amended to allow for two consecutive terms. The By-laws would also be amended to manage the church's expectations of the ex-Moderator.

In June 2018 a consultation paper was circulated on Queensland Synod Governance Structures, inviting comment on a number of governance areas within the Synod, including the term of the Moderator. The paper was circulated broadly with several reminders issued via Uniting News.

The consultation paper proposed 3 options:

1. Retain the current 3 year term for the Moderator, but amend the by-law to relax the Moderator's ability to serve a contiguous term.
2. Change the primary term of the Moderator to a term of 6 years (equalling two Synod terms).
3. Make no change.

Following the consultation process, while there was mixed feedback on the term of the Moderator, there was clear majority support for a longer term.

In particular there was majority support for the proposition of a 3 year term with the ability to serve a contiguous term.

It is considered that the proposed model below reflects the majority response:

- 3 year Moderator term with the ability to be nominated for a contiguous 3 year term
- The Moderator-elect and ex-Moderator would serve on Synod Standing Committee for 1 year.
- The incoming Moderator-elect would serve an 18 month term as a transitional arrangement.

The Synod Standing Committee resolved to put this proposal to the Synod by agreement.

If the resolutions are adopted, processes and pastoral strategies will be enhanced to ensure all nominees for Moderator are aware of the processes, challenges and support mechanisms. Information regarding timelines and expectations will be readily available and supported through Synod office processes.

A theology of leadership

Jesus Christ is the head of the Christian Church.

Beyond this statement the Uniting Church in Australia has no stated position on a theology of leadership within the church and the question remains one for ongoing discernment. The Queensland Synod has tried to capture some of the conversations around leadership in resources which can be found here https://ucaqld.com.au/about-us/ministry-resources/ministry-and-leadership/

The Uniting Leadership Collaboration across the Queensland and South Australian Synods is running a theological symposium on this very issue in the second half of 2019.

It is recommended that the Moderator term proposal still be considered whilst the theology of leadership discernment continues.

The ability for a Moderator to nominate for a contiguous 3 year term allows a Moderator to:

1. establish themselves as the Synod's spiritual and pastoral leader in the eyes of the wider community. This has been raised as probably the most significant issue by a number of former Moderators. It is argued that ecumenical relationships, relationships with government, commerce, leaders of other faiths, and community organisations can be enhanced with a longer time of presence and influence in these areas.
2. have a deeper awareness of the ministry of the Assembly, the Synod office, the presbyteries, and the congregations. A significant role of the Moderator is to help the church be united in worship, witness, and service, and a longer period of time in office will strengthen that. It will also strengthen the oversight of directions and strategies discerned by the Synod in Session.
3. establish better relationships with significant bodies within the church. UnitingCare Queensland (UCQ) is a large and complex institution. Membership on the board allows the Moderator to have a deep understanding of the opportunities and challenges that UCQ deals with, but it takes time to develop that deep understanding. A longer term will enable the Moderator to be a better advocate for UCQ in the life of the church, and for the church's purposes in establishing UCQ. While the Moderator is not a member of any of the boards of the church's schools and residential colleges, the same argument applies in terms of the Moderator's role of helping all the parts of the church know their connection to the whole.

Consideration of common contentious areas with regard to the term of the Moderator are considered below:

Topic	**Risk/issue**	**Mitigator**
Unwillingness of people to run against a current Moderator	The challenge of finding people willing to be nominated along with a re-nominated Moderator have been reported as defects in a renomination model.	History shows that people are willing to run against a current Moderator. Several Synods have this in place, and the concern has not been realised. The risks and benefits of nominating for a second term as Moderator are known and there are appropriate pastoral and organisation support strategies in place for people transitioning in and out of roles.
Current Moderator renominates but is not elected for a contiguous term	The pastoral implications of this situation need to be addressed.	Pastoral strategies will be in place for all nominees for Moderator from the time of their nomination until after the election is concluded, for as long as is required. All nominees will be made aware of the processes in place and will have adequate care and support throughout any transitional arrangements.
Challenges with the performance of a Moderator		This is an issue for a Moderator serving any length of term. There are regular quality feedback processes in place which allow for

Topic	Risk/issue	Mitigator
		clarification of roles and expectations. All Moderators have access to feedback and support mechanisms and informal counsel from former Moderators and people experienced in the governance of the church.
Relationship with the General Secretary's role		The position descriptions of both roles have matured and developed over time, and the management of that relationship has been enhanced by increased executive function role of the General Secretary and by governance training for the Moderator as the chair of the Synod Standing Committee (SSC).
Fewer people having an opportunity to serve as Moderator	The role of Moderator offers people a unique perspective on the life of the church. The role of Moderator could advance their capacity to minister broadly across the church.	The development of Ministry capacity is a key priority across the life of the church. While the Moderator role is unique, there are other pathways to express ministry. No person would be discouraged from nominating for Moderator. The discernment of the church will continue to guide the appointment of the Moderator.
Role of ex-moderator	The Regulations have been written and amended over the life of the UCA. Regulations 3.7.4.1(i) and 3.3.7(a)(ii) in relation to the membership of the ex-Moderator on Synod and SSC, to the best of our research, have not been changed from the time when Synods in Session were yearly, and Moderators' terms were yearly and unstipended. In the event of a 3+3 year term of office, retaining this regulatory requirement would mean a Moderator would serve for a total of approximately 13 years – as Moderator elect, Moderator, and then immediate past Moderator. This is an impractical and onerous obligation.	Given the deeper level of processes around governance today, the continuity of membership of Synods and SSC and the longer terms of Moderatorial office, the need to regulate for a former moderator to have an ongoing governance role for the complete term of the incoming moderator is redundant. A 1 year term on the SSC after the term of their office of Moderator expires supplies enough time to hand over "corporate memory" and releases the immediate past Moderator to other service to the church. This change would not preclude a former Moderator from being nominated, should they be eligible, for membership of Synod or SSC.

Whilst there was majority support for a 3 year term with the ability to serve a contiguous term, it is worth restating the advantages expressed for the alternative of changing the primary term of the Moderator to a term of 6 years. These are:

- it allows a length of time for a Moderator to establish themselves as the Synod's spiritual and pastoral leader in the eyes of the wider community
- it allows a Moderator to establish better relationships with significant bodies within the church
- it allows the Moderator to have a deeper awareness of the ministry of the Assembly, the Synod office, the presbyteries, and the congregations
- a term length of six years is consistent with modern governance practice for chairs of institutions and not for profit entities
- a set term avoids the complications of a Moderator renominating for a second consecutive term.

Whilst some of the advantages of a 3 year term with the ability to serve a contiguous term are outlined above, another commonly stated pro is that the Synod in Session retains the opportunity to make a discernment; it puts the decision about the next Moderator in the hands of the Synod in Session.

Proposers

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34 SYNOD 2019

Proposal 4

Mission Development Fund (MDF)

That the Synod:

Requests an updated policy be prepared covering the operation of the MDF and the policy be developed in accordance with these principles:

1. The MDF will be a Fund that will support the contemporary mission strategy and priorities across all Presbyteries in the Queensland Synod. As such we acknowledge:
    a. According to our Constitution, we are all stewards of the property and funds held by a congregation or presbytery;
    b. The property and funds of the church are for the benefit of the mission of the whole church;
    c. Beneficial use of funds in the MDF may be required to be forgone by an individual congregation or presbytery to achieve the objective of this principle.

2. The MDF will be a sustainable resource for long term church growth and development:
    a. It will be used for capital and/or development opportunities that produce a return benefit to the church;
    b. It will not be used for operational (including general maintenance) expenses or sensitive matters' expenses.

3. It is a requirement of MDF funding allocation that projects need to meet good governance practices including prudent and sustainable decision making, and accountable and transparent processes and reporting.

When developed, the policy will be circulated to presbyteries and congregations for final comment and then submitted to Synod Standing Committee for approval.

The Scope

What is the MDF?

- The MDF is a Capital Fund administered by the Synod.
- Its current purpose is to provide for church capital development and growth in congregations and presbyteries in accordance with the guidelines which have previously been set by the Synod.
- Its scope is to apply to all real property sales and subsequent use of the funds where the property is held in the name of The Uniting Church Property Trust (Q.) for the beneficial use of presbyteries, congregations and faith communities.

- Its balance has fluctuated between $22M and $26M over the last 5 years.
- The 10 year + balance (that is money that has been held in an account and not been used in the last 10 years) has steadily grown over the last 5 years from $2.5M to $6M.
- Attachment A shows this breakdown in detail.
- If you wish to review the 2008 guidelines please follow this link: https://synod.ucaqld.com.au/downloads/p3-004-mdf-guidelines/

Rationale

The case for change

The MDF Guidelines have not been reviewed in over 10 years. A review is necessary to ensure that the operation of the MDF aligns to the direction of the church and meet the needs and priorities of the church.

Good governance warrants a review of the MDF guidelines based on the age of the guidelines alone, but there is further evidence which supports a review of the MDF to reduce unanticipated but inherent inequities.

In practice, the current MDF operates in a way that does not benefit all congregations, presbyteries or the church as a whole. This is because the current MDF principles are based on the expectation that a decision will be made by an entity (ie. a congregation) for the benefit of that congregation only.

As a result, some areas where the church requires capital investment have difficulty accessing the funds in the MDF for investment projects by virtue of the fact that the funds are still attached, via the concept of beneficial use, to the congregation that previously sold property.

In addition, the church has previously been very reluctant to use the guidelines which allows for the removal of a congregational equitable interest in certain funds after those funds have exceeded 10 years in the MDF (Guideline 4.4).

This proposal therefore brings the question of the future funding of capital or development work for the whole of the church back into the light for discussion. It asks us to consider how we might use these investment resources for the future of the church.

It questions the approach that says that the councils of the church act independently of each other. Instead it proposes that we acknowledge that all property held in the name of the church, belongs to the whole of the mission of the Uniting Church.

It proposes greater flexibility for the use of the MDF at the same time as recognising these resources should be used to invest in the future capital and development opportunities for the church.

The Synod in Session is being asked to consider the principals of a new policy which will be developed and communicated before being determined by the Synod Standing Committee. This proposal seeks the wisdom of the Synod in session around those principles.

Definitions

Capital
Wealth in the form of money or other assets owned by a person or organisation or available for a purpose such as starting a company or investing. Any form of wealth employed or capable of being employed in the production of more wealth.

Stewardship
The job of supervising or taking care of something, such as an organisation or property. Steward - someone who manages another's property or financial affairs; someone who administers anything as the agent of another or others.

Beneficial ownership
Beneficial - Relating to rights to the use or benefit of property, other than legal title. From the *Constitution of The Uniting Church in Australia:*
s.50 "The beneficial ownership of all property whether real or personal shall be vested in the Church." The definition is The Uniting Church in Australia (i.e. the national church).
s. 51 "There shall be created in each Synod a body corporate (herein referred to as the Synod Property Trust) in which the legal title to all property, except such as may be prescribed, shall be vested."
s. 52. "All property vested in a Synod Property Trust shall be held, managed and dealt with in accordance with the rules, regulations, by-laws and resolutions made by or under the authority of the Assembly in that regard."

Beneficial Use
Synod By-Laws - A Body's right to enjoy the benefits of the Property, even though, under clause 50 of the Constitution, the beneficial ownership of that Property is vested in the Church.

Body
Body means: (a) a "Body" as defined in clause 3 of the Constitution; or (b) a parish mission under regulation 3.9.1; or (c) a faith community under regulation 3.9.2; or (d) a church council in small congregations under regulation 3.9.3; or (e) any other body established under clause 69 of the

Constitution, which includes, but is in no way limited to: (i) commissions; (ii) charitable trusts; or (iii) other trusts, within the Synod.

