
# Parliamentary Debates

**(HANSARD)**

FORTIETH PARLIAMENT

FIRST SESSION

2019

LEGISLATIVE COUNCIL

Tuesday, 19 November 2019

# Legislative Council

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**THE PRESIDENT (Hon Kate Doust)** took the chair at 1.00 pm, read prayers and acknowledged country.

## DROUGHT — SOUTHERN RANGELANDS

*Statement by Minister for Agriculture and Food*

**HON ALANNAH MacTIERNAN (North Metropolitan — Minister for Agriculture and Food)** [1.01 pm]: Last week, the McGowan government provided additional dry season assistance to strengthen feral animal control across the pastoral region and extend financial counselling support for regional small businesses. This immediate support is further to the state government's ongoing dry season response program, with departmental officers continuing on-ground visits to support pastoralists with management and access to support services. The extra support includes $150 000 towards feral animal control across the southern rangelands and $160 000 to extend financial counselling services for regional small businesses.

When I met with southern rangelands pastoralists in Leonora earlier this month, they made the case that feral animal control was an absolute priority. Camels and horses are migrating en masse onto pastoral leases in search of water, and are damaging water infrastructure that is needed for livestock. The Goldfields Nullarbor Rangelands Biosecurity Association will immediately receive $50 000 to control camels in priority areas like the Nullarbor, with a further $100 000 available to recognised biosecurity groups operating in other parts of the southern rangelands for large feral herbivore control. This funding boost is in addition to the $150 000 provided in June 2019. Where possible, pastoralists will be given the opportunity to deliver control services to provide them with an additional income stream.

The state government will provide $160 000 over two years to extend free financial counselling services to regional small businesses experiencing financial hardship. The service will be delivered through Primary Production Services. For pastoralists who want to transport stock south for either processing or feedlotting, the state government is advancing plans for a temporary special assistance permit to allow triple road trains to travel from Kalgoorlie to Esperance.

The Department of Primary Industries and Regional Development continues to work with pastoralists through a dedicated response team to help identify and implement appropriate dry season management actions and business decisions, with a focus on animal welfare. I have written to each pastoralist outlining the commonwealth funding available for individual farmers and pastoralists. We are continuing to work on developing long-term drought resilience across the state, and have met with the commonwealth task force to outline our proposals for innovative drought projects for the rangelands.

## PAPERS TABLED

Papers were tabled and ordered to lie upon the table of the house.

## STANDING COMMITTEE ON UNIFORM LEGISLATION AND STATUTES REVIEW

*124th Report — "Inquiry into the Form and Content of the Statute Book" — Tabling*

**HON MICHAEL MISCHIN (North Metropolitan — Deputy Leader of the Opposition)** [1.08 pm]: I am directed to present the 124th report of the Standing Committee on Uniform Legislation and Statutes Review titled "Inquiry into the Form and Content of the Statute Book".

[See paper 3396.]

**Hon MICHAEL MISCHIN**: This report advises the house of the committee's findings and recommendations regarding its inquiry into the form and content of the statute book. The committee has inquired into, and reported on, the form and content of the statute book in previous Parliaments. This inquiry arose from an interim report tabled by the committee in the thirty-ninth Parliament, which reported its concern at the slow pace at which obsolete legislation is identified and repealed in Western Australia. This report expands on that work.

On 4 December 2017, the committee resolved to commence an inquiry to review the form and content of the statute book. The terms of reference were to identify enactments that were obsolete, exhausted, expired or as yet unproclaimed, with a view to having them removed from the statute book. The committee has found that a significant number of potentially obsolete enactments remain on the statute book. Although some mechanisms currently used in Western Australia help to reduce obsolete legislation, they are being underutilised. Other mechanisms are not being used at all. Other jurisdictions in Australia, New Zealand and Canada have some innovative approaches to managing and maintaining their statute books. These might be used in Western Australia to manage our statute book more effectively and maintain a more relevant statute book into the future.

Omnibus bills for the repeal of obsolete legislation are an effective mechanism in maintaining a current statute book. No such bill has been tabled during the fortieth Parliament; however, drafting instructions have been provided to the Parliamentary Counsel's Office. The committee, with one exception, has recommended that the government introduce its proposed omnibus bill in relation to the repeal of obsolete legislation at the earliest opportunity, preferably to enable enactment in the fortieth Parliament. The committee considered the problem of unproclaimed acts and provisions remaining on the statute book for what seem to be excessive and unreasonable periods of time. The committee considers that acts or provisions that have not become law within 10 years ought to automatically be removed from the statute book. It has prepared a bill to amend the Interpretation Act 1984 to provide for this. I commend the report to the house.

## BUSINESS OF THE HOUSE — AFTERNOON TEA BREAK

*Standing Orders Suspension — Motion*

**HON SUE ELLERY (South Metropolitan — Leader of the House)** [1.11 pm] — without notice: I move —

> That so much of standing orders be suspended as to enable the house at today's sitting to suspend proceedings from 4.15 pm to 4.30 pm.

By way of explanation, I understand that agreement has been reached behind the Chair. One of the effects of this will be that the minister handling the Voluntary Assisted Dying Bill will get a break to read questions and the answers to questions that he will be required to give.

**HON MARTIN ALDRIDGE (Agricultural)** [1.12 pm]: This is quite an interesting motion indeed. I do not have a copy of it, but I am sure it will come in due course. It is interesting because this matter was canvassed by the thirty-ninth Parliament in the forty-third report of the Standing Committee on Procedure and Privileges, which was about sitting hours and times. I remind members that the PPC recommended two options in its report to deal with a break on Tuesday afternoons—one was to have a break and the other was not to have a break. It was the clear view of the Labor Party, then in opposition, that it did not support such a recess in the proceedings on a Tuesday when at that point in time, November 2016, we were considering the overall structure of sitting hours and times of the Legislative Council.

I want to refer members to the very short debate we had on 15 November 2016 and the comments made by the then Leader of the Opposition, Hon Sue Ellery. She said —

> We support recommendation 1A, recommendation 2 and recommendation 3. Recommendations 1A and 1B are different in one sense; recommendation 1B, which the Leader of the House just indicated is the preference of members opposite, introduces a third formal break in proceedings for afternoon tea on a Tuesday. We do not support that, Mr President. In fact, if we had our way, we would eliminate a formal break for afternoon tea on any day and we would have a shorter dinner break on Tuesday nights. We find this work practice extraordinary whereby we stop all business of the chamber to go and have a cup of tea and a very nice afternoon tea. As a work practice, we find it to be unproductive. It is out of kilter with the work practices of every workplace I have ever visited and bear in mind that I used to be a union official for a range of different unions including nurses and all sorts of people. I think the notion of a formal afternoon tea is out of date. If people want to have afternoon tea, there is no reason why they cannot do that, but the notion that we all have to stop work at exactly the same time and interrupt the business of the house to take a cup of tea together seems to me to be really out of step with productivity in the workplace. It is out of step with modern workplaces and I do not see how it can be justified as a productive or sensible way for the representatives of Western Australia to conduct their business. Members of the Legislative Council can avail themselves of refreshments without Mr President or everyone having to stop work at the same time. We think a sensible way to proceed is not to add another formal afternoon tea break.

They were the words of Hon Sue Ellery, Leader of the Opposition, on 15 November 2016 in opposing the consideration of a formal break on Tuesday. I do not want to draw the attention of members to all of the debate that occurred on that day, but Hon Nick Goiran rose after Hon Sue Ellery and Hon Rick Mazza and pointed out that the recess of 15 minutes on a Tuesday was much more than taking tea together. He pointed out some of the practical challenges of not allowing a recess to occur on a Tuesday afternoon that particularly face government ministers. It is interesting how the tables have turned. We now find ourselves in a position, which we have seen on numerous occasions over the last two years, of government ministers not being able to answer questions in question time on Tuesdays because they have not had an opportunity to consider the questions they have been provided. We have also seen government ministers dash from the chamber—I assume to avail themselves of the bathroom—and leaving it to other members of this place to answer questions during question time on Tuesday because there is no short recess of 15 minutes to deal with those practical issues. It is interesting that we now consider this motion without notice moved by Hon Sue Ellery. It appears that the Labor Party has now changed its position and now supports a short recess on Tuesday for the practical reasons that Hon Nick Goiran pointed out on 15 November 2016, which we have seen occur throughout the course of this current Labor government.

**HON STEPHEN DAWSON (Mining and Pastoral — Minister for Environment)** [1.16 pm]: The Leader of the House has obviously made a contribution already and so cannot stand again. I just advise the house that it is still our view that ordinarily on Tuesday an afternoon tea break is not needed; however, we are starting early today.

**Hon Simon O'Brien**: Why this Tuesday and not, say, another Tuesday?

**The PRESIDENT**: Order, members!

**Hon STEPHEN DAWSON**: Sorry, I am speaking, and I was trying to outline why I support the motion, so I will not take any interjections.

The reason I said "ordinarily" is that we are starting an hour earlier today to enable us to deal with the Voluntary Assisted Dying Bill 2019. Ordinarily, I would be able to sign off on questions—both questions with notice that honourable members have asked me in my role in this place and those asked to other ministers whom I represent in this place. It is obviously the will of the house that will indicate whether we break or not, but should I not get the opportunity to sign off on questions today, I will not be able to provide answers to those honourable members who have asked questions of me. This 15-minute break is to enable me to do my job as minister and provide answers to members who have given notice of questions that they would like answered today. I seek the house's support for this motion.

**HON SIMON O'BRIEN (South Metropolitan)** [1.18 pm]: I do not think we should debate this whole question for about four hours or anything, but it struck me as a fairly straightforward question: what is the difference between this sitting Tuesday and any other sitting Tuesday?

**Hon Stephen Dawson**: We are starting one hour earlier is what I said.

**Hon SIMON O'BRIEN**: So what?

Several members interjected.

**The PRESIDENT**: Order!

**Hon SIMON O'BRIEN**: If the minister is sitting in the committee chair anyway, he is not going to be able to do the things he mentioned, so what is the difference?

**Hon Sue Ellery**: There is a shorter time between when they are lodged and when the minister has to go to the chair. If there had been an extra hour, he may have been able to seek some of the answers.

**The PRESIDENT**: Order!

**Hon SIMON O'BRIEN**: That is an absolute nonsense.

Several members interjected.

**The PRESIDENT**: Order!

**Hon SIMON O'BRIEN**: If this is the sort of attitude that the government is going to seek the house's cooperation in, it is not a very good start to yet another sitting week of indeterminate length that will be followed by another one next week in which we do not know what hours we are going to be sitting as part of this shambolic government's mismanagement of this house. I am not inclined to support what the government is doing at all.

**HON JACQUI BOYDELL (Mining and Pastoral — Deputy Leader of the Nationals WA)** [1.19 pm]: I cannot believe that the house has raised this issue today when yesterday the Leader of the House asked leaders of other parties how we would manage the government's request. All the party leaders who responded to the email that I saw agreed that this was a reasonable way to give Hon Stephen Dawson time to sign off on questions, take a break from Committee of the Whole House and ensure that the other needs of members in the house outside the voluntary assisted dying debate were considered by the minister. That is a reasonable approach. What makes this different is that we are sitting longer hours this whole week, not just today. We are deliberating a highly sensitive, emotive bill, which the public wants us to get on with and pass. This is not an unreasonable request. Therefore, I support the motion and will be voting for it.

**The PRESIDENT**: Members, this motion requires an absolute majority. Having counted the house and there is no dissenting voice, that motion is agreed.

Question put and passed with an absolute majority.

## VOLUNTARY ASSISTED DYING BILL 2019

*Committee*

Resumed from 31 October. The Chair of Committees (Hon Simon O'Brien) in the chair; Hon Stephen Dawson (Minister for Environment) in charge of the bill.

**Clause 4: Principles —**

Progress was reported on the following amendment moved by Hon Nick Goiran —

Page 3, line 4 — To insert after "person's" —

registered

**Hon NICK GOIRAN**: When we last sat, we were considering an amendment to clause 4. Specifically, we were looking at the principle set out in clause 4(1)(e), which is the fifth principle that the government has indicated should guide the legislation that is before us. On the last occasion we learnt that, according to the government, these principles are very important because anybody who has a power or a function under this act will be mandated to give consideration to these principles. It was revealed during the last debate that that could include an appeal being lodged to the Court of Appeal on the basis that the State Administrative Tribunal or any other person might not have given adequate consideration to the principles before us. We are considering the fifth of these principles at the moment. To refresh the memory of members, the amendment before the chamber relates to the insertion of the word "registered" prior to the words "health practitioner". I moved that amendment because in every other instance in this bill, the government refers to a "registered health practitioner". Clause 4 is the only instance in this bill where we suddenly see the words "health practitioner". I understood that this was a simple drafting error, so it should be easy to facilitate this amendment and insert the word "registered".

The last time we sat, the minister gave an explanation on behalf of the government. The government indicated that it would not be supporting the amendment. Part of the reason given in the explanation provided by the minister was that it was deliberate on the part of the government—this is my paraphrasing of the explanation provided by the government—that this should be a wider group of individuals than just registered health practitioners. For that reason, it purposely did not include the word "registered" prior to "health practitioners". We were just starting to get to the bottom of that before we adjourned at the end of the sitting. I indicate that when we last sat, I had some sympathy for the position that the minister was putting. The government was seeking to capture a larger group of individuals than registered health practitioners. My concern is that the types of individuals whom he listed on the last occasion would not be captured by the term "health practitioner". Has any consideration been given by the government since we last sat to an alternative form of words? I would even be amenable to seeking leave to withdraw my amendment and not have the words "registered health practitioner" if I could be satisfied that we were incorporating a different form of words that met the government's intention. Has any consideration been given to that?

**Hon STEPHEN DAWSON**: Further consideration has been given, but the point that I made the last time we sat remains the same; that is, we are not in a position to support the member's amendment.

**Hon NICK GOIRAN**: In the absence of a definition of the term "health practitioner" in this bill and because the term "registered health practitioner" is defined in the bill, how will it be interpreted?

**Hon STEPHEN DAWSON**: I am told that "health practitioner" is a commonly used term that those engaged in health professions are familiar with. Further to the point about the member's amendment, I am also told that it is unnecessary to define "health practitioner" in the bill as, unlike registered health practitioners, who have a defined role under the bill, such as in clauses 25(2) and 36(2), health practitioners do not.

**Hon NICK GOIRAN**: Is the term "health practitioner" defined in any other Western Australian statute?

**Hon STEPHEN DAWSON**: No, not to my knowledge. My advisers tell me no.

**Hon NICK GOIRAN**: In the absence of a definition in this bill and, according to the minister and the advice he is obtaining, in any other Western Australian legislation, from what will the courts seek guidance when they interpret the term "health practitioner", which he has indicated is a fundamental aspect of this bill? The principles need to be considered by the Court of Appeal, the State Administrative Tribunal and any person who exercises a power or performs a function under this legislation. Where will they seek to interpret the term "health practitioner" in the absence of a definition in this bill or in any other statute in Western Australia?

**Hon STEPHEN DAWSON**: I am advised that if it came to it, they could look under the umbrella of the Australian Health Practitioner Regulation Agency, which identifies anybody engaged as a health practitioner to be a health professional.

**Hon NICK GOIRAN**: I did not quite understand that answer. The minister said that any person who is a health practitioner is to be regarded as a health professional, but my question was: how are people to interpret what "health practitioner" means in this bill in the absence of a definition in this bill or, as I understand it from the minister, in any other statute in Western Australia?

**Hon STEPHEN DAWSON**: I said that anyone engaged in a health profession would be recognised as a health practitioner. That was the Australian Health Practitioner Regulation Agency. I have also been told that it is a matter of perhaps commonsense that anyone providing a patient with care of some kind to do with health would be recognised as a health professional, so it is intentionally broad.

**Hon RICK MAZZA**: I have been listening to the debate very carefully and I have to say that I am inclined to support the amendment put forward by Hon Nick Goiran. I am a little concerned about what is a health practitioner. Further on in the bill, the term "medical practitioner" is defined, but what is a health practitioner? In this day and age, a quick Google search will show that it could be anything from an aromatherapist to a fitness instructor. The term "health practitioner" has a very wide scope. Is the intention of this bill to provide for a health practitioner,

such as a dietician or whatever the case may be, to assist somebody in the late stage of their life? I would like to hear from the government a bit more about why it thinks it does not need to be a registered health practitioner. I think the Australian Health Practitioner Regulation Agency registers health practitioners. Is it the government's intention to open this up to a very wide scope of interpretation of "health practitioner", whether that be those who provide some counselling assistance or dietary assistance—the whole range of what is termed "health practitioner" these days?

