

**VOLUNTARY ASSISTED DYING BILL 2019**

*Second Reading*

Resumed from 15 October.

**HON PIERRE YANG (South Metropolitan)** [1.13 pm]: I thank Madam President for the opportunity to continue my contribution to this very important debate. Picking up from where I finished last night, I absolutely respect people's choice at the end of their life. Voluntary assisted dying is an option that not everyone will exercise. If people do not agree with it, they do not have to exercise it. As a society, we must ensure there is an option for those of us who wish to exercise it or at least wish to think about exercising an option.

By the Constitution of Western Australia, the Parliament of Western Australia is to make laws for the peace, order and good government for Western Australia and its people. Ultimately, the government consists of three branches—the judiciary, legislature and executive. The legitimacy of the government in those three branches is from the people of Western Australia. That is how democracy works. I support a democracy that is guided and protected by the rule of law. That ensures that everyone is treated equally and that a minority of the community is not discriminated against. That is how a liberal democracy works in modern times.

As part of this democratic process and of this democratic way of government, the Voluntary Assisted Dying Bill came about. The Voluntary Assisted Dying Bill will ensure that people are treated equally and those who do not support it will not be forced to adopt it. The bill protects people's rights. Protecting all people's rights and dignity is a sign of the humanity of society. Protecting all people's rights and their dignity at the end of their life is a sign of the ultimate humanity of society. In his second reading contribution in the other place, the Premier said —

This is the ultimate act of personal choice, of freedom, of individual rights.

It is very true. The Western Australian community has debated this issue for decades. The bill has been thoroughly consulted. The process culminated in the Voluntary Assisted Dying Bill 2019. It is now the Parliament of Western Australia's duty to debate and pass the Voluntary Assisted Dying Bill 2019 for the benefit of the people of Western Australia. I support the bill.

**HON CHARLES SMITH (East Metropolitan)** [1.17 pm]: The Voluntary Assisted Dying Bill is perhaps the most controversial and far-reaching bill this fortieth Parliament will likely face. I have heard a lot of emotive stories from contributors, but I have not really heard any well-informed or well-researched arguments from those who purport to support this bill.

Let us examine the bill and let us see how this legislation came to be and what it means for us all. On 13 September 2017, a select committee was established to look into elder abuse in Western Australia. One year later, the committee completed its report titled “‘I Never Thought It Would Happen to Me’: When Trust Is Broken”. The report made 51 findings and 35 recommendations. This report is extensive. I encourage members to review it again before casting their votes on the legislation before us.

I will turn members' attention to this short quote contained within that report, which states —

*Mum will not even tell the GP what is going on as she is so embarrassed that her kids would behave in this way. She will also not mention it to her friends. This leaves people in her situation very isolated.*

The report goes on to state —

The scourge of elder abuse is three-fold: ‘the abuse is often hidden, associated with shame and under-reported’. The Committee has heard that the feelings of shame that accompany elder abuse are often entangled with deep-seated feelings of parental obligation and responsibility:

Elder abuse is a deeply personal complex issue ... when adult children abuse their parents, feelings of parental love and responsibility and concern over their potential failure as parents that this should happen and come to pass is a real limitation on older people reporting on elder abuse.

The report also notes the concept of inheritance impatience, stating —

‘Inheritance impatience’ is a relatively new descriptor for behaviour that is not a new phenomenon in society. Inheritance impatience may be triggered by factors such as mortgage stress or increased financial stress on families due to the current global economic climate.

The report found that elder abuse is all too common in this state and urged that an action plan be developed to combat it. As far as I know, nothing further has happened. If we take those recommendations seriously and agree with what the report found, I personally have real issues with how to reconcile that with the legislation that is

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before us. Shortly before this committee was established, another committee was set up to look into a different issue, which, as I have just said, is intrinsically linked to the inquiry into elder abuse. That committee inquiry was into the need for laws in Western Australia to allow citizens to make informed decisions regarding their own end-of-life choices. The report for that inquiry was completed on 23 August 2018. The report makes 64 references to elder abuse, with 63 of those references being in the minority report. Chapter 1 of the majority report notes some arguments against assisted dying, such as —

- Sick and elderly will be coerced into dying.
- Vulnerable groups such as the disabled, mentally ill, aged and frail will be at risk if the laws are changed.
- If euthanasia is allowed the elderly will see themselves as a burden.

The one reference to elder abuse in the majority report was in a quote from the Australian Family Association, which stated —

*Australia's ageing population has seen an increase in elder abuse. Allowing voluntary euthanasia and assisted suicide opens the door for disabled, sick and elderly people to see themselves as a financial and emotional burden. The 'right to die' could become a 'duty to die'. No safeguards can protect against this.*

Following the tabling of the report of the Joint Select Committee on End of Life Choices in 2018, the McGowan government announced that it would introduce assisted dying legislation. Following that announcement, the Minister for Health, Roger Cook, established the Ministerial Expert Panel on Voluntary Assisted Dying to undertake a consultation process to inform its recommendations for the development of voluntary assisted dying legislation. The panel was established in December 2018. In an update on 1 February 2019, the panel reported that it would publish a discussion paper by the end of March this year. That paper was released, and in April, the panel reported that it had been consulting for nearly one month. A later update from May stated that the consultation process concluded on 24 May. The panel's update reported that it was a two-month consultation process. On 4 June, the panel submitted its final report to the minister. One must ask how the panel was able to draft such a document within less than two weeks from the date on which it concluded its consultation.

On 7 August, the Voluntary Assisted Dying Bill was introduced into the lower house. To me, that appears to be a suspiciously short time in which to draft such a lengthy and important piece of legislation; it is almost as if it was already drafted. Even the strongest of advocates must question this clearly rushed process. I commend the panel for its incredible efforts undertaken under such stress, but I cannot help but be extremely cautious about what is now before the house. It seems to me that the government has clearly rushed this bill and is clearly trying to rush it through Parliament. This conduct itself needs to be considered as we go to vote on this legislation. The parliamentary report and the expert panel report are noticeably different. The legislation is clearly not based on the parliamentary report. However, with the time frame in mind, one cannot help but think that the legislation was drafted prior to the completion of the expert panel report.

The government has shown that it is more than happy to push through any bill that it thinks will win it votes, regardless of the consequences. The government obviously thinks it is onto a winner with this bill, with its highly emotive language and content. The second reading speeches show that the government is entirely reliant on appealing to emotion over reason. For example, my friend the member for Armadale, Dr Tony Buti, proposed an amendment to prevent doctors from bringing up the topic of assisted dying with their patients. He noted his concerns about people who are more vulnerable, such as the intellectually disabled and elderly, and for whom doctors have a remarkable amount of influence, whether or not they recognise it. These people may want to please or feel the need to take instruction. Although this issue already exists, I see nothing in this legislation that will properly fight undue influence—there are merely words that say that it is a crime to exert such influence. I think Dr Buti has a good point. The report of the Victorian Ministerial Advisory Panel on Voluntary Assisted Dying noted that an important safeguard is needed to protect against this, yet the Western Australian government seemed to disregard that in its bizarre model, which has a more relaxed requirement that somehow provides more safeguards.

I completely understand why some people may want this legislation, but as legislators we have to strongly consider what is before us and not bow to some knee-jerk fear that we will upset voters. We have to vote on the quality of the legislation before us. Let us look at a few of the safeguards. A simple and easy way to prove that a system of assisted dying is safe is to count how many safeguards there are and say that there are so many that it would be impossible for there to be a breach. In truth, it is just a political tool of the government to list everything it can—every requirement—as a safeguard. Victoria proudly announced that its legislation has 68 safeguards and its system is the safest in the world. WA is upping the ante to 102. However, the government is curiously quiet on its confidence in the safety of its system. I have little doubt that the next jurisdiction that pushes for euthanasia will have a greater number of safeguards so that it can insist that its system is even safer.

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As Dr Buti noted, vulnerable people are undoubtedly the most prone to abuse or undue influence, whether that influence is innocent or not. One of these 102 safeguards, which is imported directly from the Victorian legislation, is clause 25(3), which states —

If the coordinating practitioner is unable to determine whether the patient is acting voluntarily and without coercion as required by section 15(1)(e), the coordinating practitioner must refer the patient to another person who has appropriate skills and training to make a determination in relation to the matter.

This cannot be stressed enough. It is perhaps the most important safeguard but it appears to be severely lacking in this legislation. I refer members to the New South Wales case *Justins v Regina*. The case involved a man, his wife and a family friend. The man repeatedly attempted suicide after a diagnosis of Alzheimer's disease. He applied to the Dignitas clinic in Switzerland to end his life; however, his application was rejected on account of the disease. His wife and friend developed a plan whereby the friend would go to Mexico and obtain Nembutal to assist the man to suicide. The man would also take Maxolon to deal with the anticipated sickness caused by Nembutal. While the friend was in Mexico, the man's wife took him to a doctor, not their family doctor, to obtain a medical certificate stating that the man was "quite capable of making his own decisions and understanding the nature of those decisions". She then took him to a solicitor and had his will changed. His previous will left 50 per cent of his \$2 million estate to his wife and 25 per cent each to his two daughters. His amended will gave the daughters \$100 000 each, or one per cent of the estate, with the remaining 98 per cent going to the wife. Later, the wife admitted in the trial that she knew that the man did not have testamentary capacity at the time he signed the will. The new will was made one week before he died from ingestion of the drugs. This case is obviously an extreme example. I challenge the Premier to point out to me any provision in this bill that could stop actions of this nature. In short, it cannot. I doubt any system has safeguards that would stop that happening. At best, all we could do is punish people after the fact.

It is a strange state of affairs when we have abolished the death penalty due to wrongful deaths and created a system whereby a person can seek to end their life. Wrongful deaths will no doubt occur if this system passes and remains around long enough. The question is: do we have the mechanisms available to minimise these deaths and a way to prosecute the offenders? Thus far, I am simply not convinced. A lot of people have said to me, "But Oregon hasn't had any problems." These kinds of claims are impossible to substantiate. If someone has successfully caused the death of another person and dodged the system, of course, there is not going to be a prosecution. Similarly, it is impossible to get 100 per cent accurate data on anything—crimes are not reported, bodies are not found, a murder may be mistakenly deemed an accident. These things happen; not everything is reported and not every misdeed is caught. We ceased capital punishment years ago because we knew the system could get it wrong.

Consider for a moment the elements that make a person eligible for assisted dying. For ease of reference, I will refer to the criteria outlined by the expert panel. The person must be aged 18 years or over; be a citizen or permanent resident; be ordinarily resident in WA for 12 months or more; and have decision-making capacity. Is the person making an informed decision? Is the person making an enduring and voluntary decision? Has the person been diagnosed with an illness, disease or medical condition that is advanced, progressive and will cause death? Is the eligible condition causing suffering to the person that cannot be relieved in a manner the person considers tolerable; and is death reasonably foreseeable within 12 months? I refer to a person's decision-making capacity. Informed decision-making and outside influence are undoubtedly debatable. "Decision-making capacity" is certainly a vague term. Even medically trained practitioners may vary in their interpretation of the definition, much like with what constitutes an informed decision. The real meat of the eligibility criteria comes in the last three points—the illness, suffering and life expectancy. When I received a briefing, a question on these conditions was posed to the expert panel. The panel was asked whether a person with diabetes, for example, who found that distressing and refused to take their insulin would qualify under this legislation. There was a moment of silence before the panel said yes.

