

VOLUNTARY ASSISTED DYING BILL 2019

Second Reading

Resumed from an earlier stage of the sitting.

HON JACQUI BOYDELL (Mining and Pastoral — Deputy Leader of the Nationals WA) [5.05 pm]: Before the debate on the bill was interrupted for question time, I was talking about the fact that coercion is an exceptionally important area of this piece of legislation. We will consider that in due course, particularly in Committee of the Whole. Coercion is an area in the legislation and certainly the subsequent regulations that is fundamental to this bill. Voluntary assisted dying should continue to be voluntary. With the removal of the word “voluntary”, we will end up with a situation in which a person’s choice may be affected by others around them. That is certainly not the intent of this bill.

I have had many conversations with people in my electorate through forms of correspondence. I have talked to people who I have seen in different parts of my electorate. I have also talked with my family, and, indeed, my children, about this issue. All three of my children are supportive of voluntary assisted dying. However, they also raised the point with me that they are concerned about future generations and the erosion of the rights and protections of vulnerable people in particular, and that at some point we might become desensitised to death or assisted dying. I thought it was a really interesting concept that young people would be worried about wanting to protect the very foundations of our society—that is, to protect the vulnerable and other people living in our society and ensure that they are not taken advantage of. My answer to them, and certainly to people who have put the argument to me that we need to protect our future generations, is that this is a passing of the responsibility of managing our society to the younger generation, as the next generation of leaders in our community and builders of our society. We should not take away from future generations the decision or the opportunity to manage this issue. This issue will not go away. I am very, very pleased that young people are considering how to ensure that vulnerable people and the aged et cetera will not be negatively affected in the future should this bill pass the Western Australian Parliament. I would like future generations to want to continue to protect those in our society who are vulnerable. That is a community that I want to be a part of. They are the young people who we seek to mentor and guide along the way and give them the opportunity to engage in the decision-making process that is before us. That is a responsibility that I feel keenly. Three young people—my children—want to take that mantle and are proud to play their part in it. They absolutely want to play their part, and feel they have a right to do that.

At the outset, when the legislation came to the house, I looked at the government’s comments on the legislation and how we would consider voluntary assisted dying as opposed to palliative care. It became really obvious to me during the conversations on this issue that this is not a choice about whether a person has access to palliative care or voluntary assisted dying; that is not what we are debating. I think members of this house and the wider community support the opportunity to take advantage of voluntary assisted dying along with the other decisions that they make about their health care and their end-of-life choices. Those decisions of patients and their families are currently being made. Patients make decisions on an ongoing and daily basis about the management of their health, without any regulatory guideline or transparency around how palliative care specialists, general practitioners and families are managing end-of-life processes for people now. That scary situation is being replicated in our hospitals on a daily basis. We should not be afraid to put some regulations in place to support the decision-making process of a patient, and in response to the decision of the patient, a support network for our health professionals so that they can work with the patient and their family in response to the voluntary decisions that the patient makes. That is the key, I think, to whether people choose to access voluntary assisted dying. It is part of a range of options that we should make available to our families and community members of Western Australia.

I want to spend some time focusing on some of the issues that I think will be before the government, if this legislation passes the house, during the implementation phase, or phase 2, of this legislation. I think some of the issues are complex, particularly for regional people. How will the government seek to gain access for regional people into the voluntary assisted dying scheme? Many people I speak to in regional areas are exceptionally supportive of this legislation, but they do not understand how they will be able to access it. One of the eligibility criteria is that eligibility will be assessed independently by two doctors who must have completed mandatory training to understand the legislation, assess decision-making capacity, detect coercion, communicate with patients at the end of life and understand the patient’s palliative care options. I think that fundamentally underpins the issue for how to deliver that to people in regional areas. That can absolutely be done to a gold standard in the metropolitan area, but how do we do that when we are already facing a lack of GPs, palliative care services and specialists visiting our regions? That is a fact now. We already have, to a degree, a two-tiered health system in our state, and I think regional people accept that they will not have the best oncology services at Carnarvon Regional Hospital. They accept that, but what they accept at the moment is a health scheme through the WA Country Health Service and things such as the patient assisted travel scheme. That is a support network that allows people to access specialist services at our top hospitals in Perth. This is an issue that will need to be considered during the implementation

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phase. If we can have some transparent regulations in place that supports that, no-one would suggest anyone is being denied access to voluntary assisted dying. I will pay close attention to that, and have been concerned about it from the outset. I have mentioned it many times in the media.

I will read off my phone, if that is allowed, the answer the Minister for Health gave today when asked whether he has been able to resolve the issue of using telehealth services, because that is another form of carriage delivery for voluntary assisted dying. His answer so far has been that he has not been able to yet but that he is continuing to have discussions with the Attorney General and the commonwealth Attorney-General. He has made comments in the Legislative Assembly that the department will do whatever is necessary to ensure regional patients have the same opportunity to access the voluntary assisted dying regime as patients in the metropolitan area. That is an undertaking that the minister gave to the Legislative Assembly, and he said it publicly. I want to read that in today because I genuinely think the minister is committed to doing that, and we will all play a role in assisting that to occur. He also said that if we cannot make use of our telehealth facilities, because of some ambiguity around those laws, we will simply have to make use of mobile crews or teams to go out into our regional areas to service country people. That might be worthy of consideration during the implementation phase. Certainly, it is worthy of discussion, along with other things such as whether we will give regional people access to the patient assisted travel scheme to access a specialist palliative care doctor in the city, or maybe a voluntary assisted dying expert in the metropolitan area if there is not one in a patient's region. Some of our regions have low population bases and they do not have a general practitioner. It is a challenge to get one GP let alone two. That is a very real issue that we all face, and I think the minister is trying to work out a way that country people will be able to access those services, should the legislation pass. There is a long way to go to implement that, but those things are worthy of consideration. Just because we do not have those things in place now is no reason to not support the bill, in my view. This is an ongoing job for the government and it has exhausted an enormous amount of resources to get the bill this far, and that has been great, because it has given the community a level of understanding about what voluntary assisted dying is, and what it will mean and look like should it pass the house. The responsibility then will be on the government to ensure that it continues to work on this issue. The implementation phase is even more important than the development phase of this legislation moving through the house, the joint select committee and the ministerial expert panel before being presented. Should it pass the second reading, the next step is to get a lot of the detail right. One of the fundamentals in getting that implementation phase right is trying to understand continuity of care and facilitating someone's individual journey through palliative care to maybe a choice to voluntary assisted dying. However the minister sets up the implementation phase, it will be the responsibility of those people and the government to look at the accountability, recording systems and processes that should be in place to address the concerns that are raised during this debate.

Voluntary assisted dying, access to palliative care and managing end-of-life choices will always be individual choices, because we all have different ideas about how that should happen. Those things are always subjective to each person and will always differ. There are differing opinions about whether or not the principle of voluntary assisted dying should be introduced, and many people will choose to not access the scheme. That will be their right, should this legislation pass the house. It will also be another person's right to choose to access the voluntary assisted dying scheme.

We will examine all the other safeguards during Committee of the Whole House. Of the people I have spoken to and from the correspondence I have received, the majority are comfortable that this is the right way to go. Nobody believes that there should not be any safeguards in place. Everybody I have spoken to who supports the legislation still want us to ensure the right safeguards are in place as we debate the bill during Committee of the Whole House.

Medical research and technology has allowed us to move ahead in leaps and bounds around how to alleviate physical suffering, particularly in recent times. That will still be the case because there will always be an answer, through research, to alleviate physical pain to a degree. Up until this point we have not been able to alleviate psychological suffering that is brought about by end of life. Voluntary assisted dying seeks to do that because it grants comfort, confidence and a sense of peace, in my view, to the patient and their family. To a degree, that alleviates the psychological suffering of patients and family members. In the past, we have always been able to alleviate physical suffering but we have never been able to give the degree of comfort to know that we can pass without fear. If we as members of this house have the choice and capacity to give that to people, we should do that to alleviate their fear. From my research on this bill, many people might access the voluntary assisted dying scheme but actually many of them may never use it. The alleviation of psychological suffering through the confidence of having a choice will allow people to pass without fear. I think that we would all wish that not only for ourselves but also for members of our community and certainly people in our families.

One of the challenges during the implementation phase will be providing clarity to the community about what will be provided. Will there be clear relationships between doctors and patients? What are the protocols? What will be the relationships between GPs and specialists? Those things need to be very clear. If we take that leap of faith to

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the implementation phase and make our way through it, those positions will become more clear and people will feel more comfortable with the process. This process is not over at the end of this debate; it is actually only the beginning of creating some clarity around how we do this. As with all things to do with time, time eases angst and allows people to gain confidence in the knowledge of working with different systems. We all do that every day. We learn things and engage every day. Time is great if it is on one's side. During the implementation phase, we will have time to bring people on that journey, if it is an 18-month period.

I would like to hear the government respond to how it will go about the implementation phase. Will there be a consultation period? Will people be able to provide submissions during the implementation phase et cetera? Being able to understand how that will be conducted will be really beneficial for members of the public. I have brought myself back to this position many times as I have become worried about voluntary assisted dying: Is it the right thing to do? Should we move forward with it? I have had periods of ups and downs through my journey on this legislation. I always bring myself back to the fact that a request for voluntary assisted dying is not a reason to refuse other services available to a person. It is not a reason to refuse palliative care or indeed a choice that the person is made to say, "I don't want palliative care anymore; I want voluntary assisted dying." I cannot see that it would work that way. In all things we do with the management of our health, it is about utilising different choices at different phases of the health journey. As it does today when someone is in the final stages of life, palliative care work does not stop because someone has made a decision. If someone makes a decision with their family today that they are going to refuse fluids at the end of their life, that is their choice. It does not mean that palliative care services stop today because they have ultimately made the decision not to receive any more treatment. Palliative care services will still support patients as they make their way through their end-of-life journey. If a patient has refused treatment, including liquids, and has ultimately made a decision they do not want to be here anymore, palliative care services still go on. I imagine that will be the same if they were to choose voluntary assisted dying, should this legislation pass the house. It is a request for assisted dying; it is not a request to stop treatment in all other areas.

Some people have put the argument to me that the medical profession and palliative care services are about supporting life and the right to live and protect life. I completely agree that our medical profession encourages living. It is about: How do we support living? How do we continue to treat people so they can continue to be on this earth? I cannot get away from the fact that palliative care is about supporting life. It is about making the best of the end of life. Voluntary assisted dying will not change palliative care and it will not stop supporting life—it will. The choice to stop palliative care or other options at the end of life rest with each of us. It actually does not mean those services will stop.

It is exceptionally important for the medical profession to understand, as we transition into voluntary assisted dying should it pass the house, that honouring the rights of the patient and their right to continuity of care is paramount. The decision rests with the patient, not the doctor. That is why I have struggled with many of the points of view that have been put to me by the Australian Medical Association of WA or doctors. It has been put to me that I will be giving them the opportunity to kill a patient. I say to those doctors who have said that to me that they misunderstand entirely the intent of voluntary assisted dying. This is not their decision. During the transition of this process, should it pass, the medical profession need to honour the rights and choices of patients and continue to treat them, whether it is palliative care, alternative therapies or oncology. There is a suite of treatments that patients can choose to accept or not. Voluntary assisted dying will purely be one of those. It is not about doctors saying, "You are giving me the right." It is not—we are giving the right to the patient. The doctor is duty-bound to deliver on what the patient wants.

I reiterate that a request for voluntary assisted dying is not about either the availability of palliative care or the quality of palliative care; it is about adding to the suite of choices that I, as a patient, want at the end of my life. That is the fundamental key to this legislation. In fact, many people in other countries who have sought voluntary assisted dying have used palliative care services up to that point and have continued to use them past that point. A patient who makes a request for voluntary assisted dying today may not enact that voluntary assisted dying choice for three or four months or further down the track. During that period, all the other services that that patient has been provided to manage their care will not cease. In fact, as other members have said, the palliative care service delivery model has increased in places where voluntary assisted dying has been implemented. There has been a lot of debate in this house about palliative care, or the lack thereof, for the people of Western Australia. I think the debate on voluntary assisted dying and the debates in the house about palliative care have put this issue in the limelight. It has needed to be addressed by consecutive governments over a long time. We have not done it, pure and simple. However, due to the mounting conversation, the government has announced that it will support the extension of palliative care services for the people of Western Australia and that that funding will be ongoing, which is great thing. We should be happy about that. This debate has allowed that to occur.

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It is important to consider how we will get the message about voluntary assisted dying to the public during the implementation phase. Those healthcare messages will be really important, and the requirements to report to Parliament also will be exceptionally important. The transparency of the oversight board will be exceptionally important to the ongoing management of voluntary assisted dying in the state of Western Australia. That goes back to my point about the younger generation wanting to ensure that protections are in place and that there is no erosion of the choice—the voluntary part of assisted dying. The reporting requirements, public messaging and transparency in the oversight of the board will be exceptionally important to the ongoing management of voluntary assisted dying. Can it be better? Is it not operating in the way it was intended to? All those decisions will need to be made along the way as we manage voluntary assisted dying as a form of healthcare support service, because that is really what it is.

When I went to many of the community consultations, particularly those in the Mining and Pastoral Region, there was an expectation of the community that voluntary assisted dying would be extended to people with dementia and Alzheimer's. That concept was raised everywhere I went. People also expected that if they were simply too old to live, they might be able to access the scheme. It was also put to me that people with the wrong prognosis might be on the wrong side of this legislation. Consideration of all those things is justified in the conversation in the lead-up to the legislation, but I cannot see myself reaching the point of wanting to push the boundaries of the legislation and extending access to voluntary assisted dying to the families of people with dementia and Alzheimer's, because that is to whom we would be extending it. It would not be extended to the patients because such patients would not be able to make that decision. To say that a person is too old to live comes back to the vulnerability factor of people, and that is the concern around people with disabilities. I would not accept a pushing of the boundaries of the legislation in that respect. In due course, I do not believe that future generations will accept the erosion of the protection of elderly people and people with disabilities and mental health issues. It is really difficult for family members to watch their loved ones suffer from dementia and Alzheimer's, but it comes back to the fact that this must be a fundamental, voluntary choice of the patient. We have to stick to that if we are to ensure that the coercion aspect and the protections and rights of the patient are adhered to. I cannot see myself supporting a pushing of the boundaries to encompass those types of illnesses in this legislation, even in the future.