Property

Uniting Church in Australia Act 1977 s5 – "property includes real and personal property and any estate or interest in any property real or personal, and any debt, and anything in action, and any right to receive income, and any other right or interest"

Regulations s4.1 – "property means property of whatsoever nature whether real or personal, and includes money, investments, and rights relating to property"

Sustainable

The ability to be maintained at a certain rate or level. Designed or developed to have the capacity to continue operating perpetually.

Prudent

Acting with or showing care and thought for the future.

Accountable

Required or expected to justify actions or decisions, responsible, able to give a satisfactory reason for your actions or decisions.

Transparent

Open to scrutiny, undertaken or conducted in an open and honest way.

Proposers

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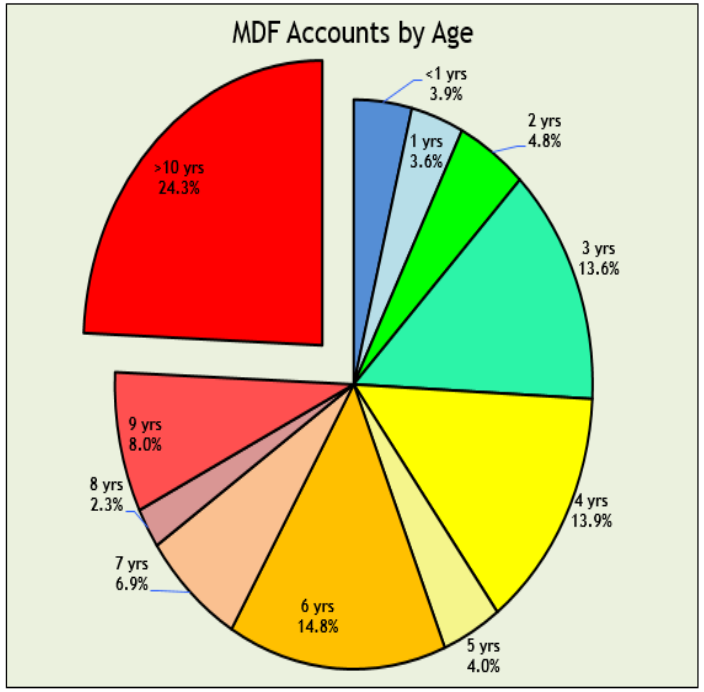
The Uniting Church in Australia
Queensland Synod Office
Monthly Finance Report – February 2019
Development Fund (MDF) – Results:

Analysis of MDF Ageing by Presbytery
Month ended 28 February 2019

MDF Accounts by Age

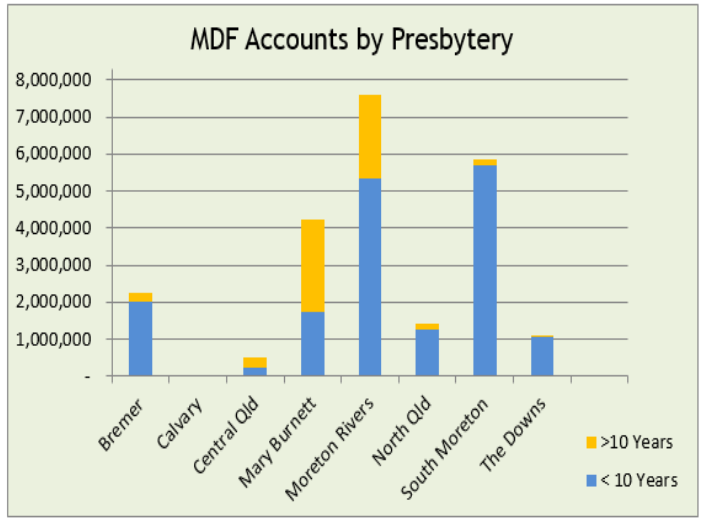
Age	$	% of total
<1 yrs	$901,272	3.9%
1 yrs	$821,480	3.6%
2 yrs	$1,094,355	4.8%
3 yrs	$3,123,634	13.6%
4 yrs	$3,204,496	13.9%
5 yrs	$928,912	4.0%
6 yrs	$3,400,607	14.8%
7 yrs	$1,584,051	6.9%
8 yrs	$527,125	2.3%
9 yrs	$1,832,092	8.0%
>10 yrs	$5,596,563	24.3%
	$23,014,586	



MDF Accounts by Presbytery

Presbytery	Total $	Total %	< 10 Years $	> 10 Years $	> 10 Years #	Variance Prior Mth	Notes
Bremer	2,274,140	9.9%	2,021,973	252,167	14	-0.23%	
Calvary	-	-	-	-	-	0.00%	
Central Qld	501,120	2.2%	249,715	251,405	11	-3.16%	
Mary Burnett	4,228,340	18.4%	1,753,470	2,474,869	20	-0.05%	a.
Moreton Rivers	7,606,853	33.1%	5,355,626	2,251,227	14	-0.06%	
North Qld	1,427,362	6.2%	1,262,252	165,110	7	-0.39%	
South Moreton	5,856,000	25.4%	5,698,778	157,221	3	-0.10%	
The Downs	1,120,772	4.9%	1,076,210	44,562	5	0.00%	
	23,014,586	100.0%	17,418,024	5,596,563	74		

a. MDP - MDF Funds used to purchase new manse at Meridan Plains



Proposal 5

Voluntary Assisted Dying Report and Recommendations

That the Synod:

a) Receives the Final Report: Voluntary Assisted Dying Queensland Synod 2019.

b) Affirms the following position:

The Uniting Church in Australia – Queensland Synod seeks to witness to the God given dignity and worth of every human life. We are committed to 'All that Jesus began to do and teach' (Acts 1.1) by working towards a society characterised by love, compassion, justice, inclusion and reconciliation so that all people, at every stage of life, can experience 'life in all its fullness' (John 10:10). We seek to witness to God's good gift of creation and the intrinsic worth and dignity of all people in every circumstance that is grounded in a reality that is untouched by the circumstances of our lives or death. In our compassionate care we seek to remain with people, in both lament and hope, bearing witness to God being with us in every circumstance of life.

In recognition of this, we are opposed to the legalisation of voluntary assisted dying in Queensland. If legalised, our facilities will not provide this as a service and our staff will not participate in medical acts to end a life through voluntary assisted dying.

We recognise that in some situations, the experiences of end-of-life can cause significant distress for the person dying, their families and care staff. While we do not support voluntary assisted dying, if it is legalised, the Church is committed to offering a compassionate and pastoral response to people and families who choose this path.

We also recognise that there will be people, who in good conscience and in light of their faith in God, make a decision to undertake voluntary assisted dying.

A compassionate and pastoral response in the Synod agencies includes working with people and families who choose and access voluntary assisted dying to offer emotional, psychological and social support, spiritual and pastoral care, and minimising physical suffering. This response does not include medically participating in acts intended to end life through a voluntary assisted dying process.

c) That in the case of the legalisation of voluntary assisted dying in Queensland, to request Wesley Mission Queensland and UnitingCare to develop a policy and practice approach in light of the Synod's position and any legislative requirements.

d) Affirms the critical importance of high quality, well-resourced and accessible palliative and end-of-life care that responds to the physical, psycho-social and spiritual needs of people at the end-of-life. The Church undertakes the following actions:

I. Advocate for a well resourced and flexible system that consistently meets people's needs and preferences for care;

II. Continue to provide high quality and accessible palliative care, responsive to the pastoral and spiritual needs of the people we serve, as central to our mission as the Church.

e) That in advocating to government regarding our opposition to voluntary assisted dying in Queensland, the Church strongly recommends provisions for conscientious objection, for both individuals and organisations, be included in any proposed legislation.

f) Encourage congregations to engage in conversations around end-of-life and to encourage members to consider completing Advance Health Directive.

g) Thank the Consultation Group for their work.

The Scope

The proposal consists of a *Final Report: Voluntary Assisted Dying Queensland Synod 2019.* This report was the outcome of a consultation process undertaken in 2019 across the Synod and in light of the *Consultation Report: Voluntary Assisted Dying Queensland Synod 2019.*

Rationale

The God we confess as divine community of Father, Son and Holy Spirit is the basis for our decision around voluntary assisted dying. Our mission as the Church is to join in and witness to God's mission of creating a society characterised by love, compassion, justice, inclusion and reconciliation, so that all people, at every stage of life, can experience 'life in all its fullness' (John 10:10). We have a particular concern and focus on offering compassionate care to the most vulnerable in society including those experiencing suffering at the end of life. Voluntary assisted dying, we believe, is a risk to the most vulnerable in society and potentially diminishes the dignity, value and worth of all people. This value of people is not dependent on the life circumstances of a person but is by virtue of our value before God and because we are loved and known by God. In our acts of compassionate care, especially through our services in end of life care and palliative care, we seek to bear witness to God's love and care for all people. In this witness we seek to promote a society where people do not feel a 'burden' to others or to the broader society, rather, a society characterised by the compassionate service of the aged, sick, suffering and vulnerable.

The Church also seeks to bear witness to an understanding of human freedom and autonomy based on our freedom to self-empty ourselves in love and service of others. What this means in relation to voluntary assisted dying, is that our freedom is exercised in a way that promotes the preciousness of human life as God's gift rather than as autonomous decision making. Human beings are not isolated individuals but are located and constituted in community.

We also want to acknowledge that there are circumstances at the end-of-life where we can understand people wanting to end their life. As the Church, we are called not to turn the other way but to compassionately accompany the suffering and dying and to relieve suffering as far as possible.

Compassionate care is about remaining with people, in both lament and hope. It is bearing witness, as fragile clay jars, to the hope that the light of God shines in the darkness, and darkness cannot overcome it. It is witnessing to the Christian hope that there is no human situation, pain or suffering that is beyond the reach of the love of God.

Research on voluntary assisted dying

Although we are cautious of using the 'slippery slope' argument, we remain concerned about subtle pressure being applied on vulnerable people and the broader societal impact on the value of life at every stage, in every circumstance. It is the potential for the normalisation of voluntary assisted dying and it becoming a medical routine that is a risk. Trends from overseas schemes indicate that demand for voluntary assisted dying increases over time.

Our concern is also to address the complex array of factors that lead a person to request voluntary assisted dying. High quality compassionate care that addresses the physical, psycho-social and spiritual needs of people is critical. Research indicates that it is not simply about physical pain, although there are circumstances in which people do experience unrelievable suffering especially with neurodegenerative illnesses. A key concern for the Synod is the adequate provision of high quality and holistic end of life care and palliative care that reflects people's choice and meets their need.

We are also concerned for our medical and healthcare staff and the potential emotional and psychological impact of medical participation in voluntary assisted dying. Research indicates that there are negative emotional and psychological impacts and burdens on medical and health care staff in participating in voluntary assisted dying including potentially experiencing subtle pressure to be involved. Voluntary assisted dying is also in conflict with core medical values focused on healing, relieving suffering and preserving life.

Consultation

The consultation process discerned the following key themes that shape the Synod recommendations.

1. There is overall strong support to oppose voluntary assisted dying, although there are a variety of reasons given for this.

2. If it is legalised, then we should offer a compassionate and pastoral response to those who choose to undertake this path. This should include a constructive engagement with people who are thinking about voluntary assisted dying, while maintaining an opposition to it.

3. There are complex human situations of high distress and suffering in which a person, in good conscience, and in light of their faith, has grappled with this decision and chooses to undertake voluntary assisted dying. We are to respect these people and continue to offer compassionate support.

4. Strong support for not offering voluntary assisted dying as a medical service in facilities of Synod's agencies.

5. A sensitive compassionate policy and practice approach is required if a person is in our facilities and choose to undertake voluntary assisted dying.

Proposers

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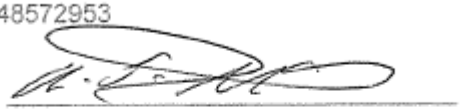
Signature: 

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The Uniting Church in Australia
QUEENSLAND SYNOD

Final Report

Voluntary Assisted Dying Queensland Synod 2019

The experience of pain, suffering and the end-of-life is a vulnerable experience. We are called to participate in and witness to God's mission of compassionate care of the sick, dying, the poor in spirit, those who are experiencing brokenness and forsakenness.

