

**Extract from Hansard**

[ASSEMBLY — Wednesday, 28 August 2019]

p6048b-6082a

Mrs Robyn Clarke; Mr Mick Murray; Ms Rita Saffioti; Ms Janine Freeman; Mr John Carey; Mr Ben Wyatt; Dr David Honey; Mr David Templeman; Mr Terry Healy; Mr Stephen Price; Ms Lisa Baker; Ms Simone McGurk; Mr Matthew Hughes; Mr Donald Punch; Mrs Jessica Stojkovski; Ms Sabine Winton

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**VOLUNTARY ASSISTED DYING BILL 2019**

*Second Reading*

Resumed from an earlier stage of the sitting.

**MRS R.M.J. CLARKE (Murray–Wellington)** [8.01 pm]: Prior to the dinner break, I was in the middle of my speech. On 23 August 2017, the Parliament established a joint select committee of the Legislative Assembly and the Legislative Council to inquire into and report on the need for laws in Western Australia to allow citizens to make informed decisions regarding their own end-of-life choices. The Joint Select Committee on End of Life Choices was formed. The terms of reference included —

- a) assess the practices currently being utilised within the medical community to assist a person to exercise their preferences for the way they want to manage their end of life when experiencing chronic and/or terminal illnesses, including the role of palliative care;
- b) review the current framework of legislation, proposed legislation and other relevant reports and materials in other Australian States and Territories and overseas jurisdictions;
- c) consider what type of legislative change may be required, including an examination of any federal laws that may impact such legislation; and
- d) examine the role of Advanced Health Directives, Enduring Power of Attorney and Enduring Power of Guardianship laws and the implications for individuals covered by these instruments in any proposed legislation.

I thank the members and who conducted the inquiry and I thank the staff members.

In August 2018, the report of the Joint Select Committee on End of Life Choices was tabled. Ms Amber-Jade Sanderson, chair of the joint select committee, states starkly in her foreword —

**Unnecessary suffering at end of life, and broad community agreement regarding individual autonomy, form the basis for the Committee’s recommendation that the Western Australian Government draft and introduce a Bill for Voluntary Assisted Dying.**

The committee received hundreds of submissions highlighting that the public conversation about this issue has changed over the years. The committee recommended that a bill be drafted with extensive consultation from an expert panel, including health and legal professionals, as well as health consumers. The Ministerial Expert Panel on Voluntary Assisted Dying was formed and it tabled a report in Parliament on 27 June 2019. The panel was chaired by Malcolm McCusker, AC, QC, and included clinicians, along with experts in law and palliative care. I thank the expert panel members for their contribution and I welcome that report.

As part of its consultations, the ministerial expert panel received a total of 541 submissions from individuals and organisations. It is clear that this subject evokes strong emotions. Sharing stories of painful and often traumatic memories is not an easy thing to do, and I would like to thank everyone who shared their experiences in the hope that this Voluntary Assisted Dying Bill would be passed. The report was the result of an extensive consultation process, with sessions and forums held throughout Western Australia attracting hundreds of participants. The panel’s final report includes recommendations to help inform the upcoming voluntary assisted dying legislation through its introduction to state Parliament. The report was extensive, both in process and detail.

Unnecessary suffering at the end of life, and broad community agreement for individual autonomy, formed the basis for the committee’s recommendation that the Western Australian government draft and introduce a bill for voluntary assisted dying. The WA government considered its response to the committee’s report and instructed the Department of Health and the Department of Justice to implement the committee’s recommendations on voluntary assisted dying, including developing legislation. Recommendations surrounded advance care planning, end-of-life palliative care and voluntary assisted dying. Of interest is the leading quality of palliative and end-of-life care that our health services deliver across our state. A palliative approach is used by health professionals to improve quality of life for individuals with a life-limiting illness, their caregivers and family.

Palliative care is a holistic approach to care that incorporates the needs of patients and caregivers. This is reflected in the assessment and treatment of pain, and in the provision of physical, psychological, social and spiritual care. Palliative care options are introduced at early indication of life-limiting illness, instead focusing on active, comfort-focused care and a positive approach to reducing suffering and promoting understanding of loss and bereavement.

I had the privilege of attending an information session with Oregon-based doctor David R. Grube, MD, who kindly visited Parliament in Perth to talk about the voluntary assisted dying laws that have operated in Oregon for more than

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22 years. Dr Grube served on the then Oregon Board of Medical Practitioners for seven years and was chair from 2006–2007. He was awarded Oregon Doctor–Citizen of the Year in 2009 and is currently the National Medical Director of Compassion and Choices. Dr Grube confirms that in the 22 years of operation of the voluntary assisted dying laws in Oregon, there has been no evidence of abuse or misuse; no groups at risk, including disabled, minorities or the poor; no evidence of doctor shopping; and no adverse unintended consequences. Dr Grube also believes that meticulous record keeping, training, analysis and a genuine concern for sufferers of terminal illness ensure that legislation around end-of-life choices continues to develop. In Dr Grube’s words, “It relieves suffering. It is compassionate.”

I have attended many other information events to assist me in my understanding of the process, the outcomes and the protective mechanisms within the Voluntary Assisted Dying Bill 2019. What I saw when I attended these events is the community’s need to have this conversation transparently, without fear of conviction. I would like to tell you about a young, wonderful, inspirational woman who has honoured her mother Mareia. Belinda Teh witnessed her beloved mother suffer in uncontrollable pain for several weeks. These are memories that will be with her forevermore. I will read some excerpts from Belinda’s experience with her mother, Mareia’s, illness, care and passing. Mareia Teh was just 63 years old when diagnosed with metastatic breast cancer, which was so advanced that chemotherapy only hastened her demise. She died 11 weeks later. As a devout Catholic and nurse for 39 years—much of her nursing career spent in aged care—Mareia was well informed about the moral and medical considerations at the end of one’s own life.

Her faith was everything to her. But when the writing was on the wall, and she understood the suffering that was coming to her, she asked for help to pass quicker from life on earth. It took great courage for Mareia to ask for something that did not sit with the teachings of the Catholic Church—a change in her, born of humility and her firsthand experience of unrelenting suffering. She twice requested help to die on her own terms but was refused. Her request was denied because this kind of medical assistance is illegal in Western Australia. She went on to die in a way that she did not want to—devoid of dignity. It was a horrific death that even the best of modern medicine and caring specialists could not save her from. She did not want her suffering to be in vain. Belinda spent many months planning a way to do just that—to not allow her mother’s suffering to be in vain. She walked from Melbourne to Perth, inspiring people in Western Australia to take action and show that there is widespread community support for the introduction of legislation to Parliament around end-of-life choices. Through her perseverance, grace and will to make a difference to others, Belinda has shown that terminally ill Western Australians want access to safe and workable voluntary assisted dying laws. Thank you, Belinda. You have made us all proud. You are inspirational, exceptional and courageous.

I and my fellow members of Parliament have the privilege to listen to and represent our communities to the best of our abilities. We have heard over and over again that our communities want this choice. The physical suffering experienced by dying patients can be enormous, and is not always manageable. The length of expected suffering differs with diagnosis and condition. In addition to pain and disability from terminal illness, nausea, loss of bodily functions and medication side-effects are common.

As with all good medical practice, end-of-life care should be patient-centred and transparent and provide safeguards. Compassion, dignity, respect and participation in decision-making are important to the delivery of high-quality palliative and end-of-life care, something our highly qualified expert medical community is well known for. To facilitate a patient-centred approach, there should be open and informed discussions between GPs and their patients, the families, carers and those people nominated to make treatment decisions when applicable. This should be an ongoing conversation, covering topics such as symptom-control measures, goals and direction of care, advanced needs care planning, diagnosis and prognosis.

Immeasurable suffering can cause the patient and their loved ones to be left feeling completely hopeless. Many have told me of their feelings of indignity, saying that the loss of independence has left them believing their meaningful life has ended. For some patients, a sense of control over the manner and timing of death can bring the kind of comfort that palliative care cannot provide. Widening the choice of and access to end-of-life options is, at a minimum, an opportunity for our loved ones, friends, family and neighbours to not only live with dignity, but also die with dignity. For me, there is a high priority that thorough safeguards are included in legislation to protect those most vulnerable.

Requests for voluntary assisted dying must be patient-initiated, voluntary and free of coercion from family members, health practitioners and others. Although requests for voluntary assisted dying are few in number, people who express these wishes must be supported in a way that allows time for full exploration of their concerns and options. A great amount of effort and consideration has gone into ensuring that safeguards are in place and will remain in place.

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Eligibility criteria for access to voluntary assisted dying should be clear to provide certainty and clarity to the community and health practitioners, and patient-centred to allow patients themselves to judge whether the suffering and experience cannot be relieved in a manner they deem tolerable. In the process, I have enquired extensively about palliative care options. WA is leading the world in palliative care.

We are profoundly responsible for honouring our fellow human beings. We are called on to carry burdens and responsibilities, to exercise duties and to support those who are in need, who are ill, who are elderly and who are helpless and those of the next generation to value life with passion, respect and responsibility. What is of certainty is my role in the process. I am representing my electorate—an electorate that has contacted my office, had in-depth conversations and participated in community forums on this subject. The overwhelming majority of not just my electorate, but the entire state, supports this bill. They support allowing people to make a choice. They support the option of stopping their loved ones from suffering in ways that we cannot imagine, and that is why I am voting to support this legislation.

Today would have been my father's ninety-sixth birthday. In January 1999, I watched a great man suffer immeasurably over a six-week period. He had the very best of palliative care, but in his case, and I am sure in so many more, this was not always enough. He was begging to be put out of his misery. The sounds of my father's screams and watching him throwing himself around in his bed from the pain haunt me every day. We should not have our loved ones end a life of fullness in a manner of such extreme pain.

Today I stand in this chamber and honour my father's last wishes and support voluntary assisted dying so that people like my father have the choice to leave this earth on their terms with their family, friends and whoever they want to say their last goodbyes to be with them and allow them to go in a dignified manner.

I commend this bill to the house and hope for a positive outcome of passage through both houses.

Happy birthday, dad; this is for you.

**MR M.P. MURRAY (Collie–Preston — Minister for Seniors and Ageing)** [8.15 pm]: During this debate on the Voluntary Assisted Dying Bill 2019, there will probably be a lot of repetition but everyone in this house has a right to speak and they should be able to put their position. I have been a member of this place for about 18 years. A similar bill was discussed about 10 years ago. At that time, I carried out an extensive poll of my electorate. About 60 per cent of my constituents supported assisted dying; it was called something different at that time. The results of that poll were presented to Parliament, and different people had a look at those results but the bill did not go any further. I think it was foreshadowed at that time. It started me thinking about what would happen in the future. Ten years or so later, society's views have changed tremendously. Society itself has changed. After looking at all my research, the work that has been carried out and the views of lobbyists, it is a positive move for our society. I have a great deal of respect for people who have emailed me in the positive or negative. I do not have as much respect for some of the straight-out lobbyists, who were probably more on the professional side and had a different view of the world compared with the people who emailed me, stopped me in the street, talked to me at the pub or at the footy and told me which way they would vote.

It was interesting to hear the previous speaker talk about people with a Christian view, which is opposite to what the bill says. Some of those people have said to me on the side that they are glad they do not have to vote on this bill but they hope we vote the right way, meaning they hope we vote in favour of the bill. Their views may be that of their faith; others hold values for people's health at the end of their time. It has certainly put a lot of pressure on politicians in this place, especially some of the newer members who have not been here as long, given some of the quite emotional views expressed. It is very difficult to stand and vote against your electorate or against your beliefs. As one of the more senior people in here, I say to them: stick with your beliefs but at the same time listen to what your electorate is saying to you.

It is very much on my mind that the bill will provide a safe and compassionate option for people with a terminal illness. In some cases I think the bill is a little overdone, with 102 safeguards. The red tape will probably turn some people away and they will not be able to get the care or to finish their lives in the way they would like. Having 102 different safeguards is a little over the top. Again, I will not be making any noise about that because, as we go along, I do not want any disruption. I hope that when the bill gets to the upper house, it is viewed in the same way and that it goes straight through. People will have different views from me. I am a bit of a fatalist. There is an old saying—perhaps I cannot say it in here!—things happen. There is not always a reason they happen, but that is on the way through. When I get to the end of my life, I want a choice, and I want others to have a choice. It is not compulsory; the choice will be well and truly your own. With 102 checks and safeguards, it will be quite an onerous process for some of those people. As we move into this debate, I will respect everyone's view and certainly will not be making any interjections on anyone in this area.

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The bill will enable compassion. It will give people some hope that they do not have to go through a very awful end of life. It will give families some comfort that if mum or dad, a brother or sister or another relation wants to go that way, they can, and that it will not be against the law. There is always a personal story. The way I look at it, everyone is a little bit different. In my house, there was certainly a difference of opinion at the end of my father's days. My sister had one view and I had another, but for Christ's sake, dad did not leave anything there because there was no way he could tell us which way he wanted to go. In the end, it was probably a different way that it ended—the morphine was turned up, he went into a coma and drifted out. That was not what he wanted. He said, "I've had enough." To me, that was quite simple, but my sister was saying a different thing. We were out in the passageway talking to a doctor who said, "I can do this and this, but I've got legal responsibilities." It will be quite possible now with the way that the bill is set out. My father had cancer for some years. He kept going after a complete blood transfusion, which he called his oil change, and was able to go on a little bit longer, with a reasonable quality of life. When it got to the end and he said that he had had enough, there was no way he could go and do what he wanted to do and move on. There may be family disagreements. There was no law that we were able to use to say, "Dad, it's your opinion" or, in my case, my opinion or my right to do what I want to do to finish my life, if I am in that sort of condition.

I am not going to go on for too long other than to say to the people who rang in, emailed me or contacted me in many different ways, to be quite honest, thank you for your guidance. For me today, it is a very simple process for me to say that I commend the bill to the house.

**MS R. SAFFIOTI (West Swan — Minister for Transport)** [8.24 pm]: These types of bills do not come along very often. When they come along, I think we all personally take a lot of time to reflect on what we should do, how we should vote and what will be the impact of our decisions. This is a bill that I have given a lot of thought to. In my spare time, I have been thinking about how I should vote and also, of course, the implications of this bill in the community. We all bring different personal circumstances and experiences to this place. It is important to note that everyone's experience or perspective is important. Although some people may think their experience or perspective is more important than others, this conscience vote allows all members to bring in their perspectives and views, and of course the views of their electorates. All views need to be respected and listened to.

I say at the outset that I really commend and congratulate all those involved in the community consultation and in bringing this bill to the house. I thank in particular the parliamentary committee and the member for Morley for their work in driving this legislation, the expert panel, the stewardship of the Minister for Health, and the Department of Health. This is one of those times when you are listening to the briefings and you are really impressed by the thoroughness of the work, all the issues that they have looked at, and you can really understand that this was something that was very well considered. They looked at what happened in Victoria and then built the WA case. I thank everyone involved in having to do what would have been very difficult, and directly listening to all those personal examples that were given.

From my electorate perspective, it is something that the community has raised. One very good friend of mine, who is opposed to it, sat down with me to talk about it for a long time. He told me his views and concerns. As we have seen in all community surveys and polls, it is something that has overwhelming community support. The key for me, which the Premier outlined today, is that this bill does not determine life or death—this is really determining how you die. The circumstances and the criteria laid out in the legislation are that a person must be diagnosed with a disease, illness or medical condition that is advanced and progressive and will cause death and that will, on the balance of probabilities, cause death within a period of six months, or 12 months in the case of a neurodegenerative illness; and that the person is experiencing suffering that cannot be relieved in a manner that the person considers tolerable. The criteria are laid out. They have learnt from some of the potential legislative issues in the other state and really made sure that the criteria can be applied effectively in WA.

My other concern is whether there will be enough safeguards. As the member for Collie–Preston outlined, there are 102 safeguards. Going through them, it is clear that the process has been well laid out. People really want to be in a position to make a choice. I believe that the safeguards, the criteria and the whole process have been laid out for the community. I support this bill. I had an open mind about this issue initially. When I first looked at the bill, I was not really informed about all the scenarios. It sometimes causes a little bit of fear and angst, but once it is understood what we are doing here, this will basically allow people who are suffering and dying the ability to determine the way that they die. From a patient perspective, it may not be something that I would choose to do, but people knowing they have that option would give them peace of mind if and when they find themselves in that situation. It is also about the family. I will explain my personal circumstance if I can manage to talk about it in the chamber. One of the things I realise is that many people at that stage actually want to go because they know the impact their suffering is having on their family and they are ready to accept the next stage. In most instances it is harder for the family to accept than the person directly involved. People put judgement on how they could let that

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happen, but it is that person's choice. This bill will make sure that a person has the ability to make that choice and give consent, and I think that is another significant safeguard.

My story is more recent and I will try to get through it without too many tears. My father passed last year. My father, at 92 years old, was fighting fit. Unlike some other older members of my family, he was a person who did not talk about death or dying. He never accepted old age and he never accepted the concept of death. He was 92 years old and fighting fit, picking fruit, you name it. He probably had only a couple of nights in hospital in his entire life. At 92 years old, he broke his hip in November 2017. Six weeks later he was back to picking fruit and going to the market. He was an incredible person. He ate well. He knew to eat well and to be physically active, and his mind was absolutely incredible. In February 2018, he was diagnosed with non-Hodgkin's lymphoma, together with my mother, and in May 2018, he broke his other hip. This basically led to a significant deterioration. He went to hospital. We talk a lot about palliative care and I want to make a point. This is not a criticism of everyone who was involved in my father's treatment, but I think sometimes when people see a 92-year-old come into the hospital, they treat the age and not the person. They did not realise that a week earlier he was picking fruit, very active and very, very fit. The comments made to him were that he would never walk again. His deterioration started from there. I noticed when I went to visit him after his second fall that he had changed completely from the man who would fight death to the extreme. He was looking like he was accepting it. I asked whether he had had a stroke, because his mind seemed to have changed so much. He told my sister a few months later, "I am ready to die; you have to accept that, Connie." Again, she could not accept it and I still cannot accept it, but it was an acceptance by him that his time was coming to an end. He did not drink and he did not eat very well. In a sense, even though I am a member of Parliament and should have known better, my sister and I were a bit naive about what was happening to my father. I kept assuming that he would get up one day and say, "I'm picking the avocados; I'm out of here", but it never happened. He died in his sleep at home. It was his way—how he wanted to go. When I look back, he did not eat and refused to take much water. In a sense, he was making that decision for us. But, God willing, he had the opportunity to do that. Yes, I would like him to be here today—I would love him to be here today—but then I think of the other option of him being bedridden, probably in a lot of pain and just so frustrated. When I talk to other people, they say he went in a good way, but of course I do not accept that, because he was my father. We do not think any death is appropriate when it comes to a family member. If he was still bedridden and suffering in pain, I do not think he would have appreciated it or that the family would have been able to accept it. As I said, in many instances people in that situation are more willing to accept their fate than the family around them. In making these decisions, it is about the person; it is about the individual. This is a very, very important bill. We have heard in the stories given by my colleagues and through the reports and other examples some of the excruciating ways that people pass. It is awful. To sit there and watch a loved one go through that serious pain would be the absolute worst experience.