**Hon Colin Holt:** That's because they would die.

**Hon CHARLES SMITH:** Exactly. That is the point.

Put simply, these qualifications are vague. They are vague for the purpose of keeping preclusions to a minimum; however, the problem is that it means many other very treatable diseases or ailments may fall within its scope. Similarly, with respect to the alleviation of suffering, what about cases of people who may be ill but also suffer from chronic pain syndrome? This issue also continues for the purposes of the 12-month requirement. Again, this is impossible to diagnose with complete accuracy. It can be significantly shorter or indeed much longer. We have no doubt all heard stories of people who were told they would live for only so long, but who went on to live a long and moderately healthy life. For example, the great Professor Stephen Hawking was told that he would live only a handful of years after his diagnosis at age 21. He died more than 50 years later, aged 78. His contribution and achievement in physics is undoubtedly one of the most remarkable in the last 100 years or so. Similarly, as the parliamentary minority report observes, there have been many examples in Oregon of the ingestion of the drug well after a person's diagnosed years to live. In 14 of the 17 years recorded, there was at least one case of a person

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taking the drug after one year had passed. In four recorded cases, people ingested the drug some two years after diagnosis.

I would like to raise one final issue before I conclude—that is, so-called doctor shopping, which is when a patient sees numerous doctors until they find one who agrees that they fit within the window for assisted dying. To my understanding, no jurisdiction has really answered this problem. In a 2010 paper in the *Disability and Health Journal*, Marilyn Golden and Tyler Zoanni state —

... in many instances, patients have engaged in “doctor shopping,” which can circumvent these supposed protections. When the first physician a patient approached refused to comply with the request for lethal drugs, possibly because the patient did not meet the conditions of the law, the patient sought out a second physician, and in some cases, a third and fourth, until someone finally agreed. In fact, in the first three years assisted suicide was legal in Oregon, patients had to ask at least two physicians before receiving lethal drugs in 59% of cases ...

I see nothing in this legislation that would prevent this happening. I acknowledge the strong and understandable desire to alleviate the suffering of a patient with a terminal illness. However, I am on principle opposed to any legislative change that would allow medical professionals the right to terminate the life of a patient or assist patients in ending their own life. Irrespective of intent or planned safeguards, I believe that introducing legislation to allow euthanasia and assisted dying would constitute a radical and unacceptable shift in our views towards the value and preservation of human life. It would introduce and condone a culture of dying that would gradually spread through our institutions and civil society. Once this culture of death in the form of state-sanctioned killing and assisted suicide has been introduced, the pressure to expand the euthanasia criteria to include more people aside from the terminally ill will become relentless.

I agree with former Australian Medical Association president Michael Gannon in his assessment, and I quote —

Once you legislate this you cross the Rubicon. Our position is we need to do better with end-of-life care and we say that doctors should have no role in intentionally ending a patient’s life. The medical profession is concerned because we will be expected to be involved.

Rather than legalising euthanasia and assisted suicide, I believe, as others have said, that the state government should focus on improving access to, and the standard of, palliative care in Western Australia. In my view, radically changing the entire ethical framework in relation to human life is fraught with danger.

**HON ALANNA CLOHESY (East Metropolitan — Parliamentary Secretary)** [1.41 pm]: I rise in support of the Voluntary Assisted Dying Bill 2019. I do not do this easily and I do not do it lightly. Like many others in this place, I do so following deep contemplation over a long period on the issue of assisted dying, and particularly following excruciatingly painful and undignified deaths of loved ones—and in the face of deep loss and deep grief. But I have also considered the detail, in significant consideration, of the bill before us. I have not automatically accepted or taken for granted any of the compelling arguments on any side of this debate, nor have I dismissed out of hand any of the debate proffered so far; I have considered it all. Although I might have a set of very particular personal experiences and a set of values that might lead one to suspect that I am a likely supporter of the bill, do not take that for granted. I also have a strong belief that good public policy, good public law, must be based in evidence and grounded in reasoned analysis, and this bill has been developed following consideration of extensive evidence and analysis.

The Joint Select Committee on End of Life Choices received more than 700 submissions. It held 81 hearings and heard from 130 witnesses. The Ministerial Expert Panel on Voluntary Assisted Dying took the detail of the select committee and held an extensive consultative process and developed the framework for this bill. The ministerial expert panel heard from 867 participants and received 541 submissions. That is not to mention the extensive surveys conducted by community organisations, special interest groups, media, some members of Parliament and other interested parties. It is clear to me that this bill has had extensive meaningful engagement and consultation and detailed analysis based on relevant evidence. I cannot think of a bill that has had such an extensive process in its development and deliberation in the history of this place. The recommendations of the joint select committee and the ministerial expert panel have also been carefully considered by government throughout that extensive process. On my part, I therefore consider the evidence and analysis to be reasoned and clear.

I turn to the detail of the bill, which, as I said, is based on sound evidence. I was thinking: Why do we need this bill? Why is this legislation needed? Simply put, we purportedly live in a caring society. We provide hospitals, health systems, world-class education systems and myriad support and other social services. We do this as a caring society. If we care about the way our citizens live, we ought also care about the way in which our citizens die. That caring means that we should not countenance or cause undue suffering to others. However, right now, there are many people nearing the end of their life who are experiencing immeasurable suffering. I have witnessed loved ones experience such suffering and I felt completely inadequate, but, more than that, parts of our system cannot

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adequately respond to that pain and suffering that people are currently experiencing. Granted that the group of people for whom palliative care cannot ease their suffering is comparatively small, and this bill has very strict criteria on who may be eligible for voluntary assisted dying—so that narrows the gap even further. We are bound to provide for those whose life is limited but who are beyond the scope of palliative care because we are a caring society.

I have witnessed firsthand the absolutely amazing work that palliative care professionals do. I have witnessed their caring approach. I have watched the way they work so incredibly hard to find medical solutions to improve the comfort level and medical responses for people nearing the end of their life. I have watched them work tirelessly doing that. But I have also seen firsthand how palliative care is no longer the relief from extreme pain or suffering that some people experience. My observations can also be found in the evidence provided by the select committee, which found —

... it is clear from the evidence that even with access to the best quality palliative care, not all suffering can be alleviated. Palliative care physicians themselves acknowledge this.

The select committee received significant evidence also from families of loved ones for whom palliative care was limited; I quote —

*She was still in a lot of pain and a lot of discomfort in this period here because, because if she is not using her muscles and stuff, then she is basically wasting, and that comes with discomfort. You are talking about continence as well. She could not eat a lot of food anymore. Her stomach was rejecting food. I would not say she had any quality of life from here on in.*

That witness's experience mirrors my own family's experience. My mother-in-law was a dignified woman throughout her life. She valued privacy and the way in which she presented to the world was important to her. Following a head injury, she deteriorated rapidly. She was medicated, so her breathing was difficult and her muscles contorted. I might come back to that. The short story is that she had access to fantastic palliative care, great palliative care, but it was limited—very limited—for alleviating the suffering she was experiencing.

Therefore, I am really pleased that the government has recently significantly increased funding for palliative care. There has been a total increase of \$65.2 million with the recent announcement of \$17.8 million. This will increase access to palliative care services throughout Western Australia, and I am really pleased about that. I am particularly pleased about the increase in palliative care services across regional Western Australia. The regions have for a long time experienced a lack of palliative care, and I am very pleased that those services will be increased for families throughout Western Australia. But even with this significant increase to palliative care, it is, as I mentioned, for some people no longer an option.

Further to that, the lack of access to voluntary assisted dying has in the past caused many people to make difficult choices. I have heard the experiences of many family members and friends whose loved ones, because of the lack of a legal framework that this bill will provide, have felt forced to choose their end of life alone. For example, one person ended his life because he wanted his end of life to be of his own choosing. For him, there was no choice; he had bone cancer and had suffered from it for a number of years, and the cancer was advanced and terminal. He had received good palliative care, but his medical professionals made it clear that his end was near. He was in constant, unbearable pain, but the medication he was prescribed was unable to alleviate the intense pain he was experiencing. The medication also affected other aspects of his quality of life. He had always been a good talker and laughed uproariously—sometimes at the most absurd things—but he could no longer talk and could no longer laugh. He had always been a person who made informed choices about his life; he was active in his own life, if you like. He had lived his life surrounded by family and friends and was a very jovial fellow, but because he did not want his family to have any suspicion at all about the way in which he would die, he died alone. He was terminally ill and he chose to end his life.

I understand that this bill does not support suicide because it makes a very clear distinction. I believe suicide is tragically sad. I understand suicide to be the loss of life of a person who does not have a terminal illness and is not dying. I personally have worked very hard to try to prevent suicide, but this bill is based on the premise that voluntary assisted dying involves a personal choice about the way in which a person may die, when and only when their death is inevitable and imminent.

During the course of community debate on this bill, some people have pointed to other potential flow-on effects, including that voluntary assisted dying will lead to forced euthanasia. It is an argument that suggests we start at one end of a supposed continuum and progress through to a supposed logical conclusion. What I have noticed about these types of arguments is that they are what is termed a logical fallacy: committing X will allow something else to be caused to happen, therefore X should not be allowed. One of the things I have noticed in my many years in public policy is that these types of arguments, also known as “slippery slope” arguments, occur whenever significant public policy change is being considered. I have seen these kinds of arguments used in debates on sex discrimination, equal opportunity, abortion law reform and, more recently, marriage equality. But changes have

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been effected in all those public policy areas, and the sky has not fallen in. Significant change is difficult, but we must do it with reasoned analysis.

The argument continues that if we accept some measure of voluntary assisted dying, no matter how highly regulated or tightly managed it might be, it will invariably lead to the acceptance of a set of values that are not currently held in society, or to practices being taken to an extreme. The Joint Select Committee on End of Life Choices found that there is no evidence for these concerns. The select committee pointed to the example of Oregon, USA, where a similar law has been in place for more than 20 years. I quote part of finding 38 of the committee's report —

The experience in Oregon, where the law has undergone no change or expansion since its introduction in 1997, demonstrates the invalidity of any attempt to apply a universal slippery slope argument.

I acknowledge and understand the concerns of some people, particularly people in the disability sector, that if we start here, people with disability may become particularly vulnerable should the law expand. I understand the personal and very close feelings of being threatened that that argument may provide, but I also know that in addition to the evidence provided to the select committee, there are other factors to consider. This bill is clearly defined in its intent and purpose. Its intent is for those whose medical condition is terminal. Its intent is for those whose life is ending. The lives of many people with disability are continuing and there is nothing in this bill that indicates any characteristics other than a terminal, immediately impending illness. Furthermore, the approval process is detailed and closely managed. The request for voluntary assisted dying must come from the person; in fact, there has to be three separate requests. Importantly, the request and approval process must be transparent. For me, this component of transparency brings the whole process into the open for regulation and scrutiny. That clarity, that openness, is an important safeguard. It also reduces, not enhances, the likelihood that practices become anything more than assisting those with terminal illness under strict and refined criteria to bring forward their inevitable death. Furthermore, it has taken many, many years to bring this bill to fruition. My colleague Hon Alannah MacTiernan outlined the various attempts to bring similar bills to fruition over something like 25 years. This bill has a long way still to travel—I know that—and the process of change is not easy. Even if this bill is successful, the process of bringing any other change through this Parliament is very, very unlikely.