In finalising my comments today, I say that the implementation team has a lot to consider, such as public messaging about assisted dying and how we maintain international links with other countries as they move forward with their research and development in the area of voluntary assisted dying. Similar to any other healthcare service, it will be incumbent on the medical profession to manage voluntary assisted dying. It will be incumbent on the government to manage the scheme in the interests of the people of Western Australia, and it will be incumbent on the medical profession to manage the voluntary assisted dying alternative for patients and their families. Perhaps the government will consider ways to alleviate the concern about access to the scheme, particularly in regional areas. That might be in the form of nurse practitioner navigator roles or broadening the medical community's involvement in the assessment process. They are issues for the implementation phase. I raised them because the legislation cannot address some of those issues; that will be done in the implementation phase. It is difficult for members of Parliament when legislation does not address the regulations, how they will be enacted and how they will affect the people on the ground. Most of the time we do not know that when voting for the legislation because we do not have oversight of the regulations at that time. This is one of those pieces of legislation. The government is asking members of this house, as it has asked the community of Western Australia, to take a leap of faith and support this legislation, but we must continue to scrutinise the government's intent and the implementation phase during Committee of the Whole, which is what the people of Western Australia would expect us to do. I believe we will do that, as we should. Beyond the debate and the third reading in this house, it is incumbent on all members of the Legislative Council and the Legislative Assembly to be engaged in some way in the implementation phase. We should not just drop all the issues that have been raised with us by members of the community once the bill passes. This is a job for all of us past the third reading stage in this house. I know that I intend to be involved in that, and feed into the government issues that have been raised with me. It will be incumbent on the government to have an answer to that. That is how I have reached the position of suggesting that I will support the bill, and I will definitely have some involvement in the implementation phase, if I can. I think that the people of Western Australia expect us to do that. I have taken a leap of faith, with the good intent of the government and a very genuine engagement by the Minister for Health on this issue. I have met with him many times, as well as members of his office and, indeed, the Department of Health, and, I have to say, they have taken on board any issues that I have raised with them. They know they have to get to the point of addressing it. That is why I read in the minister's responses to the questions on whether we can use telehealth and a mobile team that the minister and his department are working on those issues; I have no doubt about that.

I commend the bill, I support the bill, and I thank other members of this house for their contributions as we debate this issue.

HON MICHAEL MISCHIN (North Metropolitan — Deputy Leader of the Opposition) [5.40 pm]: I rise to make a few observations on this very important legislation that has divided people, and has exercised the minds and consciences of not only members of the community, but also, I suspect, any member of this place who takes their responsibilities seriously. I have certainly given anxious consideration to this matter over a great period—ever since the idea was floated prior to the last election, and, indeed, going back to 2010, when Hon Robin Chapple’s Voluntary Euthanasia Bill was introduced into this place and argued over a rather greater period than this bill has been, with longer and very astute and deep contributions from members. I have listened with care to what has been said on behalf of the proponents and supporters of this bill, and I have listened with care to those who have said something critical about it. Perhaps I can indicate that I was particularly interested yesterday in listening to Hon Nick Goiran, because this is a matter that exercises his conscience and his moral touchstone very deeply. It is a matter that concerns him very deeply, as do quite a number of issues with a moral perspective to them. Although some might dismiss it as being a particular view that is irrelevant to current society, I think it is wrong to do that, because there are certain moral touchstones that we all ascribe to, whether or not we have a faith-based background and commitment. We were all brought up in a society that has particular views about what is right and what is wrong.

I looked back on my second reading contribution in 2010 and was surprised to find that many of the things that have been raised in the course of argument in the last couple of years and in this place were also canvassed back then. I found that what I thought about the subject and said then, which I probably articulated better than I am now, has not really changed a great deal, and some of those things were reflected by Hon Nick Goiran’s comments. I have to say that I do not disagree with anything he said about his understanding of the bill. I will come to my position on the bill in just a moment. Rather than go through the issues that he raised, I will say that every one of them was sound and not one of them has been contradicted so far by any supporter of the bill.

There has been bracket creep in every jurisdiction that has implemented this sort of legislation. It is almost inevitable. People always push the boundaries of rules and some will blatantly ignore them for their own personal advantage or inclination. Whenever one draws a line that is not based on a sound principle, there will always be a case on the other side of that line that someone will try to bring within the bounds of the operation of the law—always.

Getting back to the bill and where I stand on it, I will start off with some basic principles. Do I respect the principle of personal autonomy? Yes, I do, within reason. Do I believe that personal autonomy is an absolute right? No, I do not. Our community is not, has not and can never be based on a moral standard governed only by personal autonomy. Any human community involves a compromise. Society is based on compromise, and the values that are established by that compromise enhance rather than detract from the common good. We cannot base a society simply on what might suit an individual, no matter how much it is for that individual’s benefit. Those community standards and touchstones vary from culture to culture, but there are certain commonalities that bind autonomous humans into a society. In our society, it includes things like our belief in democracy; our respect for institutions; our adherence to respecting the sensitivities of others and their views; even common courtesies, like standing in queues and saying “thank you” and “please”; respecting our elders; and not being rude to others. It includes our spirit of volunteering and of wanting to, as part of our human condition, give of ourselves for the benefit of our fellow citizens—our fellow man and woman. Pertinently to this debate, it also includes respect for elders and respect for the value of human life. It also includes the old-fashioned notions that I think one speaker touched on, suggesting they were perhaps out of step with the twenty-first century, but things like the Hippocratic oath have essential guiding principles. Our doctors and medical practitioners are vested with the power and influence of the knowledge and skills that they possess. The influence that that knowledge and skill allows them to wield ought to apply to caring and curing and treating with a view to relieving suffering, but short of killing their patients. There is a subtle but important distinction between palliating the suffering of someone and actively ending their life. It may be that, as a consequence of assisting someone to cope with a condition, a doctor knows that they are also accelerating the time of their death, but that is a very different thing from killing them as an end and as an objective. I will expand on that in a little while, but that is important, and we sometimes lose track of that. I think it is wrong, for example, to say that the Australian Medical Association and medical practitioners are exaggerating the importance of that. We need to be very careful that we are not making them the instruments of our suicide or the killing of patients. I will address that further in the context of this bill.

Suicide itself is not illegal. Once upon a time, it was. It is not something that a person takes lightly. They do it because they are suffering. They are suffering so badly that they see suicide, with all its attendant risks of failure and other permanent and crippling harm and harm to their loved ones, as the only means of relieving that suffering. Do we respect that decision on the basis of personal autonomy? No, we do not, because that is one of the values that our society thinks is important—but we try instead to expend an awful lot of resources, time and effort to alleviate the suffering as best we can, knowing that often we cannot, in order to prevent them from taking their own lives, and notwithstanding that, by doing that, we are making the rest of their lives a misery. We publish helpline numbers under stories of suicides or attempted suicides or suspected suicides or for people with mental

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health issues. Just as an aside, until fairly recently *The West Australian* was doing that for stories of euthanasia. It has changed that now into something a little more bland because it does not want to use the word “suicide” in that context. Indeed, the government does not want to use “suicide” in that context.

In any event, our respect for the ill and elderly is another value of our society. Tribal, primitive societies did not have the resources to feed and maintain the old and sick to the extent that we can. Not only do we spend an extraordinary amount of money and resources on premature babies to keep them alive, but also our respect for human life, being a fundamental of our society and its values, results in us spending an enormous amount of money on aged care, nursing care and the like. I will not get into the silly pet argument. I think the falsity of that argument and its flaws are self-evident. I refer to the one in which so-and-so has suffered, and we would not let our dog, our budgie or our cat suffer in that way, and we put them down to relieve their suffering; therefore, we should have that available as a matter of course to human beings. There are an awful lot of distinctions. I will not go into them because I think they are self-evident. I will explain them to people if they need to know. It is a very different thing from euthanasing humans. We cannot help those animals. They cannot reason. They cannot think their way through it. We cannot ask them if they would like us to do that.

We are told that this issue of voluntary assisted dying comes down to a matter of personal choice. I get back to the principles. Am I sympathetic to the relief of unnecessary suffering? Undoubtedly, yes—absolutely. Am I anxious to promote and make available reasonable avenues to people by which their suffering can be relieved? Yes, absolutely. Do I support easing the death of those with terminal illnesses or injuries if necessary by hastening their passing at their informed request? Yes, I do. Do I believe that there may come a time when people are so advanced in years that they become tired of life, that every moment of their waking existence reminds them of the faculties they have lost or are losing, and they may yearn for death to relieve their suffering? Yes, I do. Do I think they ought to be given the opportunity to decide their time and manner of death? As a matter of principle, yes, I do. Would I like to take advantage of such an opportunity in due course? Frankly, probably. Will I support this bill because of self-interest that it may deliver to me what I might one day want? No. Will I support this bill out of political expediency because I am told by its advocates that the public wants it? No. Will I support this bill on the strength of newspaper opinion polls, emails, phone calls and government propaganda and fora? No. Will I support this bill? No, I cannot. I cannot for a number of reasons. Although I support the idea, at least in the abstract, of alleviating suffering as much as possible, I cannot do so for several reasons.

One reason is that I have no confidence in the government that has promoted it. This was supposed to be an election commitment—so be it. We have heard appeals to put politics aside and to have an honest and respectful debate on this very important social, bioethical and sensitive issue, but we have not had that. I am not criticising anyone in this chamber, but it is the debate that has gone on outside this chamber and the public relations campaign waged in respect of it that has been wrong.

The Joint Select Committee on End of Life Choices was established to consider this issue. I will not go over Hon Nick Goiran’s comments other than to say that the terms of reference were possibly deliberately limited to avoid looking into the cons rather than the pros. We do not know what went on; the minutes of those proceedings were not tabled or made available on this very important social issue. We do not know to what extent that committee considered those matters. Hon Nick Goiran presented a dissenting report of considerable length. That is the only evidence we have of the arguments against. The Ministerial Expert Panel on Voluntary Assisted Dying was set up to craft a bill. Understandably, it was not interested in revisiting the question of whether the scheme should be introduced, but that panel decided that the use of the most commonly understood terms for what we are dealing with might have “negative connotations”, so it changed the language for us. We are no longer talking about “euthanasia”. We are talking about “voluntary assisted dying”. This bill, according to the government, has nothing to do with euthanasia: “This is not a euthanasia bill, don’t you know?” Back in 2010, Hon Robin Chapple misguidedly introduced a voluntary euthanasia bill. This not a voluntary euthanasia bill—quite the contrary. Why? It is because the expert panel thought that that title has negative connotations, so it changed the terminology. The government tells us that terminating one’s life in advance of a natural course of death is not suicide. I am instinctively suspicious of anyone who needs to change commonly understood language in order to achieve an end and make it palatable. We could call it “Assisting You to Join the Angels in the Holy Choir Invisible Bill” perhaps. Would that make it better? Would people cope with that better than calling it what it is? Oddly enough, the second reading speech and many other contributions draw on the many generations of debate about euthanasia in support of it, yet that would seem to be totally irrelevant because that was about euthanasia. Societies have been set up to promote euthanasia, but this is not euthanasia; it is something else. This is not a government that wants, as was said, an honest, up-front, facing-these-difficult-issues-in-a-mature-way type of debate—not outside this chamber. I am suspicious of its commitment to ensure that this is a working piece of legislation rather than a step along fulfilling a popular electoral commitment.

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In consideration in detail in the other place, numerous amendments were put up—something like 20 amendments. I think only a handful were put up by the Liberal opposition, yet there was condemnation about how the Liberals were going to block the bill and how we are the ones standing in the way of this great reform. That was wholly dishonest and wholly political. A number of amendments will be put forward by Hon Martin Pritchard. I am yet to consider the merits of those, but they seem to be soundly based. He is a gentleman who takes his responsibilities seriously. I am sure that those in the other place who put up amendments to the bill took their responsibility seriously, but is this government, which wants a respectful improvement to debate, and will hopefully introduce a scheme as important as this into the Western Australian community, interested in that? No; it has dismissed out of hand any consideration of amendments. If there was an appetite in this government, I felt, to accommodate genuine concerns, that if we had had a green bill that we could have considered in advance, and if we had had some cross-party input, we might disagree on the scheme. But knowing that the government is intending to put it through and debate issues behind the Chair in order to come to a formula that people are comfortable with is the best available, I might have had a different attitude towards this bill. But I suspect it. I see certain flaws in it and things that can be improved, and those will be developed over time. But I cannot in all conscience support a bill that is being presented on a “take it or leave it” basis by a government that is targeting one party in particular for political reasons, and is not prepared to listen or even entertain amendments put up by its own people who have concerns. I mention the member for Armadale because he had a particular personal interest in some of the risks posed by this bill. How far did that get? Nowhere. That is the sort of respectful debate that we are having. There is a problem, and we have a Premier who has indicated on numerous occasions that this house’s consideration of the issues is blocking this bill.

Sitting suspended from 6.00 to 7.00 pm

Hon MICHAEL MISCHIN: I left off by making the point that despite appeals to not politicise this important matter, regrettably, that is precisely what this government has done. Fora have been held by members on the government side to promote the Voluntary Assisted Dying Bill. It is fine that they have been explaining the bill to people, but at the same time they have been saying that the hold-up will be on the Liberal side and that people should contact the Liberal powerbroker in their area and let them know what is happening and that they feel strongly about it. If this were not a take-it-or-leave-it proposition, I might be very inclined to support the bill at its second reading and to deal with it, but it has been made quite plain that that is not going to be the case. I am sorry that that is not the case. I will have to leave it, because I have concerns about this legislation. There are things that I think ought to be done to improve the level of safety for our citizens at one of the times in their lives when they will be most vulnerable to fear, to concern about their families and their finances and with being able to deal with a protracted and potentially fatal illness, and to the stresses of the future and their worry about what is going to happen to them. It is also a time when they will be most available to being influenced by a medical practitioner. I take Hon Jacqui Boydell’s hopes as to the way in which the medical profession will behave and I hope that is right, but what we have seen through bitter experience, as outlined by Hon Nick Goiran in his dissenting report—a minority report perhaps—is that this has not been the case in other jurisdictions that have actually had experience with this sort of legislation.

The safeguards are essential, not only because of human nature, but also because we can never safeguard against everything. Before we start changing the status quo, we have to be satisfied that what we are putting in its place will not make the situation worse, no matter how many safeguards are included as a matter of theory. I stress here that I am not concerned about the relief of suffering for those who have made up their mind and are facing inevitable anguish, pain and suffering. I want their suffering to be relieved. If that means by hastening their demise, that is fine; I understand that. My concern is to ensure that, if we are going to institute a regime like that, to give succour and comfort to the people who really need it and want it, as much as possible there are not going to be unintended and undesirable consequences, and that we will not have some people at their most vulnerable being taken down a path whereby their lives are ended by medical practitioners, perhaps with or without—it does not matter—the complicity of family and those who stand to benefit. That is beside the point, but they would be led down a path whereby their lives would be ended early, when, if they had the proper advice and the ability to think it through, they would take a different choice.

I posit this example, using the scheme in the bill. You, Mr Deputy President, are diagnosed with some terminal illness. You go to your medical practitioner—let us say it is a Dr Nitschke. He reveals to you that you may have limited time to live. You have this particular condition. Of course, you are going to be struck with despair, worry and fear as to the consequences. You look to your doctor for advice and say, “What am I looking forward to? What is going to happen to me?” Your doctor says, “It could be six months, it could be two years, but you’re going to die.” You ask, “How is that going to happen? What can I do?” The doctor will say, “Well, you can get treatment that might delay your death and might cure it; who knows? It is possible that medical advances might make it even better! They may actually find a cure, but chances are that no, it’s not going to happen.” The worst-case scenario can be spelt out to you. Of course, you are upset about it, you are in despair and you wonder about the cost of the

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treatment and how your family and loved ones are going to react to all of this and ask, “What do I do, doctor?” The options are laid out, but in amongst them, you could always consider, Mr Deputy President, voluntary assisted dying. It will cost a whole lot less and it will be at a time and place of your choosing to have it in the comfort of your own home. You say, “Do I fit into the criteria?” Of course the doctor says, “Well, actually, I have taken the training, I understand how the legislation works and, yes, you do. I might have to stretch it a bit here and there, but, yes, I think you fit within the criteria and I can arrange that.” What about a second opinion? “Yes, we could fix that up too, no worries. I know a doctor who knows a doctor who has done this before.” You ask whether you need to see a palliative care expert—someone who knows what sort of palliative care you would need. “No, you don’t have to do that. They can be expensive and they’ll just tell you that you can be treated. But there are other ways of going about this. Anyway, you think about it, Mr Deputy President.” And you do. At your most vulnerable, you go down a path. You can change your mind at any time, it is totally voluntary, of course, but your mindset is such, your feelings are such, that you have this avenue that you can take that will relieve you of a lot of time, pain, anguish, worry and even stress on your family and the saving of resources for them after you are gone. That is the way it can work. That is the way it has worked overseas.