I support this bill. As I said, it is not one that I take lightly. I think it is a mature response to a very complex issue. Of all the things that we need to fight against, this is not one of them. This shows that we are a mature society. The process is backed by the medical practitioners. It is a process that has so many safeguards. I would not want to be sitting there next to a family member who is in pain and suffering and just having to accept it. There were examples given of what people would have chosen to do with their own lives if they had had the ability. That is not something we should accept. These types of options should be far more available to the community. This issue has morally challenged me, but the model that has been put forward is very, very good. I read the story of the first Victorian person who accessed that state's legislation just about a month ago. I read it and I cried. It was an incredibly touching story. The family's view of how they got to see their mother exit the world was incredibly touching. Not having to watch your parents or loved ones suffer is a very, very important thing for me. As I said, I do not accept death yet. Accepting mortality and that we are basically visitors on this earth and not permanent is very hard. I still do not really accept it and my dad did not accept it. When he did accept it, it shocked me, because I thought, "Hang on, you've been resisting growing old for 92 years; how are you accepting it now?" The fact that even he accepted death shows that we all one day will need to accept it, and I think this bill is a compassionate, sound and very ethical process that will allow that to happen.

**MS J.M. FREEMAN (Mirrabooka)** [8.37 pm]: I want to answer yes to the question put by the Premier. Do we wish the terminally ill who are in pain to have the choice to end their suffering? I emphasise for the community of Mirrabooka that it is a choice on how death will occur, not a choice between life or death. It is a personal decision of each individual, and that person is also provided with access to good quality palliative care. The Voluntary Assisted Dying Bill 2019 will provide safe and compassionate access to voluntary assisted dying to a very small group of eligible Western Australians. The bill protects people's rights to prevent coercion through rigorous and inflexible measures around assessment of the patient's decision-making capacity. It is not euthanasia; it is not suicide. There will be 102 safeguards and the establishment of a board to ensure that the law is followed. The safeguards include that the choice will be available only to permanent WA residents over the age of 18 years and only for those with

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a disease, illness or a medical condition that is advanced, progressive and will, on the balance of probabilities, cause death within six months, or within 12 months in the case of a neurodegenerative condition.

I commend the work done by the Joint Select Committee on End of Life Choices, the expert panel, the Minister for Health, the member for Morley and the Department of Health. The two major reports tabled in the Parliament were extensively researched and consulted on to give us the appropriate path to deliver legislation that 88 per cent of Western Australians want us to adopt. I have made myself available to the Mirrabooka community to discuss the legislation through doorknocking, telephoning and stalls at local festivals, and by speaking to community leaders. I have attended many of the presentations made available to us as parliamentarians.

I want to talk about culturally diverse communities. As people know, Mirrabooka is predominantly a community of people who were born overseas and have English as a second language. I am satisfied that the appointment to the ministerial expert panel of Ms Maria Osman, with her extensive background and understanding of substantive equity and cultural context, and her policy experience as a former executive director of the Western Australian Office of Multicultural Interests, ensured that these considerations were given the emphasis they deserved. The contribution of the ministerial advisory group and the Ethnic Communities Council of WA to the framing and implementation of this bill will ensure that information and training on voluntary assisted dying will be culturally appropriate and that translators will be used to ensure that patients understand their choice. It is vital to recognise the importance of that because people from some cultures may not tell family members of terminal illnesses such as cancer to avoid what they consider to be unnecessary suffering. This is an issue for people with English as a second language, as they can be taken to doctors who tell family, in English, that the aged person is ill, but that person does not understand the diagnosis because of language difficulties. Indeed, that is the premise of a movie that is currently showing in Perth, *The Farewell*, which is set in Hong Kong and deals with not telling an aged relative of a terminal illness.

The collective nature of important life decisions in many culturally diverse communities, in comparison with the individualism of modern Western society, should be a foundational consideration in the delivery of this legislation. This will require access to translators and material to ensure correct representation of the information and terms, with which people in many communities may be unfamiliar. Many may be unfamiliar with the term “voluntary assisted dying”. Good translation and information dissemination will ensure that safe access will be afforded and that all of the safeguards will be understood.

I have had arms-length exposure to terminal illness—thankfully—but I have witnessed its ravaging effects. My university housemate, Bruce, died far too young of motor neurone disease. He developed it long after we had stopped sharing a house and he had gone on with his career and had had a child. My friend and legend Tony Cooke had a cancer that stole his ongoing contribution from this world. The former commissioner Jennifer Harrison lived her life well and also passed away from cancer. I cannot say that they or the few others I have known who have died through illness would have used the tools of this legislation and I cannot ask them that, but I knew them well enough to know that they would have wanted the choice. However, I had the privilege, along with many others in my family, of being with my maternal grandmother when she died. It was a sad but loving experience. Although she did not suffer from a terminal illness, she had become increasingly frail and fell at her home. Consequently, she suffered from renal failure. Her daughters—one of them my mother—were consulted by the medical practitioners as to treatment. They did not treat her to prolong her life. They withdrew certain treatments, which enabled her to die with family members who had arrived from all parts of the country and surrounded her with love and care as she passed from this world. As she was a good Catholic, I have always thought of her up there keeping an eye on me. Given that experience, I understand why people with a terminal illness would want their family members to be with them as they die. I cannot imagine that they would want to be alone, as many have been when they took their own lives to alleviate their suffering. Many would not have wanted to have their loved ones watch on as they suffered without the capacity to assist. Being with my grandmother was a very important experience.

I understand that the counterargument to this is palliative care. I congratulate the government for committing to improving the quality of palliative care at the same time as the choice for voluntary assisted dying is offered. I congratulate the government on its investment of \$41 million this year to palliative care services, which will make up part of a four-year \$206 million package. I know that the government will meet its aim to support people of all ages with life-limiting or terminal illnesses to live their lives as fully and as comfortably as possible.

Due to my history as a workers’ compensation advocate, I know that people want efficacy in decision-making for medical treatment. I know how important it is for people to feel like they have control when they have an illness or other injury. That, after all, is what we all want. Research has shown that if a person has control and choice in their medical care, their wellbeing will increase. Wellbeing is at the heart of our dreams for our lives and the lives of our family members. We all want dignity in our lives, and we all wish for dignity in death. In *Being Mortal*, Atul Gawande, the American surgeon, public health researcher and author wrote —

All we ask is to be allowed to remain the writers of our own story.

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This legislation will give terminally ill people and their families that capacity and choice.

**MR J.N. CAREY (Perth — Parliamentary Secretary)** [8.45 pm]: From the outset, I have sought to have an open, genuine and respectful discussion with my local community about the Voluntary Assisted Dying Bill 2019. I deeply respect that many people have strongly held views, including those based on faith or their own personal experiences. Given that, I have sought to engage the community in an honest and meaningful way. I advertised and promoted a community forum across the whole Perth electorate, where people could ask questions of committee members about the legislation. Over 200 people contacted my office and more than 140 people attended on the evening. The forum provided a real opportunity for a thoughtful and insightful discussion. In addition, I promoted an online survey, which, again, asked for people's views. Throughout this process, I have tried to personally respond to every constituent who has contacted me and speak to them directly about their wishes or concerns. On reflection, I was surprised by the response; a strong, clear and overwhelming view was generated from the community as part of the consultation. That view was in favour of voluntary assisted dying.

I will not attempt to address all parts of this legislation, but rather, I will discuss one key principle. For me, there is one consideration and one simple truth; that is, no matter how excellent or well-funded palliative care can be, there are terminal diseases that cause human beings suffering that is so intolerable and insurmountable that not even the best of care will provide relief. I believe that in this context of human suffering, individuals ultimately must have the right to decide whether they wish to continue and that we should provide safe conditions for the choice to be made so that they may die with dignity. I do not subscribe to the belief, as some people have put to me, that human suffering is inevitable, redemptive or part of God's will. I cannot believe that any god would be so cruel. I have borne witness to that suffering firsthand, and I recognise that my decision is guided by my personal experience. Some may see that as a failing, but I do not. It has given me, like others in this Parliament, a critical insight.

For the public record and for the understanding of my local community, I will detail some of this personal experience. Our community often struggles to talk about death. I know it is difficult. They say that until you have lost someone very close, it is often challenging to really understand and talk about death, loss or grief. I lost three members of my immediate family in seven years. My father died from complications due to old age, but both my mother and sister died due to cancer. I want to share my mother's story, Delys Carey. My mother was my best friend; I loved her dearly. She was a brilliant mum, incredibly creative and smart, a people person who would light up the room. She always supported me and made me feel accepted and loved, even sometimes when I found it hard to accept myself. The early signs of mum's illness were there, in hindsight, but fleeting and easily overlooked at the time. She would repeat the same story and forget things; she had balance problems and had fallen over in the street. Then, one weekend, she had extremely powerful headaches. She was in profound pain.

From that point, everything changed rapidly. In a huge shock, within 48 hours of the onset of the headaches, my mother was diagnosed with brain cancer in March 2006—a glioblastoma grade 4 brain tumour. GBM 4 is one of the most aggressive forms of brain tumour, with an average survival rate of 10 to 12 months. Only five per cent of patients survive more than four years. It grows quickly and has finger-like projections into normal brain tissue that are near impossible to remove with surgery. My mum would have her first brain surgery within two days of that diagnosis. She followed the typical pattern of treatment: twice having debulking brain surgery to remove as much of the tumour as possible, and then radiation to kill any cancer cells that were left behind after surgery and chemotherapy.

With my elderly father, my sister and I took responsibility for supporting her and being her carers. I have to say this: it was the greatest honour in my life to look after her during this time. I witnessed a woman who was incredibly courageous. She had a depth of courage that I do not think I could ever personally find. She fought and fought against a shocking and terminal disease that can strip a person of everything they know and treasure. I was working full time, but cut down to four days a week. I visited her every night and stayed over to care for her three nights per week. Every night we had the same ritual: I would massage her feet and hands and stay with her to keep her company. She fought desperately for her life, and we nearly lost her after the second surgery. This was high-risk surgery with potentially severe consequences, including brain damage and death. She survived, but then, just before Christmas in December 2006, my mum fell over again, this time breaking her hip and requiring hip surgery. From this point on, my mother would never speak again.

In January she went into a hospice, but after five excruciating weeks, she was released to go back home. I remember one distinct moment during this time in the hospice. I was sitting in her room—no noise, everything quiet. She could not speak; she did not even show a facial expression. But, in a moment I will never forget, I turned to her to see tears streaming down her face.

My mother's last three months were not a fit or dignified way to die, her body and mind wasting away. To cope with the swelling in her brain, her level of steroids increased, but with that came significant side effects—blurred vision, massive mood and personality changes, body swelling, muscle weakness and insomnia. She suffered severe neurological deficits, with confusion, bouts of distressing delirium, significant intracranial pressure, seizures, and

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fluctuating levels of consciousness. She became bedridden and incontinent. She would not eat for a few weeks, and she slowly starved to death.

My mother died in February 2007.

The end stages that my mum experienced are, unfortunately, not uncommon for those with grade 4 brain tumours. Following my mother's death, I founded the Brain Tumour Association of WA, a support network for patients and their families, because I found that there was no support network for this community. During that time, I witnessed another 30 members lose their battle against this disease.

This experience has crystallised my views on this legislation. My mum, Delys, should have had a choice, and every other individual facing a terminal disease now should have that choice—a choice to fight; a choice to determine their own treatments; a choice to endure; or a choice to end their suffering, in dignified conditions, on their own terms. That is why we need these laws now.

I want to congratulate the Joint Select Committee on End of Life Choices and the ministerial expert panel for the way in which this issue has been considered and examined. A significant body of work has been undertaken with key experts in the field to develop this legislation, and I believe it strikes the right balance with considered and necessary safeguards. It cannot be described as a rushed process. The Ministerial Expert Panel on Voluntary Assisted Dying consulted widely, considered, and delivered, with its significant experience and expertise, recommendations for resulting legislation in its final report. Neither the select committee nor the ministerial expert panel were reluctant to tackle the key concerns. The panel's key guiding principles showed a responsive and considered regard for this issue, and I wish to highlight one. It gave consideration to the proposal that people who may be vulnerable to coercion and abuse in relation to end-of-life choices and decisions should be protected.

Opponents of VAD argue that particularly vulnerable groups of people will be subject to greater pressure or undue influence. Given human nature, it is right and proper to consider protections and safeguards for those who may be unduly influenced, but research from other jurisdictions indicates that coercion is very rare and, when it does exist, is more likely to be in terms of not accessing VAD and continuing treatment. For example, I refer to the report, "Attitudes and Practices of Euthanasia and Physician-Assisted Suicide in the United States, Canada, and Europe". The report found that in no jurisdiction was there evidence that vulnerable patients had received euthanasia or physician-assisted suicide at rates higher than those in the general population. In fact, it found that the demographic profile of patients in the United States who received these interventions was white, well educated and well insured. A further study into data collected in Oregon and the Netherlands found —

"Rates of assisted dying in Oregon and the Netherlands showed no evidence of heightened risk for the elderly, women, the uninsured ... people with low educational status, the poor, the physically disabled or chronically ill ... people with psychiatric illnesses including depression, or racial ethnic minorities, compared with background populations."

A similar line of argument is put that these laws will enable family members to coerce their mother, father, sisters, brothers or any other loved ones to end their own life. With regard to this argument, firstly, I would argue that these laws have the necessary checks and balances in place, through a thorough request and assessment process. Secondly, I would argue that there is often considerable and incredible pressure on an individual to go on, because their loved ones want them to. I wanted so desperately for my mother to live and fight. I researched everything I could find—alternative treatments, anything and absolutely everything—to prolong her life. I suspect that after the second debulking surgery, my mother was finished; she was done. But I simply did not want to admit that.

In conclusion, I want to sincerely thank every one of my constituents who contacted me regarding voluntary assisted dying. I know some of you will be disappointed in the way I am voting, but I want you to know that I thoughtfully considered the issues you raised with me, and truly valued your input in my consideration of this bill. I want to acknowledge that many of my constituents, both for and against this legislation, shared their own deeply personal and traumatic experiences of watching someone they love die. I do understand that pain, and I want to say that I am deeply honoured to hold and understand your experience. I want to end on this: I hope we see a decision in the upper house. I hope we do not see a filibuster or any attempt to deliberately delay, or ultimately stop, a vote from being taken. This would be an abuse of our democracy. It would block the will of people. Ultimately, it would rob us all of the choice to have a dignified death.

**MR B.S. WYATT (Victoria Park — Treasurer)** [8.59 pm]: In speaking on the Voluntary Assisted Dying Bill 2019, I want to begin—as have many members this afternoon and tonight—by acknowledging the people of my electorate. The nature of these debates—which are rare—is that we are required to engage with our electorate more than we would do ordinarily on the legislation that comes through this place on a daily basis. We have a conscience vote on this issue. I listened intently to the Premier's speech today. At some point, we all have to face our own death, or the death of people we love and are close to us. That is inherently difficult. We are all, of course, creatures



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of our own experiences. The member for Perth, who spoke before me, outlined his experiences wonderfully well. All members have outlined their own experiences incredibly well over the course of this debate. Of course, our approach to this issue is overlaid by our religious background, religious convictions and faith, and how we approach death.

I say from the beginning that I will be supporting the passage of this legislation. I want to spend some time outlining why I believe this legislation is appropriate for me to support. There has been a long debate around the issue that I guess is generically described as euthanasia. I look to the Minister for Health, knowing full well that that is not what we are dealing with in this legislation, but that is how it has colloquially become known in the broader debate. In fact, back in 2006, not long after I was elected, this issue was raised with me from time to time, and of course closer to today's debate it has been raised with me much more frequently. To be fair, it has been raised generally by my older constituents—people who are approaching the end of their lives, and who have had family and friends who have died badly, as other members have talked about in describing their experiences. I have not had that experience with my close relatives. My father passed away after a very good experience with palliative care. Palliative care saw my father out very well.

It is clear in my electorate that there is overwhelming support for people to be given a choice about how they want to end their life, in a very narrow and specific circumstance. I want to emphasise that. I know that the debate that will continue in my electorate with my constituents is that people will be disappointed about how narrow this legislation actually is. I will give an example. My mother is a very healthy woman. I hope she has many years of life to go. However, due to the experience of her mother, she is worried about dementia. That is her great fear. This legislation will not apply to her. I think a lot of Western Australians would like the opportunity to counter the onset of dementia. This legislation will not apply to that situation, because the key word is “voluntary”. I will come to that in just a minute.

Clearly, there is overwhelming support for this legislation. Western Australia is generally considered around the country as a conservative state. We are having this debate today after an incredibly productive period, with hearings by a joint select committee of this Parliament, and an expert panel, and also, as the Minister for Health has outlined, after the most significant consultation period ever undertaken by the Department of Health. The fact that we do not have a protest at the front of Parliament about this legislation highlights that Western Australia is a very different state from what some of our colleagues on the east coast think we are. I am very thankful about that.