**Hon STEPHEN DAWSON**: I am told that in the context of the principles, we want a wider scope than "registered health practitioner", so we have used the term "health practitioner". I have indicated previously that we are not in a position to support Hon Nick Goiran's amendment. I do not have too much further to say other than we are dealing with the principles of the bill and we want to have a wide scope.

**Hon MARTIN ALDRIDGE**: I think I heard the minister say the last time we sat, and I think he reiterated it today, that it was the government's intent to have a broader application of the term "health practitioner". I must admit that when I read this clause, particularly subclause (1)(e), which refers to a therapeutic relationship between a person and the person's health practitioner—that is singular, not plural—I immediately thought that it was between a person and their doctor. Paragraph (g) refers to health practitioners—in the plural sense—family and carers. The minister mentioned a moment ago, I think in response to Hon Nick Goiran, that the interpretation might refer to the Australian Health Practitioner Regulation Agency. Is the minister in a position to tell us which health professionals it regulates so that we can understand the definition of "health practitioner" in this context?

**Hon STEPHEN DAWSON**: The list may include Aboriginal and/or Torres Strait Islander health practitioners; chiropractors; dental practitioners, including dentists, dental hygienists, dental prosthetists, dental therapists and oral therapists; medical practitioners; medical radiation practitioners; nurses and midwives; occupational therapists; optometrists and opticians; osteopaths; paramedics; pharmacists and pharmaceutical chemists; physiotherapists and physical therapists; podiatrists and chiropodists; and psychologists.

**Hon MARTIN ALDRIDGE**: Is there any explanation of why paragraph (e) refers to health practitioner in the singular, but paragraph (g) refers to health practitioners in the plural?

**Hon STEPHEN DAWSON**: I am told that in drafting, the singular includes the plural, so it can be either one of those. It can be more than one.

**Hon NICK GOIRAN**: The minister kindly provided a list to Hon Martin Aldridge of the classes of persons regulated by the Australian Health Practitioner Regulation Agency. It included chiropractors, dentists, nurses, occupational therapists, pharmacists and the like. Are any of those given in the list not regarded as registered health practitioners?

**Hon STEPHEN DAWSON**: I might have to ask the honourable member to ask that question again, because all those that I identified are health professionals that AHPRA would register. What was the honourable member's particular question?

**Hon NICK GOIRAN**: The context of my question was that the minister indicated to Hon Martin Aldridge that these were all the classes of people—again, I am paraphrasing—whom AHPRA regulates. When the minister was listing them, they sounded to me to be people who would be described as registered health practitioners. If those people would be captured by my amendment, it is not clear to me whom we are trying to capture that my amendment would not capture.

**Hon STEPHEN DAWSON**: I am told they will be captured only if the individual were registered. In some cases, an individual has to be eligible to be registered, but does not have to register.

**Hon NICK GOIRAN**: By way of an analogy, in the legal profession there can be people who are registered and people who are not practising. I imagine the minister is referring to the same kind of situation. For instance, a medical practitioner might be registered, but there may be medical practitioners who are not registered. However, I draw the minister's attention to the principle in paragraph (e), which states —

> a therapeutic relationship between a person and the person's health practitioner should, wherever possible, be supported and maintained;

I cannot imagine that it is the intention of the government to support and maintain a therapeutic relationship between a non-registered or non-practising health practitioner and the person. That seems to me to be a rather dangerous mechanism. I cannot imagine that that is the intention. Perhaps a better way to ask the question and elicit a response is to ask: what are the classes of persons who would not be registered health practitioners, but would have a therapeutic relationship with a person?

**Hon STEPHEN DAWSON**: The professions are, potentially, social workers or Aboriginal health workers. This is about a therapeutic relationship. I make the point again that some health services do not require the health practitioner to register. They must be eligible to register and perform health services and/or provide health care. I am not sure that we will land in a place —

**Hon Nick Goiran**: I think we're close.

**Hon STEPHEN DAWSON**: I am not sure that we are going to land in a place where Hon Nick Goiran will be comfortable with the answers I give him on this. By all means, if the member has a couple more questions, he can ask them, but the member has moved his amendment, and we are not going to land in that place, so let us put the amendment before the chamber.

**Hon NICK GOIRAN**: Thanks, minister. I understand that, but we have to take a moment because, as we have already identified, there is no definition of "health practitioner" in this bill and the minister has advised the chamber that there is no definition of "health practitioner" under any Western Australian statute whatsoever. In the absence of anything else, the courts will have to take guidance from our dialogue right now. I would like to make sure that we get it right. If I understand the minister correctly, one of the classes of persons the government would like to capture by this principle is social workers. Has the government received advice that a court would interpret a social worker as being a health practitioner?

**Hon STEPHEN DAWSON**: No, we have not received that advice.

**Hon NICK GOIRAN**: With the greatest of respect, can I suggest to the minister that, in the absence of that advice, I cannot conceive that there is a credible court in the land of Australia that is going to interpret "health practitioner" to include a social worker. It is incomprehensible to me. If the government has advice to the contrary, I invite that to be put on the record so this can be put without a shadow of a doubt.

**Hon STEPHEN DAWSON**: No, I do not have advice to the contrary at the moment.

**Hon NICK GOIRAN**: I reiterate what I said at the outset. I have some sympathy for the position that the government has sought to put forward, which is that it wants to capture a class of persons greater than registered health practitioners. I have no problem with that. For that reason, I would be willing to seek leave to withdraw my amendment, but I can do that only if we get an alternative from the government. The phrase "health practitioner" will not cover the situation the government wants it to. I accept that it would like to have social workers included. I think we both agree that they are not captured by the term "health practitioner", so would the government be minded to move an amendment of its own choosing, which may say "health worker" or "health or social worker" or words to that effect? Would the government be prepared to consider that?

**Hon STEPHEN DAWSON**: No, I am not in a position to accept the honourable member's suggestion. I have received further advice that the Health Practitioner Regulation National Law (WA) Act 2010 contains a definition of "health practitioner"; that is the national law that Western Australia adopts. I am sorry, that information has just come to hand now.

**Hon NICK GOIRAN**: What is that definition?

**Hon STEPHEN DAWSON**: The definition states —

> ***health practitioner*** means an individual who practises a health profession;

**Hon NICK GOIRAN**: I know that the minister has competent advice at his disposal this afternoon, as he has had throughout the course of the debate on this bill. I think that the minister is in a position to agree that that definition does not capture social workers. It is the government's intention that this principle cover social workers. With that knowledge, surely an amendment is required.

**Hon STEPHEN DAWSON**: I appreciate the honourable member's kind words about the advisers I have before me. I have certainly been well looked after in the advice I have been given at the table throughout the debate on this bill. The short answer and the key point is that the government does not want to limit this principle to registered practitioners; therefore, I am not in a position to move an amendment or to accept the proposed amendment that the member has moved before the chamber.

**Hon NICK GOIRAN**: In light of the dialogue that we have had today, does the government agree that social workers will not be captured by this principle?

**Hon STEPHEN DAWSON**: Honourable member, it is our view that a social worker would be captured and the court would recognise that. Specialist palliative care teams often include a social worker. Principles may well come before a court at some stage in the future, but specialist palliative care teams can already include a social worker. We think that, as this clause is written, it would be recognised by a court to include a social worker.

**Hon NICK GOIRAN**: Minister, that is impossible, for this reason: the minister will appreciate that in the absence of a definition of "health practitioner" in this bill, a court will have to go to another Western Australian statute to determine the definition of a health practitioner. The minister has told us that there is one other statute. Originally, the advice was that there was none, but the more recent updated advice is that there is one statute that defines "health practitioner". The court will go to that other statute in Western Australia and use those words to determine what "health practitioner" means, and it will go no further. It will not go to the dialogue between the minister and I; it will not go that far. It will stop at that statute in Western Australia. The minister has indicated to us that the other statute does not include the words "social worker", and the government wants social workers to be included.

Any contrary advice to the chamber is wrong advice, and members are going to be misled by wrong advice. I seek for the record to be corrected and for the minister to confirm that it is not possible for a competent court in the circumstances that he has just told us to interpret "health practitioner" to include "social worker".

**Hon STEPHEN DAWSON**: I will not attempt to say what a court will or will not do. However, in the absence of a mention in statute, I would not rule out a court going back to look at the parliamentary debate on the bill if it were not satisfied by the Health Practitioner Regulation National Law (WA) Act 2010, which states —

> ***health practitioner*** means an individual who practises a health profession;
>
> ***health profession*** means the following professions —

The act continues to outline other things.

**Hon Nick Goiran**: It does not include "social worker".

**Hon STEPHEN DAWSON**: I think the court would recognise that, in that case, a social worker providing assistance and service of care to a person would be recognised as a health practitioner.

**Hon NICK GOIRAN**: Can the minister explain to the chamber how a social worker is engaged in a therapeutic relationship with a person?

**Hon STEPHEN DAWSON**: I do not propose to answer any more questions on this issue. The honourable member has his proposed amendment before the chamber. I have given an indication from government that we are not in a position to support it. If the member is intent on moving his proposed amendment, then now is probably the right time.

**Hon NICK GOIRAN**: Mr Chairman, I seek leave to withdraw the amendment currently standing in my name.

**Amendment, by leave, withdrawn.**

**Hon NICK GOIRAN**: I move —

> Page 3, line 4 — To insert after "practitioner" —
>
> or social worker

I seek the support of members for this amendment, which will facilitate precisely what the government would like to see happen. In response to my last amendment, which I have withdrawn, the government indicated that it sees the scope of individuals to be captured by this principle as greater than registered health practitioners, hence why it has deliberately used the words "health practitioner". Members who have been following this debate will recall that when I asked earlier whether any other statute in Western Australia defines health practitioner, the minister, on more than one occasion, said no. He subsequently indicated that there is actually one statute in Western Australia that defines "health practitioner". The minister and his advisers know full well that a court of law will go to that particular statute to define what a health practitioner is. It is clear that that does not include a social worker; it is clear that the government would like social workers to be captured by this particular principle, and my amendment will give effect to that.

**Hon ALISON XAMON**: I rise to raise a potential issue with the drafting of the amendment in front of us. Because it would read "health practitioner or social worker", I would hate that to be read as an exclusionary measure. My concern is that multiple relationships may need to be maintained, and as a form of drafting I am concerned that the use of the word "or" might limit the provisions in a way that is not necessarily intended.

**Hon STEPHEN DAWSON**: I appreciate the spirit in which Hon Nick Goiran is trying to be helpful to the debate this afternoon. I reiterate that we do not think this is necessary. We think that health practitioner, as it stands in the principle at clause 4(1)(e), could include social worker, so we do not see the inclusion of the amendment proposed by Hon Nick Goiran as being necessary. We will not be in a position to support it.

**Hon NICK GOIRAN**: I take the point raised by Hon Alison Xamon and, subject to the Chair's guidance, I am happy for my amendment to read "and social worker" rather than "or social worker". I am happy to hand up a signed amendment to that effect, if that would assist progress.

**The CHAIR**: I think Hon Nick Goiran sought the advice of the Chair as to how to achieve what he wants to achieve. There are several avenues of recourse you might choose to follow. One of those, if it works, is the easiest way, which is to seek leave to amend the amendment you have moved. That will be very quick, if it works, but if leave is not granted, it will leave you in an awkward position. Another option is to deal with the current amendment, see it defeated, and then move a fresh amendment. The other option is to seek leave to withdraw the current amendment and then move a fresh one, so there is an absolute wealth of options available to you! I can only advise on what they are, never on which one you should pursue.

**Hon NICK GOIRAN**: Thank you, Mr Chairman. I will take the most expedient option, which is to seek leave so that my amendment will read "and social worker" rather than "or social worker".

**Amendment, by leave, altered.**

**The CHAIR**: The amendment we are now dealing with is —

Page 3, line 4 — To insert after "practitioner" —

and social worker

**Hon STEPHEN DAWSON**: This gives undue weight to a role that does not necessarily have a primary function in the bill, so we are not in a position to support Hon Nick Goiran's amendment, as altered.

**Hon NICK GOIRAN**: I will finish on this point, minister. We have come full circle. The only reason the minister previously gave for opposing the earlier amendment, which was to insert the word "registered" health practitioner so that it was consistent with the entirety of the bill, was that the government was concerned that people such as social workers would not be captured. That was the explanation that was provided, but now when we want to insert "social worker", the government says they do not really have a primary role, so do not worry about it; it is not necessary. The minister will understand how difficult it is to make efficient progress in this debate when that is what is happening here today. That is not to say anything about the fact that when I asked earlier whether there was any statute in Western Australia that included a definition of "health practitioner", we were told "no" on multiple occasions, but now we find that the answer is "yes". I obviously respect the government's right to do whatever it likes with regard to the amendment, but I seek support for it.

**Hon AARON STONEHOUSE**: I appreciate the effort to which Hon Nick Goiran has gone in trying to clarify the principle at clause 4(1)(e). However, I am not inclined to support this amendment, despite the fact that it might make clearer the government's intent to include social workers and to support and maintain the relationship between a person and their social worker and health practitioner. I have a problem with the idea of elevating a therapeutic relationship between a person and their social worker because I am not quite sure there is necessarily a therapeutic relationship in that situation. I could be proven wrong, but the minister declined to answer questions about what the nature of a therapeutic relationship between a person and their social worker might be. I do not necessarily see a therapeutic relationship between a person and a social worker; there may well be a therapeutic relationship between someone and their psychologist or psychiatrist, or some other mental health practitioner. I am therefore not inclined to support this amendment in this case. I think the principle at clause 4(1)(e) reads quite well as it is, even with the somewhat general or vague understanding of what a health practitioner may or may not be. The fact that there is a therapeutic relationship probably provides enough clarity for my comfort in this instance.

**Hon ALISON XAMON**: I indicate that I have sympathy for what the mover of the amendment is trying to achieve, which is to ensure that ongoing therapeutic relationships are maintained. That is an important principle, and one that needs to be encapsulated. I recognise that very often social workers in certain settings provide therapeutic relationships, although not always; there is a wide range of social work settings, but certainly in the settings that I think are envisaged around this bill, that can be the case. I am also seeking the comfort from government that "health practitioner" will be broad enough to be able to incorporate "social worker". I understand that for the purposes of the second reading debate, perhaps it could be argued that it is sufficient to put on the record that that is the intent of this bill. That would need to be made unequivocally clear. I think it is important to note that the intent of the amendment is sound. The issue is just whether this chamber believes that it is necessary.

**Hon STEPHEN DAWSON**: I appreciate Hon Alison Xamon's comments. We are certainly of the view that this amendment is not needed. My advisers also tell me that if there was any doubt in the future, in the absence of a piece of legislation out there, a court would indeed look at this debate and recognise that the government's view is that the words "health practitioner" include these other things. So we do not need to include the words "and social worker".

**Hon NICK GOIRAN**: I would encourage members to ignore that advice that has just been given by the minister, because it is wrong. There will not be a court that will look at the dialogue between us today. We identified early in this debate, and the minister has said himself, that there is a statute in Western Australia that defines "health practitioner". A court does not go beyond another statute when the words are clear; that is done only in the absence of anything else. That other statute will not confirm that social workers will be included. If the government wants social workers to be included, this amendment will give effect to that.

**Hon Alannah MacTiernan**: It is not going to not include them, either. It is a very general wording that could include social worker.

**Hon NICK GOIRAN**: I missed that. Could the minister please repeat it?

**Hon Alannah MacTiernan**: I said it is a very general wording. The definition that you refer to is a general wording. It would also potentially include social workers. You are saying that they would go to the statute. The statute itself has the capacity to allow social workers to be included.

**Hon NICK GOIRAN**: Is the minister saying that the existing statute in Western Australia that defines the words "health practitioner" includes social workers?

**Hon Alannah MacTiernan**: I am saying that the court will go to that and look at it, and, if the court is unclear about what that means, it will look at this debate. So I do not accept your argument that the discussion here will not be considered because of that other definition.

**Hon NICK GOIRAN**: Sure. Ultimately, it boils down to whether the minister or any other member here wants social workers to be included. Members have two options. They can support my amendment, and then social workers will definitely be included, because there will be clear words from this Parliament and this chamber that they are to be included. Members may or may not agree with that. I hear what Hon Aaron Stonehouse is saying. He does not agree that social workers should be included, and the reason is that he says they do not have a therapeutic relationship. I have a lot of sympathy for what the honourable member has said. However, the point is that the government wants social workers to be included. If the government wants them to be included, this form of words will ensure that that is the case. The second option is that we can just leave it to chance and hope that Hon Alannah MacTiernan or anybody else is right and that a court might look into that statute and somehow wriggle its way around and determine that it includes social workers. That is poor lawmaking, members. We have the opportunity now to make sure that the government's intention is clear. We could have facilitated this half an hour ago if the government had decided that it wanted to make progress and facilitate the easiest of amendments, but instead it has chosen the hardest way possible. I seek support for the amendment.