There may be ways of getting around all this and increasing the safeguards. I would have thought that rather than a bias towards some kind of psychiatric or psychological assessment, frankly, the person giving final advice regarding this sort of stuff would be someone skilled in palliative care. However, it does not seem that the government is interested in any changes to this. It has decided the way it will be. On a take-it-or-leave-it basis of what is presented to us, I will have to, I am afraid, leave it. That is because I take my responsibilities seriously. I am not suggesting that others do not. If things go wrong, if after the review in two years or the five years after that or even through some scandal that emerges through the newspapers, even the local newspapers that have been proponents of this scheme, and there is a misuse or an abuse and people have been given terminal drugs for their conditions in circumstances that are stretched or bent or the rules are even broken, I know that the proponents of this legislation will not take responsibility for that. The government of the day will not say, “We got it wrong; we should have thought of something else or fixed up that problem.” Those who have spoken in support of the Voluntary Assisted Dying Bill will not say, “Yes, I should’ve paid more attention and fixed the problem in advance.” Go Gentle Australia and organisations like that will not stand up and say, “Yes, I take responsibility for that.” The media, which have been running their polls, will not take responsibility for it. Success has many fathers they say and I am sure that should this legislation pass in its current form, all those who have supported it and the idea behind it will be quite happy to take the credit for it and say what a great victory it was. The moment something goes wrong, I think members will find this bill will be an orphan. Not too many people will say, “Yes, we were warned; we take responsibility for not having listened.”

I may be conservative in my views and approaches but that is because I try to cover off on the worst possible case scenarios rather than say, “Here is a new idea; let’s see how it flies”, particularly when the life and death of my fellow citizens is at stake. All it takes is just one person. I think six in the Northern Territory who were squeezed into the criteria then available but did not fit, but were nevertheless euthanased—sorry; not euthanased, were assisted to die unlawfully—are testimony to the risks.

As for the political pressure that has been put on people, it is not just me saying this. I refer you, Mr Deputy President, to a story on page 20 of *The Sunday Times* of 13 October headed “Labor MP revolts: Backbenchers cop raw deal”. It starts —

Veteran Labor MP Margaret Quirk has blasted her own side over the VAD Bill, accusing Premier Mark McGowan and Health Minister Roger Cook of treating backbenchers “with contempt”.

I will not read it all out. I seek leave to table it for the purposes of incorporating it into *Hansard*. It is on the public record anyway, but I think it needs to be said that it outlines how there has been a dangerous level of influence and disregard, even for the government’s own side. Never mind about the government referring to powerbrokers in the Liberal Party as being the bad guys; their own people are concerned over a matter that should be one of personal conscience with freedom to decide in the interests of their fellow citizens.

Leave granted. [See paper 3275.]

The following material was incorporated —

After speaking against the VAD legislation during nearly 72 hours of debate in the Lower House, when not one of about 20 amendments was approved, Ms Quirk doubled down this week.

Though Labor MPs have been granted a conscience vote on the contentious issue, Ms Quirk said there was clear “implicit” pressure on herself and her colleagues to support the Bill’s smooth passage.

“Certainly I know of a number of occasions where members sought to speak in favour of the Bill and were asked (and agreed) not to speak to expedite the process of the Bill through the Lower House,” Ms Quirk said. “It is a Government Bill (and) there has been an enormous amount of resources put towards it.

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“The fact that all other legislation had to take a second place while this was being drafted, the fact that although there was no formal whipping in the House it was clearly evident there was informal whipping—it has never been properly explained to me why this was so important.”

She also questioned why the draft legislation was only presented to Labor MPs one hour before its release to the media.

“I think it is treating the back bench with some contempt,” she said.

Among the amendments Ms Quirk sought were stronger residency requirements to prevent VAD tourism and the introduction of a de facto “permit system” where the VAD board tasked with ensuring adherence to the legislation would be required to review every case prior to the administration of lethal drugs.

Ms Quirk also attempted to change the Bill so that it required at least one of the assessing doctors to have experience and expertise in the disease expected to cause the patient’s death.

She also supported a proposed amendment from Labor colleague Tony Buti to prevent doctors raising the possibility of VAD with patients unprompted.

Debate moves next week to the Upper House, when Ms Quirk hopes to see many of her proposed amendments revived.

Hon MICHAEL MISCHIN: As I have mentioned, there are a number of consequences to this legislation. One of the most significant is that despite every desire to the contrary, it will influence the way in which our society looks at death and the way in which patients are treated. I have a genuine concern that with this alternative method of addressing terminal illness, rather than providing palliative care to try to relieve suffering as much as possible, consistent with the way in which society has approached this issue in the past, and having regard to the advances that might occur into the future, we will have, as one of the raft of treatment options available to some medical practitioners who are inclined to resort to it, the easy way out, in a sense. That may be done compassionately, but my concern is that it will result in people taking this option out of fear, out of despair and out of pain—out of the prospect of those things—when had they taken on the approach of palliative care, submitted to it and had the advice, they might very well have preferred that. However, because of their fear and lack of knowledge, they will make a voluntary—I accept—decision to take this avenue. My concern is that as a consequence of that, governments will have less incentive in due course to invest money in palliative care. I accept that the government has done that on this occasion. However, who knows what will happen in two, four, five or seven years’ time? What is the next stage? Will certain doctors be able to assist people in nursing homes who are suffering and suggest that if they have unacceptable, to them, levels of suffering, they might want to take this way out? I have significant concerns about the way this is going and the morality of a society that permits it. Although I would not stand in the way of it, with adequate safeguards, I am seriously concerned that this will happen over time. That is because we will be inured to the idea. We will not have this debate again. We will not need to. It will be part of the fabric of our society. We will not need to wrestle with those issues.

I am not one to support necessarily members of another political colour, but I do not think I could have put it better than Hon Paul Keating, ex-Prime Minister, as to the potential consequences. I refer to an article that Paul Keating had published in *The Sydney Morning Herald* of 19 October 2017 with reference to the then pending Victorian legislation. The article is headed “Paul Keating: Voluntary euthanasia is a threshold moment for Australia, and one we should not cross”. I would add to that that it is one that we should not cross casually, based just on an unknown question in a public opinion poll run by a newspaper running a campaign on the subject, without people understanding the implications of what this bill actually does and says, and without there being broad support. I have had some pretty odd ideas put to me by people corresponding with me about what they think is in this bill and the stories and the problems they think will be addressed by it. Paul Keating says —

There is probably no more important issue in contemporary bioethics or a more serious ethical decision for our parliaments than that raised by the Voluntary Assisted Dying Bill 2017 being debated this week in the Victorian Parliament.

Under this bill, conditions and safeguards are outlined that will allow physicians to terminate the life of patients and to assist patients to take their own life.

No matter what justifications are offered for the bill, it constitutes an unacceptable departure in our approach to human existence and the irrevocable sanctity that should govern our understanding of what it means to be human.

The justifications offered by the bill’s advocates—that the legal conditions are stringent or that the regime being authorised will be conservative—miss the point entirely. What matters is the core intention of the law. What matters is the ethical threshold being crossed. What matters is that under Victorian law there will be people whose lives we honour and those we believe are better off dead.

In both practical and moral terms, it is misleading to think allowing people to terminate their life is without consequence for the entire society. Too much of the Victorian debate has been about the details and conditions under which people can be terminated and too little about the golden principles that would be abandoned by our legislature.

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One of the inevitable aspects of debates about euthanasia is the reluctance on the part of advocates to confront the essence of what they propose. In this case it means permitting physicians to intentionally kill patients or assisting patients in killing themselves. Understandably, the medical profession is gravely concerned by this venture.

An alarming aspect of the debate is the claim that safeguards can be provided at every step to protect the vulnerable. This claim exposes the bald utopianism of the project—the advocates support a bill to authorise termination of life in the name of compassion, while at the same time claiming they can guarantee protection of the vulnerable, the depressed and the poor.

No law and no process can achieve that objective. This is the point. If there are doctors prepared to bend the rules now, there will be doctors prepared to bend the rules under the new system. Beyond that, once termination of life is authorised, the threshold is crossed. From that point it is much easier to liberalise the conditions governing the law. And liberalised they will be. Few people familiar with our politics would doubt that pressure would mount for further liberalisation based on the demand that people are being discriminated against if denied. The experience of overseas jurisdictions suggests the pressures for further liberalisation are irresistible.

While there are different views strongly expressed within the medical profession, the president of the Australian Medical Association, Dr Michael Gannon, has explained that the formal position of the AMA is opposition to interventions that have as their primary intention the ending of a person's life.

Dr Gannon recently said: "Once you legislate this you cross the Rubicon. The cause for euthanasia has been made in a very emotional way and this is the latest expression of individual autonomy as an underlying principle. But the sick, the elderly, the disabled, the chronically ill and the dying must never be made to feel they are a burden."

Palliative Care has issued the most serious warnings. It says at least one in four Victorians who die each year (about 10,000 people) do not have access to needed palliative care, that access in aged residential care is "very low", that between 2 and 10 per cent of older Australians experience abuse in any given year and that its funding is inadequate to meet growing demand.

The submission highlights the problems with this bill —

He was talking about the Victorian bill on which the Western Australian bill is modelled but has lesser safeguards —

it is a disproportionate response to the real problems of patient pain and suffering, a situation that demands greater priority in public care and funding. It is true that if this bill fails then some people will endure more pain and this is difficult for legislators to contemplate. It is also true, however, that more people in our community will be put at risk by this bill than will be granted relief as its beneficiaries. This is the salient point.

Palliative Care said the bill 'sends the wrong message to people contemplating suicide and undermines suicide prevention efforts.' How could this not be the case? Suicide is the leading cause of death among people aged 15–44 and the second leading cause of death among people aged 45–54. International studies offer no support for the view that legalising euthanasia is associated with a decrease in non-assisted suicides.

The bill's failure is pre-set by its design.

The issue is not how many people will choose to die under this proposed law. It is how many people may die when otherwise they wouldn't. As Dr Gannon says it is "commonplace" for patients to tell doctors in front of their loved ones that they have no wish to be a burden on families.

There are another two paragraphs. If I may, in the time available to me I seek leave to table that and incorporate the last two paragraphs into *Hansard*.

Leave granted. [See paper 3276.]

The following material was incorporated —

Once this bill is passed the expectations of patients and families will change. The culture of dying, despite certain and intense resistance, will gradually permeate into our medical, health, social and institutional arrangements. It stands for everything a truly civil society should stand against. A change of this kind will affect our entire community not just a small number of dying patients. It is fatuous to assert that patients will not feel under pressure once this bill becomes law to nominate themselves for termination.

Opposition to this bill is not about religion. It is about the civilisational ethic that should be at the heart of our secular society. The concerns I express are shared by people of any religion or no religion. In public life it is the principles that matter. They define the norms and values of a society and in this case the principles concern our view of human life itself. It is a mistake for legislators to act on the deeply held emotional concerns of many when that involves crossing a threshold that will affect the entire society in perpetuity.

Hon MICHAEL MISCHIN: I thank the house for its indulgence because I think it is important that the article from a former Prime Minister, albeit one with whom I have philosophical and political differences, ought to be heeded. Paul Keating can hardly be considered a conservative and right-wing fanatic. As I said, he is someone with whom I would have disagreements but he outlined very succinctly and pertinently the problems as a matter of principle, some of which I have touched on.

I would very much support the Voluntary Assisted Dying Bill 2019 or legislation of a similar type as long as it does what it is meant to do. I have doubts that we could ever achieve that, but my problem is that there is an indication that it will not be negotiable. I am put in a position of having to be conservative about the consequences to our society and how we treat people and with much regret for the situation of those who very much desire access to voluntary assisted dying or fear that they may have to avail themselves of it, I have to vote against the bill in its current form.

HON COLIN TINCKNELL (South West) [7.25 pm]: I start my contribution to the second reading debate on the Voluntary Assisted Dying Bill 2019 by thinking about all the people with whom I have talked and consulted and the support that I have had throughout my discussions on this issue since I came to Parliament. Let us not kid ourselves; if this bill passes, it will mean a major change to our society and we do not know what the future holds.

I have had discussions with my family about this issue. Yes, I have had personal health tragedies in my family and in my wife's family and I have had to deal with doctors misdiagnosing. If euthanasia had been available 15 years ago, my mother-in-law may not have lived the extra 13 years that the doctors said that she did not have. I know how valuable those 13 years were. Yes, similar to many members in this place, I have a personal story, but I will not go into it too deeply. Members of my family have differing views about this issue. I respect all their views, as I have respected the views of my staff when talking to and working with them on this issue. I have made sure that I have heard all sides of the discussion and debate. I have worked with community groups and had community consultation. I have also talked to fellow members in the chamber since the bill first came into play 12 months ago.

One of the things I have realised is that we will go into the unknown if this bill is successful. As I see it, my job in this house is to do what I have always done in my life, at least for the last 20-odd years—that is, to try to solve people's problems, especially disadvantaged and vulnerable people in our society. That is the way I have approached the issue of euthanasia in its entirety. Before I entered Parliament, as a member of the public in general terms I was in favour of euthanasia. However, after entering Parliament, I realised that my knowledge of euthanasia and how it would be structured in our society was very limited. The benefit of being a member of Parliament is that we get opportunities to listen to experts in their field discuss the different aspects of this very important issue and legislation.

We must be careful about major changes in our society. The bill before us is a major change, and we cannot kid ourselves that it is anything less than that. I see my job in Parliament as being to review, debate and improve legislation to try to make it the best we can before it is passed and enacted as part of the law in this state. That is a very big ask, but I have faith that the 36 members in this place will approach this bill as they do all other important bills—very seriously—to try to achieve a good result. In some people's eyes, a good result will be no to this bill; in others, it will be yes. I am certainly right in the middle, and I will not be making a final decision on this bill until I see where we go with the amendments during Committee of the Whole. I will give myself time to make a decision that is right on behalf of me, my family, my constituents, other members and everyone around me who I work with and who I trust. I will give myself the time that is needed to make a decision that I believe is right.

As I mentioned earlier, I have some concerns and I would like to talk about them. They are not only my concerns; I will also mention concerns that other people have talked about and what this means to them. It has been fairly well publicised that Aboriginal people have concerns about this bill, and I will talk about that a little later. Many doctors have voiced their concerns about the bill. There have also been concerns expressed about palliative care, or the lack of palliative care, and I will quickly touch on that. The palliative care that is available in Western Australia is second to none; we have some of the best palliative care anywhere in the world. Unfortunately, it is just not available to many people in this big state of ours. Western Australia is an unusual jurisdiction compared with so many states and countries in the world, and we are charged with making laws that will work for the people of Western Australia. Many people in Western Australia do not see this as a choice; their choices are very limited because palliative care is a major concern and it is not available to them.