The point has been made by many members that the key issue is choice. However, the point has also been made that we need to ensure that that choice is legitimate. Some colleagues have raised the issue of people who live in regional and remote parts of Western Australia. I have had those conversations with the Minister for Health, and during consideration in detail we will flesh out how we can provide the opportunity for people who do not live in the city to access palliative care and/or the voluntary assisted dying regime that is embedded in this legislation, assuming it passes this Parliament. That is fundamental. I think all human beings, regardless of who we are and where we are from, have an innate desire to fight for life. That is what we do. None of us wants to pass away. All of us will pass away, but none of us wants to do that. I think about my family and friends, particularly those who live in regional Western Australia. I think about Aboriginal people in particular. Aboriginal people have been referenced by a range of speakers tonight. The great desire of Aboriginal people is to be given the opportunity to go home and die on country. That is something that we need to ensure. I know that the Minister for Health is attuned to ensuring that people are given the opportunity to go back home to pass away, whether that be through palliative care or voluntary assisted dying. Assuming this bill makes its way through the Parliament, fundamentally Aboriginal people in particular desire that return. I find time and again that even though Aboriginal people may have spent the majority of their lives in Perth or other cities, their home country is in another part of Western Australia. The Minister for Health has spent some time on that, and that will be fleshed out during consideration in detail.

My reading of my electorate of Victoria Park is that there is strong support for this legislation. It is not surprising that in a progressive electorate like mine, the overwhelming response has been in support. However, that has not been one way—absolutely not. As I have said, we are all creatures of our own experience. We are also creatures of our religion. I am a Catholic. I came up through the Catholic system. I will not say I am a particularly wonderful Catholic, but I am a Catholic. I remember that when the now Premier was the Leader of the Opposition, he flagged that he wanted to have this debate in the event that the Labor Party won government and he became Premier. This issue had been around for a long time. I will be honest with my colleagues and say that when the Premier first raised this issue, I was inherently suspicious of this debate. This issue does not come easy to any of us. However, I believe this bill has struck a balance between providing safeguards, and, as the Premier articulated wonderfully well today, handing to us all the freedom to make the final decision of our lives, should we choose to take it. That is what this legislation seeks to do. It provides safeguards that will protect us all from the things that we worry about. The member for Perth outlined that research suggests that when it comes to, I guess, undue pressure, that

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tends to come, unsurprisingly, from family members who want to keep a family member going for longer and longer. I found that with my father's passing. The Minister for Transport touched on this issue. We all struggle with the passing of our own parents, to the point at which—I think back to the passing of my own father—I think that he had made the decision well before me. It was done, and he was keen to go. As I said, though, the palliative care process was very good to my father. I cannot fault that at all.

I have not had as much correspondence as I would have expected. I have had a reasonable amount from all over Western Australia, and in fact from all over Australia. I have had correspondence from Tasmania, Queensland and other states, and a reasonable amount from my own electorate, but I think it has been mainly through mobile offices, where I have had the conversations with my own constituents. I want to read in two emails from my constituents. They are for and against. The first one reads —

Dear Ben

I am writing regarding the proposed euthanasia laws being introduced in W.A.

By way of an aside, I make the point that, colloquially, it has become the euthanasia laws, but it does not actually deal with euthanasia. I will finish off this email —

I realise my one voice is no more important than any other but feel strongly enough to write to you and express my opposition to any form of euthanasia. As background, I am a 64 year old parent of 4 children (who went through Ursula Frayne) —

That is where my own children are going, so I know a bit about that school —

and have lived in the area my whole life. I usually vote liberal but may vote independent at the next federal election.

This goes back to March —

The only times I voted Labor was for Geoff Gallop and yourself who both do a great job for our local community and are both very decent blokes.

That is very good of him —

I am not sucking up, rather just giving you my background. I am also a catholic (though don't believe in all the man made type laws that churches have). I do think however that going to a church on Sundays does help keep life in perspective, and gives time to reflect.

I say, by way of aside, that I agree —

I have been struggling with euthanasia for quite a while but after listening to arguments from both sides, and having been involved (as others have) in the deaths of people who have waited quite a while in a bad state, I am now satisfied that my beliefs have been right and am firmly against it. I feel it will harm irreparably the people involved in having to provide the service and everyone involved in the preparation. The process of death does have many lessons for the people involved and it is those learnings that shape the values of our future. Any attempt to end life would be destructive to our development.

Anyway I can only ask that you vote against this legislation and encourage others to do the same.

This is from a constituent in Gallipoli Street, in Lathlain. It highlights the point that I think Western Australians have been very considered in the way that they have gone through their own debate in households and community groups around Western Australia, as highlighted by the fact that many of us have had local conversations about it with our electorate. Before I make some comments about both of them, I want to read in another email from a constituent. It reads —

Dear Benjamin Wyatt MP,

I am writing this to ask you to please vote for Voluntary Assisted Dying Laws.

I watched my husband suffer with cancer and cared for him until he passed away. It's not easy believe me. It's an extremely painful slow death.

I have since had experience with Palliative Care when I sat with my dying best friend and I can tell you now that it doesn't work.

I watched her suffer dreadfully with terminal secondary bone cancer, in a private hospital here in Perth for weeks. It was heartbreaking listening to her pleading with God to take her as she had suffered enough. She certainly didn't deserve to die like that.

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It is beyond me as to why we are having to fight for this, after all we are continually told that we seniors, who built this country I might add, are now being told we are a burden on society. How sad.

By way of an aside, I do not think any of us, hopefully, regard any of our seniors as a burden on society, and that is not something we want. The email continues —

Clearly we are obsolete now.

People like me, on a seniors pension, and can't afford private health cover can languish for years on the back-burner waiting for hospital appointments and surgery.

Yet you won't allow us to chose the time of our death.

I am only 67 years old but sadly already I feel like I am an inconvenience.

I live alone, my son has MS and a family of 4 children, so if I should become terminal with cancer at any stage in my life, I will not be an extra burden on my family, I can assure you I will not go through what my husband and my friend went through.

Don't make me and people like me, have to take our own lives, we deserve more than that.

We should have the right to make our own decisions, whether we are terminal or not, after all no-one really cares about us now, yet the minute we say we want to die, everybody wants to save us!

I am not religious so the Churches have no right to make decisions on my behalf, do what they want with their churchgoers but leave the rest of us to make our own decisions.

I fully support Voluntary Euthanasia.

My life, my choice, my decision.

This is from a constituent who lives around the corner from where I live, in Heirisson Way in Victoria Park. I want to make a couple of points about these emails. These are two people with obviously very different views. I think the second email, from my constituent in Heirisson Way, makes the point, as stated in the final sentence, that we should have the right to make our own decisions. Although I suspect that, for her, this legislation actually is not as broad as she would like it to be, we are giving her, I think, the comfort of the knowledge that what happened to her husband will not happen to her. She will be given the opportunity to make that decision about how her life concludes, should those narrow circumstances apply to her. As she said—I think this is ultimately the key issue for my religious friends in particular, and I pay particular attention to what they say because I value their views—the choice is there to be made for people based on their own value judgements and their own choices that they want to make about how they end their lives. I think, ultimately, that is the key. The principles listed early in the legislation and how we effectively define decision-making indicate that we are being particularly careful—some may say overly careful—about how we go about defining how people get the opportunity to make a decision in that regard.

[Member's time extended.]

**Mr B.S. WYATT:** The other point made by my constituent in Heirisson Way in Victoria Park—this was made by the Premier very well in his speech today—is that there are regular instances of people who find themselves forced, through their own experiences, to take their own lives. People who do that—I think we all know this—find themselves in a scenario that is a violent and often unsuccessful attempt to end their own suffering. This legislation provides us with a better, more compassionate opportunity for people beyond something that I do not want to see. I do not think any of us want to see people who have to take their life into their own hands to end the suffering that they endure. I think this legislation does that.

As I said at the beginning, back when the debate started, I was still in opposition and I was inherently suspicious of this debate, because it was always going to be difficult to have. How do we have these conversations about how we end our lives? I do not know whether in the distant future I may have to take advantage of this legislation should it make its way through the Parliament, but that will be my choice, as it will be for all of us. The point has been made by many that we all want to provide palliative options, and, as I said, my experience with my father in palliative care was very good, but I want to ensure, as other members have raised, that people who do not live in inner-city Perth, as I do, also have those opportunities. I know that the Minister for Health is very aware of that, and the budget has attempted to deal with that early. No doubt there will be further conversations around that.

Finally, I want to thank the Joint Select Committee on End of Life Choices. I think it did a wonderful job in taking the leadership of the conversation around this into the communities early and then to the expert panel. Member for Morley, I think a great job has been done in fleshing out the conversation. As I said, the emails I have received—many from my electorate but from all over Western Australia—highlight that I think Western Australians have

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given this great thought. I think people are really sophisticated in their understanding of this issue. I fully respect members of my family, those who are perhaps more reliable Catholics than I am, who will not support this legislation, but I hope they understand the position I take in supporting it.

I want to conclude I guess, with final points about my mum. Growing up with my parents, my mum was a much better Catholic in the family than my father, to be honest. She was the one who insisted we all go to church and do the sorts of things that we had to do. However, ultimately, it is my mother who has been a big part of my decision-making around this. She wants to ensure that she has the opportunity, even though I suspect for her it is a long way to go yet—it may or may not be an opportunity for her—she wants to know that in the rare circumstances that this legislation contemplates, she has an opportunity to make that choice rather than having to either suffer or take matters into her own hands, which I doubt she would in any event.

I support this legislation. I think it strikes the balance of security, of compassion and in giving people what they want. The people of Victoria Park have clearly articulated to me what they want: choice over a point in life that is so fundamentally personal to them that they should have the right to make that decision.

**DR D.J. HONEY (Cottesloe)** [9.21 pm]: There has not been a more important bill come before Parliament since I came into this place. I suspect that could also be said for many members here. Members often allude to the importance of issues by highlighting that a particular decision can make the difference between life and death. This is often an overstatement. However, in the case of this Voluntary Assisted Dying Bill 2019, that is literally true. We are debating whether or not it should be legal for the state via medical practitioners and others to provide and/or administer a poison with the specific purpose of ending a human life before that would have occurred otherwise.

This is an issue that demands a collaborative and non-partisan approach. It is our responsibility as legislators to listen in good faith to those who disagree with us and consider with an open mind alternative points of view. In view of the vital importance of this bill, I have found some of the public debate disappointing and lacking proper reflection of the gravity of the matter we are deciding. Much of this discussion has focused on whether people approve of voluntary euthanasia as a general concept. We have seen the results of opinion polls on the matter given great prominence. I expect that the polls do reflect a general consensus on the ideal concept of voluntary euthanasia. However, our task is not simply to consider an idealised concept and give it our endorsement. With this bill, we are deciding on a form of words that will give legal effect to a specific process by which that general concept is actually to be put into practice in Western Australia.

It is not simply a matter of being for or against voluntary euthanasia. It is quite possible to approve of the general concept of voluntary euthanasia but to disapprove, even strongly disapprove, of this bill either as a whole or in part. So this, in fact, is the difficult and important work with which we are charged. Is this form of words adequate to ensure an appropriate manifestation of that general concept? Does the process that would be put into operation by this bill actually reflect people's general concept of acceptable voluntary euthanasia? Do the provisions of this bill demonstrate a proper understanding and due consideration of the very many factors that must be considered when legislating to operationalise the concept of voluntary euthanasia? Are there adequate protections to ensure that vulnerable people are not preyed upon; that decisions are made freely and are properly informed and properly motivated; that the person who will die has the capacity to make that fatal decision; that untreated, preventable health decisions are not influencing the decision; that others, for their own reasons, ranging from a sense of compassion for a loved one, through to personal gain, are not influencing the person to make the decision; that family and/or societal abandonment of a person is not influencing the decision; that the lack of other adequate alternative treatments is not influencing the decision; and that people are not compelled to participate in an act or process that they find morally and/or personally offensive?

These are all complex matters and are critically important. They require rigorous analysis and careful deliberation before we consider passing this bill. Any bill dealing with this matter must be scrutinised in great detail and not rushed to meet some artificial deadline. As I stated earlier, we are not simply endorsing a concept; we are legislating to put into operation specific acts and processes that will lead to people's lives ending by their own hand or by someone else's. We have a duty to ensure that there is proper scrutiny of the considerable detail behind that proposal.

It is my observation that in many cases when people are dying of natural causes at an older age, it seems to be more distressing for the people observing the process than the person who is dying. I have met many older people who are reconciled with their imminent death and are satisfied that they have lived meaningful lives. They want to die at home, recognising that their final moments may be undignified and/or painful. I also understand that in some cases, the distress is equally felt by everyone. Watching someone deteriorate and gradually lose function and independence is distressing. Many people find the thought of a quick death before too much function is diminished or lost a desirable outcome. Many people express a view of "a good death" as the best way to die—that is, someone

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lying comfortably in bed, conscious until their sudden end, surrounded by loved ones. I believe that the observer's distress drives a lot of the emotion around legislating an alternative outcome, avoiding untidy or disconcerting outcomes with a certain outcome, being able to stage a good death. It is easy to confuse our own distress at seeing a loved one incapacitated and in pain for distress on their part. The dying person may sometimes be in less distress than those who cannot bear to watch them die.

I am concerned that in some cases it may be the observer's distress that leads to overt or unintended pressure for a dying person to access voluntary euthanasia. I am also concerned that a medical practitioner's apprehension about observing their patient in distress could influence their estimate of an earlier predicted death than is actually the case. I am also concerned that in passing this bill, we may be seen to be accepting the premise that there is an ideal death; that a good death means a controlled death. It is normal for people to feel anxious about things that are beyond their control. There might be some comfort in the knowledge that we could control when, where and how we die. While I wholly accept that no-one should die in pain and indignity, I question the premise that seems to underline this bill—that there is an ideal version of a good death and, in particular, a good death means a controlled death. If we accept this premise, it may be inevitable that there will be pressure to expand the availability of voluntary euthanasia to give a wider class of people access to a good death. Will people with diagnoses of dementia or other terminal illnesses that would not under the provisions of this bill, if enacted, allow them to access voluntary euthanasia feel that they have been disadvantaged—that a death, albeit without pain, is not as good if it is not controlled nor does it otherwise conform to an ideal notion of a good death?

Finally, if we accept the premise that death is not dignified unless it is controlled, then almost all deaths that occur naturally are undignified. We have already heard one member in this place express concerns that this bill is too restrictive. I have also been disappointed by the overuse of phrases such as “dying with dignity” or this being “compassionate legislation”. It is personally upsetting to me that people state or imply that in order to demonstrate compassion to a person who has a terminal illness, we must provide them with a means to end their own life, and that to do otherwise is to deny a person a dignified death. There are other ways that we can ensure people with a terminal illness have a dignified death that are compassionate and caring. It is my view that these options should always be the first choice we pursue.

Some of the shortcomings and essential services have been covered by previous speakers, and I will be examining that further in the consideration in detail stage. This bill if passed, constitutes a momentous step. It is important that we do not, even through a sincere desire to ease the suffering of others, ignore or gloss over the contentious factual assumptions and value judgements implicit in it that would, by passing this bill, be imported into the law of Western Australia.

This bill presupposes that a person can be reasonably known to be dying within a certain period—in this case, six months for a disease or illness, or 12 months for a neurodegenerative condition—and that they will be enabled to ingest a poison that will simply bring forward an inevitable outcome. Members will be aware from their own experience and the several briefings we have had that there is considerable uncertainty about when a person will die when they are in the final stages of a terminal illness. People who are strong proponents of this bill are keen to point out that many practitioners are overly optimistic about the estimated likely period left to live. The scientific literature supports that view. However, there are also a large number of occasions when the prognosis is overly pessimistic. Many of us would know of instances when someone has had a prognosis of imminent death, often from cancer, and they have gone on to live for a good few years. One of the factors that causes suffering for many patients is the apparent imminence of death. It would be a dreadful unintended consequence of this bill if that distressing fact led to a person taking their own life early.

There are inadequacies in the bill around ensuring that the most informed estimate of someone's probable remaining life span is obtained. The bill outlines training requirements, and we need to see the detail for this, I presume in the associated regulations. Experience in other jurisdictions would indicate that training can be perfunctory. I am also concerned that there is no provision in this bill to validate whether the prognosis of imminent death is actually accurate. For example, there is no requirement for coronial oversight. As I mentioned earlier, many people have concerns that intended safeguards on estimated life span will be eroded over time. I appreciate that the involvement of the coroner can cause a delay in someone's funeral. However, given the gravity of this legislation, I believe it is prudent to have some form of substantive review and a non-identifying reporting process to ensure that the mandated safeguard around estimates of imminent death are actually correct.

On a related issue, I am concerned about the short time allowed between when a person applies for voluntary euthanasia and when they can access the process. The bill indicates that this can occur in nine days and, in fact, in certain circumstances the time can be less than this. It disturbs me that a person may not be in a fit state of mind to make such an important decision in such a short time, especially if the prognosis of imminent death has been recently delivered. It would be more reassuring if there was a strong qualification period, especially when it is in

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close proximity to a prognosis being delivered to a patient. One of the key elements in this bill is that the person making the decision to end their life is doing so of their own free will and is not subject to other influences. I am troubled that this bill does not go nearly far enough in resolving concern about this issue. Indeed, I am concerned that it may be beyond the capacity of this bill, however amended, to resolve this issue.

Many stories in support of this bill are about a loving family member who has been distressed by the plight of a parent or close relative. We have heard some of those stories in this chamber. These moving stories are often similar—the dying person is suffering unimaginably and the caring person is extremely distressed to see them in that condition. They believe that access to voluntary assisted dying would have been the compassionate alternative to end everyone’s distress and suffering. However, this scenario is not the case for many people. Very many people are alone and uncared for by anyone they know at the end of their life. Hon Ken Wyatt, who was the Minister for Senior Australians and Aged Care in the previous federal government, informed me earlier this year that 40 per cent of people in aged care do not have a single visitor in a year. Imagine that! You are in the final stages of your life and you have been completely abandoned by everyone you know—brothers and sisters, sons and daughters, relatives and friends. This is a very cruel and unpleasant fact. Would a person who has been completely abandoned in this way be in a fit mental state to make a decision to end their life if they also have a terminal illness?

There is a considerable body of legal cases that look at the ability of people to make free and informed decisions, mostly relating to financial matters. In many cases, they involve close relatives or friends. In the case of a person dying, there are often significant financial implications associated with disbursement of their assets. Typically, close relatives are the major beneficiaries. Although we all like to think that we would not seek to influence a person to our financial advantage in such a situation, many legal cases indicate that this happens all too often. Sometimes that influence is overt and amounts to bullying a vulnerable person. Sometimes it is unconscious influence, which can be caused, for example, when a pending recipient of an inheritance is suffering financial hardship. In these latter cases, the person responsible may be a genuinely loving relative or friend. Nevertheless, by their actions, they influence the vulnerable person to carry out an action that benefits themselves.