Contents

Introduction

In late 2018, the Moderator requested an update of the Synod's current position on 'voluntary assisted dying'. In the context of growing community support for voluntary assisted dying and its legalisation in Victoria in 2017, the time was right for conversation and discernment across the Synod.

To facilitate our conversations, a consultation group was brought together and the *Consultation Paper: Voluntary Assisted Dying Queensland Synod 2019*[1] was developed and distributed across the Synod in early February 2019. Following this, consultation meetings were held across 11 locations in Queensland and submissions were received from individual members and congregations across the Synod. During this process we spoke to over 260 people at meetings and received 46 written submissions.

The Uniting Church, Synod of Queensland's (the Synod) current position on 'Active Voluntary Euthanasia' and 'Patient Assisted Suicide' was adopted in 1996. The current position is that both of these practices present substantial moral problems and the Church is opposed to their legalisation in Queensland.

At the same time the Synod began examining this issue, the Queensland Government announced a Parliamentary inquiry into aged care, end-of-life and palliative care, and voluntary assisted dying. Their inquiry is expected to report to the Legislative Assembly by 30 November 2019. Given the importance of this topic, it is critical the Synod is in a position to respond to any potential legislation that may be developed in Queensland, while continuing to advocate to the Queensland Government around related matters, such as palliative care.

Regardless of any position adopted by the Synod, if voluntary assisted dying is legalised in Queensland it will impact our health and aged care agencies. Having clarity of the Synod's position is critically important to support our agencies in developing their policy and practice response. The recommendations in this Final Report seek to give clear principles to guide agencies, who have responsibility to develop the policy and practice details in response.

If voluntary assisted dying is not legalised in Queensland, the existing practices of the Synod's agencies will remain unchanged.

When examining an issue of this importance and sensitivity, there are understandably strong emotions and complex and diverse human end-of-life experiences that form part of the discussion. Conversations around voluntary assisted dying can be, for many people, challenging, highly emotional and confronting. Despite this, people across the Synod have engaged in the consultation with a great deal of sensitivity, informed discernment, deep listening and considered responses.

This report seeks to carefully work through complex theological issues, including the position of other churches; the diversity of perspectives raised by Uniting Church members in consultation sessions and submissions; and an informed research basis for understanding the impact of voluntary assisted dying in countries where it has been legalised. In doing so, we recognise the extreme complexity of this issue and people's unique experiences at the end of life. While we have done our best to prepare this report and make recommendations that reflect theological thinking and what we have discerned, we also recognise no single recommendation or position can deal with every circumstance in the complex human experiences at the end of life.

After examining all these factors, we are pleased to submit this Final Report and its recommendations to the Synod.

Rev Dr. Adam McIntosh
Chair of the Consultation Group

[1]Consultation paper available at: ucaqld.com.au/wp-content/uploads/2019/02/VAD-Consultation-Paper_Print-Final-003.pdf

The consultation group recommends that the Synod:

a. Receives the Final Report: Voluntary Assisted Dying Queensland Synod 2019.

b. Affirms the following position:

   The Uniting Church in Australia, Queensland Synod seeks to witness to the God given dignity and worth of every human life. We are committed to 'All that Jesus began to do and teach' (Acts 1.1) by working towards a society characterised by love, compassion, justice, inclusion and reconciliation so that all people, at every stage of life, can experience 'life in all its fullness' (John 10:10). We seek to witness to God's good gift of creation and the intrinsic worth and dignity of all people in every circumstance that is grounded in a reality that is untouched by the circumstances of our lives or death. In our compassionate care we seek to remain with people, in both lament and hope, bearing witness to God being with us in every circumstance of life.

   In recognition of this, we are opposed to the legalisation of voluntary assisted dying in Queensland. If legalised, our facilities will not provide this as a service and our staff will not participate in medical acts to end a life through voluntary assisted dying.

   We recognise that in some situations, the experiences of end-of-life can cause significant distress for the person dying, their families and care staff. While we do not support voluntary assisted dying, if it is legalised, the Church is committed to offering a compassionate and pastoral response to people and families who choose this path.

   We also recognise that there will be people, who in good conscience and in light of their faith in God, make a decision to undertake voluntary assisted dying.

   A compassionate and pastoral response in the Synod agencies includes working with people and families who choose and access voluntary assisted dying to offer emotional, psychological and social support, spiritual and pastoral care, and minimising physical suffering. This response does not include medically participating in acts intended to end life through a voluntary assisted dying process.

c. That in the case of the legalisation of voluntary assisted dying in Queensland, to request Wesley Mission Queensland and UnitingCare to develop a policy and practice approach in light of the Synod's position and any legislative requirements.

d. Affirms the critical importance of high quality, well-resourced and accessible palliative and end-of-life care that responds to the physical, psycho-social and spiritual needs of people at the end-of-life. The Church undertakes the following actions:

   I. Advocate for a well resourced and flexible system that consistently meets people's needs and preferences for care;

   II. Continue to provide high quality and accessible end-of-life and palliative care, responsive to the pastoral and spiritual needs of the people we serve, as central to our mission as the Church.

e. That in advocating to government regarding our opposition to voluntary assisted dying in Queensland, the Church strongly recommends provisions for conscientious objection, for both individuals and organisations, be included in any proposed legislation.

f. Encourage congregations to engage in conversations around end-of-life and to encourage members to consider completing Advance Health Directives.

g. Thank the Consultation Group for their work.

> *"The Uniting Church in Australia Queensland Synod seeks to witness to the God given dignity and worth of every human life. We are committed to `All that Jesus began to do and teach' (Acts 1.1) by working towards a society characterised by love, compassion, justice, inclusion and reconciliation so that all people, at every stage of life, can experience `life in all its fullness' (John 10:10).*

Consultation Group

The Consultation Group members are:

Rev. Chris Crause
(Presbytery Minister, Mary Burnett Presbytery)

Anne Curson
(Policy Analyst, UnitingCare)

Sue Hutchinson
(Synod Research and Policy Officer)

Michael Krieg
(General Manager, The Wesley Hospital),

Fran Larkey
(Relationship and Innovation Manager, Wesley Mission Queensland)

Sarah Lim
(Director Office of the CEO, Uniting Care)

Victoria Lorrimar
(Lecturer Systematic Theology, Trinity College Queensland)

Rev Dr Adam McIntosh
(Associate Director of Mission, UnitingCare)

Rev Bruce Moore
(Director of Mission, UnitingCare).

The focus of this consultation was to assist the Synod update its current position on voluntary assisted dying. There are many other issues closely connected to voluntary assisted dying, but these were not the focus of this consultation.

1. Consultation Scope

The focus of this consultation was to assist the Synod update its current position on voluntary assisted dying. There are many other issues closely connected to voluntary assisted dying, but these were not the focus of this consultation.

These include:

- Withdrawal of life sustaining treatment or refusal of non-beneficial treatment resulting in death.
- Providing medication with the intention of relieving suffering that unintentionally hastens death.
- The ending of a life without explicit request.
- Advance Health Directives and Enduring Powers of Attorney.

1.1 Language Choice

Throughout consultations across the Synod, there have been a small group of people who would prefer using terms for this issue that are not ethically neutral, including language such as 'suicide', 'euthanasia' and 'killing'. These terms reflect people's strong views on this topic, however their use can impact the ability to have open and sensitive conversations about people's experiences of suffering and end-of-life decision making.

The consultation group made an explicit decision not to use the terms 'euthanasia' and 'assisted suicide' in this consultation. The term 'euthanasia' has become complicated with many permutations including voluntary active, involuntary active, voluntary passive and involuntary passive. It can be difficult to be precise about which form of euthanasia is being discussed and what this means. The term also has strong emotional and ethical connotations, which can reduce engagement with the complicated human experiences around the end-of-life.

The phrase 'physician assisted suicide' is also not used. While mental health impacts people at the end-of-life, this paper and conversation is focused on people's desire to die well and their fears and experiences of suffering when they face a terminal illness. Using the language of 'physician assisted suicide' can also obscure the complicated human experiences around the end-of-life and has the risk of triggering unhelpful conversations that could be distressing to some people.

The language mostly used in Australia at this time is voluntary assisted dying. The Queensland Parliamentary inquiry has adopted this term and it is also used in the Victorian legislation. In Australia, the debate tends to be focused on the ending of a life, either by the person themselves or by a doctor, with the consent of the person who has decision making capacity. The term voluntary assisted dying captures both elements of the Australian discussion regarding this issue. In this report, we discuss our concerns about the potential for people to be coerced in their decision making and the nature of 'voluntary' around this issue. However, the term 'voluntary assisted dying' is used for the sake of simplicity, consistency and preciseness in terminology around a complicated issue. It also provides a common language for the Synod's advocacy to Government around this issue.

1.2 Definitions

The following definitions are used for this report.

Term	Definition	Other Common Terms
Voluntary assisted dying	A doctor or other person provides drugs, at the request of a person with decision making capacity (competent), which a person can take themselves to intentionally end their life. A doctor or other person intentionally hastens death, at the request of a person with decision making capacity, by administering a substance.	• Physician assisted suicide • Voluntary assisted suicide • Euthanasia • Active voluntary euthanasia • Voluntary euthanasia
Ending a life without explicit request	A doctor or another person administers a medication or performs another action to intentionally end life, either without a competent person's request or the person is non-competent and unable to make a request.	• Non-voluntary euthanasia • Involuntary euthanasia
Withdrawal of treatments	Withholding or withdrawing overly burdensome medical treatment from a person because of medical futility, non-beneficial care, or at the request of a competent person or the surrogate decision maker of a person without decision making capacity. The intention of this is not to hasten death, but to provide comfort care.	• Refusal of treatment • Limiting of life-sustaining treatments
Providing pain medication to relieve suffering	Doctors provide pain medication to people with the intention to relieve their suffering. Depending on a person's condition, this may hasten death, but the primary purpose is to provide comfort and relieve suffering.	
Advance health directive	A written instruction, describing the medical care a person wants if they become unable to make or communicate their own health care decisions. The laws governing these vary between States and Territories and can be complex.	• Advance care directive • Advance care planning
Palliative care	Palliative care is an approach that improves the quality of life of patients and their families facing a life threatening illness. Relief and prevention of suffering occurs through early identification and thorough assessment and treatment of pain and other physical, psychosocial and spiritual concerns.	

2. Theological Framework

2.1 Our Basis

In discussing the theological issues associated with voluntary assisted dying, we are reminded of the basis of our discussion and our life as the Uniting Church. 'The Uniting Church acknowledges that the faith and unity of the Holy Catholic and Apostolic Church are built upon the one Lord Jesus Christ. The Church preaches Christ the risen crucified One and confesses him as Lord to the glory of God the Father. In Jesus Christ "God was reconciling the world to himself" (2 Corinthians 5:19). In love for the world, God gave the Son to take away the world's sin' (Basis of Union, Paragraph 3). The God we confess as divine community of Father, Son and Holy Spirit is the basis for our life as the Christian community.

This is our basis for our discussion and decisions about voluntary assisted dying and related issues. Our response to voluntary assisted dying is not a general social ethic, but is a theological response based on the Christian account of creation and what it means to be human, to live fully including how we suffer and die.

2.2 Our Mission

The Uniting Church is committed to 'all that Jesus did and taught' (Acts 1.1) and to work towards a society characterised by love, compassion, justice, inclusion and reconciliation so that all people, at every stage of life, can experience 'life in all its fullness' (John 10.10). The Biblical witness speaks of the preferential care for the most vulnerable in society. 'He has told you, O mortal, what is good; and what does the Lord require of you but to do justice, and to love kindness, and to walk humbly with your God?' (Micah 6:8). We are called to work towards a society in which the most vulnerable are shown compassion and care. 'For you have been a refuge to the poor, a refuge to the needy in their distress, a shelter from the rainstorm and a shade from the heat' (Isaiah 25:4).