I also want to talk about another way the bill will be implemented that has concerned me for some time. It relates to coercion and people choosing voluntary assisted dying because they feel they are a burden. Again, prepare for the tears with this one; it is close to my heart as well. My mum died at a relatively young age for a woman. She had respiratory illnesses all her life. They had been misdiagnosed. Throughout her engagement with the medical profession she never challenged a diagnosis; she never requested a second opinion. When she was dying, I sat with her and noticed a large lump. I asked her about it. Had she brought it to the attention of the nursing staff? No, she had not brought it to the attention of the nursing staff? She did not want to because they were so busy. Had she brought it to the attention of her doctors? No, she had not. She did not want to disturb them. Had she talked about it with any other members of our family? No, she had not. She did not want to be a burden. She said that she had already been a burden for a few years and she did not want to be more of a burden. I do not know whether she would have chosen voluntary assisted dying at the end—I would hope for her that she would have because it would have made her death easier. But with this bill I wanted to make sure that other people like her, women who are socialised into a kind of passivity and a sense of worthlessness and those people who feel that they are nothing more than a burden, do not choose voluntary assisted dying as an option as the least burdensome choice for the medical profession or their families. I took a detailed look at the safeguards contained in the bill. In addition to the safeguards I referred to earlier, I understand that the process to apply for voluntary assisted dying is rigorous and sound. I understand that the practice of assessment by two doctors who are required to be trained by law in this area will act as a very reasonable safeguard to detect coercion, as I described this part of a request for burden.

Other areas of the operational provisions, particularly parts 2, 3 and 4, and the review provisions in part 5, are, I think, important safeguards to ensure that people who feel that they are not worthy or are a burden will not choose voluntary assisted dying unnecessarily. But the most important part about all the safeguards is that not one part of this bill and not one safeguard works in isolation. The important part of this bill is the interrelatedness of the way each part works in sequence, but together as a whole, as a check against each other. That is what makes this a whole safeguarded system. That is the important double-check for people who may not feel that their life is worthwhile. For me, this bill, on balance, provides patients with a choice that they currently do not have and it provides them with dignity. It is enclosed with safeguards to protect patients and the integrity of the process. Its development has been based on clear evidence and reasoned analysis. It is a caring bill for a caring society.

I want to thank sincerely all those people who have shared their views with me—more than that, who have shared deeply personal and often painful experiences. I want to thank the over 1 000 people who contacted me about this bill and to also apologise to those people who tried to phone my office the day our office phone numbers were published because my phone lines were down. It was a telecommunications issue. If I had been there and if the lines had been working, we would have listened.

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Thanks also to the members of the Joint Select Committee on End of Life Choices and the ministerial expert panel, and the countless health professionals, community organisations, professional organisations and others who have contributed to this debate so far.

This is a caring bill for a caring society.

**HON DR STEVE THOMAS (South West)** [2.07 pm]: Madam President, thank you for the opportunity to make some comments on the Voluntary Assisted Dying Bill. I do not intend to talk too much about my personal history and the history of my family and friends and their various deaths. I hope that members will simply accept that my experiences are not dissimilar to everybody else's. I am not generally of the view that I need to share those in any great detail, but I will, as is my usual bent, take the conversation to some different places than the conversation that has generally occurred. I do so because I think it is important. I have been around long enough to know that it is unusual for any member of this house to be swayed by the contribution of another member of the house in the debate on particularly important issues, so I am not silly enough to expect that my words will shift the vote of any other person; and, to some degree I suspect, neither should it. But I do take this opportunity to congratulate members on the standard of debate so far and the way it has been conducted. I think the respect that has been shown in this house is a credit to this house, and I hope that the rest of debate continues along at that same standard. That is not to say that that standard has been maintained universally throughout the debate. I think the standard in this house has been an example that could be reflected upon, in particular by those on both sides of the argument who seem happy to make contact with members of Parliament and me and my office expounding a view on one direction or another. Other members have probably found a very similar thing, but I find that the public approach to this has been one of the two extremes. The people who write to or contact us are either absolutely adamant that this is a good bill or absolutely adamant that it is the worst bill in the history of bills. I have found it very difficult, as I have done with other complicated debates, such as climate change, for example, to have a conversation about the technicalities when people are expert in all the things that they know and say without, in my view, in the most part, having read or understood the bill or knowing much about the issue apart from having a firm opinion in one direction or the other. I find that immensely frustrating. For those who want to debate, it is very difficult to do so with people who are absolutely certain of their ground. That is the problem when we talk about social issues. Every person is a member of society and therefore, to some degree, an expert in what they are saying. I will come back in a little while to who is really expert in this particular field.

Instead of talking about friends and family who have gone before me, I thought I would talk a little more about the actual process. When I first thought about this address, I thought that I would talk in some detail about the process of euthanasia, because I am probably the only person in this room who has dispensed it. I imagine I am probably the only person in this Parliament who has done so, but that is not to make light of it. I start by saying that when members hear somebody say, "You would kill an animal if they were suffering like this, so why won't we do it for a human?", I find that a most enraging, petulant and stupid comment. We do not chain human beings up outside—or we should not. We do not starve them. We do not kill them and eat them. As one who has euthanased thousands, as far as I am aware, no-one in the human euthanasia field has ever been faced with the statement "If nanna is sicker than \$300, just put her down." To suggest that we equate humans with animals and that makes it okay is a spurious argument and is insulting. It is not the case that it is done easily or lightly, even in the animal sphere. Some veterinarians refuse to euthanase animals on the basis that it is traumatic for both the owner and the vet. For those people who work in the field of killing animals, particularly those who work in abattoirs, it is an immensely traumatic job and not many people survive it for any length of time. Can we put the statement "We treat animals better; therefore, it's okay" to one side in the debate? Whether people are for or against this bill, let us put that to one side.

**Hon Nick Goiran:** Can I make the observation that animals also cannot consent, unlike a human being, so it is manifestly different.

**Hon Dr STEVE THOMAS:** Yes, true. I guess I am making the point that there is a difference between the sanctity of life of an animal and the sanctity of life of a human, so let us not treat them in the same way. Having said that, I also do not believe that this is a religious debate. For me it is not. The reality is that I have never felt the urge to make others conform to my faith. I say to those at the other end of the argument for whom this is a religious debate that if they are correct and suicide is a mortal sin, do not do it. If they believe that those people who do it will be punished, that is their belief, but that is not a reason for me to engage in a debate to prevent this from going forward. I have never felt the urge to force my religious view on anybody else, and I maintain that view. This is not a religious debate—it has never been and it should not be. I will get to this a little later, but I will use what I call, sadly, the pseudoscience of psychology. For me, this is a scientific debate; it is not a debate about religion. I hope that we can put that on the backburner as an issue that is not relevant to the things that we do in this house. If people think that the supporters of this bill have a religious problem, that is their problem. It is not their role or my role to impose that view upon them, so let us put that aside for the moment as well and take it back to the real sensitivity of the debate.

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I have not gone into the details that other members have covered, but if people are of the view that assisted suicide is not an option—I would love to think that everybody is of that view, but they are not—there are other ways for them to approach their end-of-life care. I have not heard anybody talk about it yet, so I will make some comments about how it can be managed in the best possible way. If a person wants to go through the best possible end-of-life process, obviously they will need the best possible end-of-life care. I agree with all those members who have said that palliative care needs to be improved and that there is a long way to go. I spent 10 years as the chairman of the South West Health Forum and we could not get a gerontologist in the south west for a long time—that is, one aged-care specialist. It was very difficult to get a palliative care specialist in the south west. When the appointment was finally made, it was not a state appointment; St John of God Bunbury Hospital put in a very good palliative care unit. I have mentioned that before and I have praised it and I do so again.

People need good end-of-life care. For those who do not want to take that final step, I offer a piece of advice, and this has been available to patients and their doctors for some period. If a person's pain is extreme and their incapacity is high, they have the capacity to discuss with their medical professionals today the need to increase their dose rates of various painkillers up to the point at which it may be a risk to their life. I say to those people who want to go down that path that if they go to their doctor at the moment and say, "Will you please kill me?", they have to say no, but if they go to their doctor and say, "I understand that I have a high pain disease and I have a low pain threshold, and I understand that you will need to increase the doses of an opiate of some form to the point at which it will start to have negative impacts and at some point you will most likely have to increase that dose to the point at which it will most likely end my life", the doctor has the capacity to do that now. Parts of the medical profession talk about increasing the dose—lots of doctors have increased the dose—to the point at which end of life is perhaps not a certainty, but the person will get there eventually. The problem is that opiates are one of those drugs to which resistance builds almost universally amongst people. That is why drug addicts start on a fairly low dose of opiates and then build up to significantly high doses. The doses that a person will have to be on will be very high. There will come a point in that process when there will be respiratory suppression, particularly if opiates are used in conjunction with dissociative anaesthetics. I do not propose to go through all the details and the names, because I do not want to talk about a manual for the process, but there is a point, particularly with that combined structure and plan, at which there is effectively a likelihood of the end of life. A person's medical support crew can put that in place today. It is a conversation that a person has with their medical professionals about understanding the risks. It is a bit like the way people can say to their medical professionals that they do not want to be revived. People can also say to their medical professionals that they do not want certain treatments, and they can ultimately refuse food. All of these things are possible now. That is not to say that there is not a group of people who will say that is not adequate, but I wanted to put that as part of the debate—to say that there are alternatives that people need to be aware of as part of this conversation, and I am pleased to have the opportunity to do so.

My concern with the bill is not religious, and I am glad we have removed the animal component, to be honest. My concern with the bill is this: I am always concerned with precedents in community activity. I think we are effectively and essentially a binary species. We do not deal with intricacies very well; we never have. There is this great line in *Yes Minister* that people do not want to know all of the substance of an argument, they just want to know who the goodies and baddies are. We are very much a binary species, and that remains my view. We effectively say that something is in or it is out. I think the correspondence I have received during the course of this debate reflects precisely that. There is no intricacy or discussion about the debate. People are either firmly in favour, which in my view is the majority, or they are firmly against. I am not of the view that just because the majority of people are in favour of something it means that all politicians therefore have to follow in line, because I do not think that necessarily leads to the best outcome. Hitler was popularly elected, but that does not mean it was good for the world. At the last state election the Labor Party was 55 per cent to 45 per cent in favour. I do not even think that is necessarily good for Western Australia! It is not my view that simply because something is popular, it is the right outcome. The degree of venom that has come out from some people in the process at both ends of the argument should be an embarrassment to them. Some of it has been disgusting—from both ends. I am either going to hell at one end or I am not going to get preselected on the other. If that is how I should judge how I stand, how I speak and how I vote, we should all just go home, because we are all wasting our time. Doing something just because it is popular is not good enough. If it was just the popular vote that ruled, there would not be a Green member in the house and there potentially would not be a crossbench member in the house—there would not be much of anything but the two or three major parties. We might as well go to the Queensland system with only a lower house and no proportional representation, and we sort of throw democracy out the window a bit in the process.