I find it very hard to believe that the option of hastening someone’s death through voluntary euthanasia will not become entwined with overt or covert pressure from a relative or friend who has financial issues or is greedy. Thus, this bill must include rigorous protections against this real possibility. By its nature, identifying such influence is difficult. It typically occurs in private. The dying person may be embarrassed to disclose the coercion or not want to cause problems for the relatives or friends by disclosing the coercion. Identifying such coercion requires an intimate knowledge of the dying person. It requires that that person trusts someone enough to reveal the coercion. Even more concerning than coercion is subtle manipulation and the improper use of influence. A dying person might be persuaded by someone whom they love or trust that an assisted death is best for them. This kind of coercion is extremely difficult to detect. Indeed, the dying person might not even know that their decision-making had been influenced. They would not realise that there was any abuse to report. Unfortunately, we know that coercion and undue influence of vulnerable people is extremely common.

On its own terms, this bill is directed at people whose circumstances must render them extremely vulnerable. I do not see any adequate protections in this bill to deal with this issue. There is no requirement that the coordinating practitioner, the consulting practitioner or the administering practitioner have any relationship with or knowledge about the patient before they participate in the procedure. There may be cultural differences between the dying person and the practitioners that make the person cautious about revealing coercion. There are substantial barriers for a third party—a concerned person—to intervene and reveal fears or evidence of coercion.

The bill does include the ability for a person to apply to the State Administrative Tribunal if they believe that there has been some error or unfair influence. However, I do not believe that this provides effective protection in these instances. In a great many cases, the person who is aware or suspects the coercion will be a friend or close relative. It is reasonable to suspect that they will likely be known by the people responsible for the coercion. Going to SAT is a daunting exercise that requires a significant amount of time—time that most people do not have. There is a high likelihood that it will become known that a person has made an application to SAT, and this could have significant personal repercussions for the concerned person. There needs to be a much simpler mechanism in the bill for a person to confidentially raise concerns of coercion and specified mechanisms to ensure that these concerns are properly investigated. The bill should provide some means by which undue influence might be detected and dealt with so as to assure that the integrity of the decision to access voluntary euthanasia has not been compromised.

I believe that there is a strong argument that at least one of the practitioners should have a prior professional relationship with the dying person. There should also be some protection to ensure that cultural differences are not a barrier to open communication between the dying person and the practitioners.

[Member’s time extended.]

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**Dr D.J. HONEY:** Many people have expressed a concern to me that a focus on assisted voluntary euthanasia may be simpler than governments dealing with more complex issues around coping with ageing and dying people. I make it clear that I believe that the current health minister is genuine in his concern for people and believes that this bill is important. I do not believe that the current health minister views this bill as an expediency. However, I believe that, over time, there is a risk that people terminating, or being assisted in terminating, their own lives will be seen as a solution to dealing with the complex issues of ageing and dying. There could be a temptation to avoid cost and complexity by encouraging people down this path. Again, this can be subtle pressure. The dying person becomes aware that they are a problem; they feel that they are a burden to others; the hospice has pressure for beds and staff are overstretched. There is a danger that in the long term, the option of assisted euthanasia may diminish the government's resolve to deal with more complex solutions. For example, what is the government doing to eliminate the cruel loneliness of so many people in aged care? Is the government doing enough to improve palliative care in our community, in particular in the remote regions of our state? What is the government doing to change the view that older people are a burden, so that, rather, they are recognised as an asset to society? What is the government doing to give older people meaningful and productive lives so that they can continue to contribute to the community in their older age?

It is very clear that the dramatic increase in life expectancy and general improvements in medicine have increased, and will continue to increase, the importance of dealing with these issues. Some of the issues are the immediate responsibility of government and some are issues that require a whole-of-community response and change of attitude. It is certain that government has a key leadership role in all these areas. I would much prefer to see a stronger focus by government on dealing with these issues before it devotes so much focus to this bill.

Palliative care is a key area for concern, particularly because one of the very common justifications for this bill is the great difficulty or impossibility of preventing extreme pain for some people who are dying. Arguments about the impossibility of managing the pain of a dying person figured very prominently in the public debate leading up to the introduction of this bill. I have attended many briefings on this bill, including several from leading experts in palliative care. In the greater part, I was satisfied that these people have considerable expertise in palliative care and also extensive experience with people who are dying. It was the common and unequivocal view of these experts that the inevitability of untreatable pain is untrue. In their experience and expert knowledge, there was never a clinical reason for a person to experience unacceptable pain when ill or dying. Their concern was that there is an appallingly small number of palliative care specialists in Western Australia and that many general practitioners did not have adequate knowledge of effective pain relief.

They also expressed great concern about access to proper palliative care in regional areas. I understand that the Minister for Health has indicated a greater focus in this area. I have not seen the evidence that this area has had anywhere near the focus that compares with the government's focus in trying to progress this bill. In my view, even if the concept of voluntary euthanasia is accepted, it ought to be the option of last resort. Until Western Australia has acceptable access to palliative care, how can we possibly assess the need for voluntary euthanasia?

A key principle enshrined in this bill must be that a medical practitioner should never be compelled to participate in voluntary euthanasia. As with the rest of the community, medical practitioners have a range of views on this subject. From my interactions with many medical practitioners, I believe that the great majority oppose voluntary euthanasia, as reflected by the Western Australian branch of the Australian Medical Association in its formal position on this bill. Equally, it is clear that some medical practitioners are keen proponents of this bill. Many medical practitioners have a deeply held view about the sanctity of human life and that their principal objective must always be to preserve life. Medicine is most often a vocation and many medical practitioners hold this view with very strong conviction. As such, they never wish to be involved in voluntary euthanasia. They see this as a fundamental conflict with their principal objective—the preservation of life. It would be entirely wrong if this bill were to force these medical practitioners to be involved in the process of voluntary euthanasia at any level. Unfortunately, as I read this bill, it is actually the case that any medical practitioner, once asked by a person, will be compelled to be involved in at least part of the process of voluntary euthanasia. If asked about accessing voluntary euthanasia by a person, the medical practitioner will be compelled to agree or disagree to be the coordinating practitioner. If a medical practitioner has strong opposition to voluntary euthanasia and objects to any involvement in the process, they are still compelled to compile a report outlining the details of the request and their reason for declining. They will also be required to provide the requesting person with information prepared by the CEO. At this stage, we have no idea what this information is; it is not clear in the bill. However, it is reasonable to suppose that this information will direct the requesting person to other resources to assist them with voluntary euthanasia.

One of the most egregious aspects of this bill is that if the medical practitioner does not provide the CEO's information and/or submit a report to the Voluntary Assisted Dying Board within 48 hours, they could be subject

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to a \$10 000 fine. This is intimidatory and oppressive. If it is the minister's intention that a medical practitioner is not going to be forced to be involved in any part of voluntary euthanasia, the bill should reflect that. I believe that compelling by force of law the submission of the report to the board and providing the information from the board CEO is inappropriate and inconsistent with the minister's stated intention. It is morally repugnant to force a medical practitioner, under threat of penalty, to provide information to someone so as to facilitate that person's access to voluntary euthanasia. As parliamentarians, we accept that the nature of this issue demands that we ought to be allowed to follow our consciences in performing our duty. In that case, we should not deny doctors the right to be guided by their own consciences when, in the practice of their profession, they are obliged to make a decision about the extent to which they will participate in facilitating the death of another person.

I do not support this bill as it is presented. My opposition to the bill is not based on any religious or philosophical belief or on any political allegiance. Legislating for the state to facilitate someone taking their own life or allowing someone else to assist someone taking their own life is an enormously complex matter. Any such bill must have adequate protections to ensure that vulnerable people are not preyed upon; that decisions are made freely and are properly informed and properly motivated; that the person who will die has the capacity to make that fatal decision; that untreated, preventable health conditions are not influencing the decision; that others, for their own reasons, ranging from a sense of compassion for a loved one through to personal gain, are not influencing the person to make the decision; that family and/or societal abandonment of a person is not influencing the decision; that the lack of adequate alternative treatments is not influencing the decision; and that people are not compelled to participate in an act or process that they find personally offensive. I believe that this bill fails to achieve adequate outcomes in several of these areas.

The Minister for Health has told us that there are 102 safeguards in this bill that ensure that key concerns are resolved. However, I do not see sufficient safeguards for several of the issues I have just listed. There is insufficient time to detail all those concerns during this brief speech. However, I intend to explore those issues thoroughly when we commence the consideration in detail stage of the bill.

**MR D.A. TEMPLEMAN (Mandurah — Leader of the House)** [9.47 pm]: I would like to make a contribution to this very important debate on the Voluntary Assisted Dying Bill 2019. I listened to the member for Cottesloe. I am not going to be critical but when I heard some of his comments, I wondered when we would have actually considered a bill of this nature. The expert panel came to Mandurah a couple of months ago. Malcolm McCusker, the chair, and two other committee members were there. It was a good meeting; I think there were about 100 people there. The members for Dawesville and Murray–Wellington were also there. The only downside for me was that I was introduced as Hon Colin Holt! I was again mistaken for Hon Colin Holt, who of course was a member of the select committee.

**Mr Z.R.F. Kirkup:** They were very happy he was there!

**Mr D.A. TEMPLEMAN:** I had to correct His Excellency Malcolm McCusker.

I was drawn to something. I am not being critical of the member for Cottesloe, but a gentleman who was at my table during that expert panel discussion leaned across and said to me—this is true—“I'm a Liberal, always have been, but this bill would not be debated if it wasn't you guys bringing it forward.” I think that is true. I do not mean that to be a political statement, but I think it is true. We in this place are put here for a whole range of reasons, and there comes a time when we need to address issues that have been debated, discussed and talked about for a long, long time. I am sorry, member for Cottesloe, this is not rushed; it is not. This issue has been debated for probably a couple of generations. It has been highlighted as something that people want this Parliament—want us as elected members—to consider. It is the Labor Party, and I am very proud of it, that has brought this bill to this place. I want to acknowledge the members who have already spoken this afternoon and tonight for their contributions. I do not agree with most of what the last speaker said, but he has absolutely every right to say it. I think it is a fact that had it not been a Labor government bringing forward this legislation, we would not have seen it.

Quite rightly, it is a conscience vote; quite rightly, every single member of this place will have upon their conscience, and make a decision based upon it, where they land in regard to the bill. I congratulate the Joint Select Committee on End of Life Choices and its members, and I particularly highlight and acknowledge the member for Morley and others who have been stoic advocates for bringing this bill to this place. I acknowledge the expert panel and the advisers. To the Minister for Health, congratulations. There are many people in Western Australia who are grateful that this bill is now before this place. There are many people who I am sure want their voice to be heard through the debate we are having tonight and will have going forward when we consider the bill in detail and when we conclude its passage with third reading contributions. Like a number of members, I attended, and organised along with the member for Murray–Wellington, a forum that had around 150 people turn up, which was wonderful. Last Wednesday, I also attended a forum at the Catholic parish organised by Mr Carl Brown. About



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16 people attended and people at that meeting were clearly opposed to this legislation. Like many members, I have had a massive amount of feedback by email, handwritten letters, phone calls et cetera—a large cross-section. Like many members also, whenever I speak to any constituent, I always finish the conversation, if it is appropriate of course, by asking their view on the voluntary assisted dying proposal before the Parliament. I can report that the overwhelming response of people from my district, the seat of Mandurah, has been that they support voluntary assisted dying. There are varied views about how they believe it should apply, and I am going to highlight a couple of those shortly. Then, of course, there are those who, for a variety of reasons, have expressed their dissatisfaction with or non-support of the voluntary assisted dying proposal. Overwhelmingly, though, they want us to have this debate.

There has been plenty of opportunity to ensure that we landed in this place a bill that was well and truly canvassed through the expert panel, the select committee process and the extensive consultation process. The media has been conducting an ongoing debate and journal, if you like, of the issue. Indeed, I think many, many households throughout Western Australia have considered this issue. We also have had the opportunity to look at what has occurred in other states in Australia in recent times. In South Australia, a bill to provide for assisted dying failed by one vote—I think it was the casting vote of the Speaker. A similar fate occurred with a bill in New South Wales. Consideration of this issue is now before the Queensland Parliament. Of course, Victoria passed its legislation just over 18 months ago, and the first person to take advantage of the Victorian legislation did so only a few weeks ago. I do not subscribe to the view that was put by the previous speaker that this issue is somehow rushed or should not be a priority of government. I believe it is a priority for our community. It is a priority that our community wants us to debate, and that is why I am very pleased that we now have this bill before this place.

I have always been a supporter of this issue, albeit cautious of it. Like many, I have seen loved ones who have suffered, particularly my grandmother, who died at the wonderful age of 95, but the last four months or so of her life were not quality. My nanna was a farmer, and like a lot of farming folk, their livelihood was around life and death. They were sheep and wheat farmers, and even as a boy growing into a man I would talk to her regularly about her views on matters such as this. Had she known that the last few months of her life would be seen out in the way they were, I think she would have wanted to have had a choice. I think that is what this bill comes down to. It comes down to two words for me: “voluntary” and “choice”. It is a voluntary choice made by the person themselves about the way in which their death is met. When we speak to people about this, as many of us have, they say that the fact that this is a Voluntary Assisted Dying Bill that allows a person to voluntarily choose is significant.

I want to turn to a few of the comments by people that I think sum up how I have landed with regard to this bill. Geoff wrote to me. I am just going to quote some of this correspondence. He said —

... we just wanted to write to say that we are whole heartedly in support of assisted death. Put simply, people have a right to their way of life and equally they have a right to their way of death. All this of course needs to be done within the acceptable bounds of society and there equally needs to be a strong legal framework around such things. The proposals put forward by the state government are eminently reasonable.

...

We are now in the latter stages of our life and death is not some distant concept. Without wishing to sound negative or maudlin death is a reality that grows closer each day. Neither of us are ill and neither of us have any thoughts of wanting to die but we do find that our concern is not so much about dying as about the way we die.

We feel quite often that opponents talk about the sanctity of life rather than the dignity of death. As we age the inevitably is that we witness the passing of friends and relatives. Some have gone peacefully but more than half in pain and discomfort. All of these people had no hope of recovery and they acknowledged their time was up: they simply saw no point in prolonging the agony.

A gentleman from Mandurah has featured quite significantly in this debate over the last few years. He was part of the advisory group, and his name is Nigel Haines. I know that he does not mind me using his name. Nigel cared for his wife, Susie, during her time of suffering. Susie’s death was not one of dignity, and has haunted Nigel since her passing. He appeals to all members of Parliament to consider this legislation as an important means of allowing choice for those who want to choose how they leave this earth. Nigel Haines is a loving man and continues to campaign for the passing of this legislation and for all people to understand that the impact of the suffering of loved ones lasts well into their lives.

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I only found out today that a dear friend of mine, Ailsa Rice, has passed, and I am so sad. Ailsa and her husband, Phil, have lived in Mandurah for a long time. She passed the other day and I found out only today. She was a great woman. She was one of the first people I met when I was first elected. She was a great volunteer with the school volunteer program, as it was called then. I am very sad to hear she has passed. She wrote to me and to the Chair of the Joint Select Committee on End of Life Choices and said —

My Husband and I have just added Advanced Care Directives to our wills. The wishes of each of us is to have as peaceful and dignified death as possible when our time to die comes. We support voluntary euthanasia or assisted dying and we hope the laws can be changed to allow us this choice if needed at the end of our wonderful lives.

I have nursed a dying husband who wanted to die only one week before he did die. One long and suffering week for him and his family. He begged me to find some way to help him go. We have sat with a friend and his family who also took four long suffering days to die. Both John and David had terminal illnesses and accepted palliative care but these wonderful men were denied at the end the compassion we show to our beloved animals.

My husband's sister suffered a severe stroke and had not put in place an A.C.D. before this happened. The result was that despite her wishes she lingered for five long years in a nursing home fed liquid food through a tube inserted into her stomach and unable to do anything for herself. ...

If for some reason a chronic condition makes life unbearable, giving us the choice of assistance from a doctor to end our lives with dignity **should be the right of every individual.**

We are part of the older generation, enjoying the birth of great-grandchildren but aware that dying is getting ever closer. **We want to have as peaceful and dignified death as possible, a good death at a place of our choice with whoever wishes of our family and friends around.**

That was Ailsa Rice. Vale, Ailsa. You were a gorgeous woman.

[Member's time extended.]

**MR D.A. TEMPLEMAN:** As I finish I want to highlight something the Premier touched on in his contribution earlier today, as did the Minister for Health. A constituent named Reg wrote —

... there are some pointers you may wish to enlighten the meeting with.

I think he means this Parliament. Reg continues —

Most people say watching their loved ones suffer and lack of dignity which is quite correct.

What isn't often mentioned are the drastic measures some take whilst they are able and this in itself can be horrific for all to cope with.

The Premier mentioned the number of people who take their own lives because of the suffering. The important thing about Reg is this, and I quote again —

I served as a volunteer Ambulance Officer in Mandurah for many years and during the course I attended volumes of people ending their own pain and suffering.

He talks about the impact of that on emergency services.

I certainly support ...

This legislation —

... having witnessed my own parents suffer and as I say the trauma that family and friends also are forced to cope with when their loved one commits suicide.

The time is right for this legislation. This is the right time to have a dignified and respectful debate. This is the right time to reflect on the important decisions that we will be making. This is the right time to remind people that this Parliament is listening to what people have been calling for for a long time. This bill is a very good bill. It is compassionate and has the important checks and balances. It acknowledges the importance of the voluntary aspect and the choice. Many of my constituents have highlighted to me that they want the checks and balances in place, but they want that choice. I am going to support this bill. That is a reflection of how my community has asked me to consider this bill.

**MR T.J. HEALY (Southern River)** [10.08 pm]: I rise to contribute to the second reading debate on the Voluntary Assisted Dying Bill 2019. First and foremost, I support my community and its majority view that

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voluntary assisted dying be legal in Western Australia. The Speaker may place my vote on this bill in the aye column. I will vote yes—for voluntary assisted dying to be safe and legal. For my community of Canning Vale, I vote yes. For my community of Gosnells, I vote yes. For my community of Huntingdale, I vote yes. For my community of Southern River, I vote yes.