The experience of pain, suffering and the end-of-life is a vulnerable experience. We are called to participate in and witness to God's mission of compassionate care of the sick, dying, the poor in spirit, those who are experiencing brokenness and forsakenness.

With this Christian understanding of our humanity, people should not feel as if they are a 'burden' to others or to the broader society at any stage of life, but especially at the end-of-life. Any such feelings of being a burden to others, especially at the end of life, distort the voluntary decision making of vulnerable people. Providing compassionate service to people who are aged, sick, suffering and vulnerable is a great gift and privilege.

In receiving this gift of love and service from others, regardless of our circumstances or capacity, we are also affirming our human value. As we love and serve others, formally or informally, we are witnessing to the image of God revealed in Jesus Christ who came to love and serve the world and give his life for the sake of others (Mark 10: 41-45). This service and love should be understood as enabling the full expression of our humanity, rather than as a burden placed upon us. Valuing and promoting the compassionate service and love of the most vulnerable in society is a key foundation for a flourishing society, according to the Christian vision of society.

With this Christian understanding of our humanity, people should not feel as if they are a `burden' to others or to the broader society at any stage of life, but especially at the end-of-life. Any such feelings of being a burden to others, especially at the end of life, distort the voluntary decision making of vulnerable people. Providing compassionate service to people who are aged, sick, suffering and vulnerable is a great gift and privilege.

2.3 Our Witness

The Church's call regarding voluntary assisted dying is much more than coming up with a 'statement' or simply another 'position'. This is fundamentally a mission question for the Synod. What are we witnessing to in relation to the experience of suffering and pain and our treatment of the vulnerable? How do we engage in issues around the end-of-life as congregations and faith communities? 'The Church's call is to serve that end: to be a fellowship of reconciliation, a body within which the diverse gifts of its members are used for the building of the whole, an instrument through which Christ may work and bear witness to himself' (Basis of Union, Paragraph 3). In this decision of the Synod, what is Christ bearing witness to through the Church?

We are reminded that the Spirit of Christ makes possible our witness and enables us to participate in and witness to the mission of God. Every aspect of our life as the Church is an opportunity to bear witness to the Gospel as we find our identity in Christ by following his mission into the world. This includes the way we support people who are sick, vulnerable, the poor, and the dying, as well as the way that we die as individual Christians. The Church may be fragile 'clay jars', but we have an irresistible and beautiful treasure that shapes our life, and that our total life witnesses to (2 Corinthians 4: 7-12).

The calling of the Church is to witness to Christ through the shape of our life as followers of Jesus in the life of the Spirit. Ultimately we seek to witness to the good news of 'God with us' in every circumstance of our human existence. In our decisions regarding voluntary assisted dying, we recognise that God's living presence, in Jesus Christ through the Spirit, is the primary source of our hope, strength and power. God's grace is sufficient for us, with the power of God made known in our weaknesses (2 Corinthians 12:9).

2.4 Sanctity of Life

In our life as the Christian community, we seek to witness to and advocate for the sanctity of all life. For Christians, life has its origin in the gift of God and we are called to live in a way that reflects the nature of this gift. Put simply, this worth of each person is not dependent on our life circumstances, but is by virtue of our value before God and because we are loved and known by God. Christianity is a life-affirming faith meaning that all life has dignity, worth and value (Matthew 6:25-34). There is no person that is not loved by God and God's creation (Colossians 1: 16). Upholding the sanctity of life recognises that life itself is a gift from the Creator (Genesis 2:7). It is grounded in an understanding that God's creation is 'good' and that 'God so loved the world' that he gave his only Son (John 3:16).

The Church is called to witness to the gift of God's creation, at every stage of life, in every circumstance of life. This is especially so in our work alongside the most vulnerable and fragile circumstances of human existence. A Christian vision of society includes that the value of every person is upheld, respected, promoted and not diminished in any way as God's creation. It could be argued that the 'good' in society is measured by the way that this value is maintained, and especially the way it is expressed in our treatment of the most vulnerable in society. What is the risk to this idea of the sanctity of life with the adoption of voluntary assisted dying? The proposal that a medical practitioner should be legally sanctioned to engage in actions with the intention to take the life of someone is deeply problematic to a community that holds to the sanctity of human life.

2.5 Freedom to be Fully Human

A theme that emerges in discussions about voluntary assisted dying is the notion of freedom and autonomy in decision making. This often emerges in traditions that place a high value on individual rights to personal freedom and autonomy. The associated theological argument holds that God created human beings to make their own decisions, to have capacity for self-determination and to accept responsibility for themselves, including decisions regarding life and death. The Catholic Theologian Hans Küng expresses this line of thought as the following:

> God, who has given men and women freedom and responsibility for their lives, has also left to dying people the responsibility for making a conscientious decision about the manner and time of their deaths.[34]

How might we understand human freedom to make decisions about the end-of-life and voluntary assisted dying? Although God is at work everywhere, God is at work in a way that does not set aside the decisions of human beings. In the Biblical witness, God creates human beings with freedom. Love requires freedom. Love is never compelled or forced. Freedom is the necessary condition of the love of God and the love of neighbour.

For Christians, the love of Christ for the world makes known to us what it means to love in freedom. True love in freedom is not about autonomous decision making, but is about our capacity to choose to be for others, and empty ourselves for God and the other. This is about freedom to be fully human in the image of God. The idea of kenosis, the self-emptying of God in Christ described in Philippians 2, is a succinct summary of human freedom in the image of God in Christ.

> Let each of you look not to your own interests, but to the interests of others. Let the same mind be in you that was in Christ Jesus, who, though he was in the form of God, did not regard equality with God as something to be exploited, but emptied himself, taking the form of a slave, being born in human likeness. And being found in human form, he humbled himself and became obedient to the point of death-even death on a cross. (Philippians 2:5-11).

Human freedom in the image of God, made known in Christ, is our freedom to empty ourselves for the sake of others in self-giving love. Although we are 'free' to do what we like in regard to decisions about life and death, we are fully free as a reflection of who we are in our humanity in Christ when we ground our decisions within our love of God and love of neighbour. We are fully free, and truly powerful, when we choose to empty ourselves, bearing witness to the preciousness of God's creation, and God's gift of life. When it comes to voluntary assisted dying, human freedom and autonomy does not stand apart from this notion of kenosis. This is a challenging calling for followers of Jesus and qualifies what freedom and responsibility means from a Christian perspective.

2.6 Humanity in the Image of God and Community

The Christian faith understands human beings as made in the image of God (Genesis 1:26-31), and this is often understood to mean that we are fundamentally relational, i.e. we are made for community. What this means is that our understanding of what it is to be human is located and constituted in community. The image of God is fundamentally communal in nature as God is a communion of self-giving love as Father, Son and Spirit.

Any decision an individual makes has the potential to impact upon other people, the shape of community and ultimately the broader society. The focus of this is being in relationship rather than individual autonomy. No person is 'an island', rather we are inextricably related to each other. It is critical that we balance individual decision making and responsibility within the context of a wider set of relationships and the larger societal implications.

Decisions about end of life impact upon the wider community, and are therefore not only wholly individual matters. This is a critical point to make in the issue of voluntary assisted dying. The interest of an individual cannot be neatly separated from the interest of the whole society. What is at stake in our individual decisions about the way that we die? What are we bearing witness to in these decisions? What is the impact of these decisions on family, medical and care staff, the community and wider society?

2.7 Holistic Care

A Christian view of humanity means that we are concerned with more than the physical experiences at the end-of-life, but look at the whole person. As our humanity is lived out in community, there is a range of concerns for the whole person that needs to be addressed. These include questions of meaning, purpose, our relationships, identity, social connectedness, reconciliation, story and culture.

Part of our offering of compassionate care, must include pastoral and spiritual care. A holistic view of humanity will encompass the physical, psycho-social and spiritual needs of people. In considering issues relating to end-of-life, we need to consider human beings within the context of a set of interconnected dynamics including relationships, beliefs, meaning making and cultural factors.

2.8 Compassionate Care

Suffering and death is a human reality. It is critical that we do not devalue a human life as not worth living because of external circumstances. An understanding of compassion as solely concerned with the relief of suffering is premised on the utilitarian pursuit of optimal happiness. Whereas a Christian account of compassion is more comprehensive than the absence of pain and suffering in the present. It includes hope in eternal life, love and service of others, a belief that God will sustain us in the middle of difficult life circumstances and a vision for a flourishing society in which all people experience 'life in all its fullness'.

It is important to acknowledge that there are circumstances in which we can understand the cry to 'end life' and to 'end this suffering'. We are called to accompany people compassionately in these circumstances and to relieve suffering as far as possible. Why am I suffering? Where is God in our suffering? These are profound questions for those who are in the midst of pain and suffering. We must avoid neat and simple answers to questions like these. Moreover, these should not be dismissed by us and we should not judge this cry of lament.

We empathise with these deep cries out of the depth of suffering. Jesus, in the passion narratives, is deeply aware of the suffering ahead of him, and cries out to God to 'remove this cup from me', and for the strength of God to continue. This cry is followed by a commitment to follow God's will in his life (Luke 22: 42). Our prayer is that God may sustain us in our dying, and that we may witness to the dignity, worth and value of every person, in every circumstance and in every stage of life. Our call is to remain with people in compassionate care throughout their suffering and dying, bearing witness to the presence of God with us.

There are times to lament this suffering and to groan about the fragility of creation (Romans 8: 18-25). Jesus cried out "My God, My God, why have you forsaken me" (Matthew 27: 46). The Psalmist cries out "How long, O Lord? Will you forget me forever? How long will you hide your face from me? How long must I bear pain in my soul, and have sorrow in my heart all day long?" (Psalm 13: 1-3). We accompany the suffering in lament, but the flame of hope is never fully extinguished even in death. The Psalmist goes on, "But I trusted in your steadfast love; my heart shall rejoice in your salvation. I will sing to the Lord, because he has dealt bountifully with me" (Psalm 13: 5-6). Lament is not the abandonment of faith, but is the deepest cry of hope in the midst of despair.

Compassionate care is about remaining with people, in both lament and hope. It is bearing witness, as fragile clay jars (2 Corinthians 4: 7-12), to the hope that the light of God shines in the darkness, and darkness cannot overcome it. It is witnessing to the Christian hope that there is no human situation, pain or suffering that is beyond the reach of the love of God. It is witnessing to the resurrection and new life that emerges out of the deepest experiences of suffering, hopelessness and despair. In our experience of pain and suffering, we have the hope of God's abiding and sustaining presence. Nothing can separate us from the love of God.

It is suitable that the final words of this theological reflection are from Romans 8. We hold fast to this hope as fragile clay jars, and pray that our life as the Christian community, in our agencies and in our congregations, may bear witness to this hope.

> Who will separate us from the love of Christ? Will hardship, or distress, or persecution, or famine, or nakedness, or peril, or sword? As it is written, 'For your sake we are being killed all day long; we are accounted as sheep to be slaughtered.' No, in all these things we are more than conquerors through him who loved us. For I am convinced that neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord (Romans 8: 35-39).

Compassionate care is about remaining with people, in both lament and hope. It is bearing witness, as fragile clay jars (2 Corinthians 4: 7-12), to the hope that the light of God shines in the darkness, and darkness cannot overcome it.

3. Summary of Research on Voluntary Assisted Dying

As we bear witness to people's suffering and end-of-life experiences, we often draw from our personal stories. The experiences we've had watching loved ones go through dying and death impact our views and thoughts about what it is to have a good death. As we seek to understand why so many people in Australia wish to access to voluntary assisted dying, we must look at our personal experiences as well as the trends and patterns in the community's experience.