**Hon Colin Tincknell:** Everyone would be a crossbencher.

**Hon Dr STEVE THOMAS:** No, everybody would be from one of the three major parties. If it was just that, it would be an interesting place, and we would get those big swings that Queensland gets. Can we put that to one side as well. There are those who have said this is the end of our political careers or we will never get preselected, and polling that says people will change their vote based on this issue. Some will, I get that, but if we are threatened by that,



if that is the threat that makes us want to do one thing or the other, I have no right to be here and neither do any members. In the debate so far I have not heard anybody say that is what has driven them. I have heard people refer to it and I have heard people mention it, but in every speech I have also heard members say it is just one small component to what I am mentioning. I think that is a very good thing; I really think it is.

I am always cautious about polling. I have been around long enough. I saw the polling that said that the Morrison government was going to lose the election, so I take polling with a grain of salt. I am also always a little sceptical of the polling questions. Again, there is a great *Yes Minister* episode in which the question of whether people want conscription or not is asked. The answer that came back was that it just depends what question is asked in the polling. If the question is whether people want young people taught military discipline, everybody says yes. If the question is whether people want young people trained to shoot guns around the place, the answer is predominantly no. *Yes Minister* should be the bible for everybody here. Polling depends on what people are asked. What if polling asks whether someone supports the current safeguards in the bill without having asked them what they know about the bill, whether they have read it and what they have read about the safeguards? My view is that we are a binary species. If we support the bill, we are going to say yes, we support the safeguards. If we support the concept of the bill, we support the safeguards currently in it, because we want it. If we do not support the bill, we do not support the safeguards. We are binary; we are a binary species. We are this end or that end. A complex debate will hopefully happen in this house because it will raise the standard of the house that shall not be named; we will see a highly competent and complex debate. That debate needs to be allowed to happen without this pressure.

I try not to name-drop, but my old friend Joey Armenti has been a part of the campaign positive to the bill. We have been friends for nearly 20 years now. He will still be my friend at the end of the process, although we agree to disagree. I want to thank him for the respect that he has shown me in the debate, because not many people allow us to agree to disagree respectfully, and he has done precisely that. I think next time we meet it is his buy! He has done this very, very well.

In my view we are a binary species, and this becomes my problem with the bill. If we are a binary species, we then endorse suicide as a solution to a medical problem. We can agree to disagree on this, and I will give some examples of why I think we are a binary species. To me this becomes the major stumbling block of the bill so far—it is not religious, it is not anything else. This is my problem. My good friend who has now passed away, Dr Val Lishman, was a legend of medicine in the south west and used to call psychologists a curse upon society, and I sort of join him in that opinion. They always make me very nervous. But we are going to drag a bit of psychology into the argument. This is my problem: as a binary species, we are very poor at nuancing components. We do that. Some of our greatest failures in policy have been because we do not recognise that we are effectively a binary species. I will use an example. I know we are digressing into alternative social policy here, but domestic violence is a curse upon the community in which it exists, and there have been government programs and campaigns on domestic violence for longer than I have been involved in politics. Members might remember that I worked for six or seven years in the federal sphere, and I watched this process in action. There is a problem with domestic violence programs. We have had award-winning ones. Members probably remember the campaign “Violence Against Women, Australia Says No”. It was around for years. It won international awards. It was this great advertising campaign that brought in champions of both genders; it was this massive award-winning campaign. What happened to domestic violence rates at the end of that campaign? Does anybody think that the campaign actually improved outcomes? All the figures say that there has been effectively no change; in fact, some of the figures say that domestic violence is as bad as it has ever been. Here is why I think that occurs. Things like those domestic violence campaigns are actually campaigns in a political space to get a political response that does not reflect the reality of human behaviour on the ground. The political response is to make people feel better about the process, to make people think something is being done. There is a great line in *Yes Minister*: “I want to fix education.” “Do you want to fix education or appear to be trying to fix education?” “Obviously, it is the second; I can’t do the first.” Domestic violence campaigns are very much about advertising campaigns to make people think that something is happening. We are a binary species in my view because, behaviourally, it is very difficult to say that violence is bad in one set of circumstances. There are communities and people for whom violence is endemic, and in a lot of society we encourage it.

I am old enough to remember when we went to the football and clapped on the other team. If we did not like them very much, we let them go on in silence. Now we abuse them as they run onto the field. I will never forget going to my first State of Origin match to see the opposing team booed onto the field. I could not believe it. I am getting on a bit now, so I am going back 30 years. This endemic violence and abuse has been around for 30 years, but we encourage it. We encourage the abuse of football players. We see movies and video games that encourage violence and abuse. We put on movies in which lots of people are attacked and killed and all the rest of it. At the end of that process, we say to people who are probably affected by drugs and alcohol in difficult social circumstances, “Violence is not appropriate in this set of circumstances when the victim is identified this way.” I think that is why they fail. If we approach all violence as a negative, we have the capacity to influence it and try to remove it from

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society. If we pick and choose where we approach it, I think we have a problem. Because we are a binary species, I do not think we absorb the nuances of that debate. That is why I think those programs and campaigns fail.

My issue with the Voluntary Assisted Dying Bill before the house today is that I think it provides that in a set of circumstances that the government and the Parliament of Western Australia agree with, we think that suicide is a legitimate medical option. I absolutely get that for a number of people, that is exactly the case. That is the message I get from those people who say, “We want you to support this bill.” They say that in these circumstances, we think suicide is acceptable. My problem with supporting this bill is that I think we are a binary species. We do not necessarily have the opportunity to remove all those alternative situations in which the death of the patient is the desired outcome. That becomes my issue, and why I struggle to support the bill.

We are all against the death penalty because we think it is abhorrent. I think we need to be very careful about how we make voluntary assisted dying okay and in what circumstances. I fully accept that people do not want to be in pain into the future. They do not want their final years to be ones of suffering. I get that, I really do. As other members have said, I think good palliative care for most people is sufficient but not all people. There will be circumstances in which the best of intent probably comes up short. I have enormous sympathy for those people and for members who, in a gentle and great way, have shown support for the bill today. I have enormous respect for Hon Tjorn Sibma, who has come out in a public manner. I think he is someone of great integrity and intelligence, who would have significantly considered his view before doing so. I welcome and support his decision as being due to his conscience. I think other members have so far expressed themselves in a great way.

However, I understand that we are afraid of death and the manner of our dying. It is a pretty common human condition to be in; it really is. Nobody wants to go through that level of pain. However, I have struggled to support the bill simply because of the reflection in the greater community where we say that in one set of circumstances medically provided death—medically provided suicide—is the right outcome when it is not for others. It is easy potentially. People will say, “When you’re not suffering, that is an easy position to take.”

I will try to finish on this note. We talked about the sanctity of life. Members have mentioned the sanctity of life. That is not a religious statement. Plenty of people who are atheists believe in the sanctity of life above everything else. If we believe in that concept, whether we believe it is a religious concept, it is important for those who go through a difficult end-of-life experience to do so showing the sort of strength of character that shows to the people around them, particularly future generations, that life is precious and worth holding onto no matter the circumstances we are in. I hope that if I am faced with those circumstances, I will have the strength of character and the power of force to do precisely that—to say that every day is precious and every life is precious and, despite the pain, I remain of that view.

Most people will do that irrespective of whether this bill passes. However, that is why I have struggled to support this bill. I hope that when the final test comes, I am able to live up to the words I say today. I have known family members who have done precisely that. I expect this bill to pass the house. I think the second reading speech will be agreed to in a pretty timely manner, to be honest. I have no intention of holding up the bill in debate during the Committee of the Whole stage. I will say my piece and let the bill go forward. However, I think it can go forward without my support at the end of the second reading stage. I think that will happen. I hope, that going forward, the standard of debate we have seen to date remains.

I truly hope that the generations who follow me see an example at the end of my life that reflects the sanctity of human life and the notion that every day matters. That is why I am unable to support the bill today.

**HON JIM CHOWN (Agricultural)** [2.38 pm]: First, let me state that I will not make any personal statements about end-of-life experiences that I have experienced, nor will I read out and burden the house with any of the thousands of emails I have received about this matter before the house for debate today. May I also acknowledge speeches such as Hon Alanna Clohesy put forward. Thank you for your courage. We certainly appreciated your words and the words of others who have had the courage to do so. That sentiment is mine sincerely; however, I do not have that sort of courage because I get quite emotional about these things.

I have been quite indecisive with my position on this bill. I have actually lost sleep over this for many, many weeks, and that is out of character for me, quite frankly. I am the sort of person who has gone through life weighing up the pros and cons when coming to a decision. However, I have come to a decision, and I will make that known as I go further through my speech today. Part of my indecision has been caused by my firm belief that palliative care goes hand in hand with end-of-life choices. The parlous state of palliative care in this state has come to the fore on more than one occasion in this house. I certainly thank people like Hon Nick Goiran and the President of the house, Hon Kate Doust, for their initiation of the Parliamentary Friends of Palliative Care group, which has regular meetings in this place.

I believe I was the first person, since I have been a member, to put forward a motion targeting the lack of palliative care services in regional Western Australia, which I did on 12 October 2017. That lack of palliative care has

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become more evident as time has gone by. I put a question to the Minister for Health on 27 November 2018 on that issue. My question asked how many palliative care specialists there are in Western Australia, and the answer that came back was 11.35 full-time equivalents. If we combined that number with those in private health institutions, it actually got to about 15 FTE. I have been fully informed by palliative care operatives in the Western Australian health system that nobody actually knew the answer to that question—they had to have a phone hook-up and meeting. They added up the numbers and found, much to their surprise, that there was a very, very low number of palliative care specialists in this state, and virtually none in regional Western Australia. I moved a further motion on palliative care on 3 April this year—I add that both those motions were supported unanimously by the house—and went through a whole set of figures for palliative care in this state, or the lack of it. I actually challenged the government to step up and fund palliative care so that people could have true end-of-life choices. The figures that I listed during the debate on that motion have been used extensively by the Australian Medical Association, members of Parliament and the press. I am quite proud to have brought forward in a public forum such as this place and put on *Hansard* the issue of the lack of palliative care services, and to have seen those figures expressed again and again in regard to the bill we are discussing today.

Just for the information of the house, since those motions were supported, and I assume because I asked government backbenchers to go to the Minister for Health and impress upon him that the government needed to appropriately fund or put more funding towards palliative care in this state, there was an announcement in May of an additional \$41 million for palliative care and a more recent announcement of \$17.8 million. Both those tranches of funding will be spread over four years. The amount of \$17.8 million was announced just prior to this bill coming to the Legislative Council. I take some heart from the fact that the minister's press statement states that this will include across all the regions —

... the establishment of new specialist district palliative care teams comprising of medical, nursing, allied health and Aboriginal health workers.