Mental health professionals have also talked about their concerns and how vulnerable many people feel. People representing disability groups have expressed concerns and some lawyers have even chipped in to voice their concerns about some of the ramifications around the implementation of this bill. I heard so many good speeches yesterday and today about some of those concerns. I have learnt a lot just from listening to all the different sides

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of the argument, even in this place, over the last two days. It certainly opens up your mind about why this is such a difficult bill to make a decision on. That is the way I feel about it.

Australia's two most prominent Aboriginal politicians have opposed this bill and talked about their concerns. They and other government members say that the consultation has not been to the standard they would like. It is not easy to talk about Aboriginal health or culture. Number one, Aboriginal people look at health and death and many other things in society quite differently from us. There are 100 000 Indigenous people in this state and it is not a matter of just consulting with them. We need to help them understand, and until they understand, we have some issues.

If we look at euthanasia, or voluntary assisted dying, as it is called, we see that suicide is real to Aboriginal people. They live with this every day. As a matter of fact, the Kimberley is one of the worst jurisdictions in the world for incidences of suicide. Now, when we start talking about euthanasia or VAD, they get confused: "Are you helping us to suicide? I thought you were helping us to avoid suicide." They get very confused in this conversation. The consultation with Aboriginal groups and communities, especially remote communities, has to be done at a very high level. After that great consultation takes place, even if the government has a different view and is still going to put this bill through, it has to be honest with Aboriginal people and let them know what it means, help them to understand, and still say to them, "Sorry, we still back this bill." It needs to explain to them that this bill is going to go through, and what it will mean in everyday life.

I am not going to come out and blast the government, as Senator Dodson said, because I do not think the government has gone out of its way to not consult with Aboriginal people. This is a very difficult bill that will change our society and could have positive or negative ramifications to their cultural life and society. They are already under stress and under pressure in many areas of health, life expectancy and trust, working with governments and government agencies, and the only way that trust can improve is through helping them to understand. At this stage, it seems to me that their understanding of this issue is not great.

There are cultural changes here. If an Aboriginal or Torres Strait Islander patient is close to death, it is important that they do not die alone. Family presence is culturally crucial at this time. They believe that if the spirit does not have the chance to leave the body, there will be a major disruption in the family. They have a completely different cultural belief from us. Their dreamtime or lore is very similar to our faith and other people's faith in our society, and we must respect that and work with them as best as we can to help them make the changes if this bill goes through and becomes part of our law.

As I said before, I came into this place as a "yes", and now I am a "maybe". I will be a definite "no" unless certain amendments are made to the law as it sits right now.

When dealing with Aboriginal people, we have to go about it with a different protocol. We cannot consult with them in a way that we would with most whitefellas. It has to be done in a completely different and time-consuming way. I want to represent them in this house. In the 1980s, suicide in Aboriginal communities was virtually non-existent. We have seen how that has changed. Now, 95 per cent of Aboriginal people have been affected by suicide, and Aboriginal people are six times more likely to commit suicide than non-Aboriginal people. We know all that. They are now very confused and do not understand why we are talking about assisting them to die when they are very ill and at the end of their life. It is a cultural concern.

I look now to the concerns of doctors, and I share some of their concerns. Many surveys have been done. We have found in election results around the world and in this country that surveys do not mean much. Everyone knows that to get the answer we want depends on the question that we ask. Sometimes that can be very difficult and surveys change. People's attitudes change as they gain more information and knowledge about a subject.

Hon Kyle McGinn: Is that surveys or polls?

Hon COLIN TINCKNELL: Surveys, polls, research—whatever you want to call it.

I would like to see an amendment to allow for a specialist of a patient's disease to be involved in the euthanasia process. I cannot imagine two GPs making a decision to end someone's life, even when one of them is the local doctor of that patient, without that. I want someone who has specialist experience in the disease that a person is dying from to be involved in the process so the patient has all the information before them before making the decision to end their life.

I also believe that registered health practitioners should be prohibited from suggesting euthanasia to a patient. The main reason for that is to protect vulnerable people in our society. I mentioned before people who have mental health issues. It takes a lot longer than two weeks to assess that. People with disabilities already feel that they do not get a fair go and that they are not listened to and are not fully understood in society. They feel very vulnerable. As I mentioned at the start, other groups are concerned about the bill. These are some of my non-negotiables. I would like the house to support those amendments.

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We also believe that doctors must be independent; there should be no relationships between doctors because, once again, there will not be enough diversity of views. If a specialist is not involved, something will be missing and mistakes will happen and unintended consequences will ultimately arise.

What real choices will people who cannot access palliative care have? The government says that VAD will be available for everyone, but at the moment palliative care is not available for everyone. There is a lack of choice. If this bill is all about choice, I see a lack of choice right there, especially in regional areas. Many words have been spoken both to the media and in this house about that issue. Yes, it is true that the government has put extra money into palliative care, and I commend it for that, but we are way short. It is not the government's fault that it is way short, but this government is asking us to support a voluntary assisted dying bill while palliative care standards are not what they should be in this state. Many people in Australia cannot access palliative care, and Western Australia has the worst record. That must change. We need to improve that before we give people choice about finishing their lives. Palliative care experts have said that we are \$140 million short. The government put an extra \$17.5 million into palliative care recently—everyone can do the maths—but we are still a bit short. That needs to be improved.

When I talk about specialist and other doctors being involved, people say that country people will not be able to access VAD. That may be the case, but how do we improve that? We give them specialists, doctors and palliative care, and we improve the conditions of access to medicines and health in regional areas. If we can do it for VAD, we should be able to do it in those other areas. This government wants this bill to be passed, and that is, for me, a major step that would need to be achieved before we start assisting people to end their lives.

One of the issues I want to go back to is the discussion around misdiagnosis. It happens very regularly. If people think that politicians never make mistakes, they are joking, are they not? If they think that doctors have never made a mistake, they are also joking. It happens and it happens regularly every day. It has happened to my family. It has happened to my mother. It has happened to my mother-in-law. Both of them are not here anymore. I have lived that. I do not hate doctors; I love doctors. I have amazing doctors who look after my health. But misdiagnosis happens.

If people do not have the option of VAD, hopefully they will have the option of palliative care. But so many people in regional areas do not have that option. For me, the slippery slope is that they will take up VAD in increasing numbers because they have no other choice; yet, they are basing that on a diagnosis from a doctor who could be mistaken. Even if the diagnosis of the disease that the person has is right, everyone is different and people respond to health issues completely differently. Medicine is not an exact science and it is very, very difficult to know what is going to work for one patient compared with another.

I feel like everyone else in this house, and I would imagine everyone in the other place too—95 MPs who represent the WA Parliament. I want to end suffering. I want to make it easier for people to deal with the final years of their lives. But, at this stage, I have concerns about this bill as it is now. Can I be convinced? I do not know. I will see how we go with these amendments. Some great amendments, which I will be supporting, have already been put up by Hon Martin Pritchard. I imagine that we will receive quite a few other amendments in due course and I can imagine what most of them are going to be—probably fairly similar to the 20 amendments that were put in front of the lower house. I have also heard, behind the Chair, that the government is looking at amendments. I encourage it to improve this bill. I have also done the numbers and I think this bill will go through, but I cannot be one of the members who votes yes unless the bill that we have before us is improved.

The Joint Select Committee on End of Life Choices found that Western Australia has the lowest number of publicly funded inpatient palliative care beds per capita in the country and that access to specialist care is limited across the state. The report stated that this was particularly a problem in regional and remote areas where access to palliative care is almost non-existent. Is it this government's fault that access to palliative care is almost non-existent in regional areas? No, it is not, but this government wants to put voluntary assisted dying legislation through this Parliament, so it needs to improve palliative care services. The Pilbara, the wheatbelt and the Kimberley are just three areas where palliative care services are not good enough. The service is okay in some of those towns, but it is non-existent in many parts of those areas. The rhetoric about choice is deceptive and irresponsible if people do not have access to palliative care.

We heard what Hon Michael Mischin had to say about the politics of this bill and to some degree I agree with that. I have been very impressed with the contributions of my fellow members in this house. I listened very intently to Hon Martin Pritchard because I know he is in a similar position to me. I have not spoken to him about this bill, but I know that he has been struggling with the decision that he will make, so I really wanted to hear what he had to say, and I agreed with most of it. I listened to the comments that Hon Tjorn Sibma made about the bill. I listened to people in the lower house make very emotional contributions and explain the journey of the people in their lives who have suffered. I do not think too many families have not experienced some sort of suffering.

The main role of doctors in society over the last 10 000 years has been to improve people's health and to help people recover from sickness. We are putting something in front of them that will be difficult for them to manage

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properly. It will be difficult for them to have the mindset that is now changing. Some doctors will thrive and do well, but other doctors will really struggle and their patients will struggle with them. The bill is not perfect as it stands today, but it can be improved.

As I said before, when I first came to Parliament, I looked at this house with real confidence, and the reason I looked at this house with real confidence was the diversity of views. I am a big believer in democracy and what it stands for. When a difficult bill like this is put in front of us, there is nothing better than to have seven parties discuss their views. Even though this is not a party issue and everyone has a conscience vote, people have different influences in their life. I have had mine and those influences have helped me to be the person I am today and they have helped me make very difficult decisions in this place. I have been very pleased to hear the diversity of the debate so far. I talked earlier about our role of reviewing debate and improving legislation. I have reviewed and I am now debating. I hope that during the committee stage, we can improve this legislation. If the bill is supported by this house, like everyone else in this house, I will accept the result of Parliament. I believe in democracy. I will continue to work to improve the bill as it rolls out and gets implemented, if that is the situation. I will continue to listen to the debate. It is encouraging to hear that the government may make some amendments. I hope that the information I have learnt has helped. That is my situation. I found myself, like Hon Jim Chown and Hon Martin Pritchard and other members have reported, to be neither in the noes or the yeses and are still making up their minds. I understand how they feel, because I have been a part of that group as well. I am very happy with the opportunity that has been afforded to me as a member of Parliament to speak to all sides of the argument. I felt very uncomfortable when this issue first came up, and I felt as though no-one in this world was capable of making the right decision. That view has now changed. I believe that the members of Parliament here will debate this issue to its fullest, and if this bill is to go through, they will make sure that it is the best bill that can be put through this house. I have my concerns, and I have voiced those concerns. I agree with lots of other groups that are concerned as well, and I know that nothing can be perfect.

Along with all the other members here, I hope this debate continues in this positive mode and I hope that it moves reasonably swiftly, and we do not have time-wasting going on in this Parliament. I have always been against that. I am not a big fan of filibustering, but every now and then it happens, and sometimes when it happens it has been justified. I have learnt a few things since I came into this Parliament from seeing that happen. I thank members for listening to me, and I look forward to the contributions from fellow members.

HON ROBIN SCOTT (Mining and Pastoral) [7.57 pm]: My contribution this evening to debate on the Voluntary Assisted Dying Bill 2019 will be a short one. It will also be a nuts and bolts contribution, because, given the short time I was given to prepare something, I will do the best I can to articulate. It has been very stressful and sad listening to some members' contributions, explaining their personal experiences dealing with friends and family who have passed away, and I sympathise with them. I have no intention of making this about me or getting emotional. This is not because I feel no emotion. In fact, I am a very emotional person about life. A couple of drinks and a sad song, and I will give you a bucket of tears. This could be because I am 66 years old, and I am now in the death zone. I am not trying to be funny. I have elderly uncles and aunts back in Scotland, and they are just popping off all the time. We do, in a way, get desensitised to death; we accept that it is inevitable for everyone. The youngest member of my family was only 36 years old when cancer took his life. The oldest was 73 years old. I lost both my parents to cancer, and at this very moment I have one relative and one dear friend being treated with chemotherapy and radiation. We are hoping that the doctors have found this cancer quickly enough, and that there will be a happy ending. Another friend of mine is near the end. Nothing more can be done. Voluntary assisted dying has never been spoken about by any of them.

I have treated this bill like any other bill. I have tried to sift through all the information. I have listened to the people in my electorate for and against. I have responded to every letter, postcard and telephone call. In the end, I decided to break it all down into these four groups of people: the medical industry, the religious industry, the woe-is-me people, and the voters. Starting with the medical industry, in *The West Australian* of 10 September 2019 it was stated that 2 500 years of medicine has never deliberately ended a life. The Hippocratic oath that we hear so much about says that they will do their best to heal—a very worthy oath indeed.

Delving into medical history, I discovered stories of graverobbers and investigative operations by doctors on the homeless and unclean in Scotland only a few centuries ago. The cadaver trade was thriving. Two of the main characters were Burke and Hare, two Irishmen who moved to Scotland looking for work. They soon discovered that robbing graves and selling the bodies to the medical industry was far more lucrative. Before long, they found that murder was much easier than digging up graves. Professor Robert Knox, a popular anatomy lecturer, paid very well. The fresher the body, the more they were paid. In the end, they were delivering live people to the professor—usually drunk and homeless people. On arrival, a quick blow to the head rendered them unconscious before the gruesome task began of opening them up to see how people function. I am very grateful to Burke, Hare and Professor Knox because without their gruesome trade, we may not have the wonderful knowledge that we have today.

Extract from Hansard

[COUNCIL — Wednesday, 16 October 2019]

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Hon Jacqui Boydell; Hon Michael Mischin; Hon Colin Tincknell; Hon Robin Scott; Hon Martin Aldridge; Hon Kyle McGinn; Hon Colin De Grussa

Many people consider Mother Nature to be cruel, but I believe that we humans are far crueller. In the wild, meat-eating animals do what they are designed to do—eat other animals. When they make their kill, it is over very quickly—they shut off their prey’s windpipe or suffocate it. That is the natural way it happens. There is nothing kind or natural about extending someone’s life when they have a terminal illness. There is nothing natural about using chemotherapy or radiation to extend someone’s life. Palliative care does not save lives; it extends life, sometimes in very painful conditions. If an illness is discovered early enough, chemo and radiation may help, but when a patient is told that they are terminal, nature should take over. By all means, every comfort and medication should assist the patient to slip away.

I have spoken to two palliative care nurses and both are against this bill the way it stands at the moment. They believe that amendments are required. They also told me that doctors have been overmedicating patients for decades. One example was Mrs Smith—not her actual name. The doctor told the nurse that Mrs Smith required some more morphine and the nurse said that she had just given morphine to Mrs Smith. The doctor looked the nurse in the eye and repeated: “Mrs Smith needs more morphine.” Two hours later, Mrs Smith passed on. This practice was recently confirmed by Professor Fiona Stanley in a newspaper article. We cruelly try to extend the lives of terminally ill patients, bleating that the medical industry and palliative care will see them off to the next world with no pain and anguish. They say, “Leave it to us; you have nothing to fear.” Well, there is something to fear. To guarantee no pain, they would, and do, totally anaesthetise the patient. By this time, the patient is riddled with bedsores and unable to tell anybody about their discomfort. However, if this is the way you want to go and leave this world, your wish will be granted and God bless you.

Talking about God, various religions all proclaim that God gave us life and only God can take it away. One religious zealot even suggested that a person should be happy to suffer for their God because he suffered for us. That is not something I want to condone. It would appear that the churches have completely forgotten about the religious wars and battles fought in the name of God. Hundreds of thousands of men and women have been murdered in the name of God. Again, only a few centuries ago we had the dunking chair. This method was invented by the church to whittle out witches who were carrying out witchcraft, which was usually them making up potions to help the sick. The method of deciding whether a person was a witch was 100 per cent effective. Local clergymen would tie them to a chair that would then be swung out over a river, where they would be dunked into the water for a time. If they were deemed to have drowned after being raised, they were proclaimed innocent and passed on to God for eternal life in heaven. However, if they were still alive, they were then brought ashore, tied to a stake and burnt alive as a witch. This was a judicial system operated by many of our religions. They considered that they were taking lives in the name of god. Many of the lives destroyed were innocent victims, so, like the medical industry, the religious industry now has a back seat in my decision-making.