3.1 Australian's Experiences of Death and Dying

Australians are now living longer. In 2016 the average age at death was 78 for men and 84 for women.[1] Trends also show that for most people, death happens between the ages of 70 and 85.[2] While longer life spans are a good thing, Australians are also living with more illness and disability as they age, with people often dying following a chronic illness. This means that as people are getting older, their health is likely to decline over a longer period and they will need more health care and support.[3] Without appropriate medical and other support, this can lead people to experience prolonged suffering as they age.

There is a mismatch between where people prefer to die and what support is available. In 2017, the Productivity Commission found:

> Most of the 160 000 people who die in Australia each year would benefit from end-of-life care but many do not receive care that fully reflects their choices or meets their needs. …Where it is available, the quality of end-of-life care services in Australia is often excellent. But services are not available everywhere and to everyone who would benefit.[4]

Palliative care gives people positive death experiences, but it is not consistently available to everyone in Australia.

Advance care planning and directives can provide greater choice and control, but many Australians do not have them and have not talked about their end-of-life care wishes with their loved ones. In 2012, only 14 percent of Australians had an advance care plan.[5] The reasons for this vary, but can include reluctance to talk about mortality and death, time taken to prepare plans in health settings, and lack of training for clinicians to begin these conversations with people and families.[6]

Values and expectations around what happens at death are changing. Longer life spans, increasing experience of chronic and complex illnesses and their symptoms, and inaccessible end-of-life care is fuelling the conversation for greater choice and voluntary assisted dying. But underlying this is a decades long value-shift towards self-expression and individual autonomy in decisions and personal well-being.

> From the self-expression perspective, the termination of life is considered morally justifiable when it is aimed at relieving suffering and when it is the result of a person's own independent and sane decision. In addition, the values of autonomy provide the basis for the idea of dying with dignity.[7]

3.2 Community Views on Voluntary Assisted Dying

In light of these experiences and trends, community surveys have shown that more than half of Australians support voluntary assisted dying. While the level of support can vary based on how questions are framed and asked, surveys taken between 2007 and 2016 have shown support for voluntary assisted dying was between 66% and 85%.[8]

People's support for voluntary assisted dying tends to be higher when survey questions refer to unbearable and unrelievable suffering and people who have no chance of recovery. Their support falls when people do not have a terminal illness.[9]

3.3 Views of Other Churches

The Uniting Church does not currently have a national position on voluntary assisted dying and no other Synod, apart from Queensland, has developed a position. Although there are different ways of expressing it, all mainline Christian denominations in Australia are opposed to voluntary assisted dying. There are, however, many individual Christians and organised groups such as Christians Supporting Choice for Voluntary Euthanasia who primarily focus on the right to have the choice of voluntary assisted dying. Below are three examples of the position of other Churches.

Catholic Bishops in Victoria

In a letter to Victorian Catholics in October 2017, Catholic Bishops in Victoria warned that:

> No 'safeguards' can ever guarantee that all deaths provided for under the proposed laws will be completely voluntary. Whether because of carelessness, error, fraud, coercion or even self-perceived pressure, there will always be a risk. Victoria abolished the death penalty because we learnt that in spite of our best efforts, our justice system could never guarantee that an innocent person would not be killed by mistake or by false evidence. Our health system, like our justice system, is not perfect. Mistakes happen. To introduce this law presuming everyone will be safe is naïve. We need to consider the safety of those whose ability to speak for themselves is limited by fear, disability, illness or old age.
>
> Endorsing suicide as a solution to pain or suffering sends the wrong message, especially to the young. Suicide is a tragedy for the person who takes their own life, but it also seriously affects their family and community. It would be plain wrong to legally endorse any form of suicide when governments and community groups are working so hard to persuade others that there are always better options available than taking their own life.
>
> It will be a tragic injustice if people opt for state-endorsed suicide because access to adequate emotional, psychological, spiritual and physical care is not available. For many people this is the reality.

Anglican Diocese of Melbourne

The following motion was passed as a resolution of the 2010 Synod of the Anglican Diocese of Melbourne.

> This Synod reaffirms the resolution of the General Synod of Australia (1995) concerning Euthanasia, namely:
>
> - We affirm that life is a gift from God not to be taken, and is therefore not subject to matters such as freedom of individual choice.
> - We cast doubt on whether a practice of voluntary euthanasia can be prevented from sliding into a practice of involuntary euthanasia.
> - We affirm the right of patients to decline treatment but not to expect the active intervention by medical staff to end their lives
>
> And calls upon
>
> a. members of the Victorian State legislature to vote against legislation to legalise euthanasia when such matters come before our Parliament; and
>
> b. governments to further improve access to high quality palliative care to ensure that all people will be able to die with dignity."

Salvation Army

The International Positional Statement, Euthanasia and Assisted Suicide Statement of Position, states that:

> The Salvation Army believes strongly that all people deserve compassion and care in their suffering and dying. Euthanasia and assisted suicide should not, however, be considered acceptable responses. They undermine human dignity and are morally wrong. The Salvation Army believes therefore that euthanasia and assisted suicide should be illegal. Death is a human reality. Even with the most advanced medical science and attentive care giving, cure is not always possible, and pain and suffering cannot always be overcome. We must never use anyone's suffering as a justification for causing their death, however, or judge a person's life as not worth living.
>
> The Salvation Army… prizes human autonomy highly, but believes human beings do not have the right to death by their own act or by the commissioning of another person to secure it. The Salvation Army considers each person to be of infinite value, possessing inherent dignity, and that each life is a gift from God to be cherished, nurtured and redeemed. Human life, made in the image of God, is sacred and has an eternal destiny (Genesis 1:27). Human beings were created for relationships and for those relationships to be expressed living in community, including in times of death (1 Corinthians 12: 26; 1 John 3:14). The priority that governs Christian compassion in the process of dying is to maximise care. We all know the fear of suffering and the frustration of being unable to relieve it fully, however, our continuing focus is not to eliminate suffering people but to find better ways of dealing with their suffering.

3.4 Medical and Healthcare Views on Voluntary Assisted Dying

People in the community are more likely to support voluntary assisted dying than medical professionals.[10] The act of intentionally hastening death can have a significant personal emotional impact on medical practitioners. In countries where it is legal, doctors who participate in voluntary assisted dying have reported it as being a stressful and difficult act that can have a substantial emotional impact that must be managed.[11]

Participating in and having responsibility for voluntary assisted dying is also challenging for doctors and other health professionals, as the culture and focus of their professions are about healing and preserving life. The fundamental guiding principle for many medical practitioners is the 'first, do no harm'. For some staff, this is in tension with the intentional and active ending of a life in voluntary assisted dying. Research shows the emotional and psychological effects of participating in voluntary assisted dying on medical practitioners and health care staff varies according to a range of factors, such as:

- the nature of assisted dying in the jurisdiction;
- the type of involvement of medical practitioners and health care staff in the act of ending a life;
- the acceptability of assisted dying in a culture;
- whether the medical practitioner or health care staff actively supports assisted dying;
- the length of time that voluntary assisted dying has been legalised in that jurisdiction.

A survey of medical practitioners in the Netherlands found that 86% reported that assisted dying resulted in a high emotional burden.[12,13] In Oregon, one survey found that there is a significant emotional investment by medical practitioners in being involved in voluntary assisted dying. This research found that medical practitioners often felt unprepared and experienced apprehension and discomfort before and after receiving requests. The sources of these experiences include concerns about adequately managing symptoms and suffering, not wanting to abandon patients, and incomplete understanding of patients' preferences. Participation in voluntary assisted dying required a large investment of time and was emotionally intense.[14]

Another study of Belgium nurses involved in assisted dying described it as a grave and difficult process, not only on an organisational and practical level, but also at an emotional level. "Intense" is the dominant feeling experienced by nurses. There can be a significant burden of responsibility and ambivalent feelings about death being arranged in an unnatural way.[15] Other studies indicate the impacts on medical practitioners and health care staff include adverse emotional responses, feelings of isolation and the experience of subtle pressure.[16]

3.5 International Experiences of Voluntary Assisted Dying

The following section examines key trends in countries where voluntary assisted dying has been legalised since the 1990s and 2000s. Understanding these trends is important, as they are often used in arguments both for and against voluntary assisted dying.

Care must be taken when looking at assisted dying data and trends. Each number represented is a person's life, with their own story and cultural context. When governments produce statistical reports around assisted dying, it is not uncommon to see this information used in arguments both for and against the practice. Also, not all countries record information in the same way, so it can be difficult to compare across countries.

To bring together information in the Consultation Paper and the Final Report, we have looked at original data sources and international comparisons from academic literature. In using academic literature we have looked for good quality analysis, which is open about its strengths and weaknesses. The data we are presenting provides a big picture view of voluntary assisted dying and has not been selected to justify a pre-determined position.

The slippery slope argument continues.

In debates around voluntary assisted dying there is often concern about what is called the "slippery slope". The slippery slope refers to scenarios where legal voluntary assisted dying leads to an expansion of intentionally ending people's lives without their request, often with a particular focus on risks to vulnerable groups.[17]

While it is difficult to form an absolute conclusion about the slippery slope, overall trends in who is accessing voluntary assisted dying where it has been legal for a number of years indicate the slippery slope argument has not been realised.[18] In many cases, the demographics of people accessing voluntary assisted dying indicate that people tend to be more educated and resourced, rather than being in vulnerable groups.[19,20,21]

However, debate continues and there are individual cases and instances of laws being expanded, which should continue to be critically examined and debated. Critical parts of the debate are focused on access to voluntary assisted dying for children and young people, people with dementia, and people with psychiatric illnesses. While voluntary assisted dying has been extended to some of these groups in the Netherlands and Belgium, they remain excluded in other countries whose laws have been operating for similar periods of time.

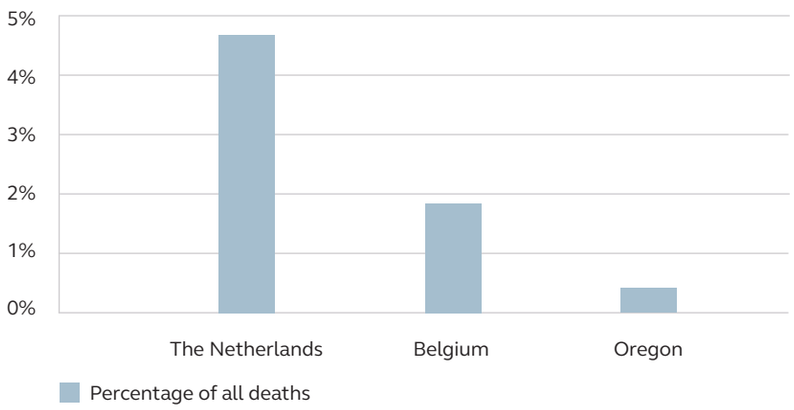
When available, voluntary assisted dying makes up a small proportion of all deaths and increases over time.

In the countries where it is legal, voluntary assisted dying makes up between 0.3% and 4.6% of all deaths.[22] This means that between 95% and 99% of people do not have medical assistance to explicitly hasten their deaths and rely on palliative care and other health support depending on their conditions. Across all countries where the practice is legal, voluntary assisted dying deaths have increased over time.[23] This may reflect cultural and generational shifts in people's attitudes and values around choice at the end-of-life.

The most common disease people have when accessing voluntary assisted dying is cancer.

Cancer was the terminal illness for around 70% of voluntary assisted dying patients in the American states of Oregon and Washington, the Netherlands and Belgium. Other illnesses included neurodegenerative, respiratory, and cardiovascular diseases. In Belgium and the Netherlands, there is a small number of cases where people have dementia or psychiatric illnesses.[24]

Voluntary Assisted Dying as a percentage of all deaths in three jurisdictions – 2015



Source: Statistics Netherlands 2017[35], European Institute of Bioethics 2016[36], Oregon Health Authority 2018[37]

Across all countries where the practice is legal, voluntary assisted dying deaths have increased over time.