Everyone is entitled to an opinion on this issue. My opinion is that a person should have the right and the legal protection to make their own end-of-life choices. I believe that respect is important in this debate. I believe that safeguards are important—crucial in this legislation. I believe the bill before us balances the needs of the community and the individual well.

I am not alone in having lost friends and grandparents. Some have died relatively quickly and peacefully, and others have passed in pain, over a long time. This bill gives people an individual choice about the circumstances of their passing—not whether they will live or die; that is already confirmed. For the relatively small number of people who will be eligible under this legislation, their death will sadly be imminent. This bill will allow individuals in my electorate to control the manner of their passing and reduce their suffering.

The status quo does not serve the individual or the family. This is not euthanasia; this is about freedom of choice for individuals to make their own choices. Life is messy; everyone's circumstances are different, and the details of every circumstance do not need to be detailed on the floor of this chamber. However, they do need to be detailed between the individual and their medical professional. We should, and will, maturely and responsibly discuss how individuals can have the choice that they are currently legally denied. Individuals should not have to starve to death or refuse to eat, to wilfully crash their cars or to take random mixes of medication to relieve their suffering. We have the opportunity to change the lives and deaths of many, and I am humbled that my electorate placed its trust in me, and I will vote yes to support its wishes.

I ran an online survey amongst other ways of consulting with my community, for my residents in Gosnells, Canning Vale, Huntingdale and Southern River, and I greatly appreciated the words and guidance that came from their submissions, in addition to the face-to-face conversations I had on doorsteps and in my office, as well as conversations on the phone and through emails and letters. I believe, from the data that I have collected, that 94 per cent of the constituents who interacted with me on this issue support voluntary assisted dying legislation, and a strong majority were also impressed by and supported the safeguards that we listed in the survey as being important.

I would now like to read out a few of the quotes from people who completed my survey and who speak on behalf of the community that I represent —

I am 100% in favour of making my own choice. Having seen parents & husband suffer & die, I see no advantage or need to put patients and families through this agony.

Another one stated —

I don't believe that people should be made to suffer when they are dying. This happened to my mother and father

A further submission stated —

I have watched my grandparents all die horrendous painful deaths and all of them wanted assistance to end their suffering. I don't want this for my parents or for myself.

And finally —

My sister is currently in the end stages of —

A disease. It continues —

She has chosen to starve herself to death as no other option is available to her. This is extremely cruel and she should be allowed to end her life peacefully.

I again thank the people who participated in that survey and shared those stories with me.

My mum and my wife live in my electorate, and it is a very tough conversation for those two very important constituents of mine. My wife and I find this very difficult. I cannot imagine ever wanting to leave my family, even for one day less, no matter the suffering; but I will not deprive the right of one of my constituents to make that choice for themselves. My mum supports voluntary assisted dying but, as the member for Victoria Park mentioned, she would like dementia to be included; she thinks the legislation does not go far enough. She fears being bedridden for years without an option, if that were to eventuate. As I believe a member has already said, some people will think that this legislation does not go far enough. I believe we have struck the right balance with this bill, but I note

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on behalf of my wife and my mother—two constituents who certainly struggle with parts of this bill—that, as I said, there will be many who say this legislation goes too far, or does not go far enough.

Labor party supporters tell me that they support having a choice over their own end of life; interestingly—this has been raised anecdotally in previous speeches—I have also been told by Liberal Party supporters in my electorate that they support having a choice over their own end of life. However, Liberal voters in Southern River also tell me that they are not happy about former Christian Democrats, like Hon Nick Goiran in the upper house, and Christian lobbies who may seek to filibuster and avoid a vote. That is what Liberal Party supporters tell me that they are frustrated about. Labor is not perfect, either; we have had many individuals hold us back over many years, and we must keep them from holding us back from being brave.

We have a very good Minister for Health and a very good shadow Minister for Health—a future leader of his party. If I could give any words of advice, I would say that he should shape the party into what he wants it to be now. If he is the shadow Minister for Health, he should not let nonstop filibustering deprive my community of its voice. Let this come to a vote. Let the debate take place, but do not let one individual stand in the way of relieving pain and restoring dignity to my families.

There are mums and dads, seniors and young people, who support having a choice over their own end of life. One of my Liberal predecessors in the 1990s in Southern River, Monica Holmes, supports the principle of voluntary assisted dying. Another predecessor, Paul Andrews, has sadly passed away, but I talk regularly with his wife, Gim. Gim and I agree that Paul would have argued vigorously on this bill. We do not know how he would have voted, but we both agree that he would have valued the safeguards as being of great importance in the parliamentary process.

I would now like to discuss those safeguards. I think they are key to how this legislation will operate and will ensure that the community is protected going forward. It is important that it is voluntary and without coercion. It is important that the individual must be over 18 years of age, be from WA, and have sound decision-making capacity. It should be, as it is, restricted to those who will likely die within six or 12 months. It is important that this legislation is in place for those who experience suffering that—these words are key—cannot be relieved in a manner tolerable to them. Not me or you—they.

The legislation also requires three separate, clear requests—two verbal, one written; two medical practitioners; and two witnesses who are not family and will not benefit financially from the will of the person passing. It is key that medication can be self-administered or practitioner-administered. People should have the right to choose the location and circumstances of their death; that is what this is about. For self-administration, it is also key to the safeguards that the full process involved is considered—what happens at every step of the process to ensure that the products and medication are safe. It is important that health practitioners can refuse to participate. There are also many offences listed in this bill, broadly, for inducing a person to access voluntary assisted dying.

I fully support palliative care services, and so does the McGowan government, with record investment in palliative care services across WA. But please let me be clear: palliative care is a valid choice; voluntary assisted dying is a valid choice. It is not palliative care versus voluntary assisted dying; it does not need to be, nor should it be described as such.

I would also like to speak about my Christian influence on this decision. My faith calls for compassion. My faith calls for dignity. My faith supports this bill. It is not easy to take direction from scripture on this; most Abrahamic and biblical texts do not address these circumstances, and the Bible is also often misquoted, as it has been for hundreds of years. It was used to justify slavery; more recently, to stop women from voting; to stop interracial marriage; and to stop two men or two women from marrying the person they love. Again, we know that none of those things come from the scripture. But it is very simple to see, I think, that Jesus relieved suffering; he cared. We are all called upon, regardless of faith or religion, to be caring and compassionate. Every faith calls for this. There are some so-called Christian leaders who say there is, in suffering, a resolution. I was raised Catholic, and there is a certain dogma within the Catholic Church that suffering is important in the process of death. I do not agree with that, but some churches emphasise the importance of not interfering with the natural process of death, and that the time before death is a profoundly spiritual time and should not be interrupted. Personally, I think that seems cruel and out of touch.

A Catholic church leader said that he observes that “the Christian faith, with its emphasis on the redemptive value of suffering, can offer answers”. I say that again: “the Christian faith, with its emphasis on the redemptive value of suffering, can offer answers”. That was said by Cardinal George Pell. His words help me, because if Cardinal George Pell had those views, it helps us know that we are in a good place in opposing them. Following that train of thought about the value of suffering—which I disagree with, by the way—any medical care, including palliative care or government-funded health care, should be declined. That is, of course, ridiculous. I think of a person caught in a flood. The waters are rising, their house is flooded, and they are trapped on the roof. They

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pray to be saved. A boat comes, and they say, “No, God is looking after me.” A chopper comes, and they say, “No, God is looking after me”, and they pass away. When they die, they say, “God, why didn’t you save me?”, and God says, “I sent a boat, and a chopper.” If we recognise that it is okay to provide palliative care as an option to relieve suffering, can we not recognise that voluntary assisted dying is also permissible?

I want to thank the many individuals who have brought this issue to a vote in the chamber. I thank those individuals for the thousands of hours of consultation, committee work, drafting and preparation. The Leader of the House said that this issue has been discussed for generations. That is true. I thank the members of the Joint Select Committee on End of Life Choices. I thank the members of the Ministerial Expert Panel on Voluntary Assisted Dying. I commend Premier McGowan; the Minister for Health, Roger Cook; and the tireless member for Morley and cabinet secretary, Amber-Jade Sanderson—very well done. I also thank former Governor Malcolm McCusker, Andrew Denton, and Belinda Teh. I thank Hon Stephen Dawson, who will carry this legislation in the upper house, and is still doing the work. I also thank the thousands of activists and campaigners who have pushed, petitioned and placed this issue in the public eye.

There is an obligation for government to create a safe, secure and compassionate community. This bill will assist us in reaching that goal. I again say thank you to my community of Canning Vale, Gosnells, Huntingdale and Southern River for discussing with me their views on this issue. Not everyone in my electorate will be happy with my vote in support of this bill, but I believe the majority will be happy. I hope my 30 000 friends and neighbours in my electorate will understand the reasons for my decision. Once again, I will be proudly voting yes for this bill. Thank you.

**MR S.J. PRICE (Forrestfield)** [10.21 pm]: I rise to speak on the Voluntary Assisted Dying Bill 2019. This is a very important and highly emotive issue. I want to start by thanking everyone in my electorate who has contacted me, had a discussion with me or shared their stories with me, both those in support of this legislation and those against it. My decision to support this bill may upset some of my constituents. However, the overwhelming support for this bill has gone a long way towards making this very important and difficult decision easier for me. I also acknowledge and respect the different views that may be held by people within this place, for whatever their personal reasons may be.

The Joint Select Committee on End of Life Choices was appointed by the Western Australian Parliament in August 2017 to inquire into end-of-life choices. In compiling its report, the committee undertook the most comprehensive consultative process ever undertaken in this state. The committee, which ran for a year, and was ably chaired by the member for Morley, Amber-Jade Sanderson, received over 700 submissions, heard from over 130 witnesses and held 81 hearings. The committee report, “My Life, My Choice”, was tabled in August 2018. I would like to acknowledge everyone who participated in the development of that report. Arising from the recommendations of the joint select committee, a Ministerial Expert Panel on Voluntary Assisted Dying was appointed to undertake consultation and develop legislation for voluntary assisted dying in Western Australia. The panel heard from 867 participants and organisations during the consultation process, and received 541 submissions. The panel’s final report provided recommendations for the introduction of voluntary assisted dying legislation. I acknowledge and thank everyone who participated in the development of the “Ministerial Expert Panel on Voluntary Assisted Dying: Final Report”.

As members have heard, a significant amount of community and stakeholder consultation has been undertaken to bring us to the debate we are undertaking this evening. It is evident from the legislation that the concerns of as many people as possible have been taken into consideration. Like every member of this house, I have had to examine not only my own conscience but also, more importantly, that of the people in my electorate. I thank the many people in my community who have taken the time to come on this journey with me and let me know their thoughts and feelings.

My personal view on the introduction of voluntary assisted dying legislation has remained consistent over my time in this place. Even though I may be a Catholic, I fully support allowing terminally ill people to choose how they wish to die. I have heard from people who work within the health sector, people who have lost loved ones, and elderly and young people alike, and, overwhelmingly, the feedback is in support of this legislation. However, most often, that support is given with the caveat that strict guidelines should be in place, with the emphasis that this should be a voluntary act. One person I spoke with, who raised opposition to this legislation, was particularly concerned that this would be a slippery slope that would enable people to more easily end their life or that of family members. With over 100 safeguards within this bill, I feel there are enough protections to protect patients who wish to access the voluntary assisted dying process. Those safeguards include the requirement that access to voluntary assisted dying is available to a patient only if that patient has been diagnosed with a disease, illness or medical condition that has certain characteristics—namely, it must be advanced and progressive, and will cause death. It must also, on the balance of probabilities, cause death within six months; or, in the case of a disease,

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illness or medical condition that is neurodegenerative, within 12 months. The strict eligibility criteria that must be met include that the patient must maintain decision-making capability throughout the process. The patient is required to make three separate requests, initiated by themselves, within a particular time frame, to enable them to continue with this process. These are just two of the safeguards that are in place in this legislation. These safeguards are very important, because they highlight an important aspect of his legislation—that is, that the use of terms such as “euthanasia” and “assisted suicide” are a misrepresentation of what this legislation is about. I have satisfied myself that, as best as possible, the concerns raised by not only opponents of this legislation, such as the person I have just mentioned, but also those who support it, have been met.

In the face of overwhelming support for this bill, it would be easy to dismiss the smaller number of people who oppose voluntary assisted dying. However, it is their opposition that makes me delve further into this legislation to ensure that, as best as possible, their concerns are addressed. One issue that was raised with me centred on coercion. Section 15(e) of the bill states specifically that one of the eligibility criteria is that “the person is acting voluntarily and without coercion”. The bill is very prescriptive about how that issue must be dealt with, and that will provide an extremely safe and strong level of protection for the patient.

The stories of those who have lost loved ones resonate the most with me. Many of the people who communicated with me in support of this legislation did so having watched a loved one suffer at the end of their life. I listened to the story of a woman whose father accepted his terminal diagnosis. His only concern, through surgeries, chemotherapy and radiation, was the manner in which he was going to die. No doctor could, or would, give him a specific answer. One night he discussed at length his desire to be able to end his life on his own terms. He did not fear dying. He feared living in a state in which he could not walk, talk or do things for himself anymore. Sadly, his worst fears were realised, as he slowly lost his ability to walk unaided, think coherently, or feed himself unassisted, until he was finally bedridden and unable to talk, eat and drink. Although his family nursed him and cherished every moment they had with him, his wishes for a pain-free and dignified end were not met. Given the option of voluntary assisted dying in this instance, this man’s family would have accepted their father and husband’s wishes, had he been given that choice. Of course, they would have likely tried to coerce him out of doing that, because, as we all know, saying goodbye is never easy, and the more time we have with a loved one, the better.

Others in my community expressed the strong opinion that death should not be used as a way out. However, they conceded that life can be cruel, and the option of dying should be available if no other options are left. Although many people, constituents and others, have been in contact with me to support this bill, having watched a loved one suffer, concerns have rightly been expressed for those who do not have strong family networks, are vulnerable or could be coerced into dying for another’s financial gain. I am confident that the process set out in the legislation for requesting access to voluntary assisted dying, followed by the assessment process, is rigorous. One member of my community raised concerns that, in the face of vocal community support, the opinions of those opposing voluntary assisted dying may not have been sought or considered. It is therefore reassuring to note that, as I mentioned previously, the ministerial expert panel undertook a rigorous community consultation process, receiving and considering 541 submissions, outlining the broad spectrum of views, concerns and opinions.

The words “compassion”, “dying with dignity” and “strict guidelines” run through most communications I have had from those supporting voluntary assisted dying. The overwhelming majority of people in my community have expressed a desire for our society to show compassion and allow people to have the choice to die with dignity, free of pain and suffering, should they desire. When outlining the details of the bill to my community and the safeguards that are in place to meet their desire for strict guidelines, my community seems very satisfied. The comments provided by one of the respondents to my survey quite nicely sum up the sentiments of the majority of people I have spoken to. They said —

Assisted dying should be legalised. It would be far more compassionate to let a person decide to end their own life with dignity, surrounded by their loved ones, rather than suffer in unbearable pain with no quality of life until they take their last breath. It would be wonderful to see our government pass this legislation as soon as possible.

You should be able to die with dignity if you want to. You should be able to plan your passing with your family. You should be able to choose when that time is. Having considered all the views put forward by my community, this bill, in my view, meets all their requirements. I will be voting in favour of this legislation. I commend the bill to the house.

**MS L.L. BAKER (Maylands — Deputy Speaker)** [10.32 pm]: This is a very complex and confronting debate and I am pleased to have an opportunity to contribute my thoughts on the Voluntary Assisted Dying Bill 2019. I was not sure that I wanted to, or that I was going to spend the time outlining my views, simply because I thought that I had made them pretty public in my constituency anyway. I had an article published in the local paper, and

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I have run the same sorts of consultations in my electorate that we have heard other members talk about today. I must congratulate the member for Dawesville, though, for an outstanding piece of consultation—well done. I think I have a pretty good understanding of what my community wants as a result of talking, as many of us have, to thousands of people over the past 12 months, or maybe even a bit longer. This issue is clearly not about life and death. It is not that simple or straightforward. This is about a choice that people, in my view, should be allowed to make about their death, when they are already on a journey, having been diagnosed with a disease that means they are facing imminent death.

Although the aim of this bill is to provide people suffering from a terminal illness, or approaching the end of their lives, with a choice about how to manage their journey to death, the process will be complicated and difficult to manage. When we were campaigning, and the Premier was speaking, prior to the 2017 election, in support of voluntary assisted dying, he made it very clear that it was his opinion that it would work only if it could be shown to him, and if he could believe in his heart, that the process we had come to was the best that it could be. I suppose that is why I wanted to speak tonight, because I actually believe that, although this legislation may not be perfect, it is as perfect as it can be in Western Australia at this particular time in our history as a community and a culture. It is very clear to me that this is not about euthanasia, or someone else making a decision about when a person dies; this is about an option available to a person who is over 18 years old, and is facing the end of their life within six months, or within 12 months in the case of a neurological condition such as motor neurone disease. More than 100 checks are outlined in this bill to ensure that someone seeking to end their life is not coerced, and that anyone involved in the decision is safe, including doctors, nurses, relatives and friends. There is an allowance for conscientious objectors to remove themselves from involvement in the process. I have heard that that issue is a worry to people who are concerned about the process. How does a doctor, nurse or somebody who genuinely does not believe that they can be involved in this process find a way out quickly and safely? I think this bill has identified and allowed for that in a very clear and rigorous way.

I know that, right now, if I have an incurable disease and I am suffering beyond medical help, it is legal for me to end my suffering by committing suicide. I think that is an absolutely terrifying notion. From reading the literature, and the evidence from the coroner and others, I found that many of the suicides reported in Western Australia are committed by people with terminal illnesses, and many of those people have had to resort to horrific and quite gruesome and violent means to take their life, often in the loneliest of circumstances. If I have a terminal illness, it is legal for me to refuse all medical treatment, food and water, and to die slowly of starvation and dehydration. My death could take weeks. That is not a compassionate response to an imminent death. It is also legal for my doctor to slowly drug me into a coma while I wait to die, my family watching for days or weeks, or however long it takes, for my suffering to end, and this can happen without my consent. It is illegal for me to ask for help from my doctor if I am dying and suffering beyond medical help. I do not have any legal right, at the moment, to insist that a doctor gives me more or faster pain relief. I may not be in a state to ask for this. That decision is entirely up to the doctor, and that would be a doctor whose personal beliefs about suffering and dying may not be the same as mine. We have heard evidence tonight about various high-profile medical people who have commented about exactly that issue, and also a very strong religious component who argue that issue.