Another problem I have is listening to the “woe is me” people. These members of the general public and some members of Parliament will take all day to tell us how much they have suffered watching their loved ones suffering in pain and discomfort. They never offered to swap places with the patient. They usually want voluntary assisted dying for their loved one, but it is to put an end to their own suffering, not the patient’s suffering. They need to be reminded that it is not them dying, but the loved one lying in bed. They cry while telling us the story of their loved one who had a great life, and it is so sad that they have to die. Well, we are all going to die; no-one is getting out of this life alive. I am sure everyone here has lost a loved one, and as hard as it is, we do get over it. I struggled for a long time thinking about my parents when I lost them. I would cry very easily. My mother was aged only 59 and my father was 73 years old, but now I think of them and I smile. I remember the wonderful times we had in Scotland when I was growing up, and of course the great times and the wonderful life that they gave us here in Australia. We must listen to the wants of the patient and do our best to grant what, in most cases, is their last request.

I, like all members of this chamber, have been swamped by letters, emails and postcards, even occasional phone calls. I have had various people tell me that if I vote for the VAD bill, they will not vote for me at the next election. I always thank them for their communication and tell them not to vote for me because I do not want people of that ilk supporting me. If they do not get what they want, they will pull up stumps and go home, so I say good riddance to them.

The long sitting hours of Parliament debating this bill is a farce, with politicians waving the flag, saying, “Look at me; I’m working overtime for the people”, unless, of course, there is an important footy game on. No-one in Parliament needs to grandstand on this bill. This is a very important bill; in fact, it is probably the most important bill ever brought to this Parliament. We need to be fully functional and have our faculties firing on all cylinders while we debate this bill.

Members are given a conscience vote on the bill, not a personal vote. All members have to vote according to the message from their constituents. I would have no problem stating my personal view if that was the case. However, my constituents comprise both Indigenous people and others, and all mobs have for and against in their midst. I believe it is 50–50 at the moment, and I admit that I had my work carried out trying to sift through

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the communications. The VAD bill is a highly emotive bill and no matter what we do with it, we will never make it foolproof as we all know there are ingenious fools who will get around any legislation we put forward. Until the government makes a commitment to begin supplying proper palliative care to regional and remote communities to a similar standard that metropolitan patients expect, how can members expect my constituents to support a bill with no choices? Choices have been mentioned by nearly every previous speaker. In my electorate, which is 2.2 million square kilometres, we have no choices. A recent poll showed that 80 per cent of people in my electorate were in favour of the bill. I know I could conduct a poll and get 80 per cent against the bill. One elderly gentleman came into my office in Boulder. He was concerned that because we have no palliative care in Kalgoorlie, the government may force VAD on him because it is cheaper than palliative care. I was able to arrest his worries.

I have attended many meetings for and against this Voluntary Assisted Dying Bill and the chair of the meeting was usually a highly educated medical doctor or a religious leader. Never once have I been invited to a joint meeting with the opposing factions to discuss and debate a possible solution. Both parties are convinced they are correct. Neither side has shown much flexibility or open-mindedness in this debate. Some members here are voting only on their own pre-existing beliefs. I, on the other hand, am determined to hear everyone's perspective and do the right thing, which is not to exercise my will but the will of my electorate. I say to all constituents in my electorate and every electorate, please remind your member that they must represent your wishes on this very important bill.

To conclude, I am confident that in the next 20 to 30 years, our wonderful Aussie scientists, our great research people, will find a cure for these hideous illnesses. I wonder what the general public will say about the fortieth Parliament and how many people we helped die from 2020 to 2050. Thank you.

HON MARTIN ALDRIDGE (Agricultural) [8.10 pm]: I rise to speak this evening on the Voluntary Assisted Dying Bill 2019. In doing so, like many speakers before me, I recognise that many views about this proposed reform have been expressed so far, not just in this chamber but also outside this chamber. I must say that thus far, the debate in this place has been very respectful of each other's view, no matter how divergent that view may be from your own.

I have taken a very genuine and, I think, responsible approach to the matter and now this bill. Prior to the last election, on 15 February 2017, I received an email from an organisation called Dying with Dignity Western Australia and I would like to read it. It states —

Dear Martin Aldridge

Polls consistently indicate that over 80% of Western Australians support the right of the terminally ill to access medical assistance with dignity to die.

Dying With Dignity Western Australia (Inc) asks that the community's wishes are respected by their representatives supporting a Freedom of Choice at the End of Life Bill.

A cross party group has committed to presenting such a bill to Parliament this year.

This Bill will allow a competent adult who is dying of a terminal illness, and whose suffering remains unbearable despite optimal palliative care, to request medical help to die quickly. There will be strict safeguards in place to ensure this assistance is not abused.

So we ask how you intend to vote on a Freedom of Choice at the End of Life Bill. We will be vigorously promoting candidates who agree to vote yes to this choice.

Remember, for many senior Western Australians this will be the single most important issue in this election.

Please indicate by email in the next 14 days if you will, in principle, support the Freedom of Choice at the End of Life Bill should you be elected on 11th March, 2016.

The public will be informed of your position.

Thank you very much

Murray Hindle
President
Dying with Dignity Western Australian (Inc)

The ACTING PRESIDENT: Order! Members, if you are having conversations, would you mind taking them outside or making them quiet. I am struggling to hear the honourable member on his feet.

Hon MARTIN ALDRIDGE: That was 15 February 2017, some weeks out from the 2017 state election. I draw members' attention to an article that occurred following that email on Saturday, 4 March 2017 in *The Weekend West*. It has taken me quite some time to locate this article. I think my office was assisted to locate it by the Parliamentary Library. It was a half-page advertisement in *The Weekend West* by Dying with Dignity Western Australia. The headline is "80% of Western Australians support freedom of choice at the end of life. Vote for the candidates who support the people."

I will not go through all the Legislative Assembly members, but I will reflect on the members of the Legislative Council, particularly those who have been identified and have been subsequently elected.

As I understand it, those people obviously agreed in principle with the proposal put to us by email. They were Martin Aldridge, National Party; Darren West, Labor Party; Stephen Dawson, Labor Party; Robin Scott, One Nation; Sally Talbot, Labor Party; Colin Holt, National Party; Charles Smith, One Nation; Samantha Rowe, Labor Party; Alannah MacTiernan, Labor Party; and Sue Ellery, Labor Party. Ten members of this current Legislative Council were identified in this email. Obviously the Greens are missing from that list, but there is a disclaimer at the bottom that says that support for assisted dying is part of the Greens' platform and is supported by all Greens candidates. Therefore, obviously there was no need to name the Greens. That begs the question of whether a conscience vote is afforded to the Greens. It would appear from this article that all the Greens who were standing at the 2017 election were in support, in principle, of such a policy.

My view has not changed from that time. I have said in the many comments that I have had with constituents and in interactions with the media that I will continue to provide in-principle support to the proposed reform. That does not necessarily mean that I will support a bill in any form, but in-principle support, yes. This matter is too complex and too important, and the final results in some respects are too distant, to enter this debate with a fixed and firm view. I certainly would not be so arrogant as to say that I support this bill in its current form with no amendment whatsoever. I certainly do not take that purist view that other people have taken.

I understand that this bill has had a long history. I was not a member of this place when a private member's bill by Hon Robin Chapple was considered, but I have heard many members reflect on that time. I understand that prior to the election, or at least I can certainly recall, there were media reports about how the Labor Party would support an investigation into such a scheme should it be elected to government. I have not been able to find a policy paper, discussion paper, election commitment or media commentary. It certainly was not mentioned in the then Leader of the Opposition's campaign launch address. However, I was aware that it was something that the Labor Party intended to pursue if and when it formed government, as it ultimately did.

This investigation came in the form of the Joint Select Committee on End of Life Choices. I acknowledge the significant work of that committee and all its members throughout the 12 months of its inquiry, in particular my parliamentary colleague and the deputy chair of the committee, Hon Colin Holt, who was nominated by the National Party, and, indeed, the Legislative Council, to be a member of the committee. In August 2018, the committee tabled its report, titled "My Life, My Choice". The government response was tabled some three months later, on 27 November 2018. Of course, members would be aware of the establishment of the Ministerial Expert Panel on Voluntary Assisted Dying. The panel consisted of 13 people. Those members who have already spoken during the second reading debate have outlined many of the areas in which the panel members were subject matter experts in their fields. I came to know two panel members reasonably well during the consultation process. They were Ms Noreen Fynn and Professor Phillip Della, AM. Those two panel members turned up consistently at the forums that I attended. There was another panel member at one of the forums that I attended, but the name of that person escapes me, and I apologise to them. The two forums that I attended were in Northam and Geraldton. I was the only member of Parliament at those two forums, and it was a good opportunity to engage, and learn about the feedback that the ministerial expert panel was seeking.

I also listened to the views of the people who turned up to engage in that process. The bulk of that consultation was obviously undertaken by the panel, supported by the Department of Health. An initial observation that I would draw from that process is that the Department of Health probably does not have a long and established history of consultation. It is particularly good at running hospitals and the public health system generally, but consultation has not been something it has needed to do extensively.

Initially, consultation was planned for Perth, Bunbury, Kalgoorlie, Geraldton and Broome. It was clear from the outset that some shortcomings were associated with that approach; the most obvious being that there was no consultation plan between Geraldton and Broome—the only two places north of the Great Eastern Highway. At that time, the National Party engaged quite strongly with the Minister for Health, both through Parliament and privately, and approximately one month after that announcement, further consultations were extended to Mandurah, Carnarvon, Karratha, Northam and Albany, along with consultations via videoconferencing with community resource centres in regional Western Australia. If we look at the ministerial expert panel's final report, we see that some of

those added regional consultations had greater attendance than some of the metropolitan forums. There was a desire and a demand from Western Australians in regional areas to be engaged in this process. Although it took a bit of effort, I congratulate the government for ultimately extending that consultation.

One of those communities was Quairading. I will talk about Quairading a little more in a moment. I will talk about the forums that I attended. The people who attended the forums in Northam and Geraldton that I was at were generally probably not supporters of the voluntary assisted dying proposal. They were quite concerned about the notion of it. By and large, I think that is what had driven the majority of people who I interacted with at these forums. At both forums, people turned up who were highly sensitised to the issue. But the way in which information was put to them and the way in which the ministerial expert panel members explained how they were considering the process and what was proposed, and what the joint select committee had recommended, I saw some of that fear change to trust. People became more inquisitive about the process. By the end, people were much more confident about the notion.

I also saw disappointment. This is something that other members have also reflected on. There is a misperception in the community that as soon as the Legislative Council hurries up and stops delaying the bill, it will have effect by Christmas. When I explained that the ministerial expert panel, and in fact the explanatory memorandum, refer to a period of 18 months post-passage, I am not sure that the general population quite understands the delay that will occur if and when this bill passes.

Another thing that I think people are not aware of is the restricted approach that has been taken to the regime, particularly with capacity. I think Hon Jacqui Boyde talked about people living with dementia. People have a common misperception that they will simply be able to whack this into their advance healthcare directive. In certain circumstances, people want to be able to access voluntary assisted dying, which clearly will not be the case under this regime.

I conducted some of my own consultation to the extent that I could. I spent extensive time on repeated occasions with palliative care teams in the wheatbelt and the midwest. I spent about half a day in the palliative care unit at Sir Charles Gairdner Hospital. I thank the doctors, nurses, social workers and allied health workers who I spent some time with. It was really quite eye-opening to get a hands-on look at the operation that is the provision of a palliative care service.

I am fairly confident in saying that we probably would not see the same multidisciplinary approach in other specialties of medicine. We see people with a range of training, skills and qualifications coming together and managing individual patients and their needs. The thing that was most impressive was the way in which those specialist medical staff, both doctors and others, engage with their patients. It is certainly not what those who typically engage in the health system would usually see. Earlier this week, I heard a speaker say that people who work in the palliative care sector are masters in a difficult conversation. Certainly that was what I saw in operation at Sir Charles Gairdner Hospital and I was very impressed by it. Unfortunately, there is no Sir Charles Gairdner Hospital in my electorate, which is something I will talk about a bit later.

I engaged with many medical professionals. I even reached out to the Aboriginal medical service in the midwest to seek its view. I really did not let an opportunity go by where I could gain an understanding of people's views and whether they had any specific concerns.

As I said, I had the opportunity to be in Quairading. I cannot recall exactly whether it was before or after the Ministerial Expert Panel on Voluntary Assisted Dying was formed. I think it was after because at the time there was talk about the consultation opportunities. Unfortunately, the closest opportunity for those living in Quairading was to travel to Perth. I was in Quairading with the member for Central Wheatbelt. We had a typical meet and greet with the community at the local bowling club. It was a public invitation for people to attend. There were between 30 and 40 people at the Quairading Bowling Club. The main issue they wanted to engage in that night was voluntary assisted dying. I will tell the house two stories, which go to how polarising and personal this issue can be. One gentleman who stood up was very strong and passionate in his views. He reminded me of the overwhelming community support for voluntary assisted dying. I do not know whether he quoted a figure but he certainly referred to long-term polling that showed community support. He was short and sharp and said, "Anyone who opposes these laws in Parliament should lose their seat at the next election." That was pretty much his one message to me and he sat back down. Another fellow from the same community got up and said he that he had held a long-term view that something like voluntary assisted dying was the right approach. He was going through a very personal experience at the time because his best friend was dying. In going through that process with his best friend, he changed his mind about his long-held view that voluntary assisted dying was the right path to go down. Therein, just with those two gentlemen at the same forum and from the community, lies the complexity faced by legislators in understanding and navigating a way through this very difficult and sensitive issue.

I will talk a little about polling that has been around for some time. No-one more than a former state director of a political party likes to read polling and similarly dismiss it when it does not suit their own purposes. There have been a lot of references to polling through the course of the second reading debate. The poll conducted by Go Gentle, which was sent to me, is interesting, particularly some of the results from the Agricultural Region. It asked, “The WA Parliament is currently considering a voluntary assisted dying bill. Based on your current level of knowledge, do you support or oppose the voluntary assisted dying bill?” The average for the Agricultural Region was 80.9 per cent. It is interesting to look at the demographics because the highest level of support—89.1 per cent—was among young people aged 18 to 34 years. Those aged 66 years plus, people who members would think are closer to the end of life and thinking about options and care or whose health is ailing, had the lowest level of support at 75.1 per cent.

I thought that was quite interesting, because I did not think that would be the case. Another question was asked—in fact, I think it might be the same question —

The WA Parliament is currently considering a Voluntary Assisted Dying Bill. Based on your current level of knowledge, do you support or oppose the Voluntary Assisted Dying Bill?

The poll results broke down the levels of total support by political party voting intent. Of the political parties, the lowest level of support was actually from Nationals WA voters, at 74.1 per cent. That is still very strong, but not as strong as the support from ALP voters, at 90.2 per cent; 91.3 per cent for Greens voters; and 92.3 per cent for Pauline Hanson’s One Nation voters. Still, that is quite a comparison between people’s political party voting intentions. A range of other questions were asked in the poll. I will not go into them because I am not sure how relevant they are. Certainly, I will not pay much attention to them because when we start asking voters over the phone about appropriate safeguards, I seriously question whether the people who are being asked the questions are fully informed enough to make a decision on such matters.