**Amendment, as altered, put and negatived.**

**Hon NICK GOIRAN**: We are making our way through the supplementary notice paper. Members will see that there is an amendment standing in my name at 54/4. That amendment refers to page 3, line 11, and particularly deals with the principle at clause 4(1)(g). I would like to ask the minister one question about the principle at clause 4(1)(f). Is this principle a reference to advance care planning?

**Hon STEPHEN DAWSON**: Not necessarily, I am told, but it may include advance care planning.

**Hon NICK GOIRAN**: For the benefit of members, I note that, as I indicated earlier, my amendment that currently sits on the supplementary notice paper at 54/4 deals with the principle at clause 4(1)(g). Although I do not propose to move that amendment standing in my name—the reason being that I had withdrawn the earlier amendment, 53/4, and there would be no purpose in moving this further amendment—I have a series of questions for the minister about the principle at clause 4(1)(g). I note that the next amendment on the supplementary notice paper is in the name of Hon Martin Aldridge, pertaining to a proposed new principle, clause 4(1)(ha). With regard to the principle at clause 4(1)(g), can the minister advise the chamber what is meant by a person having supported conversations with community?

**Hon STEPHEN DAWSON**: The principle at clause 4(1)(g) reads —

> a person should be supported in conversations with the … community …

That refers to the people around them.

**Hon MARTIN PRITCHARD**: I have a quick question about the principle at clause 4(1)(g). The minister indicated previously that the singular will also cover the plural when talking about health practitioners. I presume that means that "the person's health practitioners" will also cover the singular. I am just wondering why this is not constant throughout the bill. I notice that it comes up quite often throughout the bill, and I just wondered why there is not a constant practice to use just singular or plural.

**Hon STEPHEN DAWSON**: It is a good question. It does include both. It is about the reading flow more than anything else. This is how it has been drafted. Certainly, "health practitioner" and/or "practitioners" include each other.

**Hon NICK GOIRAN**: In light of the principle at clause 4(1)(g), how will the legislation facilitate family being made aware of a person's decision to access voluntary assisted dying?

**Hon STEPHEN DAWSON**: It is the person's choice. If the person wants to have a conversation with their family about this issue, then it will be supported.

**Hon NICK GOIRAN**: One of concerns that has been raised with me by the community is that it will be possible under this prospective regime for a person, let us say an 18-year-old, with a terminal illness to access voluntary assisted dying and no family member would be aware of that. Any parent of an adult teenager would understand why some people in the community are concerned that an 18-year-old diagnosed with a terminal illness could access VAD having had no conversations with family whatsoever. I support the principle set out at clause 4(1)(g) —

> a person should be supported in conversations with the person's health practitioners, family and carers and community about treatment and care preferences;

I draw members' attention to one of the cases from the Northern Territory that highlights the problem here. Members will be aware that for a brief period voluntary euthanasia was available in the Northern Territory.

Members will also be familiar with the fact that I authored a minority report dealing with this issue amongst many other things. In particular, I draw members' attention to finding 73 in the minority report, which reads —

> When assisted suicide was legal in the Northern Territory one patient, who had received counselling and anti-depressant medication for several years, was euthanised after a psychiatrist from another State certified that no treatable clinical depression was present, notwithstanding that neither the patient's adult sons nor the members of the community palliative care team who were caring for him were told he was being assessed for assisted suicide.

That was a very disturbing case that arose in the Northern Territory experience and it is for that reason that I would like to see this particular principle broadened to elevate the role of family in those conversations. I accept what the minister has said about it needing to be the individual patient's choice—no question. But, equally, should there not be some form of safeguards around whether, for example, an 18-year-old who has just been diagnosed with a terminal illness can access voluntary assisted dying without any family member being aware of it? That is the concern I have, particularly from the lived experience in the Northern Territory. This is no longer a theoretical argument; this is what has happened in our own country. Minister, has the government considered the role between the family and the patient who wants to access voluntary assisted dying?

**Hon STEPHEN DAWSON**: Consideration was given to that, but we cannot discriminate between an 18-year-old and a 58-year-old. An 18-year-old is an adult and 18 years is the age that is set in this bill. We cannot discriminate against one or the other. The bill does not prohibit family or next of kin from providing support for the patient, but the involvement of family or next of kin is dependent upon the patient's wishes, and that is where we have landed.

**Hon NICK GOIRAN**: What measures could be put in the bill to ensure that there is facilitation for a conversation between a family member and the patient, perhaps a young patient? I accept that we cannot discriminate on age; nevertheless, if we are mutually concerned about the possibility that a young person could access voluntary assisted dying without any reference to their family, what kind of safeguards could be put in place to address that concern?

**Hon STEPHEN DAWSON**: Plainly and simply, we do not believe that they are needed. This is a choice. An adult can make a choice to participate in voluntary assisted dying. People in this place might not like it, but the fact is the law will allow for an 18-year-old to make the decision. I guess, in many cases, an 18-year-old could talk to family and friends, but the member is right to identify that in some cases that might not happen. The reality is that this legislation will allow an 18-year-old to go through the process and potentially access voluntary assisted dying. We do not believe anything else needs to be inserted in the bill in relation to this issue.

**Hon NICK GOIRAN**: To be clear, minister, it is the government's position that if an 18-year-old with a terminal illness wants to access voluntary assisted dying and they choose never to tell a family member about that, the government supports that choice?

**Hon STEPHEN DAWSON**: The government respects that choice.

**Hon NICK GOIRAN**: The principle at clause 4(1)(g) is inherently linked with the principle at clause 4(1)(c); it also refers to supported decision-making. Clause 4(1)(c) states —

> a person has the right to be supported in making informed decisions about the person's medical treatment, and should be given, in a manner the person understands, information about medical treatment options including comfort and palliative care and treatment;

Are the principles that refer to supported conversations and the like—references to a person's right to be supported in making informed decisions—intended to be references to supported decision-making?

**Hon STEPHEN DAWSON**: No, this is not about supported decision-making.

**Hon NICK GOIRAN**: Is supported decision-making permitted under this regime?

**Hon STEPHEN DAWSON**: No, it is not, because a person would have to have capacity; supported decision-making is something else.

**Hon NICK GOIRAN**: I did say "supported decision-making", not "substitute decision-making". Is the minister sure that we are talking about the same thing?

**Hon Stephen Dawson**: The answer remains the same.

**Hon NICK GOIRAN**: To be crystal clear, minister, is there no capacity under this legislation for substitute decision-making or supported decision-making?

**Hon STEPHEN DAWSON**: The member is correct.

**Hon NICK GOIRAN**: My last question relates to the link between the principles in clause 4(1)(g) and (c) about supported and informed decision-making. Is the reference to the phrase "a manner the person understands" the need for translators and interpreters or is it a reference to a person's capacity?

**Hon STEPHEN DAWSON**: One example of this could be an interpreter. It could be that sign language is needed for the person or the document needs to be in plain English or it could be for somebody who needs to use an iPad, for example, to read the document or is voice activated. One of those things.

**Hon MARTIN ALDRIDGE**: I seek some advice, Deputy Chair. In a moment, I want to move my amendment on the supplementary notice paper. If I do that, will it preclude amendments being made to earlier principles in this clause? If it is the case, I want to make members aware of that. I will take my seat if members have an interest in principles before where I intend to insert words at page 3, after line 16.

**The DEPUTY CHAIR (Hon Adele Farina)**: Honourable member, that is a very good question. Yes, we would need to recommit and go back to earlier principles if members wanted to then consider earlier principles. I think this is a good time for me to alert members who would like to speak to clause 4(1)(a) through to (g) to seek the call now because once Hon Martin Aldridge has moved his amendment, they will be precluded from doing so unless we recommit any of those earlier sections. No-one is seeking the call.

**Hon MARTIN ALDRIDGE**: Thank you, Madam Deputy Chair. I move —

> Page 3, after line 16 — To insert —
>
> (ha) a person who is a regional resident is entitled to the same level of access to voluntary assisted dying as a person who lives in the metropolitan region;

I gave some thought to this before this bill was introduced into the other place. If I am not mistaken, I made some remarks in my second reading contribution that, in effect, said that I recognised the overwhelming support in the community for the concept of voluntary assisted dying and the personal choice of somebody being able to end their suffering and end their life. I also said that I thought there was a reasonable, not an unreasonable, expectation that those same people in Western Australia would have access to the regime. I have heard some members, not necessarily through the course of this debate, in other places, express the view that this would be another matter of health care, if you like, that regional and remote Western Australians will have to expect and realise they live in regional and remote places and they will not have the same level of access. To me, that is not an acceptable outcome, particularly in the circumstances in which this bill has been brought to the house, which have been well canvassed. It is about people being able to express a personal and voluntary choice to end their suffering and, in turn, end their life. In these times, it is not unreasonable to expect that a person in Western Australia no matter where they live, no matter their postcode, will be able to express that choice as close to their community, their home, their family or indeed at a location of their choosing and that they will not be discriminated against or disadvantaged by the mere fact that they do not live in a metropolitan area of Western Australia.

We also have to consider the added difficulty of delivering voluntary assisted dying and the restrictions that will be placed on it by provisions of the federal Criminal Code Act. I have said previously during the course of the debate that I sympathise with the government's position. Hopefully, in time, we will see some change by the commonwealth with the application of the provisions of the Criminal Code Act, which may, at least in the near term, cause some difficulty for the government in delivering the voluntary assisted dying process more easily across Western Australia. There is obviously a range of other aspects, which I do not intend to go into in detail. Obviously, I could refer to the dispensing of the voluntary assisted dying substance as well as the review by the tribunal and a range of other functions in the bill whereby distance, geography and remoteness may well play a factor in one's ability to have some equity in access to voluntary assisted dying. With those remarks, I hope that I have set it out in a simple way and reinforced the public comments of the Minister for Health and the government about doing whatever it takes to deliver voluntary assisted dying to all Western Australians. We recognise that it would not be an acceptable outcome to have, say, Harry from Halls Creek, who is dying of cancer, which is the example that I have used previously, to have to travel to Broome or Perth to access voluntary assisted dying in Western Australia.

The addition of this principle recognises that a regional resident is entitled to the same level of access to voluntary assisted dying as a person who lives in the metropolitan region. Obviously, there will be some subsequent or some consequential amendments to clause 5 to define regional resident and metropolitan region and obviously that will be a matter that I consider when and if this amendment standing in my name at clause 4 is supported by this place. I hope that members will find a way to support this amendment. I think it is an important principle that recognises that all Western Australians should have equity in access to voluntary assisted dying.

**Hon STEPHEN DAWSON**: I indicate the government will support the amendment moved by Hon Martin Aldridge. It reflects the government's commitment to the accessibility of voluntary assisted dying for all Western Australians, for the Western Australian community both regional and metropolitan residents. It is also consistent with the government's commitment to enabling real end-of-life choices to the Western Australian community, so we think this is a good amendment and we are happy to give our support to it.

**Hon ROBIN CHAPPLE**: I want to touch on the amendment. Clause 4(1)(h), which is just above proposed clause 4(1)(ha), refers to —

> a person is entitled to genuine choices about the person's care, treatment and end of life, irrespective of where the person lives in Western Australia and having regard to the person's culture and language;

Got it. The amendment contains the word "access". I am mindful that the government is going to support this amendment, but I would really like to know what access means. Does it mean that somebody living in Tjuntjuntjara can walk out the door and speak to a medical practitioner? What is the level of access? That worries me to a large degree, because if it is how we understand the concept of "access", it would mean that the government would literally have to provide access to voluntary assisted dying in every small community, whether it has only one or two people. I am actually quite supportive of what Hon Martin Aldridge is saying, but I worry about the word "access" and whether it could be used as a negative at some stage in the future. The minister will, correctly, respond to Hon Martin Aldridge's amendment, so I note for him that I worry a little about the level of access. I really do want better access everywhere, but to what extent is "access" defined?

**Hon MARTIN ALDRIDGE**: I would like to thank the minister for confirming the government's support for this amendment. In response to Hon Robin Chapple, I guess what members need to consider is that we are dealing with principles at clause 4. I think a similar argument could be made or a similar question asked about the specificity of the terms used in clause 4(1)(a) to (j). For instance, to what extent should a person be supported? To what extent should a person be encouraged? To what extent should a relationship be supported and maintained? These paragraphs have been drafted in the sense that they are overarching principles. Therefore, the principle I intend to insert through this amendment essentially reflects the intent that a person should not be disadvantaged in their access to voluntary assisted dying. I agree with Hon Robin Chapple that there is a real risk of disadvantage in some communities in terms of access to the provisions of the bill. I have certainly said during the course of this debate that I will consider the amendments through that prism as we work through them on the supplementary notice paper. Obviously, the merit of an amendment is important, but, as a regional member, I also cannot deny the fact that the passage of some amendments might unnecessarily add to the burden or barrier for regional people. As a regional member, they are two key factors that I will use in trying to weigh up whether to support or oppose amendments to the bill.

Coming back to my amendment, it simply reflects the government's commitment. A person's ability, naturally, to obtain the same level of access will depend on where a person lives and the circumstances in which they live; therefore, it could mean access to registered practitioners or it could mean access to other services. As I have said, and as I think the Minister for Health has articulated, the state's intent and commitment is to make sure that those services are provided. Both the minister in this house and the Minister for Health have said that services may need to be provided by mobile teams. A similar approach has been taken in Victoria to ensure that regional Victorians are not disadvantaged through their scheme.

**Hon STEPHEN DAWSON**: I am happy to agree with Hon Martin Aldridge on this one; he has answered the question very eloquently. We are committed to ensuring that regional Western Australians will be able to participate in the scheme, as metropolitan residents will be able to participate. I think Hon Martin Aldridge answered Hon Robin Chapple's question as well as I could have done.

**Hon AARON STONEHOUSE**: I certainly appreciate the sentiment behind the amendment that Hon Martin Aldridge has moved and I can appreciate what he is trying to achieve with this amendment, but I am very uncomfortable with the language used, and it might take a little while to unpack and explain why that is. My support for voluntary assisted dying is on the basis that I would like to see restrictions, coercion by the state, removed to allow people to make their own choices about their end of life. I feel rather uncomfortable about the idea of the state moving from being merely a regulator of voluntary assisted dying into the space of being a facilitator or, in fact, a service provider of voluntary assisted dying. I think this amendment starts to place upon government an obligation to provide voluntary assisted dying, which I am rather uncomfortable with. There is certainly an aspect of that already in the bill, but look at the language used already in the principles in clause 4(1). Clause 4(1)(c) states —

> a person has the right to be supported in making informed decisions …

Absolutely; I agree with that. There is a right there, but there is not necessarily an obligation on government to provide people with anything. It would seem that there is merely a prohibition on government from interfering with that ability to make informed decisions. Clause 4(1)(e) states —

> a … relationship between a person and the person's health practitioner should, wherever possible, be supported and maintained;

That is still not so much an obligation on government to provide voluntary assisted dying, but merely an expression of a principle that a relationship between a person and health practitioner should be supported and maintained. Similar language is used throughout the principles. It is not until we get to paragraph (h) that the word "entitled" is used, but even then it is only used in a very limited sense. It states —

> a person is entitled to genuine choices about the person's care, treatment and end of life, irrespective of where the person lives …

What is the obligation on government to ensure that a person has genuine choice? When I read that through the classical liberal lens that I look at something like that with, a genuine choice would merely be the absence of coercion; that is, people are free to pursue whatever end-of-life care or end-of-life choices they like in the absence

of coercion. In the current status quo there is certainly coercion on the part of the state preventing people from seeking advice and support in accessing voluntary assisted dying. I see this bill as an opportunity to remove that coercion by the state so people will be free to make those choices. The language used by the honourable member in the amendment is —

> a person who is a regional resident is entitled to the same level of access to voluntary assisted dying as a person who lives in the metropolitan region;

I could be wrong, and I am happy to have a bit of a back-and-forth dialogue about this, but that seems to place upon government an obligation to at least try to live up to that principle of providing the same level of access for voluntary assisted dying to regional people that metropolitan people may have. How would that be done by the government? It seems it would be done by the government through the provision of these travelling, roaming voluntary assisted dying services, as have been announced in Victoria and which the government here has announced it may look into. I am very uncomfortable with that idea. Removing coercion, providing a regulatory framework with oversight to prevent coercion, is one thing. That is allowing people to make choices. If they want to go to their doctor who is willing to participate in this scheme and they find a pharmacist who is willing to participate in this scheme, that is all voluntary. The state is merely providing oversight to ensure that no inappropriate or accidental deaths and no coercion take place. If we look at the logical conclusion of a principle such as making the state perhaps a provider of last resort, it puts taxpayers in the position of funding a regime of voluntary assisted dying that they may disagree with, and that goes far beyond what I think would otherwise be merely removing restrictions on or the prohibition of voluntary assisted dying, which is what I support in principle.