The breakdown of this funding includes \$3.6 million for the goldfields, which will increase the current palliative care FTE of 4.1 to 12.45 FTE. The great southern will have an increase in its FTE from three to 11.45. The Kimberley region used to have a visiting palliative care specialist three times a year. I have been informed that every time they went up there to address the staff on how to provide palliative care correctly, they virtually had to start from stage 1 each time because of staff turnover. In fact, every time they went there, they could not put in a proper program for palliative care because the people to whom they had originally spoken had moved to other places. It is encouraging that the Kimberley will have expenditure of \$4.4 million and an additional 9.95 staff, as stated in the minister's press statement. The midwest and Gascoyne, which includes part of my electorate, will go from 2.7 FTE to 13.55 FTE; the Pilbara will go from 1.65 FTE to 13.45 FTE; the south west will go from 11 FTE to 16.9 FTE; and the wheatbelt, which is all of my electorate, will receive \$2.7 million and the number of staff will go from 5.3 FTE to 11.45 FTE. It is a start. It is not a large amount of money in the context of the health budget, but it is a start, and it is a good start for palliative care. I certainly hope that the Minister for Health abides by this press release and at the very least accelerates this expenditure and puts these programs in place as soon as possible. Next year would not be early enough. A question was asked yesterday by Hon Colin Holt about how this will occur and we were told that there will be a 17 per cent increase in funding each year going forward. I would like to see a 50 per cent increase each year for the next couple of years in this allocation of funding for palliative care. Be that as it may, I have absolutely no doubt that had it not been for the pressure from this place, that extra money would not have been allocated to palliative care by this government. I congratulate everybody—I congratulate myself as well—for at least this happening at this stage of this bill.

My indecision about the bill was because of the parlous state of palliative care in Western Australia at large. I am still concerned about the metropolitan area, quite frankly. As stated in the report of the Joint Select Committee on End of Life Choices, Silver Chain does a lot of unfunded, pro bono work for people who are dying at home from a terminal illness. I asked a question in this house to the Parliamentary Secretary to the Minister for Health on extra funding for Silver Chain and the response was that its contract is up for renewal in 2021 and that, up until that point, there may be some contractual arrangements that need to be discussed. I found that response to be disingenuous and disappointing, because the government cannot tell me that Silver Chain would not accept a variation to that contract arrangement for more money to allow palliative care to take place appropriately in a residence in the metropolitan area, where the greater proportion of the population of this state resides.

Be that as it may, my decision is to support the bill. The reasons for that decision are more than one. I have listened to the case against the bill, but I believe that the population at large is ready for a change of our culture and certainly of our medical practices to allow people to have quality of life and quality in death if they choose to do so when they have a terminal illness. Our population is fully informed about and fully cognisant of their responsibilities, even though people at times get up in court and say, "I didn't know that, Your Honour", when in fact they did, but that is no excuse under the law. It is my firm belief that Western Australia is certainly ready for voluntary assisted

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dying for a number of reasons. One of the reasons that swayed me was a coroner's report that stated that from 2012 to 2017, there were 199 cases of intentional self-harm by people with terminal or debilitating illnesses. Almost one person a day commits suicide in this state, which is more than the number of people who die on our roads. Some people commit suicide after they have been diagnosed with a terminal illness because they feel they do not have an option. If we can save even half of those people from doing that by adopting this bill, we will have done a great thing on behalf of the population of Western Australia. I cannot think of anything more traumatic for a person than to come home, knowing they have a loved one who is diagnosed as terminally ill and is under stress, and to find them dead somewhere on the property, or in the bedroom, or in the car that they have taken and driven somewhere else, to alleviate that person of the pressure. I think the survivors would probably never overcome the guilt. If we can go some way to alleviate at least that mental pressure and give them an alternative to know that if it gets too much for them, they have this option and they can exercise this option with the people who have supported them all their life, that is one reason I am prepared to support this bill.

Quite frankly, when we break down the figures in the coroner's report, we see it is approximately 33 people a year. It is not a big number.

**Hon Colin Holt:** It's 10 per cent.

**Hon JIM CHOWN:** Correct, it is 10 per cent. These are people who should be cared for and I think this legislation will go some way to caring for them.

As I stated on a previous occasion in a motion to the house, the Australian Bureau of Statistics states that in 2016 we had 14 839 deaths attributed to terminal illness in Western Australia. Approximately 70 per cent, or around 10 000, of those deaths were expected. As I have stated, I have spoken to palliative care specialists and attended as many meetings with the Parliamentary Friends of Palliative Care as I possibly could. At the last meeting I attended there was a panel of palliative care specialists. I asked the panel about my understanding that two to four per cent of people under palliative care cannot be helped by palliative care. Hon Alanna Clohesy addressed that issue in her speech today. The response was, "That's not quite right. Medicine is progressing and possibly drugs will be available at some stage in the future and we can alleviate a fair bit of that stress to some degree for that two to four per cent of people." I do not understand the use of the words "to some degree" because that sends me the message that palliative care cannot alleviate unbearable suffering. Once again, if we break down the statistics, it means that 200 people in this state, in the last six months of their lives, who are dying from a diagnosed terminal illness cannot be helped by the best palliative care available today. It is 200 people. That is a lot of people who suffer against their will and die in an intolerable manner because they do not have a legal option to exercise the rights in this bill. I find that incredibly disturbing and I do not want to be one of them, quite frankly. I would like to have the option. I challenge everybody in this place. We do not know what is in front of us, but if you were suffering intolerably and the option was available to you and you had a chance to go quietly and peacefully with your family, I challenge that most of you would at least think about it.

**Hon Colin Holt:** You'd have the chance.

**Hon JIM CHOWN:** I certainly would. I had a pivotal conversation with a lifelong friend whose opinion I respect. He is a very strong practising Catholic and will be until the day he dies, and so is his family. I told him I was undecided about voluntary assisted dying and asked him what he thought about it. His response was immediate. He did not even think about it. He said, "Jim, I would like to have the choice if I required a choice." Certainly, 82 per cent of people in my electorate support the intention of this bill. It is the Liberal Party's annual general meeting time in my electorate and I have attended a number of branches. I have had one member contact me saying they were against the intention of this bill but I have had a large number of Liberals tell me they support the intention of this bill.

This bill has my support. However, I would like to also state that I support Hon Martin Pritchard's proposed amendment. I thank him for the amendment. I think it is an important amendment. The amendment states that a practitioner is not compelled or in fact authorised to initiate discussions about VAD as part of a patient's treatment program with those who are suffering from a terminally diagnosed illness. I support this bill contingent on the passage of this amendment because, as stated in the title, this must be, without exception, a voluntary process by the patient. A patient who wishes to exercise their right to utilise voluntary assisted dying must do so without being prompted or coerced. Again, the emphasis is on the word "voluntary". To have a medical practitioner propose VAD as a treatment option undermines the voluntary aspect of this bill. Any perception of coercion, whether it be real or perceived, is a step too far, especially for those unfortunate people who, I have no doubt, would be in a fragile and confused frame of mind as they move forward in a condition that will eventually cause their death. I believe that if medical practitioners are compelled to bring up VAD as a treatment option, such an action severely compromises the medical professions' sacred philosophy and practice in the western world of doing its upmost to prolong life. To impose such a condition upon our highly trained medical practitioners is in reality a step too far.

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However, if a patient with a terminal illness wishes to initiate such a discussion on VAD, the responsibility then resides solely with the patient.

I have discussed this proposed amendment with other members in this place and they are of a like mind on this particular matter. I have also discussed this amendment with the government as recently as last evening, and it indicated that it has no objection to Hon Martin Pritchard's proposed amendment, and will more than likely put forward a similar, if not identical, amendment. I look forward to that. I take discussions behind the Chair seriously. As we move forward into Committee of the Whole House, I certainly hope that that proposed amendment is moved and accepted by this house.

**Hon Alannah MacTiernan:** Which amendment, member, is it that you're talking about?

**Hon JIM CHOWN:** I have not got the number here, minister, but I am happy to bring it up later.

**HON LAURIE GRAHAM (Agricultural)** [2.58 pm]: I wish to commence my contribution on the Voluntary Assisted Dying Bill 2019 by reaffirming that I support the bill in its present form and will vote in support of its passage at all stages. We have an extraordinary opportunity to participate in debate on this bill and to have the freedom to vote according to one's conscience. That rarely happens. Should the bill not be supported, I believe that it will be a very long time before the matter is considered again. I fully support and respect the right of the majority of members of this house to reject the bill if that is the will of the house.

A number of my friends and acquaintances are surprised that, as a practising Roman Catholic, I would support any legislation that provides the right of eligible persons to end their life at a time of their choosing. A few weeks ago I attended a church service in Geraldton. The topic of the homily on the night was the Voluntary Assisted Dying Bill, which really surprised me. I felt sorry for those who attended the service and who would not have understood that the key message of that homily was meant solely for me. I see little difference in the use of medications administered to patients for pain control that may well hasten their death in some instances and an eligible patient's decision to opt for voluntary assisted dying medication. I find it interesting that when I have spoken to people of faith on this issue, I have found them to be mainly very supportive of both options that people should have at the end of their life. The bill provides appropriate protection for vulnerable people. It allows those who have been diagnosed with six months or less to live with severe pain or suffering to opt to end their life in a dignified manner. I have always made it known that I support legislation that gives people the right to end their life at a time of their choosing if they meet the eligibility criteria set out in the bill. Nothing I have heard in the debate in this house or the other house has changed that view.

I initially intended to make my comments on the bill with reference to the large number of letters and emails I have received from residents mainly within the Agricultural Region. I received a large number of group emails from all over the state to which, like many members, I chose not to respond. Instead of talking about those, I intend to talk about personal circumstances. Although I can be emotional at times, I trust that I will be able to get through this. I have had reasonably pleasant experiences with death to date, so hopefully I will get through this without too much delay. I have opted not to refer in detail to the bill, the committee report or the specialist panel. I believe those have been well covered by members who have spoken to date and will be covered by others who will speak during the debate.

On my personal circumstances, my mother passed away some 40 years ago within a few months of being diagnosed with an advanced brain cancer. She pleaded with doctors to operate on the tumour as she desired to live the full and happy life she had before, and she accepted that the operation may well be unsuccessful and hasten her death. After the unsuccessful operation, the machine that was supporting her life was turned off after we had the opportunity to say goodbye. As a family, we totally supported her wishes. I believe my mother would have seriously considered using VAD in the right circumstances if that had been available at the time.

My father was in the opposite situation. He chose to live the last few years of his life at Nazareth House Geraldton. He initially moved from his house to respite care as he could not cope with a large house after several falls in the garden and he needed an extended period of respite. He quickly grew to love the institution and received great care in the low-care accommodation section that was available at that time. He had no wish to live his last years with his children, but regularly had holidays with us all. Dad had the most peaceful death in his own room on the verandah. I was able to be present at the time of his last breath. He rang my sister and brother early in the afternoon to say goodbye and he phoned me to ask me to call in on the way home from work that day. He had a very active, independent life. When I visited that day, I had no idea that he had decided that this was farewell. Within three hours of my arriving he had passed away. The point I am trying to make is that his body was broken. His soul was willing but his body was no longer active. He had a high threshold for pain; pain did not worry him. I know he would not have accepted VAD as an option to terminate his life, so we are all very different people; that is the way we are. Perhaps I am a little more like my mother.