I briefly talked about palliative care in my introductory remarks and about the opportunity I had to visit the palliative care team at Sir Charles Gairdner Hospital and the palliative care teams that operate in the midwest and wheatbelt. Some members have argued—not during the second reading debate but in the public discourse in the lead-up to the debate—that palliative care is one thing and voluntary assisted dying is another. I had the opportunity to attend a forum this week, organised by Hon Dr Sally Talbot and Hon Colin Holt, with Professor Margaret O’Connor, AM, a palliative care expert from Victoria. If I understood correctly what she was telling us, she argued that there was not a disconnect between the two. That is certainly a view that I would agree with. The problem with the argument that we should not confuse palliative care with the debate we are having on this bill is that in my electorate of Agricultural Region, there is very limited access to palliative care services. I know the government is talking about a significant increase in funding for palliative care over the next four years, and I think the Minister for Health’s media statement quoted a trebling of staff. I acknowledge and welcome that investment. I understand that the landscape will shift; it will not shift overnight, but it will shift over time. In some parts of the regions, services are quite reasonable, and in that regard I single out Geraldton and the midwest. St John of God Geraldton Hospital runs a palliative care unit on behalf of the WA Country Health Service, and I have had the opportunity to visit it on several occasions. The feedback I have had from members of the midwest community is that they highly respect and value the contribution that hospital, that unit and its staff make to the wellbeing of their loved ones at the end of life.

In the wheatbelt we are lucky to have Mr Brett Hayes, who resides in York and was Western Australia’s 2018 Nurse of the Year. Brett and his team developed the Wheatbelt TelePalliative Care service, which is a service that, in its most basic form, provides support and continuity in home care through the use of technology. Obviously, telehealth is not able to do everything, but it can certainly support families.

Telehealth can provide answers in the middle of the night. In fact, in some of the examples that were put to me, telehealth even helped loved ones on the east coast, in other parts of Western Australia, or even internationally to say goodbye to their loved ones through the pilot, which was the Wheatbelt TelePalliative Care service. I understand that the work that Brett and his team have done in the wheatbelt will be the basis for expanding a similar model across other regions. I understand that some regions have already embarked into that space; however, more broadly, each region in the WA Country Health Service will be rolling out a telepalliative care service similar to, if not the same as, the pilot that was run in the wheatbelt.

If we are going to have real end-of-life options, palliative care must be reasonably available. I have not heard anyone dispute that notion in the course of this debate. Really, people in our communities should not find themselves faced with the option of a very poor care outcome or voluntary assisted dying. That is unacceptable to me and the reason these issues, in my mind, are not unrelated.

Hon Jacqui Boydell; Hon Michael Mischin; Hon Colin Tincknell; Hon Robin Scott; Hon Martin Aldridge; Hon
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We know that health care is becoming more expensive. We know that gaps are growing, and we know that access to services such as residential aged care can be quite difficult and costly if someone does not have the financial means. A significant pressure and burden is placed on our public hospital system when those people who require residential aged care end up awaiting placement beds in our public hospital system.

I met a constituent and I want to recount this person's story. I will not identify him. I was at a local agricultural show, which have all occurred over the last few months. It has been a really good opportunity to engage with the community because it is probably the busiest part of the year, when just about every weekend we are at a different town show, a different ag show or a different community event leading up to harvest. I met this fellow at one of my local shows. He came up to me and, as soon as I saw him, I could tell that he had some pretty significant health issues and some fairly obvious physical impairments. He was an older gentleman and he initially expressed concern to me that his local member of the Legislative Assembly had not supported this bill, and he was insisting that I give it my full support. We got chatting, and he went on to articulate his argument a bit further. He said to me, "I want to access VAD when I become a burden on my family." I did not really say anything to him at the time, because he was very persistent, and also the local member was standing next to me, so I did not want it to be awkward. I did not really think about it at the time, but I have certainly done a lot of reflection on those comments since. I wish I had the opportunity to talk to him a bit more about that, because it is something that has weighed on my mind and certainly does concern me. I do not think we could ever stop or protect people from being faced with making a decision to do what is, in their mind, the honourable thing. I think that is certainly what this gentleman was expressing to me. I never had the opportunity to interrogate him, but, obviously, in his mind, being a burden on his family could have come in many different forms. Obviously, under this regime, he would have to qualify for voluntary assisted dying, but in terms of him making a decision at the point at which he wants to pursue that option, for him, the case that he put to me was that he wanted to be able to exercise that choice so that he did not become a burden on his family.

I want to talk about the regional impacts of this bill. I do not dispute the consistent and long-term polling that has occurred. Certainly, eight out of 10 people support, in principle, voluntary assisted dying. If I were to do a straw poll of all the people I met at all those shows that I stood at and all those people in the street whom I asked about it, that certainly reflects the community sentiment, as far as I can tell. I am concerned about the regional implementation of this regime because I think that those eight out of 10 people also would expect to have reasonable access to the regime if they were in a position of their choosing, and, obviously, qualified.

I have now had two briefings from the government and still do not really understand how the regime will be implemented outside Perth. I think that this is a regional issue, because there is no doubt that under the current regime—this will come out during the Committee of the Whole—reasonable access will be available within metropolitan Perth.

I understand that some 18 months of water is yet to flow under the bridge, so to speak, and some of those things are yet to be worked through and sorted out. Indeed, the Minister for Health commented today that if the only option is to take services to the people, that is what he is prepared to do. I think he also commented on the significant expense of making sure that the service is available throughout what is a very large and, in some areas, population-sparse state.

Hon Nick Goiran: What type of service is he referring to? Is he talking about a VAD service or a palliative care service?

Hon MARTIN ALDRIDGE: I think his comments were associated with voluntary assisted dying. If I understood him correctly, I do not think they were related to delivering palliative care via fly-in teams. I think it was more about making the voluntary assisted dying regime available.

It is important to me, and I am sure that it is important to all regional members, that if this bill is supported, it does not create yet another aspect of our healthcare system to which country people either do not get access or have to travel to access. There are obviously reasons why travelling to access a service like this would not be appropriate. That ought to be considered and addressed more than any other deficiency in our healthcare system.

The foundation stone of this bill is access to general practitioners. In Western Australia today, there are over 100 general practitioner vacancies, and—surprise, surprise—not a single one of them is in the metropolitan area. There is actually a surplus of general practitioners in the metropolitan area. This government has responded to that by spending \$2 million on a campaign called "GP Urgent Care" connecting patients to GPs who cannot otherwise get full-time work. We have not yet seen strategies to deal with the malapportionment of GPs. I would like to quote something attributed to Hon Mark Coulton, MP, the federal Minister for Regional Services, Decentralisation and Local Government in response to a letter that sought further assistance from the federal government to deal with this primary-care issue. He said —

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Over the past decade, the number of GPs has been growing at three times the rate of the population. However, the majority of growth in General Practice is in well-serviced major capital cities and metropolitan areas. Data shows that in some areas, particularly in major cities, the growth in medical services is due to an increase in the number of doctors, rather than genuine increases in patient need for services. Without managing this growth, Australia faces a potential oversupply of around 7,000 medical practitioners by 2030.

They are shocking numbers. If members lived in a community outside metropolitan Perth, they would know all too well the difficulty in accessing a GP. Hon Jacqui Boydell told me the other day that in Karratha, one of our larger cities outside of Perth, there was about a six-week wait to see a general practitioner, which is down to four weeks now.

A lot of our communities have either one doctor or no doctor. This regime requires communities to have two doctors prepared to be trained and qualified in voluntary assisted dying and to not be conscientious objectors. If the bill passes with some of the suggested amendments of requiring a specialist doctor of the disease that the patient is likely to die of, or a psychiatric assessment to determine capacity, this, in my view, will only exacerbate these regional and remote access issues, notwithstanding the merits of any proposal, which will be discussed in due course.

Then there is the issue of voluntary assisted dying drugs. I was told at my first briefing that these will be dispensed from tertiary hospitals. Members, there is no such thing outside of Perth. If pursued, this will delay accessing the drug by some considerable days, and I question whether that delay is appropriate.

The minister's second reading speech mentions "region" and "regional" twice. The first mention is in reference to Hon Colin Holt, a member for the South West Region, and the second was when he made reference to the increased investment in regional palliative care. During the second reading debate and the committee stage of the bill, I will certainly be pursuing, to the extent that I can, how the government anticipates implementing a scheme such as this to ensure that all Western Australians have reasonable access to it.

One issue that I think requires further attention during this debate is the conscientious objection provisions that are clearly outlined in the bill. Obviously, there may be some people who have views on how they ought to be varied, but what is not clear, from my perspective, is when the conscientious objection is of an institution. We have a number of public-private hospitals in Western Australia such as Joondalup Health Campus, Peel Health Campus and St John of God Midland Public Hospital. I understand that St John of God Midland's contract allows it to object to delivering certain services, but when that contract was designed, it did not anticipate that at some future stage a service such as voluntary assisted dying might exist. I am interested in understanding how the government will deal with these private operators that run public hospitals now whilst they are under contract and into the future when those contracts will be renewed.

In the short time that I have left, I want to draw on some of the feedback that I have received in my electorate office by way of letter. Some of the stories that I have heard have been very personal, on both sides of the debate, and nearly all of them have been very genuine. Obviously, the odd person has rung up and told me their view in 10 words or fewer and then hung up the phone. By and large, they have been very genuine approaches. I am not sure I would go as far as thanking organisations such as Go Gentle Australia for publishing the phone number of my electorate office; nevertheless, it was good to hear from all those people, even if a couple of those calls went to voicemail.

I have an email that I want to read. I have the permission of this lady to refer to her correspondence. In fact, I think many members will have received the same email, so they may be familiar with it. It came from Ms Yvonne Bowey of Kulin. I happen to know Yvonne's grandmother-in-law, as she describes her in this email, quite well, Mrs Joscelyn Bowey, who lost a long fight a bit earlier this year. This email was received only on Monday this week. Yvonne said —

Dear Members of the Legislative Council,

I have taken to writing this email as I feel so strongly about the urgent need for the VAD legislation to pass. I am currently living and breathing the palliative care system, with my Dad in a regional hospital in the palliative care room. This is on top of watching my Grandmother in Law, battle and lose the same fight recently.

The care that is being given to my Dad is fantastic, but it can not keep up with his pain levels. We are constantly being told that he should not be in pain and the aim is to make him comfortable, but the medication is not keeping up. There is a constant demand for increased medication, which comes as a reaction to pain, not as a preventative. Dad is of very sound mind and it breaks my heart that he is begging to die, his last wish, and we can not accommodate this. For someone who has worked and volunteered all his adult life, he deserves the right to choose to end his suffering.

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And this is really what this is about—choice. When (and I hope sincerely this is a when), the legislation exists, people still have choice, whether to use VAD or not. Currently this choice is not available and so many of our loved ones are suffering needlessly. I am tired of legislation being enacted for the minority and not the majority.

I urge you to consult widely within your electorates/communities. I have not heard of anyone in my community that is opposed to this legislation.

Regards

Yvonne Bowey

One of the other pieces of correspondence was from a lady in Geraldton, who said —

I am writing as a member of your electorate to ask you to please represent me in the following way during debate of the above Bill in the Legislative Assembly and Legislative Council this year:

I am in favour of this Bill and would like to see it introduced as soon as possible.

My preference would be that the Bill had extended to include people with advanced, progressive debilitation who also wish for a VAD option—however, I endorse the current Bill.

My 89-year-old mother wrote the letter below as the debilitation of old age gradually eroded her quality of life:

“I believe that it is my choice when I have really had enough of life, and can no longer be reasonably independent for washing, dressing and feeding. It’s only humane to allow me to bring it to an end.

From their beginning, I have joined WAVES and EXIT* and cannot believe that those in authority for such matters do not have the intelligence, and empathy, and understanding, and respect and decency to permit adult citizens to make their own minds up when it is time to go.*

The old argument that legislation would be open to abuse really doesn’t have much weight—every law in the book is open to, and is abused from time to time when circumstances and pressures and opportunities and temptations are there, and daily life goes on for the rest of the population.

From a purely practical financial point of view, keeping thousands of elderly, unwell people artificially chugging along, with nothing to look forward to and no joie de vivre in their everyday lives seems insane.

For those lovely people who do want to keep on going, and get their letter from the Queen, full marks, and huge respect, but when over and over again in every survey that is done, the citizens of this country overwhelmingly (over 80 percent) say YES to VE, —*

I think “VE” is voluntary euthanasia —

surely the aware members of Parliament should get the message from their voters?”

I’m sure I’ll feel similarly, wishing to be comfortably conscious to the end, and with those I love.

The legal alternatives currently available do not offer the peace and certainty of VAD:

- suicide—with its risk of pain and/or failure and/or trauma for those finding the body;
- dehydrating or starving oneself;
- agreeing to a medically-induced coma during which one’s loved ones wait and watch, sometimes for days/weeks, until one dies.

The VAD legislation offers a humane, compassionate, dignified and certain end to life. We have the means to provide this via a carefully regulated process. A humane society would endorse its use.

Yours sincerely

Mr Acting President, can I seek leave for an extension of time?

[Leave granted for the member’s time to be extended.]

Hon MARTIN ALDRIDGE: Thank you, members; I have only a couple of moments left.

There were two other letters that I wanted to refer to. One was from a lady in Narrogin, to put a different point of view. She said this —

As my elected representative in the area of Roe, I strongly urge you to *reject* the Government’s proposed bill in parliament for voluntary euthanasia on my behalf.

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I do not believe this to be a safe practice to be introduced to our state, or country. There are too many opportunities for people to be taken advantage of by family members or others encouraging our sick and elderly to go down this path as a convenience. The power of repetitive speech is enormous. (If it is said often enough it must be true.) There is also too much opportunity for “Doctor shopping” to achieve that final outcome—death. I also believe that if this becomes acceptable in our community, over time, there is every opportunity for the parliament to weaken the original laws. How long before this practice is abused and used as legal murder?

A far better option is to support and strengthen our Palliative Care system. As much as we put such emphasis and care and joy in bringing new life into the world, why do we not have the same approach to a life coming to its end? There are so many kind, compassionate and empathetic people in this system already, can we not promote and support them, grow this system, and encourage more people to take advantage of that care? Surely a gentle and loving time spent with family prior to leaving this world is a far better option than suicide. Rather than spend money on researching drugs to help people die, shouldn't that money be spent on researching drugs to treat pain? Drugs that can be used to treat pain not only for those in the latter stages of life, but also those who live long lives enduring significant pain.

I feel very strongly against this proposed law, and would appreciate your careful consideration of my comments above, and a resulting NO vote on my behalf. I would also appreciate that this correspondence be regarded as confidential ...

Obviously, I will not name that constituent.

The last correspondence that I want to refer to is from a family in Mooliabeenee. They wrote —

I write to you to add my voice to the opposition of the legislation I believe you will take part in voting on, in the not to distant future, for the legalization of euthanasia in our great state W.A.

Irrespective of your thoughts on the issue being wrong or right, you represent my thoughts and ideals, as well as all others in our community that you are paid to represent.

For too long now, have we been told time and time again by politicians and the media that the majority of people want this. Well I'm here to call you all out on that. It is irresponsible of all who make that claim and use it as a base to vote on.