I would also like to point out what I think might be a missed opportunity here. Proposed new paragraph (ha) states —

> … a regional resident is entitled to the same level of access to voluntary assisted dying …

If we are talking about this idea of trying to correct the limited access to services that regional people experience due to the tyranny and scale of distance—someone living in a remote community of a few hundred or a few thousand people not having access to the same services that someone in Perth enjoys—it is concerning that proposed paragraph (ha) does not include any reference to other forms of end-of-life care such as palliative care. This might merely be an oversight. I do not want to reflect on the intentions of the mover of the amendment. Unless such an amendment is intended to be moved at a later time—I would be interested to hear from the mover if he has that intention or if any other member in the chamber has that intention—it is a little concerning that there should be universal access to voluntary assisted dying, regardless of where someone lives. Even if they live in the middle of nowhere on a cattle station, they should have the same access to voluntary assisted dying. However, that same access to palliative care is not considered in the amendment. I think that is worth highlighting and contemplating.

At this point I am very uncomfortable with the amendment based on my view that the state should act as an impartial regulator of voluntary assisted dying and not as a service provider. This principle would shift the focus of this bill to making the government a service provider. I am a little concerned, and I am interested to hear what members have to say, about the lack of universal provision of palliative care if this amendment is agreed to.

**Hon MARTIN ALDRIDGE**: I would like to respond to the comments made by Hon Aaron Stonehouse. I understand the position that he holds on my amendment; it is one formed on principle. I will go to his last comment first. I remind members that this is a bill for an act to provide for and regulate access to voluntary assisted dying and to establish the Voluntary Assisted Dying Board and to make consequential amendments to other acts. This is not a bill for an act to provide palliative care. It is not a bill for an act to provide oncologists. It is not a bill for an act to provide general practitioners. It is not a bill for an act to provide the patient assisted travel scheme. I suspect that any amendments moved that go to the provision of those services would likely fall foul of the scope of the bill, which is clearly defined by those three points that I just raised. The opportunity to insist on, regulate or mandate a level of service with respect to every other possible healthcare profession and healthcare service provider is not possible through the opportunity that exists within the Voluntary Assisted Dying Bill 2019.

Hon Aaron Stonehouse has expressed some concern about the involvement of the state in the voluntary assisted dying process. When we read this very lengthy bill, I would argue that the state is involved at just about every turn, whether it be through some regulatory function, through some funding, through review, through the board, through the minister or through the CEO. There is certainly no independence of state in the voluntary assisted dying process.

I respect Hon Aaron Stonehouse's position, and also that he represents South Metropolitan Region. The landscape outside the metropolitan area with respect to health service provision and health care is quite different. The reality is that we do not have doctors in many of our communities and the only healthcare workers in many of our communities are those employed by the state—often in the local nursing post or hospital. They are the realities of living outside Perth. Indeed, many regional and remote Western Australians understand those realities. Delivering healthcare services in regional and remote Western Australia is very difficult. We have had many debates about that in this place. We have very thin markets. We have a dispersed population. I think the WA Country Health Service has the largest health jurisdiction in the world. It is simply not possible to have the types of health services that have been described, whether it be oncologists or neurosurgeons, available seven days a week, even in our largest communities outside of Perth.

I think some of the comments made by Hon Aaron Stonehouse do not go to the reality of delivering health care in our regions. I understand that he has some concern that there is not a principle on entitlement to the same level of care such as palliative care, and I have outlined the reasons why that cannot easily be the case in this bill. The next best thing is to make sure that the new scheme that is intended to be created in Western Australia through the Voluntary Assisted Dying Bill 2019 recognises that there should not be an expectation that regional and remote Western Australians should be treated any differently or, indeed, have any difference in access to voluntary assisted dying by the simple nature of where they live. I hope I have addressed the amendment, although I probably have not convinced Hon Aaron Stonehouse to support it. I have identified some of the challenges that I think we all share, and certainly I sympathise with the government on the implementation phase that will occur over the next 18 months or so if this bill passes.

**Hon RICK MAZZA**: I will support the amendment proposed by Hon Martin Aldridge. Members may recall that in my second reading contribution, I moved a motion to refer the bill to a committee to investigate how this will be delivered to regional Western Australia. We have a very vast state. As Hon Martin Aldridge pointed out, palliative care is very difficult and challenging for the WA Country Health Service to deliver. I can see that voluntary assisted dying will be very similar. Subclause (1)(h) states "irrespective of where the person lives". Hon Robin Chapple pointed out that it had been covered in paragraph (h), but that the amendment proposed by Hon Martin Aldridge clarifies the fact that regional Western Australia has some challenges and, if we are going to have this legislation, we should make sure that voluntary assisted dying is accessible to all Western Australians across the state. I think the government will have some very big challenges ahead to cover that, but I am pleased that, if this amendment is successful, at least the legislation will state that it is the intention of the government to make sure that all Western Australians have access to voluntary assisted dying regardless of where they live and that the level of care is comparable with that in metropolitan Perth.

**Hon NICK GOIRAN**: I rise to speak on the amendment moved by Hon Martin Aldridge. I am pleased that the government has indicated its support for the amendment and I congratulate the honourable member for achieving that mighty feat. I move the following amendment to the amendment of Hon Martin Aldridge —

To insert after "dying" —

and palliative care

**The DEPUTY CHAIR (Hon Dr Steve Thomas)**: Honourable members, while that is being distributed, I will summarise the situation. We are on clause 4 and are dealing with amendment 408/4 under the name of Hon Martin Aldridge on issue 7 of supplementary notice paper 139. Hon Nick Goiran has moved to amend the motion of Hon Martin Aldridge to insert "and palliative care" after "dying".

**Hon NICK GOIRAN**: It should be self-evident to members that if we a chamber are passionate about the rights of regional Western Australians and their right to access the same level of voluntary assisted dying as a person who lives in the metropolitan area, it follows that we should be equally passionate about their access to palliative care. Throughout the course of the debate, the government has made it very clear that these should not be seen as either/or scenarios and that the government is very passionate about palliative care, as we all are. This is something that I have taken up since the last debate we had in this place on this issue in 2010. With the member for Girrawheen, I established the Parliamentary Friends of Palliative Care. I believe this is something that we can all support on a bipartisan or tripartisan basis. I seek the support of members to insert "and palliative care", so that as a chamber we make it clear that every Western Australian should have equal access and rights to both voluntary assisted dying and palliative care.

**Hon STEPHEN DAWSON**: I reiterate the earlier comments of Hon Martin Aldridge. When responding to the words of a previous speaker, he identified that the bill before us is about voluntary assisted dying. He went through page 1 of the bill, which states that this is a bill for —

**An Act —**

- **to provide for and regulate access to voluntary assisted dying; and**
- **to establish the Voluntary Assisted Dying Board; and**
- **to make consequential amendments to other Acts.**

This is not a bill about palliative care. In fact, as Hon Nick Goiran outlined, there has been a commitment from this government to addressing issues with access to palliative care around the state. We have made commitments both in this year's state budget and, indeed, recently about further funding of palliative care around the state. I think this amendment would be outside the scope of the bill. I am certainly not in a position to support it. It is simply not needed. These principles are about the Voluntary Assisted Dying Bill 2019 before us and not about palliative care, which is a very different issue.

**Hon NICK GOIRAN**: With all due respect, the minister says that the bill is not about palliative care. I draw the minister's attention to supplementary notice paper issue 8, in which there is an amendment in the minister's name that seeks to insert a definition of palliative care into the bill. But this bill has nothing to do with palliative care, members!

**Hon Aaron Stonehouse**: Not to mention, honourable member, clause 4(1)(d).

**Hon NICK GOIRAN**: Indeed. With all due respect, I do not think that is a satisfactory response, but I do not want to delay progress. I would be keen to seek that members simply support the insertion of "and palliative care" so that we send a message to the community that regional Western Australians have as much right to palliative care and voluntary assisted dying as metro members, and we do not fall into the trap of sending people in regional Western Australia a message that says, "We'll make sure that you have access to voluntary assisted dying—we'll definitely make sure that you have access to that—but, sorry, we won't give you access to palliative care. Only first-class citizens in metropolitan Western Australia can access palliative care—not regional ones." I am sure that members do not want to send that message, so I seek their support for the proposed amendment.

**Hon AARON STONEHOUSE**: I thank Hon Martin Aldridge for his comments in response to my remarks. I disagree with what he said about the scope of the bill. As Hon Nick Goiran pointed out, the words "palliative care" appear in this very part of the bill, at clause 4(1). In fact, amendments on the supplementary notice paper consider defining "palliative care". However, I do heed comments that I am sure will be made that it would be rather impractical to try to ensure universal access to something as complex as palliative care regardless of where someone is in Western Australia. I think it is also rather impractical to try to ensure universal access to voluntary assisted dying regardless of where someone resides in the state. In fact, it is impractical to place an obligation on government to ensure universal access to any service or product regardless of where someone lives. There is obviously a trade-off and a limit to the amount of money that government or policymakers are willing to spend to ensure universal access to a service. It is simply impractical to try to ensure that someone who lives in a caravan 100 kilometres away from the nearest settlement has high–speed fibre broadband. There are obviously scales and issues, which is why there are issues of service provision to regional Western Australia. It is something we should try to address, of course, but the idea of universal access, and the same level of access, to any service regardless of where someone resides in the state is rather impractical and perhaps an aspirational principle rather than something that the government can practically deliver.

Prices change from region to region and town to town. The price of bread or fuel is not the same in any one area. Universal access suggests that we can provide people with the same level of care, whether it be palliative care, voluntary assisted dying, paediatrics or any other kind of care, regardless of the supply of medical practitioners and the cost of shipping resources and supplies, providing electricity or insurance for buildings—all those costs that go into the provision of services. However, if it is the will of Parliament to ensure universal access to one kind of health care—although I still support voluntary assisted dying in principle, I do not really think it is a type of health care. It is an alternative to health care; it is an option out when health care has perhaps failed someone and there is no alternative. If we are to ensure universal access to one type of service, it seems only appropriate to ensure that the alternative to voluntary assisted dying, or perhaps a supplementary form of care—palliative care may be supplementary to other types of treatment—gets the same priority in the principles of this bill.

I am mindful that my concern about turning the state into a service provider for voluntary assisted dying is probably not shared by other members of the chamber, so I am likely to not be successful in convincing members to adopt my position on how the state should act when it comes to voluntary assisted dying. That being the case, I would not want to see the state subsidise and ensure universal access to voluntary assisted dying and not at least try to ensure the same level of access to palliative care for regional Western Australians. That would be inappropriate and rather unfortunate. Although it would represent a further commitment from taxpayers, it would at least be more equitable than subsidising the choice of death and not subsidising the choice of genuine medical care and treatment. On that basis, I am inclined to support Hon Nick Goiran's amendment to the amendment as perhaps the least uncomfortable option available to me at this time.

**Hon STEPHEN DAWSON**: I want to make the point that it is not that the bill has nothing to do with palliative care; it is that the bill does not relate to the service provision of palliative care. Hon Martin Aldridge's amendment is about access to voluntary assisted dying. This principle is not about end-of-life choices or all medical options available; these are wider principles. Today we are dealing with voluntary assisted dying. This amendment is essentially picking one aspect of end-of-life choices. Why not include advance health directives or others? The bill before us is not about the service provision of palliative care; it is about access to voluntary assisted dying, which is a very, very different thing.

**Hon DONNA FARAGHER**: I heard what the minister just said, but I also heard his earlier comments. I would like some clarification of how he sees his comments made just now with regard to clause 4(1)(d), which specifically refers to palliative care.

**Hon STEPHEN DAWSON**: I think I have answered the question already. I will say it again. Hon Martin Aldridge's amendment on the supplementary notice paper before us is about access to the outcome of this bill. The other principles are more general regarding end-of-life choices. It is not that there are no mentions of palliative care in the bill; there are, but the bill is about voluntary assisted dying. The bill is not about the service provision of palliative care. Palliative care is mentioned, but Hon Martin Aldridge's amendment is, as I said, about access to the outcome of this bill. Palliative care is something different.

**Hon PETER COLLIER**: It is very difficult for me not to support this amendment; in fact, I spent an enormous amount of time during my contribution to the second reading debate talking about the lack of palliative care facilities in the regions. The reason I did that was to point out the enormous disparity between what is provided in the metropolitan area compared with that in the regions. I said that we were putting the cart before the horse: we need to get the palliative care facilities right first before we even think about the prospect of moving down the path of voluntary assisted dying. That was the basis of what I said in my contribution to the second reading debate.

I have some sympathy with Hon Nick Goiran's amendment to Hon Martin Aldridge's amendment. If the Deputy Chair and the minister will allow me a little self-indulgence here, I will give members an example of exactly why we need palliative care in the regions. When I was 16 years of age in Kalgoorlie, I had everything I ever wanted. I had my family and my friends, and my parents had a corner store. I had my horse, I had my tennis; I had everything I wanted. Just a week before Christmas of that year, Dr King came into our shop, went out the back and into our house next door, and told my mum and dad that my mother had cancer of the uterus, and that they did not have the facilities in Kalgoorlie to deal with her cancer.

Suffice it to say, the whole world came crumbling down. My mum and dad had to then go down to Perth so that my mother could be treated. Had that operation not been successful, she would not have been able to live in Kalgoorlie. However, the operation was successful. She had to have chemotherapy, and so for that she had to make periodic trips to Perth from Kalgoorlie. As a result, they had to sell their shop and I had to take my horse to some friends in Toodyay. I went to live with my sister to do my final year of school.

I am not looking for sympathy here, guys; I am just telling members that these sorts of things happen in the regions every single day. This was in 1975, everyone. This happened 45 years ago. That was a terrible time; I remember it vividly. We had to sell the shop and we had to sell the house within a couple of months. My parents had moved to Perth and three months after that time I went to live with my newly married sister. She got married in August 1975, and in 1976, when I did year 12, my whole stable life was uprooted.

I was relatively resilient, so I was able to get through that, and I got through it. A lot of people would not. I am not saying that I am any champion or anything; all I am saying is that it was a really tough time, and people in the regions have to deal with this on a daily basis. We are moving down a path that changes a fundamental tenet of our society, yet we are still questioning whether we have adequate palliative care in the regions. That was 45 years ago. People who live in Kalgoorlie now still have to come down to Perth to have that operation and still have woeful palliative care facilities in that town, and it is one of the largest regional centres in Western Australia.

I take my mum out each Sunday. She is 86 now, everyone. She survived that and another bout of cancer in 1989 and bypass surgery in 2009. They make them tough in Kalgoorlie, let me tell you. Last Sunday we were sitting out in the courtyard and we always reflect back on times past. We talked about them having to sell the house and the shop et cetera, and she again apologised to me. She feels so sorry and guilt-ridden about leaving me during a period of my life, year 12, when I really needed support mechanisms. It had nothing to do with my mum; she did not want to get cancer. That was one of the things that were thrust upon her with regard to her health. She feels terrible about that because we as a society and a community could not provide those facilities for her. I keep on telling her how much I love her and that it was nothing to do with her and that things turned out all right: "I've lived a great life and you're still here at 86, so, Beryl, you know, the best is yet to come, mate!" I keep telling her that and I give her a big hug. Everything is wonderful; do not get me wrong. The reason I am saying that and giving that personal story is that, guys, we are still not even close to having adequate palliative care in the regions. With all due respect, I cannot work out why we are having an argument over whether we should perhaps include in this bill the same level of palliative care for people in the regions as is enjoyed by people in the metropolitan area. I will support the amendment on the amendment from a personal perspective, but I also think we should support it from a practical perspective.

**Hon MARTIN ALDRIDGE**: I want to respond to the amendment to the amendment. I also want to add further to some of the comments that I have made about palliative care and the amendment that I have moved. I do not want this debate to become "who can out–palliative care one another". We have had plenty of those debates. We have had conversations about the government's investment in palliative care and what that will look like and whether it is enough. I think we are united as a chamber in the view that there is still work to be done on improving palliative care services, as well as other health services, in our regions. It is rather simplistic to draw a direct comparison between access to voluntary assisted dying and access to palliative care. Palliative care is obviously a broad-ranging, detailed and specific area of health care. It involves many health professionals across Western Australia, and the models of care are different. If we compare palliative care with voluntary assisted dying, a person who wants to access voluntary assisted dying is principally required to access two registered medical practitioners who are willing to participate in the scheme, over a period that I think can be as short as nine or 10 days. When I talk about entitlement to the same level of access, in the context that I have just described, that is achievable with respect to voluntary assisted dying. The government has made that commitment, and my amendment reflects the commitment of the government. If palliative care were included in my proposed amendment, it would read —

> (ha) a person who is a regional resident is entitled to the same level of access to voluntary assisted dying and palliative care as a person who lives in the metropolitan region;

I want to say a couple of things about this. One is that we identify palliative care, and therefore exclude every other type of health service that is available. I have already mentioned some of those services. Access to general practitioners is probably the biggest challenge facing regional Western Australia. Why not lob them in; and, while we are at it, let us include oncologists and radiotherapy services? If members reflect on this argument, it does not make sense. I understand the intent. I understand people's passion. However, the way in which the amendment to my amendment has been constructed is just not practical. It is not fair. It does not recognise the complexity and difficulty in delivering health services in regional Western Australia. The models of care are different. They will always be different.