Requests for voluntary assisted dying are complicated and they're not always about physical pain.

The most common reasons for people to request voluntary assisted dying are loss of autonomy and dignity and the inability to enjoy life and other activities.[25] Research analysing people's views of voluntary assisted dying found that:

> Unbearable suffering relating to psycho-emotional factors such as hopelessness, feeling a burden, loss of interest or pleasure and loneliness were at least as significant as pain and other physical symptoms in motivating people to consider voluntary assisted dying.[26]

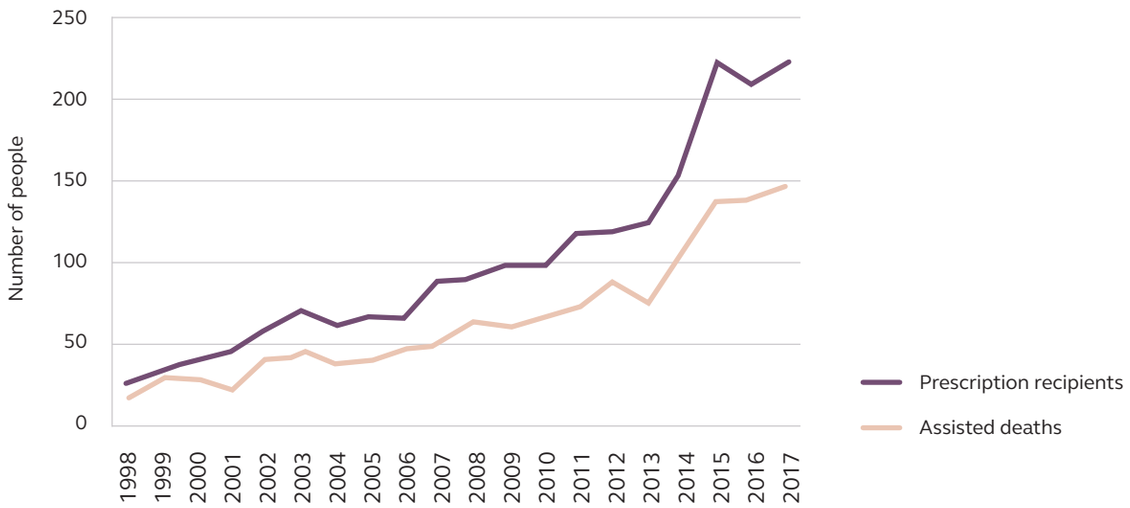
People's requests and interest in voluntary assisted dying can change over time.

On an individual level, people's interest in and requests for voluntary assisted dying reflect a complex range of "personal, psychological, spiritual, social, cultural, economic and demographic factors."[27]

> In a large survey of terminally ill patients, 10.6% reported seriously considering euthanasia or PAS [physician assisted suicide] for themselves, but the follow-up interview showed that 50.7% of these patients had changed their mind after 6 months, while a nearly equal number had started to consider it. Ultimately, in this survey, only 5.6% of the deceased patients had discussed asking the physician for euthanasia or PAS…

In clinical practice, patients often show major ambivalence, with the wish for hastened death, on one hand, and the will to live, on the other, often in parallel or with short-term fluctuations. This coexistence of opposing wishes has been explained as part of authentic, multi-layered experiences and moral understandings at the end-of-life.[28]

Prescriptions given and number of deaths in Oregon – 1998 to 2017



Source: Oregon Health Authority 2018[37]

Having access to voluntary assisted dying can be important to people and can support a family's grief processes.

As Western world values and attitudes have shifted towards autonomy and choice, access to the option of voluntary assisted dying is increasingly important for people. We see this need expressed through changes in public opinion and the increasing number of countries and states seeking to legalise voluntary assisted dying. Research also indicates that voluntary assisted dying gives family members the opportunity to say goodbye, plan and prepare, and feel comforted that death has happened in a way consistent with their loved ones values and choice.[29]

People suffering dementia and psychiatric illnesses are starting to access voluntary assisted dying in two countries.

There has been a small but increasing number of cases in the Netherlands and Belgium where people suffering dementia or psychiatric illnesses have requested and been granted access to voluntary assisted dying.[30] But this has not happened in all jurisdictions where people can access voluntary assisted dying. Every country has different laws, which reflect their cultural values and the history of the debates leading up to legalisation.

The idea that people with non-life threatening psychiatric conditions or people with impaired decision making can access voluntary assisted dying is ethically challenging, and based on community surveys, is unlikely to be supported by most Australians.[31] This is reflected by the laws in Victoria, which restrict voluntary assisted dying to people with decision-making capacity who have terminal conditions and are in the last six months of their life, or 12 months if they have neurodegenerative disorders.

However, given the second most common cause of death in Australia is Alzheimer's and dementia[32], debate around the timeframes for people to access voluntary assisted dying may continue for a number of years.

Unbearable Suffering

In Belgium and the Netherlands, the criteria for voluntary assisted dying includes that someone be experiencing "unbearable suffering". This can impact who accesses voluntary assisted dying as unbearable suffering is an open, subjective concept. It's the kind of thing you cannot take a blood test for or get a machine reading on. One person's experience of physical, psychological and spiritual suffering may be quite different from another's.[33]

As Western world values and attitudes have shifted towards autonomy and choice, access to the option of voluntary assisted dying is increasingly important for people.

4. Consultation Process and Method

In late 2018 the Moderator requested an update of the Synod's current position on voluntary assisted dying. To facilitate the Synod's conversations, the Moderator established a Consultation Group chaired by Rev Dr Adam McIntosh. The Consultation Group had representatives from the Synod, Presbyteries and the Church's agencies UnitingCare and Wesley Mission Queensland.

The Consultation Group's focus was to develop a process for Uniting Church members to examine and discern the Synod's response to voluntary assisted dying and to be in a strong position to respond to any moves to legalise voluntary assisted dying in Queensland. To inform people's discussions, the Consultation Group developed the *Consultation Paper: Voluntary Assisted Dying Queensland Synod 2019 (The Consultation Paper)*.[II] The Consultation Paper intentionally adopted a neutral position on voluntary assisted dying, while framing possible options and recommendations for the Synod to critically examine. The aim was not to advocate a particular view, but to provide an informed framework for the Synod to thoroughly engage and discern its position on voluntary assisted dying. The Consultation Paper included a summary of key theological tensions and a literature review of international research on voluntary assisted dying.

The Synod distributed the Consultation Paper to all presbyteries with a letter from the Moderator outlining people's opportunity to participate in the discussion through consultation workshops or making a formal submission. The Consultation Paper was also published on the Synod's website and promoted through Presbyteries. Following this, 11 consultation workshops were held with Church members and Presbyteries across Queensland with approximately 260 people attending. These were located in Goodna, Chermside, Toowoomba, Dalby, Mansfield, Robina, Cairns, Townsville, Longreach, Brisbane, and Murgon. The Consultation Group also received 46 written submissions. A Consultation Workshop was also held with representatives from UnitingCare and Wesley Mission Queensland to gain a greater understanding of how the Church's position, regardless of what it is, may impact its services.

This Final Report has been prepared for the Synod, summarising what was learned through the consultation process, and makes recommendations for discussion and decision at Synod in Session in May 2019.

4.1 Options and Recommendations in Consultation Paper

The following options and recommendations were presented in the Consultation Paper. The aim was to focus the consultation around the key issues associated with voluntary assisted dying. These include:

- The Synod's position in opposition or support of voluntary assisted dying.
- The issues facing the person dying, their families and care staff and how the Church responds.
- The impacts on the services of Synod agencies if voluntary assisted dying were legalised in Queensland.
- The wider issues connected to voluntary assisted dying including end-of-life and palliative care.
- The place of conscientious objection in voluntary assisted dying processes.
- How to respond to people who choose to access voluntary assisted dying

Option 1

The Uniting Church in Australia – Queensland Synod affirms the God given dignity and worth of every human life. It recognises that the experiences of end-of-life in some situations can cause significant distress for the person dying, their families and care staff. While the Church does not support the legalisation of voluntary assisted dying, it acknowledges that there are rare circumstances where people with a terminal illness can experience unbearable suffering. In these circumstances, if voluntary assisted dying is legalised, and a person chooses to access this, the Church is called to offer a compassionate and pastoral response to people and families. Our facilities and staff will not participate in acts specifically designed to end a person's life.

[II]Consultation paper available at: ucaqld.com.au/wp-content/uploads/2019/02/VAD-Consultation-Paper_Print-Final-003.pdf

Option 2

The Uniting Church in Australia – Queensland Synod affirms the God given dignity and worth of every human life. It recognises that the experiences of end-of-life in some situations can cause significant distress for the person dying, their families and care staff. It acknowledges that there are rare circumstances where people with a terminal illness can experience unbearable suffering. In these circumstances, if voluntary assisted dying is legalised, and a person chooses to access this, the Church is called to offer a compassionate and pastoral response to people and families. Our agencies will ensure that the decision of the person is respected and can be carried out in our facilities.

Other Recommendations

That the Synod –

a. Receives the report on voluntary assisted dying.

b. Affirms the critical importance of high quality, well resourced and accessible palliative and end-of-life care that responds to the physical, psycho-social and spiritual needs of people at the end-of-life. The Church undertakes the following actions:

   I. Advocate for a well resourced and flexible system that consistently meets people's needs and preferences for care;

   II. Continue to provide high quality and accessible palliative care, responsive to the pastoral and spiritual needs of the people we serve, as central to our mission as the Church.

c. That in the case of the legalisation of voluntary assisted dying in Queensland, to request Wesley Mission Queensland and UnitingCare to develop a policy and practice approach in light of the Synod's position (Option 1 or Option 2) on voluntary assisted dying and any legislative requirements.

d. That in advocating to government regarding legalisation of voluntary assisted dying in Queensland, the Church strongly recommends provisions for conscientious objection, for both individuals and organisations, be included in any proposed legislation.

e. Thank the Consultation Group for their work.

4.2 Current Synod Position

The 1996 position of the Synod is that it is opposed to 'Active Voluntary Euthanasia' and 'Patient Assisted Suicide'. The Synod's current position is that both of these present substantial moral problems and the Synod is opposed to their legalisation in Queensland.

The Summary Statement of the 1996 position is:

> At this stage, the Queensland Synod Bioethics Committee is agreed that active voluntary euthanasia and patient assisted suicide present substantial moral problems. It recognises the dilemmas and stresses facing many caring staff employed in Uniting Church agencies, as well as the distress often experienced by the sick, the infirm, the disabled and their loved ones. While some members of the Committee acknowledge that there are individual cases in which active voluntary euthanasia may be appropriate, such cases do not readily form the basis for the legalisation of euthanasia in Queensland at this time. The Committee is committed to monitoring any changes in legislation proposed by the Queensland Government or individual Members of the Legislative Assembly to ensure that the processes of consultation and the establishment of safeguards are both rigorous and compassionate. There was a consensual position within the Committee in opposition to the practice of involuntary euthanasia.

5. Consultation Outcomes

5.1 Areas of Overwhelming Support

The consultation process indicated overwhelming support for the following:

- Affirm the critical importance of high quality, well-resourced and accessible palliative and end-of-life care that responds to the physical, psycho-social and spiritual needs of people at the end-of-life. There is a strong concern for the provision of these services especially in regional and remote Queensland.
- The need for a well-resourced and flexible system of end-of-life and palliative care that consistently meets people's needs and preferences for care.
- The Church strongly supports provisions for conscientious objection, for both individuals and organisations, be included in any legislation developed for voluntary assisted dying in Queensland.
- There is strong recognition that the experiences of end-of-life in some situations can cause significant distress for the person dying, their families and care staff. This requires compassionate support of people. We cannot abandon people in their time of need.
- A strong concern for the potential emotional and psychological stress and impact on medical practitioners and staff of the Synod's agencies who participate in any processes around voluntary assisted dying.