I for one do not know a soul I work with, live with or Socialize with That agree euthanasia (assisted Suicide) is good for our community

As former Prime Minister Paul Keating Stated a few years ago, it is, “*an unacceptable departure in our approach to human existence and the irrevocable sanctity that should govern our understanding of what it means to be human.*”

In my research into countries that have adopted the practice (some now for quite some time that there is ample research that has been conducted) The “Righteous reasons, Stringent regulations and all other manner of ethical standards it will abide by” soon fall by the wayside and as is the case with it's initial inception into legislation, the Moral Compass soon spins out of control.

For example, at the moment there are several trials being held in the Netherlands for Doctors who have Euthanized their clients upon a directive that under no circumstances should they (Doctors) not follow through with the directive, even though the patient, when ‘the time has come’, has objected to being Euthanized to the point where they are sedated so they can be.

But this won't happen in this country will it? No, we are different human beings here that wouldn't allow that to occur.

Human Life is precious. Why have suicide prevention programmes? Why have aged care facilities? Why worry for human life that may have contributed untold to our society? Life is a gift. It ought to be cherished, nourished, cared for and looked after,

I detest where our society is heading at the moment, and get quite sickened that our so called leaders, ALWAYS bow to the minority and disregard the majority. This is how so many great nations have fallen over the last 2000 years. It will never cease to stop occurring, until leaders uphold the majority of voices in the community instead of minorities or their own agenda.

I suggest Very Strongly that you fully research this topic where it has been active in other countries around the world, and then form the view that this has no place in the great state of W.A.

There are a multitude of well researched articles by PhD's, academics and Doctors on the site ‘Care for Life’

In Respect for all Life ...

That is signed by that family. I thank those families and many others who wrote to me and often shared quite personal stories that underpin, to some extent, the strong views that they hold on this matter.

Members have expressed many personal stories during this debate. Some have said that they have not been able to express their personal stories, but have had courage for others who have. I have not had much experience of death. I have lost one grandparent. The rest of my family are still alive, so I really do not have a lot of personal experiences to reflect on or draw from. I know that with the loss of my grandfather a couple of years ago, he was somebody who deteriorated over a number of years. He was diagnosed with a cancerous brain tumour and ended up in an aged-care facility. It is interesting that when he went in, he never wanted to leave the deck of the holiday house on the estuary in Dawesville, but once he was in this aged-care facility, we could not get him to leave. We would take him down the street to the Dome cafe to have a coffee, and we would get there and before even the coffee came out, he wanted to go back. He died a couple of years ago. My grandfather was a very religious man. Although I never talked to him about this before he got sick, I think that he would probably have naturally opposed the notion of voluntary assisted dying, but I know that as he went through his illness, he deteriorated over time. Certainly, he reached a point at which he had definitely contemplated suicide and tried to commit suicide. When he had reached that point, he was physically unable to kill himself. I reflect on those conversations. I have no understanding of the extent that my grandfather suffered, because I think he was heavily sedated at the end of his life, where he was cared for quite well at Kalamunda Hospital. My family members who were much closer to my grandfather have expressed to me their experiences from that process and a desire to make sure that what they saw and experienced with my grandfather was not repeated.

I want to draw my contribution to a conclusion and thank the house for the short extension. Arriving at a decision to support the second reading of this bill is one that has not been easy and has not come naturally. It is something that I have genuinely hesitated upon for many months and it is my intention to engage through the Committee of the Whole House stage and examine each of the amendments in the context that I have described to the house tonight in the way that I have approached the consideration of the bill that is before us. Obviously, that does not commit me to supporting any or all of those amendments. Indeed, I reserve my judgement to see what the VAD bill looks like as we approach the third reading stage.

I thank the house for the extended opportunity to speak and I look forward to hearing the remaining contributions of members.

HON KYLE MCGINN (Mining and Pastoral) [9.04 pm]: Thank you, Mr Acting President. I am pleased to rise today to make a contribution to the debate on the Voluntary Assisted Dying Bill 2019 before this house. This is a tough bill to talk on and I have no doubt this will be the hardest speech I have done, followed by the hardest vote I have made in this Parliament. People in both the other chamber and in here have spoken about their personal experiences with circumstances in which having access to voluntary assisted dying could potentially have assisted in a more humane death. It has been very powerful and quite sad at times. I have appreciated the strength members have shown by telling their stories and others' stories.

I thank other members for a largely respectful debate so far on this bill. It has been a very interesting debate so far. I have been learning as I have been listening to each speech and thank members for their contributions. I have pondered the moral question to this bill for many months and have ensured that I sought information from both sides of the debate so that I would form my own view with a well-informed background and have a good cross-section of information as a foundation to form my view. I have not only done research for my own personal view, but also surveyed my constituency, focusing on the North West Central electorate and the Kalgoorlie electorate, where I am based. I came into this research with the knowledge that this subject is very emotional for people. Frankly, I had not had any experience in this area until engaging in the discussion. Although I did lose my grandfather in recent years, he was in Victoria and I did not find myself confronting the challenges he faced while dying. I have been very fortunate, and I have not had someone in close proximity to me die slowly from a terminal illness.

During the 2017 state election, I was well aware of many election commitments the McGowan Labor team had made. Since coming to government, we have been working hard delivering on those commitments. Along with other members in this chamber, we have been getting through a lot of legislation, making positive change for our communities. This VAD legislation was not part of the election, however. Instead, it has come from public opinion, so I was not fully prepared for it. I am 31 years old and, touch wood, have not had many situations involving the death of a loved one, which means I have not spent a lot of time thinking about death and the circumstances around dying from a terminal illness. Sadly, last week I did have to face death when I lost my beautiful Aunty Judy McGinn in a very unfortunate circumstance that surprised us all. Please just give me a moment to give my condolences to my cousins, Judy's son, Daniel, and daughter, Hannah, and my uncle, the love of her life, Uncle Mal. My thoughts are with you all.

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Not having been in a situation in which I have seen the pain people face at the end of their life, I really wanted to get out and seek the views of my electorate, the medical professionals and other people who understood the issue. Not only did I do a survey, I also met with people on both sides of the debate, including people who were undecided on the legislation but had personal experiences of loved ones who had terminal illnesses. One of the main eye-opening experiences for me was when I visited the Goldfields Regional Palliative Care Service and spoke with the staff there in two of the rooms. I learnt more about what palliative care is and how critical a role it plays in end-of-life care in that one day than I had in my entire life. The staff were amazing and showed me a class of professionalism that left me in awe of what they do to make the end of life for patients the best they can.

Something that struck me from the discussion in the unit and through my survey was the lack of in-home care in my Kalgoorlie region. It has been causing people to have to leave their homes and family to come to Perth, with the cost of travel expenses and stress, or to end up in the palliative care unit in Kalgoorlie. They would end up in the unit well before they were supposed to be there. That puts a lot of unfair pressure on the system and also unfair stress upon the patient. This must be improved, as regional people deserve the right to be treated at home at the end of their lives. Many people right across my electorate, and across other areas in regional WA, choose to live in their town, and they should also be able to choose to die in their town if they want to as well. We have towns of all sizes where we are upgrading facilities and improving services to try to give people the option to stay where they want to be. In-home care is a critical health need for regional people. They deserve to be able to access the same quality health care as people in the metropolitan area.

Last week, the government announced an additional 8.35 full-time equivalent palliative care positions for the region as part of a new specialist district palliative care team for the goldfields. A total of \$3.6 million has been earmarked for the goldfields and is set to include the establishment of special district palliative care teams comprising medical, nursing, allied health and Aboriginal health workers. Palliative care patients in the goldfields who wish to die at home are now set to access 24-hour nursing care by community-based nursing and telehealth. I was extremely pleased to see this announcement for funding across my entire electorate, with a \$4.4 million investment in the Kimberley for an additional 9.95 full-time equivalent nurses; \$4 million for the midwest and Gascoyne area for an additional 10.85 full-time equivalents; and \$4.9 million for the Pilbara, which is an additional 11.8 full-time equivalents. This announcement is in addition to the funding already allocated to this area, bringing the total investment by the state government for palliative care to \$224 million over four years.

Something that has been mentioned in this debate in both chambers is how this bill will affect Aboriginal and Torres Strait Islander people. They already struggle with the health system as it is. I have had, and still have, fears that this legislation could be used in some way to unfairly disadvantage Indigenous people. I have raised these concerns with the government and have told many people that this cannot be another thing that causes problems and potentially wrongful deaths. We must ensure that extra protections are in place to make it clear that there will be no unfair barriers for our First Nations people. When they access health care, they should be accessing health care with trust that the healthcare system will look after them.

We have many excellent nurses and health professionals working across this state. I have the strong belief that we need, without question, a navigator through the VAD system to help Indigenous people. This position must be filled by an Indigenous person. I do not want to hear “culturally competent”. Too many times we see someone come into the system to look after Indigenous people who has come from Perth and has done a cultural course here, and ends up out on the lands and in the communities but does not understand the culture that they are dealing with. What comes with that is stress, problems, and—I hate to say it—probably mistakes. An Indigenous person will understand the cultural challenges and language barriers, and will be a person whom the patient can trust. I acknowledge that this role must not be joined with palliative care, because I do not want to see a crossover between the two. They have to remain separate. I believe this role will help ensure that we do not see anyone slip through the gaps in this legislation, as I do not want to see a wrongful death result from this bill. I believe that if we do not help the most vulnerable, as many members have said, then what are we here for? It is a must for me that there is a commitment to this role in all regions across my electorate. I have had and heard discussions in this chamber about the implementation stage and how that will roll out into regional areas. I have concerns that it does not state in the bill that there will be an Indigenous navigator in the regions across my electorate. I hope the government can explain to me how it will roll this out and assure the house that there will be an Indigenous navigator across my electorate in each region.

I have also approached my role as a member of the Legislative Council representing the Mining and Pastoral Region with the goal of having, to the best of my ability, an open door to my community and asking them what they feel about the issues we face. Politicians constantly get attacked for failing to do this. Regardless of how my record will be remembered in this house, I want to keep that promise to myself and know that I have done everything I can to keep my open-door policy to my community. This is why my survey on VAD was a no-brainer. Some people tried to warn me that, being a very emotional issue, it could be a bad idea to survey the electorate. I knew

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there would be some angry responses, but I was still confident people would appreciate being given the opportunity to take part in this process.

Thousands of surveys went out to every constituent in the Kalgoorlie and North West Central areas. I decided on those two areas because they are where I spend most of my time, and that is all I had at the time in the way of resources. I got back around 600 responses. My staff had to get rid of a couple of responses that were just blank except for some lovely drawings on my face! I will not explain what they put on there, but it was not very nice. Thank you to the constituents who took the time to share their views and write considered responses.

I have read through these surveys many times. Each time I get to the end, I find myself feeling many emotions—most of all, very sad. I would love to read every response to the chamber tonight but it would take a lot of time to do so. I will read out some that summarise some of the ideas presented. Tonight I will read an equal amount of yes and no responses to try to give a balanced view. Before I start, I must say that I had heard the general response and knew the result would probably come out as a yes in support of the legislation. The percentage split was extremely strong. The result was 80 per cent yes and 20 per cent no. I will say that for both sides—yes and no—palliative care was mentioned, and it was mentioned as a key thing that must be improved, which I believe we have taken important steps to resolve, and I believe the government is committed to continuing to work in that space to make it better into the future.

Something else that was raised both in the survey and in many meetings in my office was how the legislation would affect Aboriginal and Torres Strait Islander people. That was raised in meetings, through emails and across my survey. The survey sent out asked, “Would you support a bill legalising voluntary assisted dying?” I printed the link to the “My Life, My Choice” report from the Joint Select Committee on End of Life Choices. After the question, there was the option to tick beside yes or no, and it also included a blank space to write further comments. I will read out some of the responses from the survey—the stories from the Mining and Pastoral electorate. Some of these responses have been shortened from the full submission written or have been edited for clarity, but they have not been changed from their original meaning. According to my notes, the responses were —

YES—There needs to be safeguards to ensure those making the decision for themselves are of sound mind. This might look like having counselling before the decision. There should also be protections to ensure there is no pressure or encouragement to access assisted dying.

NO—I have been reading about elder abuse and it did not shock or surprise me as our society seems to have screwed values. We weep for murderers who receive a capital punishment sentence yet, are quite unconcerned about putting aging grandma ‘to sleep’. Thank you for seeking the opinion of a voter.

YES—My mum was terminally ill. As her health deteriorated, she couldn’t do anything herself, even eat. She didn’t want us to see her or remember her like this, after all she was the main person who kept the house and family together. Knowing she wasn’t getting better, she didn’t want to live and kept suffering until her body gave up.

How cruel is that??

NO—You want my opinion then this is it, life is very precious. We’re all born into the world naturally unless you’re born with IVF assistance, and so we should all die naturally when our time is up, pain and all without having some opinionated doctors and people coming in to speed up the process. If you’re a very sick person and that’s what you want, bad luck, let nature take its course. Otherwise you’re opening the door for family members and health professionals to control your life.

YES—I would fully support it as long as the legislation covered all aspects. There are many in nursing homes with no known family who would think it was beneficial. But only if they are capable of making the decision themselves — if incapable, NO!!

NO—First abortion, now this. Emotion is now being used to opening the gates to killing the most vulnerable.

YES—Dear Kyle, my mum is 96 and does not want to be here anymore, she has asked the doctor to put her to sleep but he said no, I hope one day Kyle you can help, so she can have her say.

NO—Suicide should be prevented, not a treatment option. Please put more funding into palliative care, instead of encouraging suicide. I appreciate that you have sought our opinions on this issue.

YES—When you have family who has cancer, watching them turn into a pain ridden skeletal version of themselves is incredibly hard for them and the family. Make it about choice.

NO—Voluntary assisted dying is suicide. War, famine and disease claim enough lives as it is so why would we allow suicide to claim anymore? The Australian Government support various suicide prevention programs, yet this bill may potentially legalise suicide. Why would the Australian Government

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and its representatives knowingly support any form of killing? Genocide, murder and voluntary assisted dying AKA suicide, all result in the extermination of life. We should be preserving life, not destroying it. There are always alternatives and it's the Government's responsibility and duty to explore every possible avenue, as death is not an option.

YES—It's about time our representatives do what the majority of people of the State want, not what they personally believe.

As members can tell, there are some very emotional responses. I believe it is critical to get these on record because they come straight from the Mining and Pastoral Region electorate. According to my notes, the responses continue —

NO—First they came for the socialists and I did not speak out because I was not a socialist. Then they came for the Jews and I did not speak out because I was not a Jew. Then they came for the trade unionists and I did not speak out because I was not a trade unionist. Then they came for me and there was no one to speak out for me.

YES—After 10 years of chemotherapy—my husband wanted this choice—but after seeing the work of the palliative care team—I also feel this is an option that should be utilised more.

NO—Thank you Kyle for taking time and spending the money to conduct this survey. I trust you received plenty of responses. I cannot support such a bill as I believe life is God-giver and is in His hands according to the words of the Apostle Paul. “Do you not know that you are a temple of God and the Spirit of God dwells in you ... that you are not your own.” Corinthians 6:19,20

YES—My life; my choice. I do not believe that people should be condemned to live beyond the life span that they feel comfortable with. In particular, people suffering from medical conditions that reduce the quality of life.