If this amendment to my amendment were to pass, we would essentially be saying that a regional resident is entitled to the same level of access to voluntary assisted dying and palliative care as a person who lives in the metropolitan region, to the exclusion of all other health services, some of which I have just described. The health services that are available in Perth and regional Western Australia are obviously quite different. We need to deliver services differently, as I have said, and the models of care will be different. One example to which I wish to draw members' attention, as I have previously, I am sure, is the telehealth palliative care service that was designed and implemented in the wheatbelt as a pilot and is now being implemented across other regions in the WA Country Health Service. That is about delivering an increased level of service. However, the model of care is different. It is not practical to have a hospice or palliative care specialist in every town, nor is it practical to have an oncologist in every town. It would not be a good use of public money to fund a palliative care specialist in Halls Creek for Harry, or for the next person after Harry, because the model of care for Harry in Halls Creek will be different. I do not think it is fair to draw a comparison between the delivery of a palliative care system and access to the very specific and defined regime that is voluntary assisted dying, which principally requires access to two registered practitioners willing to participate in the scheme. That is why I will not support the amendment to my amendment in the way in which it has been proposed.

**Hon ROBIN CHAPPLE**: I really want to agree with the comments made by Hon Martin Aldridge. I think they go to the substance of the matter; that is, we are actually dealing with the Voluntary Assisted Dying Bill, and those issues of whether we have different medical professionals in different places and different services in different places do not have a place in this bill.

**Hon MARTIN PRITCHARD**: I am concerned with the problems that this amendment on the amendment might cause. It is particularly difficult, being on the government side, because it will cause problems for the government. In my view, the concern is that we are not talking about all patient care. These two issues are joined because we are talking about people in their last months of life having an alternative in the regions. We are not talking about the fact that we are going to reconstruct everything in each town, but the amendment provides that patients should have an alternative to voluntary assisted dying, and palliative care is probably the closest to it. The distinction can be drawn in that way.

**Hon MICHAEL MISCHIN**: I am a little confused by the government's opposition to this, particularly in light of what we have managed to tease out over the past several days about these principles. I get back to the point that I made on Thursday, 31 October, that there is no objects clause in this bill that might assist us in understanding what exactly it is aimed at. We are told, on the one hand, that it is to do only with voluntary assisted dying, and has nothing to do with palliative care, and then we find that the principles clause is replete with references to palliative care and to palliative treatment. I again refer the minister and members to clause 4(1), which begins —

> A person exercising a power or performing a function under this Act must have regard to the following principles —

It then goes through a number of more general principles, and then paragraph (c) states —

> a person has the right to be supported in making informed decisions about the person's medical treatment, and should be given, in a manner the person understands, information about medical treatment options including comfort and palliative care and —

We are told it should be read disjunctively, so palliative —

> treatment;

Hon Nick Goiran is proposing simply to reinforce that. Paragraph (d) reads —

> a person approaching the end of life —

Or death, we should say; approaching death —

> should be provided with high quality care and treatment, including palliative care and —

Since it is to be read disjunctively, palliative —

> treatment —

**Hon Colin Tincknell**: Not if you're in the country.

**Hon MICHAEL MISCHIN**: Except, apparently, if a person is living in the country. The paragraph concludes —

> … to minimise the person's suffering and maximise the person's quality of life;

These are broad statements of principle and entitlements. Then we get on to paragraph (h), which reads —

> a person is entitled to genuine choices about the person's care, treatment and end of life, irrespective of where the person lives in Western Australia and having regard to the person's culture and language;

All that is being proposed here is to reinforce those principles through Hon Martin Aldridge's amendment, which states, among other things, that a person exercising a power or function under the act must have regard to a person who is a regional resident being entitled to the same level of access to voluntary assisted dying as available to a person who lives in the metropolitan area. There is no question there of resources being a problem for the government. It is quite happy to do that, but now it is cavilling at reflecting genuine choices about how people approach the end of their lives—oh, no; that is too difficult.

This bill has nothing to do with palliative care; it is about directing people and assisting them towards voluntary assisted dying. I find that that is wrong and that it is the government that has defined the terms of this particular debate with these general principles. There is no objects clause, as I have indicated, yet the principles are quite plain that there ought to be genuine end-of-life choices, including palliative care and treatment choices and access to them. I see nothing inconsistent with what Hon Nick Goiran proposes with his amendment to Hon Martin Aldridge's otherwise worthy amendment. It just reinforces the principles that we heard before, so what is the problem? I just do not get it. Why is it that this bill is suddenly being narrowed in its scope and its operation and people in the regions are being directed to only one choice and access to services? It could be that the proposed amendment could have been framed slightly differently—that is, as a motherhood principle, "people living in the regions should have access to the same level of voluntary assisted dying and palliative care and palliative treatment as people in the metropolitan area". That would be unobjectionable, too, and it would remove the entitlement aspect and simply leave it as a principle, but I am not going to move any amendments to it. Given the other entitlements stated in clause 4, I see nothing objectionable about what has been proposed. I would be supporting Hon Nick Goiran's amendment if we were really genuine about having voluntary assisted dying as one of the options for how people will be cared for when they are reaching the end of their life and are suffering.

**Hon ADELE FARINA**: I think Hon Aaron Stonehouse's argument about whether the state should be the provider of the VAD service was very interesting and it has certainly given me food for thought. I note that neither Hon Martin Aldridge nor the minister have responded to the point that the member raised, but it certainly caused me to stop and give that some more thought. I suppose the difficulty I am having is that we are talking about general principles and I am not too sure how valuable this whole clause is; nevertheless, it is in the bill. As other speakers have said, we have clause 4(1)(d), which states —

> a person approaching the end of life should be provided with high quality care and treatment, including palliative care and treatment, to minimise the person's suffering and maximise the person's quality of life;

That clause does not refer to a person living in the metropolitan area; it says "a person". Arguably, that clause already provides cover for people living in the metropolitan area or in regional WA. In which case, why would anyone object to Hon Nick Goiran's proposed amendment to Hon Martin Aldridge's amendment, because it simply endorses what is already stated in paragraph (d)? I do not understand why we are creating a distinction here because paragraph (d) refers to "a person" so that is a person in Western Australia living anywhere in Western Australia and we are already saying that that person should be provided with high quality care and treatment, including palliative care and treatment. Supporting Hon Nick Goiran's amendment to Hon Martin Aldridge's amendment does no harm; it is simply endorsing what is already stated in clause 4(1)(d), and I do not see the problem with that. As a member representing regional WA, I will do everything that I can to ensure that the provision of services, medical care and treatment improves in regional WA. If this is one way to achieve that, I fully support it.

**Hon STEPHEN DAWSON**: I have spoken at length in this place about palliative care. Hon Adele Farina talks about her role as a regional representative in this Parliament and doing all she can to make better the services in regional Western Australia. Can I say that I and, indeed, every single one of us in this place who represents regional Western Australia supports the further expansion of services in Western Australia. On 29 October, in the last sitting week, I outlined the state government's significant investment in palliative care in this year's state budget and the announcements made since then about expanding palliative care services throughout the state, including an additional commitment to a significant number of staff—medical professionals—in the palliative care space.

This is not about the government's commitment or lack thereof to palliative care. The government is supportive of it. We had a great, long debate about palliative care in this place when we last sat.

I also want to say that I am very grateful to the Leader of the Opposition, and I thank him for being brave and sharing his personal story about his mum and the challenges that his family faced many years ago. The reality is, as Hon Martin Aldridge pointed out, we all face a great many challenges in regional Western Australia in accessing medical services. Hon Martin Aldridge pointed out that we are never going to be able to have oncology services

in all our communities; it does not make financial sense to have all those things in those communities. In fact, in some cases now, Western Australian patients have to travel to the eastern states to access certain medical care by virtue of it being new, not available elsewhere, costly or not being rolled out. That happens here and now, so Hon Peter Collier's story from 45 years ago is transferrable to today for some families.

I want to say that clause 4(1)(d) is about the general, but what is before us is specific. The specific amendment moved by Hon Martin Aldridge, which would be paragraph (ha), is about voluntary assisted dying; it is not about general practice or access to general practice in regional Western Australia. It is not about access to advance health directives or other specialist services in regional Western Australia; it is about access to voluntary assisted dying. Hon Martin Aldridge's amendment is specific. I think that Hon Nick Goiran's amendment to the amendment detracts from that. Let this not be an argument about the government's commitment to palliative care, because can I say, as I have said before, we are committed to ensuring that people in regional Western Australia can access palliative care.

Hon Martin Aldridge mentioned the telehealth palliative care service that is available over the phone. That, together with the investment made in the budget this year and, indeed, made since the budget, will ensure that palliative care services are broadened and available to people in regional Western Australia. Members, do not let that be your argument or thought on this issue. The amendment moved by Hon Martin Aldridge is specific and relates to voluntary assisted dying. It states —

> (ha) a person who is a regional resident is entitled to the same level of access to voluntary assisted dying as a person who lives in the metropolitan region;

It is not about any other issue; it is simply about this sole issue. I urge members to not support Hon Nick Goiran's amendment to the amendment, but simply to support the amendment moved by Hon Martin Aldridge today.

**Hon JACQUI BOYDELL**: Very briefly, I concur with and support the minister's comments. Hon Martin Aldridge's amendment is about ensuring regional people have access to voluntary assisted dying. As pointed out by other members, other clauses in the bill cover people's access to high-quality end-of-life and palliative care services that support their quality of life. At the outset, the amendment moved by Hon Martin Aldridge specifically refers to regional people's access to the voluntary assisted dying scheme. It should not be diluted by any other type of service, whether that is palliative care or not. This is purely about delineating access for regional people to the scheme. Therefore, I will not be supporting the amendment to the amendment.

**Hon RICK MAZZA**: The differences of opinion in this debate are very interesting. There are a couple of things to look at here. First of all, there is no doubt that delivering high-quality palliative care in the regions is a conundrum. It is very, very difficult. There cannot be an oncologist on every street corner in every country town along with other specialists. I think everyone gets that. But in clause 4, we are referring to some guiding principles for what we would like to see for voluntary assisted dying. Clause 4(1)(d) refers to high-quality palliative care. They go hand in hand. I expect that in many cases, palliative care would precede voluntary assisted dying. As a principle, to include palliative care in the amendment put forward by Hon Martin Aldridge will do no harm. I think it will give some guidance for what we would like to achieve in the future for palliative care in the regions. It is very difficult for regional people. I do not expect that we could wave a wand and provide perfect palliative care in the regions tomorrow. However, we could work towards improving it all the time. Telehealth has gone a long way towards that. There are many stories about how telehealth has assisted people in regional and remote Western Australia to stay at home during their palliative care time. With that, I will support the amendment to the amendment put forward by Hon Nick Goiran.

**Hon ROBIN SCOTT**: From living in the regions, no-one I have spoken to expects to have palliative care facilities in every single town. If we pick out, say, six towns in the whole of the Mining and Pastoral Region, such as Kalgoorlie, Meekatharra, Carnarvon, Port Hedland, and maybe Broome and Kununurra, that would service everyone in the regions. Take Kalgoorlie, for example. For people who live in Tjuntjuntjara, which is 700 kilometres east of Kalgoorlie, travelling into Kalgoorlie is like going around a corner to them. It is the same for the people in Warburton, which is 900 kilometres out of Kalgoorlie. They are more than happy to go to Kalgoorlie for palliative care. Unfortunately, it is not there at the moment. The people from Burringurrah near Meekatharra have a choice of whether to go to Carnarvon, which is about 300 kilometres, or to go to Meekatharra, which is 360 kilometres. People in these regional remote communities are more than happy to travel to palliative care facilities. It is nothing like the metropolitan area. If those towns had those six major palliative care facilities, we would solve this problem. It would not be too expensive to set up proper palliative care facilities in those six towns.

**Hon KYLE McGINN**: In response to what the honourable member said, Kalgoorlie does have a palliative care unit. I want to put that on the record. It has three beds. It is correct that Kalgoorlie has a palliative care unit. I understand that Meekatharra is still pushing to have a palliative care unit. I think it is the only region the member mentioned that does not have palliative care.

**Hon Robin Scott**: There are no palliative care nurses.

**Hon KYLE McGINN**: Yes, there are in Kalgoorlie. I want to make sure the record is correct. Meekatharra definitely needs to be a focus for that, but the rest of the towns have a palliative care unit.

**Hon ADELE FARINA**: In relation to the comments made, I need to seek some clarification from the minister. We have been told that it is unreasonable to expect an oncologist to be in every town. Implied in that is the suggestion that the amendment to insert a new paragraph (ha) would provide a VAD team in each town. I do not think anyone is suggesting that is the case, which makes the "we cannot expect to see an oncologist in every town" argument pointless. I am trying to understand: What will proposed paragraph (ha) actually deliver to regional people? Will a mobile VAD team go to the town if that is needed and provide the voluntary assisted dying service? Given that the voluntary assisted dying service requires nine days for completion of those steps, will that team stay in that town to complete that service over that nine days or are we proposing that in regional WA, the nine days will be contracted under exceptional circumstances so that there is no cooling-off period for the patient if they want to reconsider? It then raises questions about that criterion of enduring, which is part of the elements that need to be satisfied to access voluntary assisted dying in the first place. I am a bit unclear about what this amendment to insert paragraph (ha) will actually deliver. What will it mean for people living in regional WA? How are we going to ensure that a regional resident is entitled to the same level of access to VAD as a metropolitan resident? The government is supporting this, so it has obviously given some thought to how it is going to deliver this. I think it is really important for us to put on the record exactly what is intended to ensure that those elements of access to voluntary assisted dying, such as a person having an enduring wish to access voluntary assisted dying, are not diluted in any way.

**Hon STEPHEN DAWSON**: I do not propose to go into anything that will be dealt with in a later clause, so the level of detail that the honourable member is talking about will be up for further debate later on. I will just remind people that this is in the "Principles" part of the bill. Clause 4(1) reads —

> A person exercising a power or performing a function under this Act must have regard to the following principles —

We as a government will have regard to these principles. The amendment that Hon Martin Aldridge seeks to put in the bill states —

> (ha) a person who is a regional resident is entitled to the same level of access to voluntary assisted dying as a person who lives in the metropolitan region;

This is a principle that we can agree with. People in regional Western Australia should be entitled to the same level of access. What does it deliver practically? This is not about concrete now; this is saying that we believe in the principle that a person who lives in regional Western Australia should have the same level of access. In terms of the detail —

**Hon Donna Faragher**: Then what's the problem?

**Hon STEPHEN DAWSON**: This principle is about voluntary assisted dying. Other issues have been raised, and palliative care is mentioned earlier in the principles, but this is about the specific principle of voluntary assisted dying. This is a specific amendment dealing with a specific issue.

In terms of how it might work, during the implementation phase, the government, together with all stakeholders—WA Country Health Service, WA Primary Health Alliance, Australian College of Rural and Remote Medicine and other stakeholders in regional Western Australia—will work out how, in practice, this will operate in regional Western Australia. But, I say again, this is a principle in the bill, and Hon Martin Aldridge is seeking to include a principle that we can certainly support. People should have equality of access whether they live in regional Western Australia or in the metropolitan area.

**Hon MICHAEL MISCHIN**: I have a question about that, minister. I refer the minister to clause 4(1)(d). This is one of the principles that the minister says is important and that anyone performing a power or function under the act will have to have regard to it. We are not getting into specifics of detail as to how any of this will be provided. It states —

> a person approaching the end of life should be provided with high quality care and treatment, including palliative care and treatment, —

I note that this means "palliative care" and "palliative treatment", according to what the minister told us the last time we sat —

> to minimise the person's suffering and maximise the person's quality of life;

Should a distinction be drawn, or is a distinction drawn, in that general principle between whether a person lives in the metropolitan area or a regional area?