5.2 Opposition to Voluntary Assisted Dying

Feedback from individual members and congregations of the Uniting Church indicates a diversity of concerns and opinions around whether voluntary assisted dying should be allowed in Queensland.

A significant majority of people believe that it should be opposed by the Synod and should not be allowed in Queensland and in the agencies of the Church. This was expressed in different ways with a diversity of concerns summarised below.

Societal impacts, especially the vulnerable

Concerns included:

- Voluntary assisted dying will lead to the devaluing of the sanctity of life and this will have serious consequences for the shape of our society.
- The Church is called to have a counter-cultural witness on this matter, witnessing to the value of each person in every circumstance and stage of life.
- Voluntary assisted dying is an act of 'killing' or 'suicide' and that allowing this will have significant implications for society, and send the wrong message to society.

I acknowledge the difficulty of this issue and don't give the above answer as a black and white pronouncement. I believe on the balance of the arguments – given our place in this space as an advocate of the voiceless and marginalised – we should err on the cautious side. I concur that Scripture is a strong advocate for the sanctity of life which has been a revolutionary idea in human history. It has protected and empowered the exploited. But human societies quickly ignore this value. We also have a duty of care to the vulnerable. While many structures can be put in place to protect the vulnerable, I have also personally seen how the pressure from family, the unspoken assumptions of our culture, the persuasiveness of our own misaligned thinking can convince us that death is the best way out. It is the voiceless, the powerless, the unnoticed, the silent, the poor who are the potential victims of this legislation.

Sanctity of life has always been paramount in the Church's understanding of Scripture. It is succinctly stated in the sixth commandment of the Torah. This high view of life is found in Jesus' attitude to those otherwise despised and abandoned in his day (e.g. lepers, Samaritans); in the early Church's attitude to those society discarded like unwanted children or the seriously ill; in the wide-ranging social reforms of the nineteenth century (e.g. slavery, prisons, work houses etc.); in the huge Christian investment into institutions like hospitals and aged care facilities. The very gift of abiding life, for Himself and by derivation for others, is the crowning product of Jesus' death and subsequent resurrection.

Life as God's gift and wider Church relations

Concerns included:

- Human beings do not have the right to end their own life either by their own hands or the act of another person, as life is a gift from God. A consequence of this is that only God has the right to end life.
- God holds human life itself to be valuable regardless of the contribution a person is able, or not able, to make to social life.
- If the Uniting Church supports voluntary assisted dying then this would be another stress on our ecumenical relationships and it therefore should not be supported by the Synod.

Christianity has to reject arguments [for voluntary assisted dying] because in Jesus Christ God has shown himself to be the creator, preserver and redeemer of life. A consequence of this state of affairs is that only God has the right to end life. A second consequence is that God holds human life itself to be valuable regardless of the contribution a person is able, or not able to make to social life. A third consequence is that only God knows the purpose and goal of life, even disabled and diseased life.

I am not a theologian, but I am 90 this year, and lost my wife 5 months ago after she had suffered a long illness. So the matter is of personal relevance to me. The crucial point seems to me whether to take one's own life is in all circumstances a sin (or contrary to God's will). This is relevant not only in respect of the use of the Synod's facilities, but also in respect of the guidance of an individual member of the church, who may be considering taking his or her own life (perhaps in the circumstances envisaged by the legislation, if passed)

We are called to be compassionate, but we should not let our compassion give us a false sense of authority to end someone's life as an act of compassion.

While patients of sound mind should have the right to refuse medical treatment that would prolong their life, the Church should not be party to the provision of medical treatment that would terminate life prematurely.

We do believe that all life from conception to death belongs to God, and that as Christians we have a sacred duty to provide the best and most compassionate care at times of illness and frailty. That at no time does this extend to the deliberate termination of life, either with or without consent.

Why couldn't we show our call to unity by supporting the Churches instead of the popular opinions of the world? I applaud the Salvation Army, the Catholic Church and the Anglican Churches for taking a stand against voluntary assisted dying.

Slippery Slope and the problem with 'voluntary'

Concerns included:

- If legalised, voluntary assisted dying has the potential to eventually result in the vulnerable, especially the elderly, being subjected to undue pressure to not be a 'burden' on their family and society.
- There is the potential for subtle pressure to be applied to vulnerable people at the end-of-life so that the voluntary aspect is significantly compromised.
- The allowing of voluntary assisted dying sends the wrong message that people who are suffering and require significant support are a 'burden' to society.
- There is a risk to vulnerable people in society when life is devalued through legalising voluntary assisted dying regardless of the safeguards that are put in place.

In my opinion there are significant risks once voluntary assisted dying is legalized as the dying are a vulnerable group:

- *the impact of family tensions/conflict in the context of the availability of voluntary assisted dying has the potential to pressure the individual to choose this option.*
- *Individual social and psychological vulnerability is well recognised especially at time of poor physical and/or mental health.*
- *The emphasis on individual autonomy and choice in today's society can mean that even the events leading to death are to be controlled by choosing voluntary assisted dying.*
- *The tolerance of suffering changes in the context of hope, changing relationships, personal circumstances, appropriate palliative care and spiritual renewal. It is well recognized that individuals as they gain a sense of control change their mind about choosing assisted dying.*

Given the seemingly countless number of situations and personal experiences, it seems impossible to set any criteria for one to meet to qualify for any specific care, let alone qualify to take one's own life.

Medical advances mean pain and suffering are much mitigated. It is impossible to determine the voluntary part with all the potential pressures and influences that might be brought to bear. Particularly in dementia cases it is simply not possible. Pressure from unscrupulous relatives, perceived responsibility to die. "Elder Abuse" is a known and common problem, a lot of people will end up dying before they really want to.

Impact on medical practitioners, care staff and families

Concerns included:

- Legalising voluntary assisted dying will fundamentally alter the doctor-patient relationship and diminish the commitment to 'first, do no harm'. There is also the potential for pressure to be placed on medical practitioners to participate.
- Allowing voluntary assisted dying will have a serious impact on families involved in this as well as medical staff.

Prof Margaret Somerville, a lawyer and ethicist. She is Australian but worked at Toronto Medical School for her working life. She speaks cogently re the risks to society and can critique the experiences of Netherlands/ Belgium and Oregon so often held up as the progressive models to follow.

I am very careful with statistics as used by activists and subsequently politicians and lawyers to make the case. As a former clinician, I would join Margaret in saying that reversal of the Hippocratic Oath (First do no harm) is a massive departure from the way doctors, at least, understand their calling!

The person or persons providing and administering the life ending drugs have to be deeply considered. It seems drug companies providing similar drugs for the use of capital punishment in the USA have rightly objected to this use and have sought not to supply these drugs.

This is a moral dilemma for the suppliers and the administrators of the drugs; particularly medical people whose core task is to save life.

> *The Queensland Government should focus its energy on the provision of high quality end-of-life and palliative care, rather than exploring voluntary assisted dying.*

Focus instead on palliative care and end-of-life care

Concerns included:

- The Queensland Government should focus its energy on the provision of high quality end-of-life and palliative care, rather than exploring voluntary assisted dying.
- The importance of offering pastoral support to people while not supporting voluntary assisted dying.
- Uniting Church members should be encouraged to work through an Advance Health Directive.

Acknowledging suffering associated with a terminal illness is vital. Suffering includes much more than physical suffering and is experienced because of, but not limited to fear of death itself, anxiety about loved one left behind, feelings of being a burden, and disappointment because of unfulfilled dreams and plans.

Acknowledging these existential aspects of suffering is a vital aspect of good palliative care, contributed to by all members of the team looking after the patient with a terminal diagnosis. The caring team needs to include pastoral care workers, social workers, chaplains as well as expert palliative care nursing and medical staff.

We are not comfortable with the notion that there are any exceptional circumstances of 'unbearable suffering' that would warrant voluntary assisted dying. Firstly, we are concerned that people's individual bias would influence a determination of 'unbearable suffering' and any decisions around voluntary assisted dying in relation to that. Secondly, we are concerned that a robust process, involving medical professionals, family members and the individual concerned, to determine 'unbearable suffering' in individual cases would also be flawed due to personal bias. Our view is that the Church needs a robust theology on suffering and that our agencies, staff and members should seek to maximise life while it is still present.

I sincerely hope that voluntary assisted dying is not, and will not be, considered by any members of the community as an alternative to high quality palliative care. It is clear that such care is not yet equally accessible to all members of the community, and expansion of these services needs to remain the focus of efforts to provide optimal care for those with incurable and progressive disease.

Requests for voluntary assisted dying are not infrequently encountered in palliative care medicine, but these requests are often unrealistic, and can mostly be managed well with in-depth discussion of the goals of care.

5.3 Limited Support for Voluntary Assisted Dying and Ways to Respond if Legalised

There is another group of members within the Uniting Church that see limited circumstances in which they would support voluntary assisted dying being allowed in Queensland, and in the Synod's agencies. Not all of these responses were supportive of voluntary assisted dying, but focused on how the Synod should respond if it is legalised. This was expressed in different ways with a diversity of concerns summarised below.

Individual choice and recognising the decisions made in good conscience

Concerns included:

- The importance of choice in whether to undertake voluntary assisted dying and people being respected and shown compassion in their choice in the Synod agencies.
- Voluntary assisted dying is the continuation of a person's choice and following this choice is the only compassionate response to the person.
- God created human beings to make their own decisions and to accept responsibility for themselves and this applies to decisions regarding end-of-life. Freedom in decision and responsibility is fundamental to our expression of our humanity.
- The importance of recognising Christians who may make a decision, in light of their faith in God, to undertake voluntary assisted dying.

Of the two options presented in the paper, I strongly support Option 2. The reason for this is that if some form of voluntary assisted dying is legalised in Queensland and the Uniting Church merely offers 'compassionate and pastoral support' to a small number of terminally-ill people experiencing unbearable suffering (Option 1) it will be seen as fence-sitting. I suppose the UC's policy could state that it doesn't support voluntary assisted dying and won't provide any support for a person in these circumstances who's elected to take advantage of the new legislation, but I really don't think this would align with the teaching of Jesus of Nazareth. I believe that UCA should be at the forefront of social change and be seen not only to support the legislation but to demonstrate its commitment by ensuring that the necessary medical procedures can be carried out in its facilities.

I give this 3rd option slightly changed from option 2, which adds the requirement for the Church representative to gently give the Church's view on the value of life so that the person has a rounded knowledge on which to make their decision. If that decision is to continue with assisted dying then the Church should respect that decision and enable it. My reasons for this decision is that we cannot tell another what to do, what to believe and what is right for them. It must be their decision. Although, in community we are the body of Christ, we are called individually into that community and God speaks to us individually to enlighten the community. Therefore, how can we tell a person what is the right way to die.

The importance of compassionately supporting people who may choose voluntary assisted dying, even if the Church disagrees with it.

Dying with dignity and relieving suffering

Concerns included:

- There is no moral problem with voluntary assisted dying if it is undertaken with appropriate safeguards and strict criteria such as terminal illness, with death expected in a short period of time such as a matter of months. This is about dying with dignity.
- Everyone deserves a pain free, peaceful and dignified death.
- There are limited cases in which a person experiences high level of physical pain that cannot be managed by high quality palliative care. In cases that are both terminal, and there is the experience of unrelievable suffering, it may be appropriate to undertake voluntary assisted dying.

A few years ago a much loved and valued friend was diagnosed with Motor Neurone Disease, and after a period of rapidly declining health and physical ability was transferred to a high-care facility. He often referred to his 'slippery [health] slope', which ultimately prompted him, in full consultation with family, to end his life. The only way he could do this was by refusing food and drink for three days. He said in a final communique (via one of his sons) that 'it is most unfortunate that euthanasia is still not permitted in this State. In my mind it is the only humane way to treat those … facing final, irreversibly diseases, of which MND is certainly one.