I think Australia has one of the best palliative care systems in the world. But in Palliative Care Australia's own words, even with optimal care, not all pain and suffering can be relieved. Palliative Care Australia estimates the number of people truly beyond its help at about four per cent. In the words of the father of Australian palliative care, Professor Ian Maddocks —

If compassionate and loving care towards patients and families is what palliative care is all about, then assisted dying is part of that. It is time the profession dealt with it.

I cannot find any independent evidence anywhere in the world to tell me that where voluntary assisted dying laws exist, sick people have been coerced into taking their own lives.

Australian palliative care physician Dr Linda Sheehan's 2012 Churchill Fellowship study of how these laws work overseas concludes that the slippery slope in terms of risk to vulnerable groups has not been demonstrated by the data.

I want to be protected from unnecessary, unmanageable suffering at the end of life and I want doctors to have a legal right to help me. I think we should be allowed access to a more compassionate choice if we are dying and suffering, rather than starving ourselves to death, being slowly drugged into a coma or taking our own lives violently and alone.

I have read the emails and messages that have come to me about this complex issue. I have talked to many people, friends and strangers, about their views. I was not surprised that many of those I have spoken to have their own personal experience to share. I think it is timely that I perhaps repeat a few of those that people have brought to me with the specific request that they wanted their thoughts understood by me before I made my choice to vote yes for this. I would like to take you through a couple of them. One is from Carol, an Inglewood resident, who writes —

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Many years ago I worked as a young registered nurse in a world-class award-winning medical unit for people with terminal illnesses. Many patients suffered excruciating unremitting physical and emotional pain as they entered the last phases of life. With great courage they faced death and most (including children and adolescents) asked their care givers to cease efforts to prolong their lives because they ready to die.

Palliative care units help many people achieve a ‘good death’ but not all. Neither of my parents were eligible for palliative care. Once my father (a medical practitioner) knew he was close to death he signed himself out of hospital and refused to take any more medications even though these drugs were keeping him alive. A medical colleague and friend helped him to die peacefully, painlessly and with dignity. Sadly his wife and children couldn’t be with him because of the risk we’d be charged with aiding a suicide.

My mother’s last months of life were appalling. She couldn’t talk, swallow, eat or walk and she was incontinent. She begged to be allowed to die but the nursing home and her GPs would not cease her medication because ‘nature’ must take its course. Medicine kept her alive not ‘nature’! Therefore my mother who knew what was happening was forced to wear a nappy and was fed by a tube in her stomach. The last months of her life were humiliating and emotionally painful.

Once my parents knew they suffered from terminal illnesses they signed Advanced Life Directives and documented their wishes not to be kept alive once they’d had ‘enough’. After 12 years of profound disability my father chose the time and place of his death. He died in his bed cuddling his beloved dog. My poor mum, still wearing her nappy and being tube fed took several weeks to die. She remained conscious until the last few hours of her life but was unable to tell us what she wanted.

If enacted WA’s Assisted Dying Legislation will eventually help people close to death choose to die in a time, place and accompanied by people of their choosing. They and their families will not live in fear that they may face charges of homicide should the police believe they have aided a person’s suicide.

I ask you as my elected MP to support this legislation

There is another constituent of mine whom I have had many years of discussions with. Mary is a strong animal welfare supporter and writes to me often about her thoughts on a range of subjects, but this came out of the blue today —

This is hard for me to write, but as the bill is in parliament today, I feel I have to write. My husband, Chris, died of cancer when he was 42. We found out in July 1987 and he died 28th December 1987.

...

I took the kids down to see him on Christmas day, by this time he had lost so much weight and hardly recognized us.

Excuse me for a minute.

**The ACTING SPEAKER:** Please take your time.

**Ms L.L. BAKER:** They lived about an hour away from the hospital. She continues —

This was the last time we seen him. He died on 28th December.. It was a very very painful death even in hospital. He suffered so much as did our 4 children, they can all still see in their minds that last day ... If Chris had the choice he would have taken his own life. He felt degraded not being able to look after himself he was complete bed ridden. For a man of 42 not being able to hug and kiss your family was the worst thing that could happen he could not talk he could not do anything for himself.

Mary finished by saying —

This is our life, not the Doctors, we should be the ones to our own decisions about our own lives.

...

Thank you for reading I hope this gives you an insight to how it affects they families.

I have only a few more comments to make, but one of them comes from a letter that I think we all got on our desks this morning when we came in. It is from Doctors for Assisted Dying Choice. I want to put on the record a few of the comments they made in their letter. The voluntary assisted dying legislation has far more support amongst doctors than has been claimed. Their letter states in part —

... the 2016 AMA survey revealed that 51.5 per cent of responding members are in support not against assisted dying ... A survey by *Australian Doctor* in the same year found 65% of doctors were in favour of VAD.



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With increasing public acceptance (now standing at 88 per cent) support from doctors would most likely be even higher today.

...

Many throughout WA have been waiting patiently for end-of-life legislation. They do not like the idea of a 5% chance, at the end of life, of having a bad death. Doctors *will* make this Bill work if it passes. Contrary to what the AMA and some individuals have asserted, assisted dying is very much a part of medicine. It will represent an overdue and welcome option in the care of dying.

On careful analysis, we believe that the Bill before the House is excellent and undoubtedly the safest of its type ever put before a legislator. It is the right Bill for WA and it deserves your support. It is compassionate and humanitarian, yet full of safeguards against abuse.

...

It is stressed that under the proposed legislation VAD will be **voluntary**—that is, a **matter of choice**. This Bill is too important to too many people to allow it to fail.

This is signed by Dr Peter Beahan, Dr Richard Lugg, Dr Alida Lancee, Emeritus Professor Max Kamien, Dr Roger Paterson, Dr Johan Rosman and Dr Ian Catto.

I want to be protected, as I have said, from unnecessary and unmanageable suffering. That is particularly important to me, given I have also had my own experiences, which I will not go into in any detail. It is sufficient to say that my family and I watched my father die a slow and very painful death from cancer. No amount of palliative care or pain relief helped him. My good friend was diagnosed with an incurable disease and died six months after his diagnosis, and my best mate, Liz, cared for our mutual friend for two years while she battled with her long and agonising journey to death from leukaemia. That was just recently. I think many people here knew Mary Del Casale when she was alive. I was talking about Mary.

Unbearable suffering is the thread that binds many of us together as we watch loved ones suffer and die. I understand that others will have a very different world view or want to see their journey differently. I am convinced that having a choice about how to live and, if needs be, how to die, should be central to my existence in the place I call home—WA.

**MS S.F. McGURK (Fremantle — Minister for Child Protection)** [10.49 pm]: Bills like the Voluntary Assisted Dying Bill 2019 before us tonight are personal, not just for all of us as legislators in this place, but for the thousands of Western Australians who will look to the words spoken here hoping for the passage of this legislation. It is Parliament's primary function to consider how we best support the members of our community. Every day we come into this place with the aim of improving the lives of the people we represent. Tonight we have an historic opportunity to achieve this aim for not just those confronted by death but also their loved ones, those supporting through to the end of their loved one's life.

As I have discussed this issue in my electorate and beyond, one thing has become painstakingly clear to me: rejecting this legislation will not save a single life, but passing it will give comfort to thousands of Western Australians and their loved ones. I am proud to support this bill. I want to state from the outset my intention to vote in favour of this important legislation.

I am lucky to say that I have not witnessed painful and traumatic death. On the contrary, in supporting this bill and hearing contributions to the debate, in the lead-up to this bill I reflected on my own experiences, including the passing of my parents. Along with my siblings, we were at the bedside of my mother when she took her last breath. It was a great privilege. She was cared for very well at the facility in Wembley where she resided. She had good palliative care. My father had multiple sclerosis. He and his wife, who was trained as a nurse and social worker, had talked through the level of intervention he would have towards the end of his life. He had an advance healthcare directive. When at 80 years of age he had been in and out of hospital with pneumonia and various infections, his wife told us that the advance healthcare directive would be enacted and he would not go back into hospital. It was difficult to comprehend but their choice was very clear. For those who knew him—some in the chamber and the Parliament did know him—he had so much verve and in fact had so many false starts towards the end that I recited Dylan Thomas's *Do not go gently into that good night* at his funeral. A few days before he died, I went to see him while he was frail. As he was laying on his bed, I asked how he was. "Not too good, kid", was his reply. They were his last words to me. A few nights later, I was at an event in my electorate and I realised I needed to be at his house. I went over there and was surprised that my brothers were thinking the same. It was in August. The fire was alight in the lounge room, we had a glass of red with his wife, and dad was in the bedroom in a coma by then. We told stories and went in and out of seeing him in his room. It was then that he passed. It is how he wanted it. It was calm, warm, planned and peaceful, as much as it could be. I can only hope that if this legislation becomes

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law, the same passing can be offered without pain, with some grace and comfort and, perhaps like dad, with a fire, some jazz and a glass of red.

We have arrived at this point because it is clear that an injustice is occurring in our community. For some time, those who have suffered have largely been invisible amongst friends, amongst colleagues and amongst the broader attention of the public. The reason is understandable; the dead cannot talk. For a time, those left in the aftermath have found it hard to talk as well, particularly those whose experiences have been traumatic. But we are all indebted to those who have stepped forward and shared their experiences. As others have observed, our society is not very good at talking about death in the best of circumstances. Instead, we often choose to avoid the subject and place it in the too-hard basket, but this is a conversation that must be had, particularly as our ageing population is demonstrating the time for change is now and it is clear that pain cannot always be relieved for people confronting death. The pain being inflicted across the community and all around the state can no longer be avoided. People confronted by death should not have to choose between palliative care or suicide. People confronted by death should not have to choose between opiates or starving themselves. People confronted by death should not have to make family members choose between breaking the law or ignoring their final wishes. And just as equally, family members should not be forced to sit by the bedside of loved ones who, at the end of life, are in untreatable pain or have lost control. The guilt, the shame and the enduring pain that this horrific confrontation often brings can and must be addressed.

Let us be very clear: this is a law about allowing personal choice for people in our community who are dying. As Andrew Denton succinctly stated in his evidence to the parliamentary committee, this is actually about how we die, not how doctors feel about how we die. I would like to add that this law is not about what the church or any other particular institution thinks about how we die either; it is about what we as individuals think about our own death, because the confrontation that death causes is personal. Let us not be distracted by any other argument. This bill has broken shackles. It has given permission for people to come forward and talk with us about something incredibly important, and they have embraced the opportunity. They have shared their opinions and experiences. As other members have outlined for themselves, I communicated with a number of people in my electorate. Perhaps the most compelling occasion was on speaking to one of the mothers I got to know at the Fremantle Primary School P&C, Lizz Clarke. She was present at some of the demonstrations out the front of Parliament because her husband and the father of their two children, Colin, had been diagnosed with mesothelioma. He is 44. Their family story was profiled in *The Sunday Times* on the weekend. I thought I would share those circumstances. There is a video available on the Go Gentle Australia Facebook page. I am quoting from *The Sunday Times* —

... Colin Clarke has been forced to accept he will die before his children graduate high school.

What he will not accept is leaving them with an enduring memory of a shallow husk of a human being begging for the end.

...

In his own words, he is in no hurry to die. But as a doctor of more than 20 years, he knows when battling mesothelioma death is inevitable and, regardless of the best palliative care on the planet, can be excruciating. That is why, with the help of Go Gentle Australia, he has filmed a plea to all State MPs ...

...

In it, Dr Clarke explains that his 14-year-old son and 10-year-old daughter will carry their experience of his death with them forever.

“We, and families like ours, already face immense suffering,” he says. “I want to be able to choose when the pain or the suffering is too much and to end my life on my terms.

“For me, that ideally means at home painlessly with my family there to share last words and farewell me as I drift off into a deep sleep and stop breathing.”

While describing himself as a firm believer in palliative care, Dr Clarke said he had witnessed firsthand that it was impossible to ensure the comfort of every patient.

...

“I have always held the opinion that once death is inevitable it is not a failure if the patient dies, it is a failure if it is a bad death.”

...

He said the knowledge that voluntary-assisted dying was available as an option would provide peace of mind and the strength to keep battling against his disease, rather than contemplating taking matters into his own hands while he was still capable.

**Extract from Hansard**

[ASSEMBLY — Wednesday, 28 August 2019]

p6048b-6082a

Mrs Robyn Clarke; Mr Mick Murray; Ms Rita Saffioti; Ms Janine Freeman; Mr John Carey; Mr Ben Wyatt; Dr David Honey; Mr David Templeman; Mr Terry Healy; Mr Stephen Price; Ms Lisa Baker; Ms Simone McGurk; Mr Matthew Hughes; Mr Donald Punch; Mrs Jessica Stojkovski; Ms Sabine Winton

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“If VAD was there then even if things were feeling too difficult I could hang on a little bit further,”  
Dr Clarke said.

It is evident that the community has a strong interest in this legislation. It was most noticeable last week when I hosted a public forum with the member for Bicton, Lisa O’Malley, and the member for Morley and Chair of the Joint Select Committee on End of Life Choices, Amber-Jade Sanderson. It may surprise some here to learn that at the forum, the majority of the questions from the 130-plus people in attendance were about why the bill did not go further. I understand that some people in the community will feel the bill is not bold enough, but I also firmly believe that the legislation before us strikes the correct balance between compassion, safety and protection. Members can rest assured that the process has been thorough.

I can confidently state that because of the 730 submissions, 81 hearings and evidence collected from 130 witnesses by the parliamentary committee, that over 860 participants were involved in the consultation process, and a further 541 submissions were received and considered by the ministerial expert panel. With guidance from the ministerial expert panel, which comprised 13 experts from medical, palliative care, advocacy and legal backgrounds, we now have the bill that is before us in this Parliament. At least 15 jurisdictions from interstate and around the world have implemented or are implementing legislation of a similar nature, from which we have been able to learn. In fact, Simon Towler, a former Chief Medical Officer of WA, stated last week that he did not think that any other legislation in the history of the Parliament had been scrutinised as much as this bill.

People are entitled to different values and beliefs. This is what democracy is. But these values and beliefs should never be imposed upon others when they can clearly be rebuked by evidence. When misinformation is spread with the primary objective of misleading people, we as decision-makers representing our communities must stick to the facts. It is important that we remain focused, not on who can shout the loudest or who can talk for the longest, but on what the evidence clearly demonstrates.

We know that the opposition to this legislation will be fierce. In light of this, I want to add my comments to some of the concerns that will likely cloud this debate and how the legislation addresses them. If you are concerned that palliative care will suffer, you can rest assured that this government has invested over \$200 million of extra resources into palliative care. We are voting on legislation because we recognise that even the best palliative care cannot relieve all suffering. If you are concerned about vulnerable people being coerced to die, you can rest assured that over 100 safeguards in the bill will protect people’s decisions. We are voting on legislation that is designed specifically for people who are already dying. If you are concerned that people will choose to die because they feel as though they are a burden, you can rest assured that psychiatric and psychological referrals can be made to support their mental health through this process. We are voting on legislation that will require support from third party witnesses, which will encourage deeper discussion. If you are concerned that voluntary assisted dying will lead to doctor shopping, you can rest assured that all decisions will be reviewed by an independent board. We are voting on legislation that will ensure that rigour and safety are applied. If you are concerned that voluntary assisted dying breaks a doctor’s oath to do no harm, you can rest assured that doctors who do not want to take part in voluntary assisted dying can choose not to. We are voting on legislation that gives as much choice to doctors as it does to patients. If you are concerned that voluntary assisted dying laws will lead to a slippery slope, you can rest assured that the long legislative process to enact change is heavily scrutinised and requires consensus. We are voting on the legislation before us, not the possibilities of future legislation.

Finally, if you are concerned that this legislation will set a dangerous precedent, I would say that this is a principle that we as a community have already accepted. We allow cancer patients to stop treatment; we allow life support to be switched off; we allow people in palliative care to refuse food and water. In terms of the choices people are making currently in our community, there is no oversight, no review, no scrutiny, no guidelines and no accountability. However, the single fact that should weigh on people’s minds in this debate is reflected in community sentiment—that about 88 per cent of people in our community support these laws. Really, what I think the community sentiment boils down to is a debate about a fundamental human right: constituents want to be empowered to make decisions about their life and their body. They do not want legislators or other organisations trying to control that human right.

As the Minister for Women’s Interests, I am acutely aware of how this issue can play out publicly. We have seen that in the abortion debate recently in New South Wales. The community is asking us to find a way to make voluntary assisted dying happen in this state, not to find a way to stop it from happening. I am proud to be a member of a party and a government that has the courage to have the difficult conversations and to take decisive action.

I would also like to place on record my thanks to the parliamentary committee and the ministerial expert panel for the countless hours of work that have been put into bringing this bill to a vote. I would also particularly like to thank the countless advocates who have joined us in this fight, including Belinda Teh, who walked from Melbourne to Western Australia in support of these laws, in honour of her mother; Andrew Denton, who founded Go Gentle Australia following the passing of his father, for his realisation that we can and should do better; and

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Noreen Fynn—who also knew my father and his wife—whose husband, Clive Deverall, carried out his final act on election day 2017, which should serve as a staunch reminder of the choices people in the community currently face. But last, and most certainly not least, I would like to thank all those people who have come forward to courageously share their experiences, particularly those who shared handwritten notes with my office.

We now arrive at the next step in this important process. The decision falls on us, through our voting on this legislation, as leaders of our respective communities. There is no disputing this is a significant bill. We are not starting from a blank page with this legislation. I would urge members not to delay this any longer. The time for consultation is over; the time for change is now. I urge members to consider the evidence that has been presented and to carefully weigh up what their communities want. Do not be on the wrong side of history—choose courage, maturity, compassion, safety and dignity. I know that I will, on behalf of my constituents, in the aim of strengthening our community and for those people who are suffering as they die.

**MRM. HUGHES (Kalamunda)** [11.07 pm]: Like my parliamentary colleagues who have spoken before me, I have carefully considered my position on the matter of voluntary assisted dying and I support the Voluntary Assisted Dying Bill 2019. Prior to the last state election, I was asked by many voters what my attitude was towards the concept of voluntary assisted dying. At that stage, I was able to say that in principle I would support legislation to that effect but that my support was qualified on the basis that I would have to be satisfied the proposed legislation would be carefully measured and contain appropriate safeguards. I have kept abreast of the issue as my community has lobbied me prior to and since the 2017 state election. I have read the select committee’s report, “My Life, My Choice”, including the minority report.