**Hon STEPHEN DAWSON**: No.

**Hon MICHAEL MISCHIN**: The government accepts the proposition that a regional resident should be entitled to the same level of access to voluntary assisted dying as a person who lives in the metropolitan area, but it does not want to go so far as to say that a regional resident should be entitled to the same level of access to palliative

care as a person who lives in the metropolitan region. Why is that? On the one hand, it is a general principle about there being no discrimination because of where a person lives. The government says that there is a principle on the equal provision of high-quality care and treatment, including palliative care and treatment, to minimise suffering. However, it wants to draw a distinction between the metropolitan region and regional areas in terms of the level of access to palliative care. Why is that? If this is simply a general principle, what is the harm? It simply will be something that a person who exercises a power under the legislation will have to have regard to and try to achieve. However, the government says that we should make a distinction, because this bill is about voluntary assisted dying rather than palliative care. On the one hand, all the principles reinforce equality across the board for every resident of this state, but, in this one case, when we are focusing on access, it is only those who live in the metropolitan region who ought to have that level of access to, and entitlement to access, palliative care. Does that not create a problem with the rest of the general principles stated in subclause (1)?

**Hon STEPHEN DAWSON**: I do not think there are any problems with the principles. I have been asked numerous times now about this issue—the honourable member may have been away from the chamber on urgent parliamentary business—so I do not propose to go around in circles again. I remind members that the substantive amendment was moved by Hon Martin Aldridge. I have indicated that the government is supportive of that amendment and I indicated the reasons behind our support for it. I also indicated that we do not support the amendment to the amendment moved by Hon Nick Goiran, and I also outlined the reasons why we do not support it. I do not think it is appropriate that I keep going around in circles on this issue. These amendments have been moved by other members. In one case, I am supporting the amendment; in the other case, I am not. I have identified the reasons why, and that is probably all I will say about it.

**Hon COLIN TINCKNELL**: Hon Michael Mischin made a very valid point. The principles in paragraphs (a) through to (j) of subclause (1) do not mention "regional". However, Hon Martin Aldridge has moved an amendment that talks about access to voluntary assisted dying by regional residents. This is the point. That is the difference—the word "regional"—and that is why this debate is taking place. Many members have asked why people in regional areas are not getting the same level of access, whether or not it is about having an oncologist on every corner, but the amendment that has been put up will insert a principle that includes the word "regional". The amendment to the amendment makes it clear that palliative care should also be available to people in regional areas. That is why this debate is happening in this chamber and that is why it is taking time. This will be the only principle to include the word "regional". Hon Michael Mischin's point is very valid. That is the reason this debate is taking place.

**Hon JACQUI BOYDELL**: I am just trying to reiterate why Hon Martin Aldridge moved this amendment. I refer to members' comments in the second reading debate about how regional people gain access to the voluntary assisted dying scheme. That was a major concern of a lot of members in the house and it was raised by them, quite rightly so. Clause 4(1)(d) and other principles in the bill set out the way in which people's quality of life, end-of-life choices, palliative care and therapeutic treatments should be supported. Those things are stated in the bill and they are the principles of the bill for the people of Western Australia. The original amendment moved by Hon Martin Aldridge seeks to support the minister's comments that the government will ensure that there is a legislative regime with in-principle support for regional people having access to the voluntary assisted dying scheme. That is the legislation before us. The original amendment moved by Hon Martin Aldridge seeks to ensure that the legislative principle that the government has supported is set out. It is about ensuring that it is very clear in the principles of the bill that regional people should have equity of access to voluntary assisted dying. Other principles of the bill set out the fact that all Western Australians should be entitled to high-quality end-of-life care et cetera. By moving this amendment we seek to ensure that the principle of regional people having access to voluntary assisted dying is underpinned by parts of the legislation, and it should not be diluted by the addition of "and palliative care", because the bill is not about palliative care; it is about voluntary assisted dying. Our aim is to ensure that regional people have fair and equitable access to the scheme, should the bill pass the house.

**Hon RICK MAZZA**: The amendment moved by Hon Martin Aldridge really reinforces clause 4(1)(h), which, as you, Deputy Chair (Hon Robin Chapple), mentioned, covers people living in regional Western Australia; it refers to all Western Australians. It is interesting to note that paragraph (h) states —

> a person is entitled to genuine choices about the person's care, treatment and end of life, …

If we are going to reinforce clause 4(1)(h), then to me care and treatment include palliative care. I think the amendment on the amendment moved by Hon Nick Goiran expands on the original amendment moved by Hon Martin Aldridge to reinforce paragraph (h) for regional Western Australians. That is a reason that I support the amendment to the amendment. The amendment in its original form, and with this amendment to it, talks about access. We are not talking about having oncologists on every street corner; we are talking about access to palliative care and end-of-life choices. How that access is delivered is for the government to work out. I think palliative care is really part of that and it is highlighted in clause 4(1)(h).

**Hon MARTIN ALDRIDGE**: I hope we can get to a vote on this shortly, but I take on board that a lot of members have expressed the view that they take very seriously the provision of palliative care. I put to the members who support this amendment to my amendment to insert these words that the proper place to have given consideration

to this matter is at clause 4(1)(d), which is a specific principle that relates to the provision of high-quality care and treatment, including palliative care and treatment. I would have thought that if members felt compelled to support the amendment before the Chair, that would have been the appropriate place to have supported it. It could have included words similar to those in paragraph (h), which states —

> … irrespective of where the person lives in Western Australia and having regard to the person's culture and language;

It may not have included all those words but certainly the words "irrespective of where the person lives in Western Australia". That would have been a more appropriate amendment, because high-quality care can mean different things to different people in different places. That better reflects the reality; that is, we do not have a one-size-fits-all approach to the delivery of healthcare services in Western Australia, and we never will. I think it is unfair to include these words and say that we will be able to deliver palliative care in the same way as we deliver palliative care in Perth, or at least deliver the same level of access, excluding all the other medical services.

Hon Adele Farina commented that I had not responded to Hon Aaron Stonehouse and his concern that the inclusion of this principle would create a circumstance in which the state would provide voluntary assisted dying. I think I did respond to Hon Aaron Stonehouse. I do not deny the fact that the state of Western Australia will be intrinsically involved in just about every step of voluntary assisted dying. They may not be the private practitioner who is assessing the patient but they could be the public practitioner who is assessing the patient, the public hospital who is looking after the patient, the State Administrative Tribunal that is reviewing a decision or the CEO of the Department of Health exercising a power under the provisions of this bill, and potentially under this act. I do not deny that the state will be involved in voluntary assisted dying. I think the inclusion of this principle in the form that I propose better reflects the commitment by the government and the reality that we face.

*Division*

Amendment on the amendment put and a division taken, the Deputy Chair (Hon Robin Chapple) casting his vote with the noes, with the following result —

Ayes (17)

| | | | |
|---|---|---|---|
| Hon Jim Chown | Hon Rick Mazza | Hon Tjorn Sibma | Hon Alison Xamon |
| Hon Peter Collier | Hon Michael Mischin | Hon Charles Smith | Hon Ken Baston *(Teller)* |
| Hon Donna Faragher | Hon Simon O'Brien | Hon Aaron Stonehouse | |
| Hon Adele Farina | Hon Martin Pritchard | Hon Dr Steve Thomas | |
| Hon Nick Goiran | Hon Robin Scott | Hon Colin Tincknell | |

Noes (18)

| | | | |
|---|---|---|---|
| Hon Martin Aldridge | Hon Stephen Dawson | Hon Colin Holt | Hon Dr Sally Talbot |
| Hon Jacqui Boydell | Hon Colin de Grussa | Hon Alannah MacTiernan | Hon Darren West |
| Hon Robin Chapple | Hon Sue Ellery | Hon Kyle McGinn | Hon Pierre Yang *(Teller)* |
| Hon Tim Clifford | Hon Diane Evers | Hon Samantha Rowe | |
| Hon Alanna Clohesy | Hon Laurie Graham | Hon Matthew Swinbourn | |

**Amendment on the amendment thus negatived.**

**The DEPUTY CHAIR**: Members, we return to the original amendment 408/4 moved by Hon Martin Aldridge —

> Page 3, after line 16 — To insert —
>
> (ha) a person who is a regional resident is entitled to the same level of access to voluntary assisted dying as a person who lives in the metropolitan region;

**Hon AARON STONEHOUSE**: Now that we are back to discussing the substantive amendment, it would be a good opportunity to further clarify why I oppose the amendment. It is true that in responding to my comments, Hon Martin Aldridge pointed out that the state will be intimately involved in every aspect of voluntary assisted dying as a result of this bill. That is certainly true, but I feel that putting in place an entitlement to voluntary assisted dying places an obligation on the state that pushes it beyond a level of facilitation of VAD that I am comfortable with. It stems from my view that, ultimately, individuals have a right to make choices about their end-of-life care, but then we weigh into issues such as what is a right and what is the state's obligation for an individual's rights. It is a weird political science space that we start wandering into.

To try to put it into really simple terms, I will use a couple of analogies to help illustrate to members where I am going with this. People have a right to free speech in a natural justice sense, but also, as interpreted by the High Court, people have a right to political communication. But we will deal with the natural justice sense of a right to free speech, which is recognised in common law and in the broad political consensus that we have in Australia. People have a right to free speech. Some people on certain ends of the political spectrum may place limitations on that, but a person's right to free speech ensures that the government cannot act to curtail their free speech. It does not mean

that the government needs to give them a megaphone, a soapbox to stand upon, a website, a TV show, or a radio station. Their right to free speech simply means that the government cannot interfere with their right to speak freely and communicate with other people.

I am an advocate of the decriminalisation or legalisation of cannabis for recreational use. It is a rather controversial position to some. My belief that the government should not criminalise the consumption or cultivation of cannabis does not mean that I believe the government should provide cannabis to people who wish to use it. Removing criminal penalties for smoking cannabis is very different from the government becoming a cannabis dispensary, getting into the business of producing cannabis and ensuring that every citizen, regardless of where they live and their economic means, has access to cannabis.

I hope members will forgive me if this is a rather controversial topic. I will choose another contentious social issue that has weighty moral and ethical issues at its heart—that is, abortion. To argue that abortion should be decriminalised is very different from arguing that the state should provide abortion services at the expense of the taxpayer. They are very different things. To remove criminal penalties or a constraint on someone seeking to access a service is very different from the state becoming the primary service provider or taking a central role in the provision of that service.

A right to exercise freedom is very different from an obligation on government to provide people with that service. We have the right to buy and own private property. At least, I think everyone except those on the political fringe left believe that people have a right to private property. That does not mean that the government has an obligation to provide people with a house. We have a right to own clothing and to buy food and water, but there is no obligation on the state to provide people with clothing, food or water. We certainly provide welfare and have a social safety net. Some acts and statutes may have in their principles the principle that the state should provide those services. However, if we are talking about the natural justice sense of rights and what government is instituted to protect and provide for citizens, there is a real distinction between what people should be free to pursue on their own terms without unnecessary government interference and what the government has an obligation to provide to them. Regardless of whether members see voluntary assisted dying as I do—as something people should have a right to access if they choose to, but that the government should not be obliged to provide to them as a subsidised service—they should at least recognise a distinction between the two. There is a distinction between the right for citizens to pursue something and an obligation on the state to provide that service.

Taking the classical liberal view that government should be instituted to protect rights such as life, liberty and property, and that people are autonomous, own their own bodies, and have a right to make their own choices about their own life and their own bodies as long as they do not harm anybody else, I am rather uncomfortable with this amendment and I will not be supporting it. Regardless of the fact that I do not think anybody should be blocked from accessing voluntary assisted dying, as long as they are exercising their own conscience and are fully informed and have capacity, putting an obligation on the state to provide voluntary assisted dying to anyone regardless of where they live is a step too far for me.

**Hon NICK GOIRAN**: I rise briefly to indicate that, like Hon Aaron Stonehouse, I will be opposing this amendment that has been moved. I do that for two reasons. One is that I share the reasons he has just articulated. Secondly, if we as a chamber support this now, having defeated the previous amendment, we absolutely send the wrong message to regional Western Australia, and that is something I cannot support.

**Committee interrupted, pursuant to standing orders.**

[Continued on page 8986.]

*Sitting suspended from 4.15 to 4.30 pm*

## QUESTIONS WITHOUT NOTICE

### DEPARTMENT OF TRANSPORT — METRIX CONSULTING RESEARCH

**1318. Hon PETER COLLIER to the minister representing the Minister for Transport:**

I refer to the tender issued by the Department of Transport titled "Transport Infrastructure Creative Services".

(1) Who conducted the stage 1 research and what was the total cost?

(2) Who conducted the stage 2 research and what was the total cost?

(3) Will the minister table the reports prepared from the stages 1 and 2 research; and, if not, why not?

(4) What was the cost of the Metrix Consulting research?

(5) Will the minister table the Metrix research; and, if not, why not?

**Hon STEPHEN DAWSON replied:**

I thank the Leader of the Opposition for some notice of the question.

(1)–(5) Metrix completed stages 1 and 2 of the research, with stage 3 yet to be completed. The total cost of the contract is $152 935.10. The research undertaken as part of the contract is not yet complete.

METRONET TASKFORCE — MINUTES

**1319. Hon PETER COLLIER to the minister representing the Minister for Transport:**

I refer to question without notice 372 asked on 11 April 2019 on the minister's failure to release minutes from Metronet Taskforce meetings.

(1) Given that more than six months have passed, has the minister now received advice on the appropriate and standardised guidelines and practices that apply or should apply to the types of information that can be released on the project and when it can be publicly released?

(2) If yes to (1), have appropriate and standardised guidelines and practices been developed?

(3) Will the minister now release the minutes; and, if not, why not?

**Hon STEPHEN DAWSON replied:**

I thank the Leader of the Opposition for some notice of the question. The following answer is provided on behalf of the Minister for Transport.

(1)–(3) The Metronet Taskforce is now a subcommittee of the Expenditure Review Committee of cabinet. The well-accepted standards and practices relating to information prepared for cabinet subcommittees therefore apply to task force minutes. It has therefore not been necessary to develop new specific guidelines for the project.

With regard to the specific minutes referred to by the honourable member, which were considered by cabinet, further consideration can be given to releasing the minutes at an appropriate time in the future as the project progresses.

MCGOWAN GOVERNMENT — LEGISLATIVE AGENDA — COMMERCE

**1320. Hon MICHAEL MISCHIN to the minister representing the Minister for Commerce:**

I refer to the following projects promised by the McGowan Labor government in the course of the 2017 election campaign.

What is the status of the project and of any legislation necessary for its implementation for —

(a) full private certification for building permits, which was promised to be in place within six months of gaining office; and

(b) subcontractor protection legislation arising out of the Fiocco report?

**Hon ALANNAH MacTIERNAN replied:**

I thank the member for the question. The Minister for Commerce has provided the following information.

(a) A consultation regulatory impact statement proposing options for reform of the residential building approval process was released for industry and public consultation on 11 September 2019. Full private certification for building permits is one of the reform options. The consultation period closes on 9 December 2019 and the honourable member is welcome to make a submission.

(b) The McGowan government has carefully considered recommendations included in the Fiocco report and will announce its response in due course.

SCHOOLS — PRINCIPALS — CHINA VISIT

**1321. Hon DONNA FARAGHER to the Minister for Education and Training:**

I refer to *The West Australian* article, "Principals spruik WA to Chinese", of 2 November 2019, which refers to a "marketing trip to China".

(1) Was the visit funded by the Department of Education; and, if not, who was it funded by?

(2) Will the minister list the attendees who formed part of the delegation?

(3) What was the total cost of the visit?

(4) Will the minister provide the itinerary for this visit?

**Hon SUE ELLERY replied:**

I thank the honourable member for some notice of the question. It is not unusual for staff to travel overseas as ambassadors for the Department of Education. In this case, this is the first time that WA has had a plan to actively market and promote WA schools with a range of different programs to support the growth of international education in Western Australia.

(1) The visit was funded by the Department of Education and the Department of Training and Workforce Development's TAFE International Western Australia.

(2) The attendees were Mr Paul Leech, principal, Applecross Senior High School; Ms Lesley Street, principal, Mount Lawley Senior High School; and Mr Chris Hogg, regional manager, China, TAFE International WA.

(3) The total estimated cost of the visit is $19 647. This includes travel costs and venue hire. Travel claims are currently being finalised.

(4) I table the attached information.

[See paper 3397.]

CHILD PROTECTION — SYMERIEN BROOKING

**1322. Hon NICK GOIRAN to the Leader of the House representing the Minister for Child Protection:**

I refer to a report published by the ABC on 5 November 2019 entitled "Urgent review into Symmie and Sharyn's fight against WA Government ordered by Minister Simone McGurk".

(1) On what date was the minister first informed about this case?

(2) On what date did the minister order the urgent review of the case?

(3) By what date has the minister asked for the urgent review to be completed?

**Hon SUE ELLERY replied:**

I thank the honourable member for some notice of the question.

(1) Ms Morris first contacted the minister's office on 23 May 2017 and the matters were resolved satisfactorily. A second contact was made on 6 August 2019.