These cases, where unrelieved suffering continues despite availability of good care, are not so uncommon that they would not require supportive and sympathetic assessment of the individual case, as well as potential review of current legislation, allowing these patients to make decisions about their own lives. I feel that in these cases, the patient may have a right to a physician assisting them at that stage of their illness, and that physicians as a group should have duty of care not to desert these patients at those moments. However, while I recognise the rights of these patients, I confess to considerable discomfort at the thought of having to perform such a duty.

My basic premise is compassion to the person involved. Compassion to say goodbye to their family and friends who have a time period to do so. No frantic rushing from a long distance and maybe failing to arrive in time. Go at a time of their choice. Go at a time when they were "not in a state that they would hate to be" and no longer had dignity or worth.

Allowing in agencies and providing compassionate care

Concerns included:

- If legislation is introduced for voluntary assisted dying, there is the opportunity to constructively engage this issue in our agencies while maintaining a strong opposition to voluntary assisted dying as the Church.
- We need to be sensitive to the consequences of allowing or not allowing voluntary assisted dying in our services and show compassion to people.

Worse case scenario is one where people are being cared for in a UCA facility and then need to be 'shipped off' to another facility in order to access voluntary assisted dying.

I think it would be quite distressing for a person in one of our facilities to have to be moved if this was their decision and think their wishes could be respectfully carried out with kindness and dignity in familiar surroundings.

To say to a person that because of your decision you must leave this facility at your most vulnerable time, and go to a facility not of your choosing, seems abhorrent to me. It does not show the love which Christ calls us to show.

The Church can maintain an opposition to the practice of voluntary assisted dying whilst still offering pastoral support to those who may choose to go down that path. The two are not incompatible and the Church manages this tension in other areas of ethical quandary like (unjust) war, prisons and (until recently in the Uniting Church) homosexuality. The same position should be adopted with voluntary assisted dying.

If I am a patient in the Wesley Hospital and wish to access voluntary assisted dying, then (if Option 1 were in place) I would effectively be told "We don't offer that here, if you want to access voluntary assisted dying you will have to transfer to another hospital and your treatment will be under a different doctor". This would put unnecessary stress and suffering on very sick patients. If a patient has made up their mind, it is unlikely that they will be dissuaded by having to change hospitals. It would be better for their care if their wishes were able to be carried out where they were, with continuity of care from the same staff. This would be the more caring approach. The Church would also be in a better position to ensure all safeguards were followed correctly. This is not a statement that voluntary assisted dying should be made legal; it is what we believe is our best option if it is made legal.

The option should be stated as to 'not medically participate' in acts specifically designed to end a person's life. This will allow for the pastoral support of people, respecting their decision, even when we oppose voluntary assisted dying as a Synod.

5.4 Service Perspective

How our agencies manage their response to voluntary assisted dying will be guided by the Church's position. In discussions with UnitingCare and Wesley Mission Queensland, it was clear that if voluntary assisted dying is legalised our staff will need to be supported to manage the issue as it arises in practice and to know their rights around conscientious objection.

Voluntary assisted dying raises a number of ethical issues for medical, nursing, allied health, and chaplaincy professionals whose personal views vary and are impacted by their own cultural and religious beliefs. Themes consistent with the wider medical profession, outlined in section 3.4, emerged in staff consultations. This includes the particular ethical tension for medical staff who are trained to focus on treatment and preserving life, but who may be asked to take an active and direct role in voluntary assisted dying. There is a recognition that for some staff, respecting the decision of the patient is of high importance in voluntary assisted dying. In performing these acts to end a life, medical and other staff present may experience emotional and psychological impacts and will need to be supported. For all staff involved in a person's care, they may also feel conflicted between their personal values and their need and desire to treat and care for a person who chooses to access voluntary assisted dying.

Agencies felt they were more likely to encounter voluntary assisted dying in hospital and community care settings, with instances in residential aged care being rarer. This is partly due to the growing demographic of people with dementia in residential aged care and issues around decision-making capacity.

From a legal perspective, there is uncertainty around how an organisational conscientious objection to voluntary assisted dying would interact with a person's right to security of tenure under the *Aged Care Act 1997*. People living in residential aged care and retirement living purchase accommodation and this is considered their home. If a person chooses to access voluntary assisted dying, and is approved, the aged care facility or retirement living may be limited in their ability to facilitate transfer to another service.

This uncertainty will remain until voluntary assisted dying is legalised and further advice can be obtained. However, if legalised in Queensland, services would seek to inform people of the position and approach to voluntary assisted dying before they choose our residential aged care services or retirement living.

5.5 Key Issues Summary

Despite a great deal of diversity in the responses to the consultation, there are five key themes that have emerged across the consultation sessions and the written submissions that capture the overall discernment of the consultation.

1. There is overall strong support to oppose voluntary assisted dying, although there are a variety of reasons given for this.
2. If it is legalised, then we should offer a compassionate and pastoral response to those who choose to undertake this path. This should include a constructive engagement with people who are thinking about voluntary assisted dying, while maintaining an opposition to it.
3. There are complex human situations of high distress and suffering in which a person, in good conscience, and in light of their faith, has grappled with this decision and chooses to undertake voluntary assisted dying. We are to respect these people and continue to offer compassionate support.
4. Strong support for not offering voluntary assisted dying as a medical service in facilities of Synod's agencies.
5. A sensitive compassionate policy and practice approach is required if a person is in our facilities and chooses to undertake voluntary assisted dying.

6. Recommendations for Synod

6.1 Rationale

Theological

The God we confess as divine community of Father, Son and Holy Spirit is the basis for our decision around voluntary assisted dying. Our mission as the Church is to join in and witness to God's mission of creating a society characterised by love, compassion, justice, inclusion and reconciliation, so that all people, at every stage of life, can experience 'life in all its fullness' (John 10:10). We have a particular concern and focus on offering compassionate care to the most vulnerable in society including those experiencing suffering at the end of life. Voluntary assisted dying, we believe, is a risk to the most vulnerable in society and potentially diminishes the dignity, value and worth of all people. This value of people is not dependent on the life circumstances of a person, but is by virtue of our value before God and because we are loved and known by God. In our acts of compassionate care, especially through our services in end of life care and palliative care, we seek to bear witness to God's love and care for all people. In this witness we seek to promote a society where people do not feel a 'burden' to others or to the broader society, rather, a society characterised by the compassionate service of the aged, sick, suffering and vulnerable.

The Church also seeks to bear witness to an understanding of human freedom and autonomy based on our freedom to self-empty ourselves in love and service of others. What this means in relation to voluntary assisted dying, is that our freedom is exercised in a way that promotes the preciousness of human life as God's gift rather than as autonomous decision making. Human beings are not isolated individuals but are located and constituted in community.

We also want to acknowledge that there are circumstances at the end-of-life where we can understand people wanting to end their life. As the Church, we are called not to turn the other way but to compassionately accompany the suffering and dying and to relieve suffering as far as possible. Compassionate care is about remaining with people, in both lament and hope. It is bearing witness, as fragile clay jars, to the hope that the light of God shines in the darkness, and darkness cannot overcome it. It is witnessing to the Christian hope that there is no human situation, pain or suffering that is beyond the reach of the love of God.

Research on voluntary assisted dying

Although we are cautious of using the 'slippery slope' argument, we remain concerned about subtle pressure being applied on vulnerable people and the broader societal impact on the value of life at every stage, in every circumstance. It is the potential for the normalisation of voluntary assisted dying and it becoming a medical routine that is a risk. Trends from overseas schemes indicate that demand for voluntary assisted dying increases over time.

Our concern is also to address the complex array of factors that lead a person to request voluntary assisted dying. High quality compassionate care that addresses the physical, psycho-social and spiritual needs of people is critical. Research indicates that it is not simply about physical pain, although there are circumstances in which people do experience unrelievable suffering especially with neurodegenerative illnesses. A key concern for the Synod is the adequate provision of high quality and holistic end of life care and palliative care that reflects people's choice and meets their needs.

We are also concerned for our medical and healthcare staff and the potential emotional and psychological impact of medical participation in voluntary assisted dying. Research indicates that there are negative emotional and psychological impacts and burdens on medical and health care staff in participating in voluntary assisted dying including potentially experiencing subtle pressure to be involved. Voluntary assisted dying is also in conflict with core medical values focused on healing, relieving suffering and preserving life.

Consultation

The consultation process discerned the following key themes that shape the Synod recommendations.

1. There is overall strong support to oppose voluntary assisted dying, although there are a variety of reasons given for this.
2. If it is legalised, then we should offer a compassionate and pastoral response to those who choose to undertake this path. This should include a constructive engagement with people who are thinking about voluntary assisted dying, while maintaining an opposition to it.
3. There are complex human situations of high distress and suffering in which a person, in good conscience, and in light of their faith, has grappled with this decision and chooses to undertake voluntary assisted dying. We are to respect these people and continue to offer compassionate support.
4. Strong support for not offering voluntary assisted dying as a medical service in facilities of Synod's agencies.
5. A sensitive compassionate policy and practice approach is required if a person is in our facilities and chooses to undertake voluntary assisted dying.

6.2 Recommendations to Synod

That the Synod –

a. Receives the Final Report: Voluntary Assisted Dying Queensland Synod 2019.

b. Affirms the following position:

   The Uniting Church in Australia – Queensland Synod seeks to witness to the God given dignity and worth of every human life. We are committed to 'All that Jesus began to do and teach' (Acts 1.1) by working towards a society characterised by love, compassion, justice, inclusion and reconciliation so that all people, at every stage of life, can experience 'life in all its fullness' (John 10:10).

   We seek to witness to God's good gift of creation and the intrinsic worth and dignity of all people in every circumstance that is grounded in a reality that is untouched by the circumstances of our lives or death. In our compassionate care we seek to remain with people, in both lament and hope, bearing witness to God being with us in every circumstance of life.

   In recognition of this, we are opposed to the legalisation of voluntary assisted dying in Queensland. If legalised, our facilities will not provide this as a service and our staff will not participate in medical acts to end a life through voluntary assisted dying.

   We recognise that in some situations, the experiences of end-of-life can cause significant distress for the person dying, their families and care staff. While we do not support voluntary assisted dying, if it is legalised, the Church is committed to offering a compassionate and pastoral response to people and families who choose this path.

   We also recognise that there will be people, who in good conscience and in light of their faith in God, make a decision to undertake voluntary assisted dying.

   A compassionate and pastoral response in the Synod agencies includes working with people and families who choose and access voluntary assisted dying to offer emotional, psychological and social support, spiritual and pastoral care, and minimising physical suffering. This response does not include medically participating in acts intended to end life through a voluntary assisted dying process.

c. That in the case of the legalisation of voluntary assisted dying in Queensland, to request Wesley Mission Queensland and UnitingCare to develop a policy and practice approach in light of the Synod's position and any legislative requirements.

d. Affirms the critical importance of high quality, well-resourced and accessible palliative and end-of-life care that responds to the physical, psycho-social and spiritual needs of people at the end-of-life. The Church undertakes the following actions:

   I. Advocate for a well resourced and flexible system that consistently meets people's needs and preferences for care;

   II. Continue to provide high quality and accessible end-of-life and palliative care, responsive to the pastoral and spiritual needs of the people we serve, as central to our mission as the Church.

e. That in advocating to government regarding our opposition to voluntary assisted dying in Queensland, the Church strongly recommends provisions for conscientious objection, for both individuals and organisations, be included in any proposed legislation.

f. Encourage congregations to engage in conversations around end-of-life and to encourage members to consider completing Advance Health Directives.

g. Thank the Consultation Group for their work.

> *The Uniting Church in Australia Queensland Synod seeks to witness to the God given dignity and worth of every human life. We are committed to 'All that Jesus began to do and teach' (Acts 1.1) by working towards a society characterised by love, compassion, justice, inclusion and reconciliation so that all people, at every stage of life, can experience 'life in all its fullness' (John 10:10).*

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