My mother-in-law was diagnosed with breast cancer and passed away in 1999. She chose to live with us for about the last 10 years of her life. She fought breast cancer for the first five years and then got an eight-year reprieve. That was followed by two years of what I could only describe as hell for her, and she opted initially for treatment to try to get another window of time. When that failed, she received medical care to see out her days. She spent a considerable amount of time discussing with family and friends where she saw life going. I know that if voluntary assisted dying had been available, she would certainly have been a candidate. She hoarded medication should the need arise, but on the day of her death she asked my daughter to take her to hospital because she needed some pain relief, and within three hours she had passed away. It was very similar to dad. She obviously got to hospital, realised that the end was near and decided to move along.

I am reluctant to harp on about people's personal experiences. My father-in-law worked in the Murchison area, collecting samples for Western Mining in those days. Uranium was the favourite of the day in that era and I have no doubt that that resulted in him picking up a rare type of leukaemia. He passed away also after a short illness. The point of raising his death is that he did not consider leukaemia to be cancer. He had a number of friends who worked in the same industry in the same location and who were diagnosed with cancer. He expressed the view, "If it ever happens to me, make sure the gun is handy." He had his way out and he saw that suicide was an acceptable way for those people to terminate their lives.

I am trying to stress that we are all different. The calls we make on health issues in our lifetime will depend on the circumstances we find ourselves in at the time. As Hon Jim Chown said, I am sure that at a different time you will make a different decision, depending on what options are open to you and where the family is at a particular time. Ongoing pain and suffering will no doubt play a large part in the options that humans pursue in the latter years of their life.

A good friend recently passed away. I will not place his name on the record as I have not discussed it with his family. He was a farmer and worked all his life on the land. He retired to Geraldton, where he wished to pursue the final decade of his life. He was younger than I, so I look around with some concern as to how quickly these things can creep up on us. Within 12 months of being diagnosed, he had passed away. His circumstances were that he just got in and addressed the issue. He did a living will and everything he needed to do, and appointed people to act for him when he was no longer capable of making those decisions. He then turned around and tried to fight the thing. He thought that he would get out there and beat this cancer; however, it was inoperable, and the doctors did their best for him over time.

I would like to comment on the care he received. Much has been said about palliative care in regional centres, and Geraldton has palliative care specialists operating from the hospital. According to the paper that was distributed, staffing is down to 2.7 FTEs, but the level of care he received from the doctors who attended to him and the nursing staff in the hospital was phenomenal. He opted to spend his last days at home, and they fully supported that decision. On a 24/7 basis he could ring up on the phone and if the nurse who was on call could not make it, someone else would come out. There was no suggestion that he had to be taken out of bed and brought to the hospital. They came out and provided fantastic service and pain medication to address his issues. That service was phenomenal, and it concerns me that there is a lack of understanding about the services available in some centres.

I will make some other comments before closing on improvements elsewhere in the regions, which Hon Jim Chown has commented on. I do not see a situation in which I would personally opt for voluntary assisted dying, but I do not believe that a small percentage of eligible people with high levels of pain or suffering should be denied that right. It is only a very small percentage—somewhere in the order of two to five per cent of patients; the number has been quoted as somewhere between 200 and 500 people. In regional Western Australia there are limitations on providing the levels of health care that many in the larger cities expect. However, most people who opt to live in remote locations accept limitations to many services, be it the national broadband network or whatever else. They believe that the lifestyle they are able to enjoy in their preferred community far outweighs the benefits of living in larger towns.

My decision has been largely influenced by my wife, who was a nurse for some 50 years. During her employment she spent 35 years working in emergency departments and palliative care roles in hospitals. For the last 15 years of her working life, she was employed in doctors' surgeries where she dealt with many elderly patients, many of whom had short life expectancies as a result of skin cancers et cetera. As a nurse, her main concern when she came home at night and could not sleep was the under-medication of patients who were left in severe pain on some occasions. She had the view that some doctors appeared to be more concerned about being held to task if a patient passed away unexpectedly due to medication being administered, rather than addressing the primary concern, which is the patient's welfare. I am not suggesting that she had that problem with a large number of doctors, but she worked in the era when doctors were in the hospital and one or two nurses were left to their own devices at night and used the telephone to talk to doctors. Providing adequate care to patients in great pain was most difficult. This affected not only the patients, but also relatives, family, loved ones and nursing staff; they all became distressed,

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which made managing those circumstances very difficult. Suicide is also a major issue, and I hope that, with the passing of this bill, people with terminal diseases will at the end of their life seriously consider using voluntary assisted dying rather than putting their loved ones through the trauma that suicide leaves behind.

The issue of the lack of palliative care specialists, particularly in regional Western Australia, has been raised by many members during this debate. However, I was surprised to learn from people I spoke to recently in the regional health industry that the specialists out there are being consulted far too late. Too many doctors are holding on to their patients and trying to diagnose their issues when early referral could result in a much better outcome. There is a major problem with treatment plans under which referrals to specialist palliative care doctors occur far too late. I hope this can be improved in the future. We are not good at talking about issues relating to palliative care when someone is perhaps 15 years away from the end of their life. They do not see it as palliative care, but we need to be realistic. If people do not go into the right care and get the right treatment from the right specialists, their end of life will come much earlier than it otherwise would. However, in the final stages of life, the local general practitioners and nursing staff are best placed to provide primary care for most patients, especially those in regional Western Australia.

I refer again to the government's recent investment. Extra FTEs have gone into the goldfields, the great southern, the Kimberley, the midwest, the Gascoyne, the Pilbara, the south west and the wheatbelt, and that will go a long way towards addressing the shortfalls that have occurred. I know that in the case of the midwest and Gascoyne, there were no services at all in Carnarvon, so that at least will be addressed. Going from 2.7 to 10.85 FTE positions will go a long way.

In concluding my remarks, I wish to thank all members for the courteous way in which the debate has progressed. I commend the bill to the house.

**HON TIM CLIFFORD (East Metropolitan)** [3.17 pm]: I rise to speak on the Voluntary Assisted Dying Bill 2019. This is a very important and highly sensitive issue. I do not take this bill lightly and I am fully aware of its historic significance and what it means to so many in our community. I am also aware of the work that has been undertaken by many people over the years to progress this cause, and I am forever grateful for the work in this space that has been undertaken by my colleague Hon Robin Chapple.

Over the last few months many people across Western Australia have expressed their views to me through a multitude of platforms, and I respect all their views, even the ones I do not agree with. They have expressed their views, and I guess it is now time for me to express mine. This issue is a deeply personal one for many of us, and on many levels it brings us back to the frailty of life. Of course, we do not have a choice about the beginning of life and the circumstances into which we are born. But if we are lucky, we are born into a situation in which we have all the love and support that we all need and deserve. Many of us will hopefully live a long and meaningful life—a life of joy and good health, shared with the ones we love. That is, of course, what I hope for, and I am sure everyone else in this chamber hopes for that as well.

Unfortunately, that is not the case for many members of our community. Some people are unfortunate enough to have to endure the worst life can throw at them. Terminal illness is the nightmare that many members of our community experience and needlessly suffer as the end draws near, and that is one of the reasons why I support the bill before the house today. I do not have all the answers, but I want to confront the end of my life in the same way as I have lived it: with dignity, control and in the company of my friends and family, and, I pray, when the end is near, without pain. To be honest, until a few years ago, I was not aware of all the intricacies of the euthanasia debate—dying with dignity, voluntary assisted dying, or whatever other name or title it is given. I was on the periphery. I had experienced death but only at a distance. The sudden deaths of some of my close friends over the years of course have been difficult to deal with, and today I still feel deeply about their passing. But it was not until I saw the trauma my mother experienced as a carer and the pain that was suffered by my mother's late husband, George, as cancer ravaged his body, that I started to think about some of the assumptions I had made about death. I wrongly assumed that pain as a result of a terminal illness could be dealt with through the advent of more advanced painkillers and pain management. Little did I know about the statistics and the advancements in modern health care, and that people are living longer and that this is something people are more likely to deal with. Sadly, I was wrong.

George was initially diagnosed with throat cancer in February 2008. After years of treatment, countless trips driving from Katanning to Perth for treatment, periods of momentary relief and the hope for a reprieve of remission, sadly, George finally succumbed to aggressive melanomas in September 2016. I was reluctant to share people's personal stories. Before this debate I did not think it was my position to put forward someone else's experience, but I had a conversation with my mum and she reflected upon her experiences and George's views. At the time, George expressed his views to me about his fear of the end of life and his hopes, and he referred to the debate that we are discussing today, at length sometimes.

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In August 2015, George and my mum were informed that George was not going to survive his cancer. Treatments were not working and it was time to just make the most of the time he and my mum had left together. That was a long and excruciating year. It was difficult to hear about how his final months came with little relief. No matter what was done through painkillers or treatment, it did little, if anything, to knock off the pain. For me, reflecting on this, it is even harder to process how George experienced his last days on this earth. I asked my mum what the final months were like and to quote her, “George went through hell.” Following our conversation, my mum asked me to share the following. She wrote a few words and sent them through to me. She said that George last spoke on the Saturday and then lost his ability to speak, and he then went blind. Not long after that he began to have seizures. He would sit up and his eyes would open and he would then fall back on the bed. It was constant and went on for days. That did not stop until the early hours of the following Thursday morning when he eventually passed. As I said, I was initially reluctant to share his story, but he was a strong supporter of voluntary assisted dying and always insisted that he would take his life into his own hands if the pain from the cancer became too much for him to bear. He did not end up doing that, but he did suffer through the pain that he feared the most, and he shared that fear with my mum and the rest of his family.

Before I conclude my remarks, I would like to say that I believe that people should not needlessly suffer. It would be far more compassionate to let a person who is suffering to end their own life in dignity surrounded by loved ones, rather than suffering like George did, with no quality of life, going through unspeakable trauma with the people he loved. It is only years after that I can share this story because my mum never shared it. It is still very difficult for her to describe what she went through with George as his primary carer. But she has been following this debate and she is relieved that we have been discussing this matter at length.

At the end of the day, I urge all members of this house to consider George’s story, people’s experiences and everything when they consider their position on the bill. I understand there has been a lot of noise. I have received all the same emails and correspondence and the views from the different camps, but at the end of the day we are talking about people. I just hope that this bill passes so that many people in our community will not have to continue to suffer.

**HON TJORN SIBMA (North Metropolitan)** [3.26 pm]: I am a very imperfect person, and within the limit of my own capacity I am trying to deal with a very complicated social, moral and personal issue. Like every single member of this place, I have felt the burden of it—not so much the burden of the content, but the burden of the responsibility. It is pretty clear to everybody in this house what my position is. I will mention it, obviously, for the record, but I want to say that it was a decision not arrived at early and not arrived at easily. In the end, although my decision disappoints some of my colleagues and political supporters, and indeed other people very close to me, I hope that they understand my reasons for making that determination, for at the conclusion of this debate and at the end of my parliamentary career here, whenever that might come, I know with certitude that I would forever regret not voting for this legislation when every fibre of my being is telling me to vote for it. The easiest thing I could do is to accept the status quo. In my evaluation, obviously, the status quo is imperfect, but it holds the potential to be somewhat corrected.