In early May, I held a community forum on the issue of voluntary assisted dying. I thank the member for Morley and Hon Alannah MacTiernan for facilitating the forum. I have carefully read the recommendations to the government from the ministerial expert panel. I have not struggled to decide to support the legislation. I acknowledge that for other members of the Legislative Assembly it has not been easy. For some members, it could never be countenanced. My constituents clearly know my support for voluntary assisted dying legislation. I have made it clear to them. I acknowledge that there are some among them who have a diametrically opposed view. However, the overwhelming majority of my constituents, in common with the broader community of Western Australia, want this legislation to be enacted. Within that majority, there are those who hold the view that the legislation does not go far enough, and I know they will be disappointed by the conservative nature of the proposed legislation, particularly that access will not be permitted through the mechanism of an advance healthcare directive. The nature of the legislation is measured, the structure of the legislation has been carefully drafted and an important principle of the legislation is that, right to the very end, the person who seeks voluntary assisted dying should be fully able not to proceed should they wish; therefore, advance healthcare directives are not an option.

Despite the claims that the Australian Medical Association is opposed to the voluntary assisted dying law reform, the fact is that the membership does not have a uniform view on this matter. I am aware that Associate Professor Brian Oowler, a neurosurgeon and past president of the AMA, speaking to the National Press Club on 12 October 2017, said —

Voluntary assisted dying is not about a choice between life and death. No. Rather, it is about respect for a dying person’s choice, about the timing and manner of their death.

The need for this legislation —

He was speaking of the Victorian legislation —

is plainly evident. Many of those most determined to see this law pass have personal anecdotes of loved ones whose death has been terrible. Not only was the person’s suffering prolonged and unbearable but it left deep lingering wounds in the hearts of their family and friends.

I also note that the Australian College of General Practitioners, with a much larger membership than the AMA, has welcomed the Victorian Voluntary Assisted Dying Act, in contrast to the position of the AMA.

My constituents will be well aware that my career prior to becoming a member of Parliament was as a teacher, and that I spent 21 years between 1996 and 2017 as principal of an Anglican community school. I am amongst many Christians supporting choice for assisted dying. I believe there is nothing about voluntary assisted dying that is inconsistent with Christian values and the teachings of love and compassion, especially for those who are close to death and suffering. Lord Carey, the former Archbishop of Canterbury, speaking in support of the Falconer assisted dying bill in the United Kingdom Parliament, as reported by *The Guardian*, said —

It would not be “anti-Christian” to ensure that terminally ill patients avoid “unbearable” pain.

...

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“One of the key themes of the gospels is love for our fellow human beings ... Today we face a terrible paradox. In strictly observing accepted teaching about the sanctity of life, the church could actually be sanctioning anguish and pain—the very opposite of the Christian message.”

But on a much broader front than the opinions of a single eminent cleric, the 2016 Australian election study conducted by the Australian National University found that support for the statement that “terminally ill people should be able to legally end their own lives with medical assistance” was overwhelming, with 74.3 per cent of Catholics, 79.4 per cent of Anglicans and 77.8 per cent of those in the Uniting Church supporting the statement. Of those with no religion, 90.6 per cent were in favour. There is overwhelming community support for this legislation. As Hon David Templeman has said in this place, this is the time for this legislation to be enacted by this Parliament.

Providing patients with control over dying is a palliative process equal in value to the effective control of pain. The legislation before us does not seek to be a substitute for effective palliative care. Voluntary assisted dying is not, as some would have it, assisted suicide; nor is it euthanasia. It provides a means by which a competent adult, facing the inevitability of their imminent death, is able, should they choose, to take control of the process rather than it being left to others. Should the individual choose, choice—an individual and confident choice—is at the centre of this legislation.

I have two older brothers who have died in the last five years. The first died from progressive congestive heart failure. Had he had the option, he would have wanted to have access to the provisions of the proposed legislation—to go out on his own terms, as he would have said. The second died much more recently from the consequential effects of oesophageal cancer. He, I believe, would not have sought access to voluntary assisted dying, but would not have denied others access to it. I will not go into great detail on matters that are essentially personal and very private, but in May of this year, my younger sister, brother and I, in the absence of an advance healthcare directive from our older brother and his lack of capacity, were left to decide to withdraw all medical intervention—no hydration and no nutrition—for our brother, whose death was judged to be imminent. Palliation was begun. It took eight days for my brother to slowly die, with increasing levels of medication to prevent his increased anxiety during the process. Although he was not able to speak to us, he was very conscious of what was happening to him. This was, by default, a decision we took on his behalf. I would rather not have been placed in that position, but the issue of advance healthcare directives is another matter. In that regard, I digress.

The creation of legislation to give effect to access to individual choice in the manner of their death is, I believe, a community good, even though the evidence from other jurisdictions where voluntary assisted dying is available is that few people will use it. The ability to talk openly about dying with an empathetic doctor is seen as a profound benefit that this legislation provides to those who would choose to take advantage of it. When it becomes necessary, putting the means to end life peacefully into the hands of the person who is suffering and no-one else is the greatest safeguard against possible abuse. Experience elsewhere where voluntary assisted dying has been introduced tells us that a person given the opportunity will not necessarily embrace that opportunity unless there is an absolute necessity in their view to do so, and indeed some do not need to use it at all. This legislation places the dying individual human being in full control. It allows a competent adult person to use their intelligence as to how and when they will die, and respects every person’s decision, whatever it may be.

Dr Rodney Syme, awarded the Humanist of the Year at the Australian Humanist Convention in April 2017, reflected on voluntary assisted dying legislation. From his 25-year journey, talking with, not to, people with intolerable and unbearable suffering, and studying the medical and bioethical literature, he proffers six self-evident truths. The first is that dying people may experience severe suffering that may crescendo as death approaches. The second, and crucial truth, is that such suffering will end only with death. The third is the observation that doctors have a duty to relieve suffering. The fourth is that palliative care, despite the wishful arguments to the contrary, cannot relieve all pain and suffering in dying. The fifth is that some people persistently and rationally request assistance in dying. The final, and sixth one, is that doctors have a duty to respect their patient’s autonomy. For those doctors, however, who are unable to accept a role in providing a patient access to voluntary assisted dying under this legislation, there is no compulsion to do so. All they are required to do is provide opportunities for people to receive information about that process.

It has become evident during the course of the debate across the wider community that most people in Western Australia want control over the end of their lives; that is, they want, should they choose, to be given the ability to decide when, where and how they will die. Under the Western Australian legislation, voluntary assisted dying will be accessible only by those people who meet strict eligibility criteria, as detailed in the minister’s second reading speech. The Joint Select Committee on End of Life Choices found that although existing models differ, they all have in common robust legal frameworks that focus on transparency, patient-centred care and choice, and that there was no evidence of institutional corrosion of the primary intent of the legislation or what is often cited as the slippery slope. Of the 18 jurisdictions that have legalised voluntary assisted dying—or in some jurisdictions, voluntary euthanasia—only one jurisdiction has made an amendment to their law. All others have remained

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unchanged. Belgium passed changes in 2014 to permit doctor-assisted death for minors in hopeless medical situations and with their explicit consent. That is not contemplated at all by this bill.

I have had many emails and letters from persons urging my support for the legislation and very few urging my opposition. I might add that there has been a fairly comprehensive email campaign by some peak bodies that are determined that this legislation does not pass. I do not count them as my constituents. However, I do count Janet from Darlington as one of my constituents. She wrote —

I am writing to you in the hope that basic human decency and compassion will guide you in your choice to vote FOR the Voluntary Assisted Dying ... when it is scheduled in the near future.

My sister, who has always been a strong advocate for the right to choose how and when she dies, is now dying of pancreatic cancer, and without this law being in place faces an agonising death.

For the love of all that is true and good within you please remember her, and all the countless others who will suffer a similar fate, and allow them to make this choice for themselves.

Palliative care resources and availability in WA is stretched too thinly to be considered a comfortable way for her and their lives to end. Please factor this also into your decision making process.

I say to Janet from Darlington that this government understands the need to more adequately fund palliative care and has responded to this need with significant increases to the budget allocation for palliative care, as reported to this Assembly by the Minister for Health. The McGowan government has demonstrated its commitment to supporting and improving palliative care services. In the 2019–20 budget, the government announced \$47.4 million towards palliative care. This takes expenditure over the next four years to 2023 to a record \$206.2 million. We have heard from the Minister for Health that detailed planning has begun to implement the Department of Health's 10-year end-of-life palliative care strategy released in 2018. This will ensure, member for Dawesville, a statewide policy direction for quality end-of-life palliative care.

Anita of Lesmurdie writes —

Please accept this email as my support for the VAD Laws.

As an individual with debilitating chronic disease ... if this legislation passes it would make my future decisions easier. It would be comforting to know, if I suffer multiple organ failure (a likely outcome as I age). I will have the choice to terminate my existence legally and without causing distress to others.

Currently I am undergoing expensive (to the Government) biologic infusion therapy as well as ... pain relief ... which entails consuming considerable quantities of strong medication. I am only able to work 15 hours a week (this is becoming unsustainable) ... if my condition deteriorates. If my future consisted of being bedridden and unable to function as I wish to, it would cause me a great deal of mental and physical suffering.

I also have seared in my memory, my much loved mother in law begging me to help her end her life. She had terminal cancer which had spread through her body and finally to her brain. Her pain was excruciating despite hospice care workers coming into the home to try and ease her pain. I of course could not help her as I am generally law abiding —

We all know what that inference is —

and had small children to raise. I wish she had been able to have someone support her in this endeavour legally and with dignity.

[Member's time extended.]

**Mr M. HUGHES:** I have read the correspondence sent to me by my constituents, the vast majority of whom want the passage of this legislation. I have responded to individual constituents seeking meetings with me and urging my support for the legislation. I also appreciate the frank exchanges of views from the few constituents who have voiced their opposition to this move. I thank everyone who has taken the time to write to and meet with me.

My support for the bill is grounded on respect for each person to make a considered decision to end their life at a time of their choosing in a way that is safe and supported, providing the option to die with dignity. Sadly, as we have heard, there are those who already choose to end their lives. It is done in circumstances that are unconscionable. The suicide statistics of terminally ill patients are disturbing, with upwards of 10 per cent of people who commit suicide being terminally ill persons. This cannot be allowed to continue. A person should not be denied the option to end their life at a time of their choosing in a safe and supported manner.

It has been argued that palliative care will be able to manage pain and provide comfort for those nearing the end of their lives, but, unfortunately, that is simply not always the case. Palliative care is a vitally important care option. Voluntary assisted dying is not a substitute for palliative care. However, when pain and suffering have become

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intolerable for the individual, individual choice should be respected and the option to voluntarily end one's life should not be denied.

Michelle of Lesmurdie writes —

As an exnurse who worked in oncology I witnessed the incredible pain of many dying patients. There was nothing dignified or respectful about it. Often it resulted in patients being in immense fear of what was to come. In the event that a person wishes to end their life to avoid such a miserable end and doctors support their decision and prognosis then we have no right to override their final wishes. I am sure many families would be relieved by their loved ones not being put through this due to antiquated legislation ....

The Voluntary Assisted Dying Bill 2019 sets out clear parameters that will allow people to access voluntary assisted dying only in very limited circumstances. In order to be eligible, a person will need to be an adult resident of Western Australia with decision-making capacity who has been diagnosed with an incurable medical condition that is, on the balance of probability, expected to cause death within six to 12 months, depending on the particular circumstance, and is causing suffering that is intolerable to the person seeking access. For the small number of people in these very limited circumstances, having personal choice to end their lives will give them some control over the timing and manner of their death. For many more people, knowing that this option is available will provide them with comfort. Some may choose to access voluntary assisted dying but ultimately not administer the drug because they feel a greater sense of control. The reality is that the vast majority of Western Australians, as borne out by the evidence from other jurisdictions where voluntary assisted dying exists, will never want or need or choose to access voluntary assisted dying.

A number of concerns have been raised with me about the protection of vulnerable people and the potential for coercion. These are concerns that I once shared, but I believe these concerns to be groundless. I am now confident that this is a measured and very carefully crafted piece of legislation. The 102 safeguards included in the bill protect the vulnerable and remove the potential for coercion. These measures include the prescriptive multistage process, with safeguards embedded throughout the request and assessment phases that, taken together, establish a comprehensive system of checking, oversight and clear accountability, as well as the limited criteria for eligibility, including the need for decision-making capacity.

Importantly, these protections exist to ensure that people are not being pressured by others to participate in the process. These protections are also entrenched through the offences included in the bill, such as the offence of inducing another person to request voluntary assisted dying; the offence of inducing self-administration of a voluntary assisted dying substance; and the offence of making a false statement—each punishable by imprisonment. I am satisfied that the safeguards address the concerns that have been raised with me about the implementation and application of the proposed framework, and as such I am supporting the bill and respect for the individual's right to decide. Supporting voluntary assisted dying is a human rights issue—dying with dignity, and giving people the choice, under the safest and most rigorous framework possible.

For people who are nearing the end of their life, where the strict criteria in the legislation has been met and the pain and suffering is no longer tolerable, the individual should have the option to end their life at a time of their choosing and in the most dignified way possible, and this bill provides them with those mechanisms. With that, I support the bill.

**MR D. T. PUNCH (Bunbury)** [11.31 pm]: I support voluntary assisted dying, as expressed in the Voluntary Assisted Dying Bill 2019. I have made this decision after spending a considerable amount of time thinking about my own values, about living and dying, and about what a “good death” might mean. More importantly, though, I have listened to many people in my community whose views I respect, even though some I may not agree with. Many people I have spoken with have had very personal stories about the death of a loved one, and many still bear the pain and grief of seeing a loved one suffering. I want to especially acknowledge all those people who shared their intensely personal experiences with me over the last few months.

The fundamental reason I am supporting this legislation is that it provides people with choice. It provides people with control over the manner in which they will die, the time at which they will die, and where they will die, when they are suffering from a life-limiting disease and the suffering is intolerable. It puts the person at the centre of decision-making about their life and their death. The title of the legislation, Voluntary Assisted Dying Bill 2019, reflects the core of what the legislation is about—enabling people to seek assistance to end their lives at a time they choose, when they are faced with the likely probability of death within 12 months for neurodegenerative diseases, and six months for other conditions, and when they are experiencing suffering that is not tolerable to them.

In my view, it is assisted dying, not euthanasia, because it is a decision made by the person. There may be an arguable point in those circumstances where a third party has to physically assist with the medication, but critically, the person receiving the medication is still capable of deciding their future and exercising a choice. It is a decision of the person; it must be voluntary, and it must be enduring over time. It is a decision that can be withdrawn by

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the person, should they choose. It is an intensely personal decision that should be made in a climate of compassion and acceptance. I know that for some who are family and friends of the person at the centre of this decision, it may be very difficult for them to accept.

I support this legislation because of my belief in a person's ability to make a decision that is the right decision for them—a decision that they are deemed legally competent to make, with full knowledge of the implications of the decision, and a decision that is not subject to coercion by a third party. This is a belief that is shared by many in my community, but not all. Tomorrow I will table a petition from more than 200 people who do not support this legislation, and I will do so respecting their views and their right to be heard in this place. Amongst other things, the petitioners are concerned about the possible extension of choice to the notion that eventually assisted dying would be a choice made by others; that it would become commonplace as an option for those who are mentally ill or the elderly; that economic decisions in relation to the cost of health care might drive expansion of the legislation in the future; and that the legislation might lead to circumstances in which the community's trust in health professions could be diminished. The petitioners also stated their concern about the adequacy of palliative care, which is a topic I will come back to in detail.

I do not share the fear that this legislation is a slippery slope, that it will open the door to reducing safeguards or that it will lead to mistrust. There are 102 components in the legislation that are intended to safeguard the decision-making process, including oversight of each individual decision designed to ensure that the person remains at the centre and the person remains in control. I know there are many in my community who believe the legislation does not go far enough, and that the ability to request an assisted death should be included in an advance care directive, detailing the circumstances under which a person wishes their life to end. There are others who have expressed a view that next of kin should be able to request an assisted death on behalf of their loved one, if they are no longer capable of making that request.

As a parliamentarian responsible for contributing to the consideration of this bill, I thought about these limitations carefully and I have come to the firm view that a person must have the legal capacity to request an assisted death, and that this request must be enduring right to the end. Removing the requirement of legal competence at the point at which a person wishes to take the medication leaves to a third party the final decision about when a person's life will end. Even though such a decision may be in accordance with a previous expressed wish, the person no longer has voluntary control over that decision, and that makes a difference for me.

The broader eligibility requirements of this legislation also mean that it cannot simply be extended to the mentally ill or to the elderly. It is firmly based in the notion that a person is facing a life-limiting disease and that the associated suffering, as defined by them, cannot be relieved. Aside from the other eligibility criteria, the core of this legislation is the juxtaposition between an enduring decision by a legally competent person, and limited life due to disease and intolerable suffering, as defined by the person.

The notion of choice, though, requires people to have access to full information about the options that are available to them through both palliative care and end-of-life care, and it embodies notions of what is a good death. I personally think a good death is one that is a long way off! But the reality is that we will all die, and some of us here will know that we will have a finite lifespan at some point. It is time we talked about what a good death really means, and that can be tough.

Emeritus Professor Ian Maddocks, Senior Australian of the Year 2013, observed —

“Sometimes I think it's better to step back and say you don't need all that procedural stuff, what you need is good care now. You are going to die. Let's do it well.”

This concept of dying well is the common thread that ties end-of-life choices together, and I want to use the remaining time to explore that concept.

The Australian Institute of Health and Welfare describes seven features of dying well. They include being cared for and dying in a place of one's choosing; involvement and control in decisions about care; access to high-quality care given by well-trained staff; access to the right services when needed; support for one's physical, emotional and spiritual needs; having the right people knowing one's wishes at the right time; and having the people who are important to the person to be supported and involved in their care. These are pretty basic principles. Dying well means that the person is at the centre of those principles. The person has control of what is happening to them, understands what is happening, and has access to information. Care is determined by the person, in partnership with healthcare practitioners, family and significant others. Assisted dying provides an expansion of the choices available to a person and complements their choices within a palliative care framework. It is not a case of one or the other. It is a case of the person being at the centre—defining their end-of-life pathway in order to define what is a good death for them, not a good death as some other person views it.