NO—Life belongs to God, he alone has the right to take it. Gen 2:7 and the lord formed man out of the dust of the ground, and breathed into his nostrils the breath of life, and man became a living being. Euthanasia is murder. Murder is intentional wanton taking of someone's life. Ex 20:13 You shall not murder. This is a commandment directed at the sanctity of life. Pain, tax & death are all part of life ... those died before us were not murdered, why are people going to be routinely killed. Government is not the owner of life.

YES—I watched my mum first die from a long battle with stomach and bowel cancer. Then my dad didn't want to be here after that, then with dementia he starved himself to death and that was awful.

NO—“For to ask someone else to do the unthinkable in the name of mercy and compassion is to shift the burden of responsibility to other shoulders and to invite another person to bear the guilt. As for asking medical personnel to bear that guilt — anathemia! All its ethics are devoted to the preservation of life.” Australian author Colleen McCullough address given at Parliament House. My sentiments exactly. Thank you for giving me a chance to voice my opinion.

The following response states, according to my notes —

YES—The decision to end one's life because of much pain and suffering caused by an incurable disease or disability should be the right of every mature adult in Australia. This right should not be used as a political football!

This next one I thought was quite interesting; it sort of sums up how views can be very different —

YES/NO—My vote is yes, my husband's vote is no, Sorry for stalemate!!!

I thought that was quite interesting! I am sure they have a very interesting household and plenty of debates. The responses continue, according to my notes —

NO—We are sending a double message to our young people. We are telling them not to commit suicide but then saying it's OK to take life when it gets old and difficult. This is a dangerous bill. In the countries where it is legal, abuses have occurred and “safeguards” have meant nothing.

YES—My husband recently passed away from cancer. It was cruel to watch.

NO—As a registered trained nurse with 45 years' experience, I cannot nominate any one time I may have even considered the possibility. There is always something a thoughtful person can do without such drastic (and SINFUL) actions.

YES—Please, please pass this Bill. As a registered nurse I know that many people suffer uncomfortable deaths despite the best palliative care. As a daughter I suffered with my mother as she begged me to help her end it all as she gasped for breath for 6 weeks.

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NO—I urge you to vote against the Voluntary Assisted Dying Bill. This bill will place elderly and vulnerable Western Australians at risk. The bill says that patients are at no point obliged to continue with the “assisted dying” process but a mere written guarantee can’t contend with the subtle coercive influence of family members and hospital officials with strong financial incentives to relieve themselves of the “burden” of the sick or elderly.

YES—For anyone who has lost loved ones to terminal illness, this is a no-brainer. I suggest you go visit the palliative care unit at Kalgoorlie Hospital. If that doesn’t make up your mind nothing will.

I did go and visit that palliative care unit after reading that response —

NO—Only GodHaters would agree to this and they/you will answer to God for it! “Woe unto them that decree unrighteous decrees...!!

That wording is just too much for me —

“Woe unto them that call evil God, and Good evil...” Is 5:20. “He who justifies the wicked and he who condemns the just, both of them are an abomination to the Lord.” ... “He who is not with me, is against me” Matt 12:30. “It is a fearful thing to fall into the hands of the living God!” Heb 10:31.

YES—My children have already been told I do not wish to be revived, should I not be able to tell the nursing staff myself, they must let me go. I do not want my family to see me dying slowly.

NO—I work in health and have done so for 40 years. I have helped hundreds of thousands of people live a meaningful and comfortable life to their natural death. Palliative care works.

YES—We also support: increased mental health services in regional areas, palliative care outside of metro areas, variety of high-quality in-home aged care services, better Centrelink benefits for carers, natural burial and other innovative post-death options.

NO—I wish to register my opposition to the bill to allow voluntary assisted suicide. All West Australians should have full access to quality palliative care before they need to make the choice to try suicide. Suicide is an act of desperation that no one should feel forced into because they don’t have access to other options. Is the bottom line that it’s actually cheaper to allow people to kill themselves rather than to treat them properly?

YES—Having watched both my parents die slowly with no dignity I sincerely wish that my children do not have to witness the same excruciatingly painful end of my life. It’s really important to my family and friends that this option is there if ever needed. Having seen people having to suffer at the end of their lives is heartbreaking—especially if palliative care options are not working for them.

NO—Dear Kyle, “Would I support a bill legalising voluntary assisted dying?” The question presupposes that death is a possibility; and as there is no evidence in existence that beings actually die, this makes asking the question a nonsensical exercise.

That was an interesting one to understand! My notes continue —

YES—Don’t let your religion or views affect the outcomes for people who do not hold those same views. If you do not want to use VAD in the future then you certainly won’t have to. That should not mean that I can’t use it!

NO—I would NOT support a bill legalising voluntary assisted dying. I ask you to focus your attention on improving palliative care availability for all Western Australians. Better palliative care options will really improve end-of-life choices, whilst legalised euthanasia and assisted suicide will only result in more coercion of the elderly and less real choice.

YES—My Aunty died 8 years ago after a very long and distressing death. She had refused medication and food, as she wanted to end her life. It was terrible to watch her suffer, there was nothing peaceful about it. I myself had breast cancer 18 years ago, and if I’m ever faced with the reality it has returned, I want the option to die at home with my family around me, when I feel like the time is right for me. Please vote for voluntary assisted dying and not stop me from having MY CHOICE. Thanking you in anticipation.

Members, those are just a few of the responses I have received, and my staff have said that, especially in the last few weeks, we have seen another flood of letters in the post, emails and phone calls to my electorate office. As members can see, I meant it: when I read through all these responses, at the end of it I felt emotionally broken. For someone who has not experienced much, I am absolutely grateful that I took the time to survey those two electorates to get a sample of their stories and what they want to see me do. It is simple for us to say that we understand our electorates and are in touch; it is another thing when we get the responses and they are sort of what you thought

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the electorate was thinking. Everyone has spoken about 80 per cent yes, 20 per cent no, and that is the exact result that I got. This is very clearly an issue that people feel passionately about. Members, I hope everyone can understand what a powerful response it was and continues to be for my electorate. I would like to thank all the people who took the opportunity and the time to contact me with their views and have helped to guide me through this very tough decision to ensure I make a decision that I can live with.

I would also like to mention that I have some aunties who are nurses. One of my aunties, my Auntie Janette, is a specialist palliative care nurse in Victoria. I have spoken with her about what she believes she would do in this situation. She said that she fully supports voluntary assisted dying after working in the industry for that long. I have taken that on board. I have also spoken to my sister, Caddie. Caddie has been working as an assistant nurse for 11 years in aged care, in three different states, in six different workplaces, ranging from nursing facilities to hostels, and has also worked for eight months in a remote community off Darwin. It has always been hard for her to care for residents who no longer want to live due to terminal illness—these are her words: “Having suffered a stroke, they may be unable to feed themselves, wash themselves or do normal day-to-day activities.” Just recently, she cared for a lady who was 90 years old and was diagnosed with emphysema and chronic obstructive pulmonary disease—COPD. She had smoked heavily for 50 years and she needed oxygen 24 hours a day, seven days a week, for the rest of her life. Without it, she could not breathe and would gasp for air. When Caddie used to attend to her cares, she could not do much, due to being exhausted from any movement such as putting on her shoes or pulling up her pants. At the last stages of her COPD she asked Caddie and her family continuously, “Please help me die. This is not living.” Caddie is a firm believer in voluntary assisted dying, if monitored very closely and in consultation with a doctor. She just thinks you should be able to die with dignity.

I will share one last story from a constituent of mine, and then I will return to my seat. This story is from Angie Miller from Kalgoorlie–Boulder. I met Angie at a get-together in Kalgoorlie that welcomed the arrival of Belinda Teh, who walked across Australia from Melbourne to deliver her message to the WA Parliament. I must say that Belinda is a really amazing person and has shown me true passion for her beliefs. I think she has done amazing work in her advocacy in this space. These are the words of Angie, according to my notes —

“My father Dusty Miller was a Vietnam Veteran and founder of the now iconic Birdsville Bakery. In August 2017 just as he had retired, Dad was diagnosed with stage 4 Bladder cancer. Dad fought hard and went through all treatment options, including having his bladder removed. During a brief reprieve from the cancer, Dad bought his dream house along with his dream boat. Dad had a lot to live for. Yet, his cancer returned very quickly, along with multiple other health complications. Due to Dad’s allergy to morphine and other traditional pain relief, doctor’s struggled to find pain medication that was suitable for his needs. During one hospital stay while Doctors were experimenting with different pain relief, Dad would see bugs crawling on the walls, amongst other things. These of course were hallucinations. Countless times throughout the day and with numerous tubes attached to him Dad would try to get out of his bed and leave the hospital. He would yell at me as I would have to stop him and tell him to get back into his bed. Finally the doctors found a rarely used liquid morphine suitable for Dad.

Although his sanity returned it made him drowsy and all he did was sleep. Dad was sent home yet his complications continued to grow. Knowing that medical intervention could not prolong his life and in acute constant pain, my Dad repeatedly asked for assistance from medical staff to end his life. He was always met with the same answer—“we can’t”. Dad announced on at least two occasions that he was going to starve himself. It broke my heart that it was coming to this and this was how I was going to watch him die. However, Dad’s love of food was so strong and perhaps his last pleasure that he just couldn’t do it.

Because Dad slept so much and his body lay motionless he developed a blood clot. I called the ambulance and while we waited half an hour for it to arrive Dad howled in pain and also cried out “this is a blessing as this will finish me off quicker”. When the ambulance finally got there the paramedics had to get permission from senior staff to administer the green whistle. This was because of my Dad’s allergies to pain relief. This was more time in intense pain. While waiting Dad was begging the paramedics to put him on the pump. What he was referring to is the medication pump used for patients right at the end of life and are beyond ingesting medication. Dad wanted out even if it meant being put into an induced coma. I am still haunted by one meeting with a palliative care nurse and locum doctor. Still begging for his life to end, the palliative care nurse asked “why don’t you want to prolong your life”? Dad, while crying replied “because I have no quality of life—if I had a knife on this table in front of me I would take it and push it through my heart.” Dad went on to explain that he would have killed himself by now but he didn’t want his children to find the mess. Their response was still “we can’t”.

Ultimately the treatment for the blood clot just lead to further complications where Dad ended up bleeding profusely into the bag which was the replacement for his bladder. Two days later when the doctors decided

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to slowly increase his morphine, the nurses tried to move Dad's body to reduce the chance of bed sores. In pain, Dad yelled out "no, no, no, no".

A few hours later Dad passed away. He did not die at home with dignity like he wanted. I know that if a Voluntary Assisted Dying Law existed my Father's prolonged suffering could have been avoided."

Thank you, Angie, for allowing me to share that story. It is very sad. After lots of research and looking into the issue in my electorate and taking this matter very seriously, I give my support to the second reading of this bill. I am looking forward to the Committee of the Whole stage to go through the bill. I will withhold my right to vote on the third reading until after the Committee of the Whole to see what amendments pass.

I would like to thank the Joint Select Committee on End of Life Choices for the work that it has done. It was tough reading, but very broad. It was also very educational to go towards my decision—that was both reports. Thank you, members and Madam President, for listening to this speech and hearing the views of my electorate of the Mining and Pastoral Region. I encourage everyone to remain respectful and considerate as we continue to talk about this difficult and emotional subject. Thank you.

HON COLIN de GRUSSA (Agricultural) [9.39 pm]: I rise to make my contribution to the second reading debate on the Voluntary Assisted Dying Bill 2019. It is very humbling to participate in this debate and hear all the stories from members from both sides of the debate. As others have stated, and I completely agree, this will probably be the most important and significant piece of legislation many of us will be involved with in our time here. I do not say that lightly because every day in this place we deal with a great deal of legislation that is significant and important to our state, but this piece of legislation, in particular, which will provide a legal avenue to a necessary end-of-life choice, in my belief, is profoundly significant and it deserves the very thorough scrutiny that it will get in this place, and the scrutiny that it had in its genesis as well.

As others have done, I will cite some personal examples and correspondence from constituents and others, as difficult as that may be at times. But I think it is important to get that on the record to understand the various views and experience on this issue that are out there that I and others close to me have had.

I will state from the outset that I wholeheartedly support the voluntary assisted dying. I have been a supporter of voluntary assisted dying since I first remember it being debated in the news, which was, I believe, in 1995 when Marshall Perron introduced the Rights of the Terminally Ill Bill into the Northern Territory Parliament. Although I was fairly young at that point—I like to think—I remember having a number of discussions with family, friends and other people in the community, and watching the debate unfold over its brief period of enactment, I suppose we would say. That helped to shape my view in support of voluntary assisted dying. In fact, the Northern Territory was the first jurisdiction in the world to explicitly legalise assisted dying when that bill became law on 1 July 1996.

As we know, in 1997, the commonwealth Parliament intervened and overturned the act by introducing section 50A to the Northern Territory (Self-Government) Act 1978, which prohibited the Northern Territory from making laws about assisted dying. At the same time, the Australian Parliament amended similar bills for the Australian Capital Territory and Norfolk Island, also removing their ability to legislate for this issue. The introduction of the legislation in the Northern Territory was not without controversy, of course, but it passed with a vote of 15 to 10. In August 1996, a repeal bill was brought before the NT Parliament, but that too was voted down 14 to 11. The legislation introduced in the Northern Territory 24 years ago was different from the legislation we are debating in Western Australia. However different that legislation was, its ultimate intent was the same—to provide people who are suffering from a terminal illness a choice to go gently, compassionately, and to end their suffering.

Before I get further into my contribution, I want to take the time to acknowledge all the members of the Joint Select Committee on End of Life Choices, the Ministerial Expert Panel on Voluntary Assisted Dying and all the staff associated with those entities for the work they have done, which has greatly helped to inform us all, regardless of our views, and to help shape this bill. I would also like to thank all the people who have emailed me, written to me and spoken to me around the electorate. I respect the views of all of them, regardless of their support or otherwise for voluntary assisted dying or for this bill. I also want to take the time to thank Andrew Denton and Joey Armenti from Go Gentle Australia, who have done an amazing amount of work, and met with many members of this place and the other. I am grateful for their work and also for their boundless compassion towards other people. To all the members who have spoken in this place and in the other, and whose contribution is yet to come, of course, I think the respect that we have all been able to show in this debate, in both places, has been outstanding, as other members have acknowledged. I expect that the debate in this place, particularly during the committee stage, will be lengthy and necessarily comprehensive, as it absolutely must be when we are debating something so important and significant.

I want to talk a little bit about the electorate that I represent. It is an honour to represent the vast and diverse Agricultural Region, which is made up of the Legislative Assembly districts of the Central Wheatbelt, Geraldton, Moore and Roe and covers some 281 246 square kilometres from Kalbarri in the north to Esperance in the south

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east. It is a very diverse region, and that is to be expected of a region of that size. Some parts of the region are driven by tourism; others rely on mining. Agriculture, of course, is very important throughout the region, as are exports. But all the people and all the communities in that region are united in their passion to make their communities as vibrant as they can be. There are just over 101 000 voters in the electorate, with a median age of 43 years, which is seven years older than the average age of 36 years in Western Australia. Fifteen per cent of people in the electorate were born overseas and 5.9 per cent are Aboriginal or Torres Strait Islander.

I read with interest some data on the emerging age groups in the electorate, as it helps to understand how that may impact on what we might expect the views of people in that region to be. The largest changes in the structure of the age of those in the Agricultural Region occurred between 2011 and 2016.

Debate adjourned, pursuant to standing orders.