The significance of this bill is obviously greater than the sum of its parts; it is greater than the clauses that constitute it. But it is not, as some would argue, a matter of life and death. In my mind, it is rather about permitting individuals to make some peace with the reality of their inevitable demise and it is an attempt to give them the space to exercise what remains of their autonomy and to exercise that autonomy over the circumstances of their passing. To my mind, this is not a bill that seeks to establish a right to die. Instead, it establishes a right for a very small number of people to ask for assistance to die when their death—a very difficult death at that—is not just inevitable, but imminent. I want to emphasise this distinction because I think it is conceptually important, and I make it for two reasons. First, a framework of universal or even restricted human rights is probably inapplicable to the reality of human dying. Death is a fact. It is not an object to which one can claim a right, and, as such, I think we can avoid the establishment of a slippery slope to expanded death on demand, as it is so claimed. I also think that this bill’s reach is modest, and that is very important. This bill may well be the most important piece of legislation individual members, using their own individual best judgement, will ever consider in the course of their parliamentary careers. I suspect it will be the case insofar as my parliamentary service is concerned. I also surmise that this is the last opportunity that this Parliament will have to potentially pass legislation such as this—a bill written with the resources of a government, not a private member’s bill. That is also an important distinction, but I say that because I think that if this bill fails now, it will fail for a generation. I truly believe that to be the case.

With some indulgence, I will continue my preamble. I have come to this debate for most as a legislator, not as an advocate for a particular perspective. Until I made statements publicly and very recently, I maintained that perspective because I thought it was the appropriate perspective to maintain. It was not an indicator of my harbouring of any moral equivocation or holding onto any prejudices or resentment. It was not an opportunity either for me to cynically observe the whims of public opinion and pick a winner. I simply required the time, the space and the opportunity to make the best possible decision. With that, I have arrived at the position that I support



the principles that underpin this bill and I support the bill itself. I support it in the form that it has been presented to the Legislative Council and I believe that the safeguards embedded within it are well formulated, well balanced and practical. With that, I remain a legislative pragmatist. I do not think it is wise to make the best the enemy of the good. Amendments have already appeared on the supplementary notice paper and further amendments may well be moved by members. I believe that those amendments should be treated with respect and given utmost consideration. Although I do not hold to the view that this is a form of legislation that seeks to impose a social change—indeed, I think it is responsive to a change in community sentiment—it carries with it the requirement that the safeguards embedded in it are well balanced, well drafted and appropriate and will continue to maintain the community's confidence in the long term. Much has been discussed about what I will call, not in any derisive way, the Dr Buti amendment concerning the process by which a physician might raise voluntary assisted dying as an option. I have a deep regard for Dr Buti's intellect and for his integrity and I was very much moved by his contribution to the debate in the other place, as I have been moved by the contributions of just about every member in this Parliament. Although I have not come to a fixed position on that amendment, I urge this chamber to consider it, particularly if it is a determining amendment in the future of this bill.

As I have said before, my decision has disappointed some, but I believe it has come to the relief of many. It is abundantly and overwhelmingly clear that the majority of Western Australians support voluntary assisted dying conceptually and support this bill specifically, and emphatically wish to see it pass this legislature. They do not, however, want it rushed and they expect us, individually and collectively, to scrutinise it properly. I feel it is my duty to acknowledge that public desire and discharge my parliamentary duty to evaluate this bill, even at this late stage, in the most considered manner. I know that polling, particularly of late, has been received with a great degree of justifiable scepticism. But, frankly, I did not need polling to tell me what the community's will is on this bill. I think that is because every adult Western Australian intimately understands death and suffering. Each individual knows somebody with a terminal or severely life-limiting condition, have cared for loved ones who have undergone that traumatic journey, or have contemplated in some way their own demise and potentially the circumstances of their own demise. This contemplation of death is an inescapable attribute of our humanity. It is inescapable and is probably the definitive quality or attribute of our mortality. It is what makes us human. In my mind, I do not think we can seriously deride the quality or sincerity of the public's cogitation on such an elemental and personal part of their humanity. I fundamentally dispute the notion that the public has been duped by this. I seriously repudiate that assertion in the strongest possible terms.

I wish to address a part of this if it is not already abundantly clear for people who might feel very disappointed by my decision. They may consider that I have acted wrongly. All I can do is offer them my humble acknowledgement of that sense of hurt and disappointment. I love my detractors and I understand fundamentally their deeply held reasons for opposing this bill. These are people who are not insensitive to human suffering, but, rather, they hold strongly to the tenets of their faith. Their interpretation of their faith precludes their support not only for this bill, but any alternative or amended version of it. I think that is fundamentally true. These people should be respected and they should not be derided for what I consider in these times to be a steadfast religious devotion. Our community has bridged the sectarian Protestant–Catholic schism that divided and defined it in some way for over a century. I do not want to see that replaced with the needlessly reductive cultural war between human secularism and Christianity. Some advocates of this bill—I must stress these individuals are in the absolute minority—have been extremely intemperate and hostile to people of faith in their correspondence with me and in their public remarks. They have been hostile to religion itself and to religious perspectives. I think they have done themselves a personal disservice and have demonstrated a religious prejudice that is unacceptable, and also shown an ignorance of the intellectual, cultural and, indeed, historical origin of secular humanism, which is effectively the prevailing modern ethical framework. Indeed, their worldview, even if they cannot admit it, finds at its genesis the universalism of the Christian doctrine, and I say this as somebody who has no particular religious faith. I have struggled to undertake for the better part of 20 years what I think Søren Kierkegaard called the leap of faith. I have attempted to do it on many occasions and I have never been able to make the leap. I may never do it, but I want to stress my deep and abiding respect for people of religious faith. All I can ask those people to do is to understand my reasoning, and even if they remain unconvinced by my argument, they are reassured that I have applied myself to this task with integrity and diligence as a legislator. It is the bare minimum I owe them and the bare minimum I owe the public.

With that said, I have given some thought as well to the need, the desirability and the acceptability of reflecting on personal circumstances. I have elected not to do that, because I do not think I would be able to maintain this stoic facade for very long and get through the rest of this speech. Suffice it to say that in many ways, in many unexpected and traumatic ways, I am no stranger either to the death of loved ones or unfair suffering, sometimes very cruel suffering—some contemplated within the objects of this bill and some that can never be addressed in any form of legislation.

I believe this bill is designed to provide support to a very select group of our fellow citizens. It promises a compassionate and civilised option at the end of life for Western Australians diagnosed with terminal illnesses and severely life-limiting neurodegenerative conditions whom even the best resourced and most expertly administered palliative care cannot help. This is unfortunately a clinical reality, but it is the reality. We cannot pretend that these fellow Western Australians do not exist or that their travails are inconsequential or not of sufficient statistical significance to merit the Parliament's attention. These people are important, and we are in this place to work in their best interests also. These people, their friends and family, and their physicians require a legislative foundation to act with full autonomy in the face of cruel and unremitting misfortune.

I believe much overdue focus has been given recently to the availability and resourcing of palliative care services throughout Western Australia. It is my sincere view that the depth and breadth of this focus and conversation about the resourcing and availability of palliative care services to Western Australians would probably not have occurred in the level of detail and focus that it has in the absence of debate about this bill. Some might find this to be an ironic outcome, but that would only be one's view if one first assumed that voluntary assisted dying and palliative care were mutually exclusive options or concepts. I do not subscribe to that notion. I do not find an inherent irreconcilable antagonism between the two. I find that the two exist on a continuum of a clinical care, and there is no inevitable need for the two options to compete for the Parliament's attention or to compete for funds. With that said, I wish to reassert my profound disappointment at the current level of palliative care funding in this state. Last week, I took it upon myself to write to the Minister for Health concerning this very matter. I will table this correspondence later; I will not read the full letter in. What has frustrated me and, I think, many members here, is that there is no clear transparent line of sight on palliative care resourcing and whether it is adequate, although we all assume it to be inadequate, how that funding is intended to be spent and what outcomes are to be achieved. I have sought from the minister to have palliative care services listed as a discrete service line item incorporated in WA Health's resource agreement with the Treasury for the 2020–21 budget year and beyond. This would mean identifying palliative care as a separate expense line item in the portfolio service summary statement in the budget papers, with the anticipated total and yearly expenditure over the forecast estimates period provided in some detail. It would also allow palliative care services to have well-designed key efficiency and key effectiveness indicators developed and then reported against. It would also necessitate future governments to explain reasons for significant movements or variations in actual performance from budget targets year in and year out. This is a transparency mechanism; this is an honesty mechanism. I have done this because I think there is a need to fill, and I have asked the minister to give some contemplation to it in the full knowledge that it is still a difficult thing to do. I have done this because I think the community demands it. What I want out of this bill—all our cogitation here is to this purpose—is to provide all Western Australians with the best possible clinical care, irrespective of their personal circumstances and individual preferences. I have always been reluctant to engage in expedient horse trading along the lines of, "Please make another palliative care funding announcement, and you will win my support for the bill", and it must be stressed that I have not been invited by the government to do so. I do not transact like that, and I intend never to transact like that. I obviously welcomed the government's announcement last week, as I will continue to welcome any announcement that improves and increases the funding of palliative care services in Western Australia. I am reassured by the minister's response. I will also table that letter. With the house's indulgence, I will quote a certain part of it. The minister thanked me for the correspondence. I quote —

I agree that the discrete reporting of palliative care services within the WA Health budget will ensure transparency and accountability for the resources allocated by the State Government.

Further to your representations on this matter, I am pleased to confirm that I have instructed the Department of Health from the 2020–21 State Budget to include within the significant issues section of the WA Health budget statement, a stand-alone table with supporting commentary illustrating the funding, expenditure and services for palliative care.

I am reassured by that response. I believe the minister to be a man of integrity. We might have significant political disagreements, but I think he is an honest broker. I thank him for undertaking those efforts and I think it will have a transformative effect on the transparency and accountability of palliative care as we move forward. That is almost a very technocratic approach to this matter, but I think it is an important one. This must be stressed: the minister's positive, open-minded response to that letter was the thing that got me over the line to support this Voluntary Assisted Dying Bill in principle. It was critically important. I am but one member. I just hope that as we are getting closer to this, a degree of flexibility continues to be extended but in a way that obviously does not compromise the intent of the bill.

My philosophic anchors and preoccupations concern the preservation of time-tested values in institutions. I think I need to stress this to explain to people of a conservative disposition why I have made the decision to support this bill. However, I endeavour to practice a version of political conservatism in the Western Australian Liberal Party tradition rather than seek to abide by a strict moral conservatism, let alone impose that unyielding position on others.

For brevity's sake, I am a Queen and country conservative. The unity and safety of the nation state matters to me. Defending our cultural heritage and tradition matters to me. The sanctity of the family and the family home matters to me. A range of things matter to me. What also matters to me is freedom of thought, freedom of speech, freedom of association and freedom of worship. Embedded in that freedom of worship is freedom not to worship. It is entirely consistent with my adherence to this politically conservative philosophy and the empirically grounded pragmatism that manifests itself in its practice that I can support a bill like this, a bill that in the absence of careful scrutiny may be misconstrued by others as a disastrously radical, social experiment. I do not believe that to be the case.

When a sensible case can be made for a reforming change that meets the needs of the day and the anticipated needs of tomorrow and does not undermine social cohesion, I will evaluate that reform through a clear but sceptical lens. The types of reform that I can support are those that are necessary, moderate and incremental. I believe that this VAD bill is necessary, is moderate in scope and represents an incremental and essential improvement in the clinical and legal framework affecting people facing the end of their life.