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This pathway can be different for each person. The Australian Institute of Health and Welfare has described three patterns of life-limiting illness. The first is characterised by a short period during which bodily functions decline rapidly, with no sign of recovery, and a relatively short period between onset of the disease, and death. That is found in many cancer conditions. The second is characterised by long-term limitations, with intermittent serious episodes, and a slower decline, with intermittent sudden declines, and a longer period between onset of the disease, and death. That is found in heart and lung failures. Finally, there is a pattern of prolonged decline, with loss of bodily function over an extended period. That is found in diseases such as dementia. Each of these would result in a different pattern of care response. The latter group may well not meet the eligibility requirements for access to voluntary assisted dying. These patterns highlight that choice with regard to care implies being given access to viable options. Some of these options are determined by the nature of the disease itself.

Most people wish to die at home, surrounded by loved ones. The Productivity Commission noted in a recent inquiry that accurate data about how many people die at home is limited, because people's wishes change over time, and these changes are not captured by the surveys. The research estimates that up to 70 per cent of Australians would prefer to die at home. However, the reality is very different. Only about 14 per cent of Australians actually die at home. The majority end up dying in a hospital setting. This is a pretty significant statistic. The majority of people end up dying in circumstances different from what they had wished for. At the beginning of the twentieth century, death and dying was very much a family and community matter. Today, with advances in medicine, the end-of-life experience has become increasingly institutionalised in hospital settings. Notwithstanding the excellent care and support that is provided in these settings, this trend is likely to increase over the next 25 years as the number of older people increases.

Community-based hospice care is a good option. However, it is limited, and in regional Western Australia is difficult to access. In addition, the costs are significant, even though research by Silver Chain shows that hospice care service recipients had, on average, eight per cent fewer emergency department admissions and spent five days less time in hospital in the last year of life, with a greater probability of death occurring at home.

I saw the challenges of dying at home firsthand with two friends, Peter and Helen. Helen had been battling cancer for a number of years and eventually went into palliative care at St John of God Bunbury Hospital. Her overwhelming wish was to die at home, with family. Helen had major problems with mobility, and needed constant nursing care in order to achieve dying at home. Towards the last few days of Helen's life, the palliative care unit provided a loan hospital bed and equipment to enable Helen to relocate to home, and family and friends came in to support Peter, her husband. Helen achieved her wish. However, in that last few weeks, their life as a couple was dominated by negotiating palliative care pathways that were difficult, not patient-centred, and expensive, and resulted in Peter receiving a serious injury from heavy lifting, which required extended time off work. This was a family in desperate need of support, and it found it largely through family and friends. A palliative care system that embraces community networks would have done so much more to make this family's experience of loss more bearable.

I support assisted dying legislation. However, I also support the view that we need to rethink palliative care and end-of-life care if we are to maintain genuine quality options to support people to make end-of-life choices. Quality palliative care is not simply about throwing more money at a system that is increasingly providing an institutional response to a person's end-of-life needs. We need to rethink palliative care as a public health issue and revisit the role of primary healthcare systems, as well as acute hospital systems. We cannot see palliative care solely in the context of professional symptom management and professional nursing management. It is also about how we can mobilise social assets at a community level to ensure that supports are in place for the person and their family between periods of episodic care, and to enable people who are dying to be supported by the people who are closest to them. A recent report from Western Sydney University described the networks and relationships that surrounded people who have died at home, and the struggle around the interface between professional and non-professional networks. Groups in Western Australia, such as Solaris Cancer Care and Dot's Place in my own community, are good examples of how community assets can be mobilised in support of people and coexist with medically based palliative care.

Two questions are behind the notion of rethinking a community-based approach to palliative care. The first is what work currently carried out by professionals could be performed within the community. The second is what solutions could professionals come up with to provide care for a person who lives remotely from a service centre. The answers to these questions will most likely involve social and psychological support, physical care, and the role of palliative care nursing, particularly in remote areas. It is clear that if palliative care is to meet the increased demand, it will need to engage with the community and mobilise community assets. It cannot be simply a replication of hospital palliative care beds and specialised clinicians. Building on naturally occurring community networks, especially in regional Western Australia, that exist among friends, family, neighbours, local government and business groups, would be a key step forward. However, building these networks will mean that communities will have to start talking about death and dying as part of community life, and that is something we are not really used

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to doing. In Bunbury, the Compassionate Communities Network has been established to help build the community conversation about death and dying, and advance care planning, and to create a better understanding that dying is a part of living, and what a good death might be—helping to define death and dying and caregiving as social matters with medical aspects, rather than a medical problem with social aspects. The ability to mobilise practical and social support within the community at the end of life should be a high priority in building long-term sustainability in palliative and end-of-life care, and better outcomes for families and individuals.

One of the counterarguments to voluntary assisted dying that has been articulated is the need for adequate palliative care funding, especially in regional and remote areas, before this legislation is passed. Voluntary assisted dying should not be a trade-off for more funding. It needs to stand on its own merits, and we need to have the maturity to build an integrated and responsive approach to end-of-life care. Palliative care practitioners need to embrace the opportunity to consider how we might do things differently in the future, recognising that this government is putting in additional funding of over \$41 million over the next four years, with a total commitment of \$206 million, including enhanced community palliative care services.

I hope I have sketched out a sense of direction for how I think palliative care needs to evolve around a partnership between health practitioners and the community that is person-centred in order to build a responsive and better system. This concept is well supported in the recent literature examining palliative care practice. I believe the bill we are debating is based on compassion, concern and love. The bill provides choice to enable people, who are experiencing intolerable suffering and are dying, to have a different kind of death—a choice that does not resort to people taking their own lives and in so doing leave a legacy of trauma, and a choice that does not involve hazy notions of terminal sedation over a prolonged period or death by dehydration. Quality community and hospital-based palliative care sit side by side with voluntary assisted dying. It is not an either/or. It is not about one system to the detriment of another. It is about genuine choice that puts the patient first. Thank you.

**MRS J.M.C. STOJKOVSKI (Kingsley)** [11.48 pm]: I also wish to speak on the Voluntary Assisted Dying Bill 2019. When I heard that a joint standing committee would be convened to conduct an inquiry into end-of-life choices, and subsequently that voluntary assisted dying legislation was to be introduced into Parliament, I was concerned, and very conflicted. I value life. As someone who struggled for many years to create life, I could not understand how anyone would want to end their own life. Perhaps the teachings of my Catholic upbringing were also playing on my mind. On the other hand, I would never want anyone to suffer unnecessarily. However, I have never been in the situation of watching a loved one suffer, or die.

As members of Parliament, we have been afforded a number of briefings on this issue, and I have done a lot of research. I could stand here tonight and give many facts and figures collated by governments and organisations on both sides of this debate, but I have chosen a different approach. Despite my trepidation, I decided that the best course was to engage with my constituents, and use my position as their member of Parliament to reflect their views and tell their stories. Over many months I have been collecting opinions, views and stories from my electorate through an online survey; a hard copy of that survey; small forums at retirement villages; emails; conversations, both face-to-face and on the phone; and handwritten letters I have received in my office. As this is such an emotive issue, I also received correspondence from people and organisations outside of my electorate. However, to ensure that I am truly representing my people, I have not included these in my consideration.

I would like to thank those who contacted me, filled in the online survey or attended forums. I appreciate their time, their trusting me with their stories, and allowing me to represent their views on this very sensitive issue. All opinions and views matter, and they are valid. Of all the responses I collected, an overwhelming 84 per cent were in favour of introducing voluntary assisted dying, with less than 15 per cent against and just over one per cent unsure. I would like to first address those who were opposed to voluntary assisted dying. Many of them believe that palliative care can look after those who have a terminal prognosis. They also believe that more funding needs to be given to the palliative care sector. I agree with this—palliative care does need more funding. One respondent said —

I believe palliative care can care for patients' needs. I have seen both my brother and my mother use palliative care with good outcomes for both.

Many also feared that the safeguards could be eroded in the future, fearing that the safeguards could be altered, offering no protection to some vulnerable people in our community. For most opponents of voluntary assisted dying, the argument was a religious and ideological one, with many of the no respondents providing comments such as —

One of the ten commandments that we should obey is that thou shalt not kill. As Christians, we cannot legalise killing.

This is what got me thinking. Yes, I am Christian, and my husband is Christian, albeit of a different denomination. We send our children to a wonderful Catholic school that teaches our children beautiful Catholic values. At our

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school, they are called rainbow values—inclusiveness, forgiveness, service, attentiveness, courage, loyalty and personal best. I love that my children learn these in the Catholic school setting. It is a choice that I feel privileged to have. We are lucky to live in a country where this is a choice for us. However, I would never condone making everyone attend a Catholic school, no matter how good I think it is.

I feel that we need to look at this debate in the same way. Yes, I am Catholic and I may never choose to access voluntary assisted dying, but not everybody in Australia, Western Australia or even my electorate of Kingsley is Catholic. In fact, only 23 per cent of the people in my electorate are Catholic. I was elected as the member for Kingsley, not as the Catholic member for Kingsley, so how could I in good conscience make a decision based on my religious beliefs that are not held by everyone in my electorate? I live in my community, I see community members every day, at the school, the shops and weekend sport, and I do not feel that it is my right as their elected member and voice in this Parliament to impose on them others' religious belief that they may not share.

I understand the conflict of those who were unsure over this issue. Some of the comments they raised resonated with me. One respondent said —

My strong Christian belief makes me want to say “NO, thou shall not kill”. This is my belief. But, the thought of people in great pain having to wait in agony to die makes me want to say “YES”.

Others wanted to ensure that the safeguards in the legislation were adequate. I, too, had concerns about this. I needed to satisfy myself that this bill would not allow for elder abuse or coercion and would also protect people from feeling that they should pursue assisted dying because they are a burden on their family. I am confident that the conservative nature of this bill is robust and it is meticulously crafted to ensure the highest level of safeguards. There are 102 safeguards built into this bill.

I hope that I am never in a situation that would make me eligible to access voluntary assisted dying. I do not know whether I would ever be able to undertake it. I think for me personally it would be very hard, but should that mean that I should prevent others from accessing it? It seems I am not alone in this thought. Another respondent said —

As a Christian I believe that God decides when we are born and when we die. BUT (despite some community comments!) Christians do not force their moral beliefs on others in the community as long as Christians are free to live according to their beliefs, so we would not deny others this choice of assisted dying.

Now to those who are in favour of voluntary assisted dying. There were so many passionate comments and stories that I will be unable to outline them all here tonight. Stories of their parents, husbands, wives, siblings and friends touched my heart. It is clear that most people want to live, and fight to live, but there comes a point when life is too painful, the suffering is too great and it is not a choice of life or death anymore. Many of my constituents echoed these sentiments —

This should be legalised as too many people are suffering in agonising pain for too long just waiting to die.

The pain for many was still so raw even if it had been many years since their loved ones had passed. One constituent wrote —

My husband had two different cancers. After two courses of chemo he had a seizure and was never the same. He spent 6 weeks in hospital and then he was discharged and was home for 4 weeks. There was no palliative care bed available, morphine did not cope with his pain. He asked me and his three children to help him die. He lost the use of his legs. He went into Hollywood Palliative Care respite for a few days. He told the nurses he wanted to die and he was put on the morphine pump (once on you cannot go back). He died two days later. I had PTSD afterwards. It was the worst months of my life.

Another wrote —

Everyone should have the right to choose how to end their lives. Nobody should be forced to suffer unnecessarily. I've seen what it's like to die from cancer, and that is not an end I would wish on anyone. When the end is inevitable, what is the point in a couple of extra weeks full of pain and drugged to the eyeballs? I would rather be able to say my goodbyes and go peacefully on my own terms.

Another constituent said —

Watching someone die is a very gut wrenching experience especially if they are suffering. My mother resorted to killing herself at age 59 due to untreatable and intolerable pain from terminal cancer. She died alone in the back yard of her home.

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This is not an issue that affects just the elderly; I know of a man, not much older than I, who suffered from an aggressive form of multiple sclerosis. He was a proud man, with a young family and a promising career. The mental toll and physical suffering he endured in the later years of his life were almost too much to bear. I know that he told others, “Let me die”. He just wanted to die but he was never afforded that dignity. Instead, he continued to suffer and deteriorate until he did eventually die in pain.

Should we allow his suffering just to appease our own uncomfortableness? I do not think so. There are hundreds more stories I could share here tonight but the message is the same. The ability to end suffering is a humane one. This was really brought home to me recently when I had a conversation with two people in my electorate who I know are very religious. They both hold the Catholic teachings close to their heart and they said to me, “Voluntary assisted dying is not a choice between life and death; it is a choice between a peaceful, calm death and a painful death after many weeks or months of unnecessary suffering.” I know many of you who are in favour of voluntary assisted dying feel that this bill does not go far enough, that it should enable advance health directives for those suffering from dementia. However, I do feel that this decision needs to be made by an adult with the capacity at the time.

While at the beginning of this journey I was conflicted and, clearly, it is still emotional for me, tonight I stand here confident that in voting yes for voluntary assisted dying, I am representing the majority view of my electorate and allowing dignity for those who are suffering intolerably to end their life. This is the compassionate course. I hope here tonight that I have represented the views of my electorate in a compassionate and understanding way, whichever way they gave me. Thank you.

**MS S.E. WINTON (Wanneroo)** [12.01 am]: I, too, rise to contribute to the Voluntary Assisted Dying Bill 2019, which we have been debating today. I have to say at the start that it is a privilege to represent Wanneroo as we debate this historical bill. It is a deeply personal issue and, as a society, we do not like to talk much about death. It is highly uncomfortable for all of us, yet death will come to all of us. It has been quite amazing to be here in this place to listen to the many stories that my fellow members have shared with us as part of their contribution to this bill. I have to say I am very proud to be part of the fortieth Parliament as we as parliamentary colleagues grapple with this most important issue.

I want to start by quoting from the Minister for Health’s second read speech. I read this out to a couple of retirement villages I visited last week and their reaction was very strong, so I want to read it again. It states, in part —

Voluntary assisted dying is not a matter of a choice between life and death. It is a choice for those who are going to die, for whom death is inevitable and imminent, but who can exercise the autonomy which is at the heart of what it is to be human—the exercise of free will.

It is important that this not be a choice about life and death; we are talking about people who are going to die. Further on in the minister’s second reading speech he states —

I would like to emphasise that this bill has nothing to do with euthanasia. This is about providing assistance to someone who is already dying. It is not euthanasia and it is not suicide. It would be wrong to confuse voluntary assisted dying with suicide. The bill specifically provides that voluntary assisted death is not suicide. Suicide involves the tragic loss of life of a person who is otherwise not dying. Voluntary assisted dying involves a person’s choice about the manner of their death when faced with inevitable and imminent death as a result of an incurable disease, illness or medical condition.

I think the distinction the minister made at the outset of the introduction of this bill is really, really important.

I want to also take a couple of minutes to highlight and recognise the incredible amount of consultation that has gone into the preparation of this bill. It is that consultation that gives me the confidence that this bill is a safe and cautious bill for our community. Of course, in August 2017, the Parliament appointed a joint select committee to inquire into the end-of-life choices. It ran for over a year and received over 700 submissions, held 81 hearings and heard from more than 130 witnesses. After a year, it tabled its report, “My Life, My Choice”. I congratulate the chair of the Select Committee on End of Life Choices, the member for Morley, for the work that committee did. It made a number of recommendations and, of course, the most important one, or the reason we are here now, is that a bill be brought to this place around voluntary assisted dying. Another key recommendation was to establish a ministerial expert panel and, of course, that was chaired by Malcolm McCusker. That panel heard from 867 participants and organisations during its consultations. That report provided key recommendations, which assisted in the drafting of the legislation. The government carefully considered all those recommendations, but has chosen a very cautious approach. As other members have said, for some, the legislation does not go far enough and, for some, it goes too far. The point I am trying to make, and have discussed with people in a retirement village, is that there is strong support in the community but also frustration about why this is taking so long. Six previous

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attempts have been made in this place to pass this sort of legislation but they have all failed for a variety of reasons. I think the approach that has been taken in drafting the legislation we are debating now gives us confidence that we have got it right.

I have also undertaken my own consultation in my community, as have many other members in their community. I held a forum in March attended by the member for Morley and the member for North Metropolitan Region, which was really well attended. I have doorknocked and held surveys online and by letterbox. I am in no doubt at all that there is overwhelming support for this legislation. I have heard many stories from members in my community, and many members have shared stories from their communities. The consultation has been extensive and we have now crafted a bill that is cautious and has the best chance of succeeding.

In terms of eligibility, a person who wants to access this legislation is required to be someone who is 18 years or older; they have to be an Australian citizen or permanent resident; an ordinary resident of WA; and they have to be diagnosed with a disease, illness or medical condition that is advanced and progressive and will cause death; and the condition will, on the balance of probabilities, cause death within six months or 12 months in the case of a neurodegenerative illness. There are two more important points. The person is experiencing suffering that cannot be relieved in a manner that the patient considers tolerable. It is important to understand that language because this is all about the patient, not about what a medical practitioner or the medical profession deems sufferable. This legislation is based around the patient. Very importantly, the patient has to have decision-making capacity assessed throughout the various stages and it must be enduring.

There are many different views out there and a lot of misinformation has been around since the start of this Parliament and since we started work to get us to this place. However, the truth is that this bill is for those in our community who are at the end of their life and who want the right to choose a death that is dignified. The truth is that there is nothing to fear in this bill. I am absolutely confident that this bill addresses the concerns that have been raised with me and that have been raised through the various consultation processes. The bill proposes a systematic process through which a person may access voluntary assisted dying. There are over 102 safeguards.

I have listened to the voices of my community. I stand in this place to say yes on behalf of the overwhelming majority of the people of Wanneroo who want us to pass this bill. I fully support this bill and its safe passage through this chamber and the Legislative Council. We have an opportunity to create a more compassionate community in which we respect people's rights to choose how, when and where they die and with dignity. Thank you.

Debate adjourned, on motion by **Mr D.R. Michael**.

*House adjourned at 12.09 am (Thursday)*

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