(2) The review was ordered on 4 October 2019.

(3) The minister did not specify a time, but asked for the review to be completed as a priority and as soon as practicable.

CONNECTED BEGINNINGS PROGRAM

**1323. Hon JACQUI BOYDELL to the parliamentary secretary representing the Minister for Health:**

I refer to the minister's correspondence to me dated 1 July 2019 about the commonwealth Connected Beginnings program.

(1) Has the WA Aboriginal Health Partnership Forum selected the sites for the Health-funded component of the program?

(2) Is there an appropriate health partner currently allocated or under consideration to manage this funding; and, if yes, which organisation?

(3) If no to (2), given that we are now four months down the line and with each day that passes the community is missing out on the benefits of the programs run by the funding, does the minister accept that allowing the WA Country Health Service to administer this funding will be the most effective outcome for the community?

(4) What steps would need to be taken by the minister to allow WACHS to receive the funding and provide the health component to the community?

**Hon ALANNA CLOHESY replied:**

I note that this question was originally submitted on 30 October and the answer is current as at that date.

(1) Yes.

(2) WACHS understands that Bega Garnbirringu Health Service is under consideration.

(3) Not applicable.

(4) The Connected Beginnings program is an Australian Department of Education initiative, with Health as a partner agency. The minister supports the commonwealth's approach to engaging with an Aboriginal-controlled health sector partner.

WATER CORPORATION — GRASS PATCH DAM

**1324. Hon COLIN de GRUSSA to the minister representing the Minister for Water:**

I refer to the Water Corporation–owned dam at Grass Patch, which has been closed to farmers wanting to access livestock water.

(1) Is this dam used to provide drinking water for the Grass Patch community?

(2) If no to (1), why not?

(3) Will access to this dam become available to provide supplementary stock water for farmers whose own dams are dry or will become dry in the very near future?

(4) Who assesses the water available in the dam, and what is the method used to assess?

**Hon ALANNAH MacTIERNAN replied:**

I thank the member for the question. The Minister for Water has provided the following answer.

(1) No.

(2) The Water Corporation carts water to Grass Patch for drinking water because the local dam no longer meets the quality standards required for supply of drinking water by the Water Corporation.

(3) Water from the old Grass Patch town dam was made available to the community to use as stock water earlier this year; however, this ceased once the water level in the dam reached its minimum safe level. The current level will still be below the minimum level at which the Water Corporation is able to allow water to be taken.

(4) Water Corporation staff visit the site to monitor the condition of the dam and its water level. They record a level by taking a visual measurement from a gauge board. The most recent level was taken by Water Corporation staff on 18 November 2019.

WATER CORPORATION — WASTEWATER TREATMENT PLANT LSIP 265 — NORTH STONEVILLE

**1325. Hon CHARLES SMITH to the minister representing the Minister for Water:**

I refer to the 2009 report by the Water Corporation on wastewater treatment plant LSIP 265, at North Stoneville.

(1) Did the report consider the risk of —

(a) contamination of local waterways;

(b) run-off into neighbouring dams; and

(c) a potential breach or seepage into subterranean aquifers?

(2) Will the minister now please table the report?

**Hon ALANNAH MacTIERNAN replied:**

I thank the member for the question. The following information has been provided by the Minister for Water.

(1)–(2) The Water Corporation is unaware of such a report and therefore it is unable to answer this question.

POLICE — FIREARMS LICENSING — AUSTRALIA POST CHARGES

**1326. Hon RICK MAZZA to the minister representing the Minister for Police:**

I refer to the Australia Post charges for processing firearms licence applications.

(1) What is the Australia Post charge to the Western Australia Police Force for processing a first-time firearms licence application?

(2) What is the Australia Post charge to WA police for an application for an additional firearm?

(3) Is the full processing charge by Australia Post to the WA police firearms branch for applications passed on to the applicant in fees charged by WA police?

**Hon STEPHEN DAWSON replied:**

I advise that the answer to this question is not in my folder, so if somebody is watching and it is available, I will provide it at the end of question time.

WHEEL CLAMPING — CITY OF STIRLING

**1327. Hon COLIN TINCKNELL to the Leader of the House representing the Minister for Local Government:**

The Mayor of the City of Stirling, Mark Irwin, recently stated in the media that the city had put forward a proposal that would make it illegal for private companies to be able to place wheel clamps.

(1) Would the state government either support or oppose such a move by the City of Stirling?

(2) Is the minister able to outline for me what other forms of action these private companies are legally allowed to take in order to enforce private terms and conditions on patrons?

(3) Is the government obliged to help these companies track down and prosecute those who do not comply with their terms and conditions?

(4) Is there any form of government oversight of these companies to ensure that they are acting appropriately and within their legal limits?

(5) Is there any process through which patrons may contest these actions taken by the company; and, if so, what is it; and, if not, why not?

**Hon SUE ELLERY replied:**

I thank the honourable member for some notice of the question. The preamble sentence in the question I have in front of me is slightly different from what the honourable member read out. The preamble in the question submitted referred to private companies being able to place wheel clamps on private vehicles, so that is the question to which the answer has been provided.

(1) There is no power for a local government to make a local law covering actions on private land by private operators.

(2)–(5) These matters do not fall under the local government portfolio.

YOUTH STRATEGY

**1328. Hon ALISON XAMON to the minister representing the Minister for Youth:**

I refer to the Western Australian youth strategy. When is it intended that the WA youth strategy will be released?

**Hon STEPHEN DAWSON replied:**

I thank the honourable member for some notice of the question.

The Department of Communities is continuing to engage with a broad range of stakeholders towards completion of the strategy. It is intended that the strategy will be released in the first half of 2020.

CATTLE — DE GREY RIVER

**1329. Hon ROBIN CHAPPLE to the Minister for Agriculture and Food:**

I refer to the upper catchment area of the De Grey River, especially the subregional important wetlands around Carawine Gorge and Skull Springs.

(1) Has the minister been advised of any proposal seeking to pasture cattle at the aforementioned sites?

(2) Is the minister aware that the owner of Balfour Downs station intends to move cattle to Skull Springs and Running Waters?

(3) If no to (2), why not?

(4) Given that livestock are an identified threat to these wetlands, does the minister consider it appropriate for these sites to be made available for pasture?

**Hon ALANNAH MacTIERNAN replied:**

I thank the member for the question.

(1)–(2) No.

(3) No agistment proposal has been submitted to the Pastoral Lands Board or to the Minister for Lands.

(4) Such decisions would be subject to consideration by the Minister for Lands or the Pastoral Lands Board, dependent on the tenure type. The region around Carawine Gorge falls within the boundary of Warrawagine station and therefore falls under the provisions of the Land Administration Act 1997, which provides that the pastoral lessee —

> … must use methods of best pastoral and environmental management practice … for the management of stock and for the management, conservation and regeneration of pasture for grazing.

It is the responsibility of the Pastoral Lands Board to ensure that pastoral lessees meet their requirements in this regard. It currently achieves this through an on-ground inspection regime. Earlier this month, the McGowan government announced a pastoral lands reform package, with a focus on a much-enhanced compliance and monitoring regime. Enhanced land condition monitoring will deliver increased knowledge of the pastoral estate and support the ecological sustainability of the rangelands.

On unallocated Crown land, agistment proposals need authorisation from the Minister for Lands, who would consult with other state agencies to ensure that heritage, environmental and other applicable legislation is satisfied. If and when these requirements are completed, the Minister for Lands may grant a lease or licence to the applicant, including any conditions required to manage sensitive environmental areas. If a lease or licence is granted, the Department of Planning, Lands and Heritage's compliance function will be responsible for ensuring that the proponent meets those obligations.

ON-DEMAND TRANSPORT REFORM — REGIONAL TAXI INDUSTRY

**1330. Hon SIMON O'BRIEN to the minister representing the Minister for Transport:**

I refer to concerns of the regional taxi industry relating to the government's on-demand transport reforms.

(1) Has the Premier or the Minister for Transport, or any member of their staff, met with any regional taxi operators since 29 August 2019; and, if so —

(a) when and where did those meetings occur; and

(b) how many individual regional taxi operators attended each meeting?

(2) Will the state government be providing financial assistance/compensation to regional taxi operators to a level consistent with that provided in the metropolitan taxi plate buyback scheme; and, if not, why not?

**Hon STEPHEN DAWSON replied:**

I thank the honourable member for some notice of the question.

I have a question relating to this answer. I think the answer that was provided to me is actually wrong. I will not give it to the member today, but I undertake to provide an answer to the member tomorrow. I will make sure that it is correct.

BOYANUP SALEYARD

**1331. Hon JIM CHOWN to the Minister for Agriculture and Food:**

(1) Has the minister commissioned an independent report into the Boyanup cattle saleyards?

(2) If yes, would the minister table the report; and, if not, why not?

**Hon ALANNAH MacTIERNAN replied:**

I thank the member for the question.

(1) Yes, I have commissioned an independent report. The report into the saleyards was commissioned by the Western Australian Meat Industry Authority and undertaken by Deloitte Access Economics. I announced the release of that report on 21 December 2017, and from that date, the report has been publicly available on the WAMIA website. However, for the benefit of the member, I will table a copy of the report and my media statement. The member may be interested to know that we have had lots of positive feedback about the proposal to allow the saleyards to stay where they are.

[See paper 3398.]

FORRESTFIELD–AIRPORT LINK — SOIL CONTAMINATION

**1332. Hon Dr STEVE THOMAS to the Minister for Environment:**

I refer to question without notice 1278 of Tuesday, 29 October 2019, and the minister's answer.

(1) Notwithstanding the determination by the Public Transport Authority that the use of PFAS-contaminated material from the Forrestfield–Airport Link project as fill for the NorthLink project is not waste, does the Department of Water and Environmental Regulation consider that the use of this material is waste and is liable for the landfill levy?

(2) What were the specific and detailed factors that the PTA used in its determination?

(3) Is this self-determination test as to what is waste and what is liable for the landfill levy supported by the Department of Water and Environmental Regulation in exercising its responsibilities in administering the landfill levy statutory regime?

(4) If yes to (3), is this self-determination test as to what is waste and what is liable for the landfill levy extended to private companies?

(5) Does this mean that if a private company were advised by the PTA of its determination that the use of PFAS-contaminated material from the Forrestfield–Airport Link as fill was not waste and not liable for the landfill levy, and subsequently used it as fill, the Department of Water and Environmental Regulation would accept this as meeting the requirements of the statutory levy regime?

**Hon STEPHEN DAWSON replied:**

I thank the honourable member for some notice of the question.

(1) As indicated in my answer to question without notice 1052, incorporated into *Hansard* on 15 October 2019, the Department of Water and Environmental Regulation's "Factsheet—Assessing Whether Material is Waste" provides that the producer or source of the material is responsible for determining whether a material is waste. Accordingly, DWER has not assessed the use of soil excavated from the Forrestfield–Airport Link project as fill for the NorthLink project.

(2) In the case of the NorthLink project, the Public Transport Authority does not consider the soil to be waste as consideration was paid for the soil and the soil is wanted for use on another state government transport project. The member should also refer to answers provided to his previous questions without notice 816, 835, 854 and 881.

(3)–(4) Yes.

(5) As set out in DWER's "Factsheet—Assessing Whether Material is Waste", whether material is waste in a particular case will depend on all the facts and circumstances of that case.

POLICE — FRONTLINE OFFICERS

**1333. Hon MARTIN ALDRIDGE to the minister representing the Minister for Police:**

I refer to an article in *The West Australian* dated 8 November 2019 titled "Cop That One: Police boss says he wants more frontline officers".

(1) Does the minister support the Commissioner of Police's call for more frontline officers?

(2) Has the commissioner made a request of the government for more frontline officers; and, if so, what is the nature of that request?

(3) On what date does the minister expect the WA Police Force to reach current authorised strength?

(4) Given that the minister expects that these iPhones "should free up more hours for officers on the road, in the community and in the CBD", exactly how many full-time equivalents will be made available for frontline response as a result of this initiative?

**Hon STEPHEN DAWSON replied:**

I again have to apologise. I did sign off on two answers during the 4.15 pm break, but this one is not in my folder. Hopefully, it will be sent in and I will provide it at the end of question time.

WILD DOGS — CONTROL MEASURES

**1334. Hon ROBIN SCOTT to the Minister for Agriculture and Food:**

I refer to the WA wild dog action plan research and development fund, which offered grants for research and development into the control of wild dog populations.

(1) How many funding applications did the minister approve earlier this year?

(2) How is the minister's department tracking the progress of the programs approved for the funding?

(3) Is the department taking any other action to reduce the number of wild dogs in regional WA; and, if not, why not?

**Hon ALANNAH MacTIERNAN replied:**

I thank the member for the question. This question was not received in time, and I do not yet have a full answer. I can answer part (1), but I am not prepared to answer parts (2) and (3).

(1) We announced five successful research and development projects in June 2019. They were: identifying baits that were more attractive to wild dogs, and improving the baits, which was done by Murdoch University; identifying alternative storage methods for baits; improving animal welfare outcomes in wild dog management, which was done by the Goldfields–Nullarbor Regional Biosecurity Association; the tracking and location of wild dogs using a remote piloted aircraft, which was done through the Meekatharra Rangelands Biosecurity Association; and, finally, the visual and electronic deterrents for wild dogs, which was a Curtin University project.

I will provide the remainder of the information by tomorrow.

CLIMATE CHANGE POLICY — SWEDISH CENTRAL BANK

**1335. Hon TIM CLIFFORD to the minister representing the Treasurer:**

I refer to *The Sydney Morning Herald* article of 14 November 2019 titled "Sweden dumps Aussie bonds as country 'not known for good climate work'".

(1) What was the total monetary value of the Western Australian bonds sold off by the Swedish central bank?

(2) Can the Treasurer please table any correspondence between the Swedish central bank and the state government relating to Western Australia failing to manage climate risk?

(3) Given that financial institutions and governments across the world are divesting from fossil fuels and withdrawing investments from projects, states and countries that continue to back fossil fuel industries, what steps will the Treasurer take to mitigate the significant risk to WA's economy as a result of the global shift away from fossil fuel investment?

**Hon STEPHEN DAWSON replied:**

I thank the honourable member for some notice of the question. The following answer is provided on behalf of the Treasurer.

(1) The Swedish central bank has not detailed publicly the actual dollar value of the bonds sold. The Western Australian Treasury Corporation considers that the holdings by the Swedish central bank are not a material part of the total WATC bonds on issue.

(2) Not applicable.

(3) The Western Australian government supports the continued growth of the natural gas industry in the state, providing more jobs and opportunities for hardworking Western Australian families.

LIQUOR LICENSING — TRAFFIC IMPLICATIONS

**1336. Hon COLIN HOLT to the minister representing the Minister for Transport:**

I refer to the proposed Dan Murphy's liquor barn at the intersection of Canning Highway and South Terrace in Como.

(1) Has the minister been briefed or received advice on the traffic implications of this development; and, if so, please table the advice?

(2) Did Main Roads Western Australia raise concerns about or place conditions on this liquor barn development; and, if so, please table these conditions?

(3) Does the minister consider that the development will increase congestion and the risk of serious car accidents and fatalities in the area?

(4) Will the minister intervene in the approval of this development; and, if not, why not?

**Hon STEPHEN DAWSON replied:**

I thank the honourable member for some notice of the question.

I understand the honourable member has been advised that the minister needs some additional time to provide an answer. I am advised that an answer should be forthcoming tomorrow.

CORRECTIVE SERVICES — JUVENILE OFFENDERS — REGIONS

**1337. Hon KEN BASTON to the minister representing the Minister for Corrective Services:**

I refer to the corrective services documents "Quarterly Statistics—Custodial (Youth Detainee) 2019—Quarter 2" and "Quarterly Statistics—Youth Community 2019—Quarter 2".

(1) Of the 123 youth detainees in custody as of 30 June 2019, how many were residents of the following electorates —

  (a) Kimberley;

  (b) Pilbara;

  (c) North West Central; and

  (d) Kalgoorlie–goldfields?

(2) Of the 1 471 young people managed in the community as of 30 June 2019, how many were residents of the following electorates —

  (a) Kimberley;

  (b) Pilbara;

  (c) North West Central; and

  (d) Kalgoorlie?

**Hon STEPHEN DAWSON replied:**

I thank the honourable member for some notice of the question.

The corrective services division in the Department of Justice advises it does not record this data based on electorates; however, the data below is provided based on regions. The regions are Pilbara, Kimberley, Gascoyne and midwest, and goldfields and Esperance. Young people are managed in the community by police and court-referred juvenile justice teams, which involves the preparation of court sentencing reports, serving deferred arrest warrants and any other services provided by youth justice services to young people in the community.