I, like many other people in the Liberal Party, subscribe to the belief in the innate worth of the individual and their right to be independent. We afford them the dignity to embrace the sheer unpredictability of life and chart their own course in it. That commitment to individual liberty and the freedom of the individual to make the choices that best suit them must last their entire life span. With the exception of people who suffer a cognitive impairment, this commitment to individual liberty is not issued with the caveat that these freedoms exist only insofar as you are not diagnosed with a terminal illness or an advancing, irreversible, neurodegenerative condition. That is fundamentally why I have chosen to support this bill. I do so without any sense of naivety or without any subscription to the view of unbounded freedoms, unrelenting freedoms—the freedom to be selfish. We live in a community; we live in family life. We are tied together by those bonds of family, bonds to church or bonds to the groups and associations of which we are members. We all owe a sense of obligation and responsibility to one another.

I make this point as well, because it was put to me in a letter to me yesterday by Peter Abetz, a gentleman I respect, that we cannot view this legislation through just the prism of individual rights. I actually agree with him. I think he is right. It is also because of that, because of the effects on family, friends and other loved ones around people who are suffering irreversible, irremediable terminal illnesses and debilitating conditions that I support this bill.

Much has been made of the potential for this bill to lead to wrongful deaths. That is an appropriate, guarded wariness to maintain. I accept that as a position that we must guard against in this bill and bills of this sort. However, I also put it to members—I need not further elaborate on the statistics read out by my friend Hon Jim Chown—people are driven to acts of desperation in all manner of grotesque, unjustifiable and unfair manifestations. I think we owe it to those family members and first responders to limit their exposure to ongoing unjustifiable and needless individual human tragedy. I think this bill provides an opportunity by which that trauma, if not completely avoided, can be significantly minimised.

I wish to speak a little, if I may, to the purported risks this bill poses to vulnerable members of our community. We should always maintain our vigilance against exposing or threatening people who are already in a vulnerable position to even increased threat. Again, this is a reasonable, prudent position to adopt as we scrutinise a bill that deals with issues of great magnitude. However, I think we need to deal firmly with the facts. We need not deal with groups, whether they be people with disabilities or people who are elderly, in a manner that is stereotypical and impugns them with a kind of irremediable propensity toward victimhood. I do not think that is fair. I do not think that is dignified and I do not think it is warranted by the facts. Like my friend, Hon Nick Goiran, I was also a member of the Select Committee into Elder Abuse. That was a very difficult committee to be a part of. The committee, I thought, discharged its responsibility to the full limits of its capacity with great integrity and professionalism and we were supported by excellent staff. I thought the recommendations and findings that that committee made were warranted. If I have harboured any disappointment, it is that the government has not seen the opportunity to fully discharge a range of those recommendations, particularly as they relate to limiting opportunities for greedy, avaricious people to take financial advantage of the elderly. They do this through the banking and financial sector, shortcomings in Landgate's management of land title and the abuse of instruments of protection, such as enduring powers of attorney and enduring powers of guardianship—instruments that are designed to protect individuals but are perverted to become powers over individuals and for the misappropriation of their hard-won resources. The committee found that these abuses are not confined to a single modality; there are often comorbidities in this form of abuse.

An important finding of the committee was also a recommendation. It was not the only recommendation, but it is one that rings true in my mind and has informed my position on this bill. I refer to recommendation 1 of that inquiry, which states —

The Government's response to elder abuse in Western Australia be informed by a human rights-based approach that focuses on the inherent dignity and autonomy of older people.

Hon Pierre Yang; Hon Charles Smith; Hon Alanna Clohesy; Hon Dr Steve Thomas; Hon James Chown; Hon Laurie Graham; Hon Tim Clifford; Hon Tjorn Sibma; Hon Jacqui Boydell

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For me, the inherent dignity and autonomy of older people is essential, and it has been an essential consideration in my evaluation of this bill. I have not met an elderly person who has felt victimised by the prospect of this Voluntary Assisted Dying Bill. They have been victimised in other ways, but they have not felt victimised by this bill. In fact, some of the strongest, most enduring advocates of this bill are not the kinds of people to jump on email campaigns but are octogenarians who have called my office. I like the chutzpah of this example from last week. The call was filtered by staff, obviously. It went along these lines: “There’s a lady on the phone who wants to speak to you. She knows that Parliament’s not sitting so don’t give her any of that crap. She wants to speak to you directly.” I went, “Okay; put her on.” She was a lovely lady. She told me, “I’m 82. I’m healthy. I’ve been following this debate. I’m nobody’s fool; I know exactly what’s in this legislation. You’ve got over 20 years of datasets from international jurisdictions to rely upon. There’s nothing wrong with this. Get on and do it.” She was not the only one who did that. We all have these sorts of pivotal moments through our individual journeys. They are not necessarily the defining moments, but they are important.

I was once the shadow Minister for Seniors and Ageing. I hate the peak agency sort of view of the world when we are dealing with individuals, but when these sorts of issues were raised in fora, not once did I have a member of a seniors representative group or a peak association talk to me about the inherent risks of something like this. In fact, the organic response was uniformly positive. These are people who want to maintain their own dignity, autonomy and sense of agency over the full length of their life, however long that might be. I want to do credit to those people. I want to treat adults like adults. I want to actually defer to people who have lived on this planet twice as long as I have done. I think they have earned the right to ask for assistance in the circumstances of a terminal diagnosis or an irreversible neurodegenerative disorder. This is a really limited set of circumstances, but in those circumstances, I think I owe those people the chance to ask for help. That, in itself, is no guarantee that they will use that help or actually avail themselves of it in the end, but what is important here—it has been underscored in all my consultations with individuals—is that that sense of mastery and control is paramount. They say, “I might not use this, but if you give me the opportunity to ask for it and that permission is granted, I might feel better. I might finally be able to come to terms with the imminence of my demise. I might be able to arrange those final moments with friends and family so we can go out together.” I think that is significant. It need not be said. That is such a preferable, humane, civilised option compared with those circumstances of what I call wrongful deaths, which are driven by the imperfection of our current legal framework. I would much prefer to live in a society that provides people with that option but also provides people with better palliative care, rather than one that drives people to acts of desperation—I truly would.

I want to conclude on the threat that this bill might pose to people with disabilities. Again, I can only draw on the imperfection of my own personal experience and its inapplicability to other people. One of the most profoundly formative individuals to have been part of my life was my mother’s uncle, a guy named Paul Berry. I have spoken about him in this place before. At the age of 27, Paul contracted polio. This was within about 18 months of an effective global vaccine being developed and farmed out. As far as bad luck stories go, I think that is the worst of all bad luck stories. He was a man who was sustained by his deep Catholic faith but kept alive by an iron lung, in which he slept every night for 47 years at the old Shenton Park rehabilitation hospital. If I thought a bill like this would put a man like him at even greater risk or expose him to vulnerabilities, there is absolutely no way I would ever support this bill, but I do not believe that to be the case. I commend this bill to the house. I wish to see it pass this legislature in good shape.

**HON JACQUI BOYDELL (Mining and Pastoral — Deputy Leader of the Nationals WA)** [4.07 pm]: As has been said by many members of the house who have spoken already on this exceptionally important piece of legislation before the Legislative Council, this will be one of the most significant and profound debates in which members will be involved. This debate not only is being had in the house now, but also has been going on in our communities and behind the Chair with fellow members of Parliament and the government for nearly two years. I welcome the chance to finally have this debate in the Legislative Council and for members of this house to consider the Voluntary Assisted Dying Bill 2019.

When Hon Robin Chapple introduced a private member’s bill in 2009 in the Parliament at that time, I was working with the National Party, and it was a bill that we talked about and debated a lot.

Mr Acting President, I must indicate that I am not the lead speaker on this bill for the Nationals WA; Hon Colin Holt will be the lead speaker. I apologise; I just saw the timer.

**The ACTING PRESIDENT:** That is fine.

**Hon JACQUI BOYDELL:** It was a conversation about voluntary assisted dying, or euthanasia as it was described at that time, that society and members of Parliament were not in the right mindset or ready to have to the degree to which we are having this conversation now. As other members have indicated, I think what has caused the difference is that this is a government bill that has been brought before the house and there has been significant investment by the government in its research of the bill and consultation on it with the wider community, advocacy

groups and groups that are against this legislation. I really do believe that many members of the community have had their views heard by members of both houses of the Western Australian Parliament, as it should be. I thank the government for undertaking that process. At the start of this process, Amber-Jade Sanderson, the member for Morley, came to me, put the proposal for a joint select committee to us and asked whether the National Party would consider being involved in that. We absolutely wanted to be involved in the committee because regional people have a voice and they want it to be heard, and the way palliative care and voluntary assisted dying would be delivered to regional people is unique. We firmly wanted to be part of that process and were open about how we were going to engage with people and what we were going to learn along the way because I do not think any of us knew. At that time, I certainly wondered where I would land my position on any legislation put to the house. It really has been a journey. I find that I am in support of the legislation before the house. I have no doubt that when we get to the Committee of the Whole House stage there will be debate and discussion on the amendments already put and any other amendments put by other members. I have absolutely no issue with members doing that. It should be the right of members and the right of this house to debate those amendments. I am sure we will all do that in due course.

There are a lot of reasons why I support the bill. At the conclusion of the almost two years in which consideration of this issue has been undertaken by this Parliament we are at a point at which we can have a mature debate on this issue, and, so far, to the credit of the Western Australian Parliament, we have done that. I cannot escape the fact that society in its conversations is not ready to continue to accept that people at the end of their lives might suffer or that when we have an opportunity to assist, when the right safeguards are in place, there are medical options and technology to assist and ongoing research, we have an obligation to allow that person to make that decision. The crux of this issue, for all members, but for me in particular, is that the voluntary nature of the decision that each person makes in their own individual circumstances must always be protected. People choosing between voluntary assisted dying and palliative care is not an option. I think they go hand in hand. It is also up to our medical profession, support services and families to ensure that we, should we get to that point, have before us the very best alternatives and choices to manage the end phase of our lives. Part of that process is palliative care, part is support services and part might be the decision to choose voluntary assisted dying. But it is not one or the other; it is people being able to feel confident and not frightened about what may happen to them or about imposing the burden of their illness on their family. I know a lot of people, particularly people with children, would not want to impose that on their children. I would want to be able to find a way, with them by my side, for my children to be able to support me through end of life without them being scarred by the terrible journey that I might be on. For me, individually, that is how I would want to approach that.

I have also spent a lot of time considering what “coercion” means because I think it is important to this debate. Coercion takes away the voluntary nature of assisted dying. Coercion is not just about words spoken to a person or health professionals. There has been a lot of focus and limelight on the fact that health professionals may coerce a person by using VAD as a treatment option and an alternative to palliative care. That position has been put to me on a few occasions. I find it exceptionally offensive for the health profession to suggest that we would give it the option to utilise voluntary assisted dying as a treatment option. I would say that this is not about doctors, and this may be where the health profession’s fear about this legislation comes from. This legislation is about the patient, their family and the choice they make with the knowledge and support that the health profession and the medical industry give them.

Debate interrupted, pursuant to standing orders.

[Continued on page 7734.]

*Sitting suspended from 4.15 to 4.30 pm*