(1) As at midnight 30 June 2019, the number of youth detainees for each region was —

  (a) nine in the Pilbara;

  (b) 15 in the Kimberley;

  (c) six in the midwest and Gascoyne; and

  (d) nine in the goldfields and Esperance.

(2) As at midnight 30 June 2019, the number of young people managed in the community for each region was —

  (a) 132 in the Pilbara;

  (b) 171 in the Kimberley;

  (c) 104 in the midwest and Gascoyne; and

  (d) 68 in the goldfields and Esperance.

DEPARTMENT OF COMMUNITIES — PAUL WHYTE

**1338. Hon TJORN SIBMA to the Leader of the House representing the Minister for Community Services:**

I refer to the Department of Communities' assistant director general of corporate operations, Mr Paul Whyte.

(1) What was the precise nature of Mr Whyte's responsibilities for "internal governance, standards and integrity and corporate assurance" as listed on page 16 of the department's recent annual report?

(2) Was Mr Whyte the official responsible within the department for receiving disclosures of public interest information from his colleagues for the purposes of compliance with the Public Interest Disclosure Act 2003?

(3) If no to (2), who is the responsible official?

**Hon SUE ELLERY replied:**

I thank the honourable member for some notice of the question.

(1) The responsibilities of the assistant director general of corporate operations are detailed in the job description form provided. I table the attached job description form.

[See paper 3399.]

The position has the following direct reports: executive director, people and facilities; executive director, finance and business services; and executive director, information systems and corporate performance.

(2) No.

(3) The chief executive officer.

LAW REFORM COMMISSION OF WESTERN AUSTRALIA — BUDGET

**1339. Hon ALISON XAMON to the Leader of the House representing the Attorney General:**

I refer to the Western Australian Law Reform Commission 2018–19 annual report.

(1) Does the Attorney General support the proposal by the Law Reform Commission to receive a recurrent budget from which to remunerate members and conduct projects?

(2) If no to (1), why not?

(3) If yes to (1), when is it anticipated that the commission will be granted a recurrent budget?

**Hon SUE ELLERY replied:**

I thank the honourable member for some notice of the question.

(1)–(3) The Department of Justice continues to provide administrative support to the Law Reform Commission of Western Australia and ensures that it has access to the necessary funding and resources to discharge its statutory duties on a timely basis. Future funding arrangements for the Law Reform Commission is subject to further discussions between the two agencies and Treasury.

WORKING WITH CHILDREN CHECK APPLICATIONS — NEGATIVE NOTICES

**1340. Hon NICK GOIRAN to the Leader of the House representing the Minister for Child Protection:**

I refer to page 16 of the Auditor General's report "Working with Children Check—Follow-up", which shows that the average time taken to process negative notices has increased by more than 50 per cent on the previous year, from 137 days to 211 days, now taking the longest time since the process was implemented in 2013–14.

(1) Why did it take so long to process negative notices in 2018–19?

(2) What caused this reversal of the trend in year-on-year improvements?

(3) What steps are being taken to address this for 2019–20?

**Hon SUE ELLERY replied:**

I thank the honourable member for some notice of the question.

(1)–(2) The increase in the average time taken by the Department of Communities to process negative notices in 2018–19 was caused by a 21.6 per cent increase in the number of negative notices issued from the previous year. In addition, during this period, the Department of Communities undertook a recruitment process to backfill vacant positions in the working with children screening unit. As the process did not attract a sufficient number of applicants, a further recruitment process was required. The increased number of negative notices issued, along with the temporarily unfilled positions within the working with children screening unit, affected the length of time the Department of Communities took to process negative notices.

(3) The vacant positions within the working with children screening unit have now been filled and additional staff are being recruited to minimise the length of time it takes to issue negative notices.

ELECTORAL REFORM

**1341. Hon MARTIN ALDRIDGE to the Minister for Electoral Affairs:**

I refer to Legislative Council question without notice 150, answered on 13 March 2019, in which the minister indicated that the state government would introduce an amendment bill this year to give effect to the Labor Party's election commitment to reform political donations.

(1) Is it still the minister's intention to introduce a bill this year; and, if so, when?

(2) On what date did cabinet approve drafting instructions, if applicable?

(3) On what date did cabinet give approval to print, if applicable?

(4) Will the scope of the bill that will be introduced expand beyond that committed by the Labor Party at the last election; and, if so, in what way?

**Hon STEPHEN DAWSON replied:**

I thank the honourable member for some notice of the question.

(1) It is certainly my intention to introduce a bill in this term of government.

(2)–(4) Those matters, of course, are cabinet-in-confidence.

FORRESTFIELD–AIRPORT LINK — DEWATERING

**1342. Hon Dr STEVE THOMAS to the minister representing the Minister for Transport:**

I refer to the Forrestfield–Airport Link project and my question without notice 1157 asked on 16 October 2019, which identified that 656 million litres of water has been dewatered from the FAL project and reinjected into the extraction sites.

(1) What exact volume of water coming from dewatering has been "disposed of via onsite reinjection"?

(2) What exact volume of water coming from dewatering has been disposed of "to the sewer"?

(3) Can water reinjected into soil or aquifers on the route of the FAL project connect or mix with water in the area's underground aquifers, watertable or surface waterways?

**Hon STEPHEN DAWSON replied:**

I thank the honourable member for some notice of the question. The following answer is provided on behalf of the Minister for Transport.

(1) The exact volume is 655 240 kilolitres.

(2) The exact volume is 1 126 kilolitres.

(3) Dewatering is required to allow for the construction of underground structures, such as the stations and tunnel portals. Dewatering involves removing groundwater to temporarily lower the watertable within a work area to allow soil to be excavated. The water that is reinjected during dewatering is returned to the aquifer from which it was removed. This method is consistent with the Department of Water and Environmental Regulation's guidance and the FAL project's "Acid Sulfate Soil and Dewatering Management Plan".

LOCAL GOVERNMENT — WESTERN AUSTRALIAN INDUSTRIAL RELATIONS COMMISSION

**1343. Hon ALISON XAMON to the minister representing the Minister for Industrial Relations:**

I refer to the proposal to transition local government from operating under the jurisdiction of the Fair Work Commission to the Western Australian Industrial Relations Commission.

(1) Has the decision been made to transition local government from the FWC to the WAIRC?

(2) If yes to (1), when is it anticipated that we will see legislation to effect this change?

(3) If no decision has yet been made, when is a decision anticipated?

(4) If the decision has been made not to transition local government to the WAIRC, what was the basis for that decision?

(5) Have discussions commenced with the federal government to transition local government from the FWC to the WAIRC?

**Hon ALANNAH MacTIERNAN replied:**

I thank the member for the question. The Minister for Industrial Relations has provided the following information.

(1) Yes.

(2) It is anticipated sometime in the new year.

(3)–(4) Not applicable.

(5) Yes.

## GIFTED AND TALENTED SECONDARY SELECTIVE ENTRANCE PROGRAM

*Question without Notice 1302 — Answer Advice*

**HON SUE ELLERY (South Metropolitan — Minister for Education and Training)** [5.04 pm]: I refer to Hon Donna Faragher's question without notice 1302 asked on 31 October 2019, which I undertook to answer today. There is text, but it is interspersed with four tables, so I think probably the most effective thing to do is table the tables and ask that it be incorporated into *Hansard*?

**The PRESIDENT**: It is easier to incorporate it all into *Hansard*, I would have thought.

**Hon SUE ELLERY**: Okay.

**The PRESIDENT**: The minister seeks leave to have the response incorporated into *Hansard*.

Leave granted.

The following material was incorporated —

I wish to reiterate that the recently announced Selective Entry Secondary Schools' International Student Program is not in any way related to the Gifted and Talented Secondary Selective Entrance Program. International students are not eligible to participate in these Gifted and Talented programs. Students will only be accepted in the Selective Entry Secondary Schools' International Student Program if there are places available. It will not disadvantage local students.

(1) In 2017, 2018 and 2019, the following number of students applied for Gifted and Talented Secondary Selective Programs:

| | **2017** | **2018** | **2019** |
|---|---|---|---|
| Year 6 | 3 560 | 4 156 | 4 537 |
| Year 8 | 586 | 722 | 827 |
| Year 9 | 361 | 472 | 445 |
| Year 10 | 217 | 266 | 291 |

Applicants for Gifted and Talented Secondary Selective Entrance programs can select up to three preferences for entry into academic, arts or languages programs. Most applicants will select multiple preferences across the three programs.

The following tables therefore indicate the number of applications for the academic and/or arts and/or language programs. As students may submit up to three preferences, a student may be represented in more than one table.

| | **Academic Programs** | | | **Arts Programs** | | | **Languages Programs** | | |
|---|---|---|---|---|---|---|---|---|---|
| | **2017** | **2018** | **2019** | **2017** | **2018** | **2019** | **2017** | **2018** | **2019** |
| Year 6 | 5 837 | 6 587 | 7 794 | 1 611 | 1 774 | 1 762 | 808 | 914 | 913 |
| Year 8 | 945 | 1 087 | 1 317 | 168 | 200 | 220 | 135 | 141 | 187 |
| Year 9 | 606 | 693 | 661 | 54 | 124 | 142 | 104 | 70 | 92 |
| Year 10 | 354 | 431 | 421 | 87 | 84 | 116 | 0 | 0 | 0 |

(2) The below table represents all students who were deemed eligible for a Gifted and Talented Secondary Academic and Languages program in each year group.

| | **2017** | **2018** | **2019** |
|---|---|---|---|
| Year 6 | 1 154 | 1 199 | 1 376 |
| Year 8 | 181 | 211 | 241 |
| Year 9 | 115 | 127 | 123 |
| Year 10 | 62 | 56 | 61 |

There is no minimum Academic Selective Entrance Test (ASET) score requirement for arts selection. Selection is determined through a combination of assessments which are relevant to the nominated art form.

(3) The following table shows offers and acceptances for academic, arts and languages programs in 2017.

| | **2017** | | **2018** | | **2019** | |
|---|---|---|---|---|---|---|
| | *Offer* | *Accept* | *Offer* | *Accept* | *Offer* | *Accept* |
| Year 6 | 1 129 | 957 | 1 157 | 978 | 1 260 | 1 056 |
| Year 8 | 122 | 103 | 129 | 107 | 138 | 109 |
| Year 9 | 83 | 63 | 120 | 92 | 101 | 86 |
| Year 10 | 50 | 32 | 57 | 47 | 54 | 43 |

In any given year, not all students who apply and are offered positions have accepted positions. Not because they have been excluded, but for a variety of other reasons.

## TEACHERS — WORKERS' COMPENSATION

*Question without Notice 826 — Answer Advice*

**HON SUE ELLERY (South Metropolitan — Minister for Education and Training)** [5.05 pm]: I have some further information for Hon Charles Smith in relation to question without notice 826 asked on 14 August 2019, which I undertook to provide on 20 August 2019. I apologise to the house for the delay in providing the information. An oversight in my office meant the answer was not provided to me. Answers to parts (1)–(3) have been sourced from RiskCover and were correct as at 16 August 2019.

(1) There are 94.

(2) There are 28.

(3) There are 16.

(4) The online incident notification system records incidents that negatively affect or disrupt the normal running of a school. As such, not all reported incidents will be of a critical nature. Workers' compensation information is provided in about two per cent of reported incidents. Employee assistance program information is provided in about 20 per cent of reported incidents. In 2018, there were 4 529 and in 2019, 5 556.

## QUESTIONS ON NOTICE 2458, 2510 AND 2575

*Papers Tabled*

Papers relating to answers to questions on notice were tabled by **Hon Sue Ellery (Leader of the House)**, **Hon Stephen Dawson (Minister for Environment)** and **Hon Alannah MacTiernan (Minister for Regional Development)**.

## POLICE — FIREARMS LICENSING — AUSTRALIA POST CHARGES
## POLICE — FRONTLINE OFFICERS

*Questions without Notice 1326 and 1333 — Answer Advice*

**HON STEPHEN DAWSON (Mining and Pastoral — Minister for Environment)** [5.07 pm]: I undertook to see whether I could get answers to questions asked today by Hon Martin Aldridge and Hon Rick Mazza of the Minister for Police. I am advised that the Minister for Police was travelling today and members were told that an answer may not be forthcoming. However, the honourable members were not told not to ask the question. That was not confirmed with those officers, so I undertake to chase down an answer for them tomorrow.

## VOLUNTARY ASSISTED DYING BILL 2019

*Committee*

Resumed from an earlier stage of the sitting. The Chair of Committees (Hon Simon O'Brien) in the chair; Hon Stephen Dawson (Minister for Environment) in charge of the bill.

**Clause 4: Principles —**

Committee was interrupted after the amendment moved by Hon Martin Aldridge had been partly considered.

**Hon MARTIN ALDRIDGE**: I will provide some final remarks. As I said before, I seek the support of the committee on this substantive amendment that we have returned to. I understand that some members have some concerns around the state being obligated to, or involved in, the service provision of voluntary assisted dying. I am sorry that I cannot help them with that concern. If that is a concern, I think the only course of action for those members is to oppose the bill, because, at the end of the day, this is a state-sanctioned scheme. The state will be involved in the implementation of the voluntary assisted dying scheme in many respects.

Hon Nick Goiran indicated that he would oppose the amendment in its current form. He raised the issue that without the inclusion of palliative care in this amendment, what message would it send to regional Western Australians? The message that we send to regional Western Australians on palliative care is outlined in clause 4(1)(d). It states —

> a person approaching the end of life should be provided with high quality care and treatment, including palliative care and treatment, to minimise the person's suffering and maximise the person's quality of life;

The message that my amendment sends to regional and remote Western Australians is that this chamber and this government respects their right to access this scheme, and acknowledges the government's obligation and, indeed, commitment to provide access to this scheme. Opposing this amendment would send a message to the contrary.

**Amendment put and passed.**

**Hon MARTIN PRITCHARD**: I move —

> Page 3, line 18 — To delete "abuse;" and substitute —
>
> abuse or coercion;

Hopefully, I will not have to spend much time on this amendment. I do not think this will be overly controversial. I acknowledge that coercion is dealt with within the bill, but we are now talking about the principles of the bill and I think it is very important to send a message that neither abuse nor coercion is acceptable. I turn my mind to the Minister for Environment's second reading speech. It states —

> Part 1 of the bill sets out the principles and the key themes for voluntary assisted dying in Western Australia. The principles will serve as a guide in interpreting and applying the bill. They reflect the importance of giving people genuine choice and autonomy over their decision-making, while also recognising the need to protect individuals who may be vulnerable to undue influence.

It seems to me that it would be appropriate to have that reflected in the principles.

**Hon STEPHEN DAWSON**: Can I indicate that the government will accept Hon Martin Pritchard's amendment? Abuse is a very wide concept that includes financial, emotional, psychological and physical abuse. It includes aggression. It encapsulates the notion of the wrongness of using another human being as a means to an end—as a commodity rather than as a valued individual. Coercion is the practice of persuading someone to do something by use of dishonesty, force or threat. The term "abuse" is intended to include coercion. However, Hon Martin Pritchard's proposed amendment will not weaken the principle. The term "coercion" is consistently used in the bill. Both "coercion" and "abuse" are terms commonly understood by the community. Much of the debate has centred around how we must protect the vulnerable from coercion. The government is therefore content to include the word "coercion" for the sake of completeness and clarity, and thus supports the amendment moved by the honourable member.

**Hon NICK GOIRAN**: The amendment before the house is one moved by Hon Martin Pritchard, who seeks to expand this principle by including the words "or coercion" in addition to "abuse". I support the amendment moved by the honourable member. Members will see that immediately underneath the member's amendment is an amendment in my name in similar but further expanded terms, by which I seek to also include the words "duress or undue influence". It was interesting to hear the explanation provided by the honourable member, who referred to some material that included the use of the phrase "undue influence". I guess that goes to the heart of why I have also sought to expand the language in this principle. I am inclined to move an amendment to the member's amendment so as to facilitate progress and so that we do not have to move my amendment at 55/4. I will do that in a minute by seeking to insert the words "duress or undue influence", but before I do that, I will perhaps ask some general questions on this principle. Minister, who has the responsibility to protect persons from the abuse outlined in this principle?

**Hon STEPHEN DAWSON**: Everybody, honourable member. The bill does not prescribe responsibility.

**Hon NICK GOIRAN**: Clause 4(1) states —

> A person exercising a power or performing a function under this Act must have regard to the following principles —

Paragraph (i), which is the one we are looking at, states —

> there is a need to protect persons who may be subject to abuse;

Is that a responsibility for persons who are exercising a power or performing a function under this legislation, or is it, as the minister said, every person in Western Australia?

**Hon STEPHEN DAWSON**: I am advised that the principle is aspirational for everyone, but in the context of this bill, a person who is exercising a power or performing a function under the legislation must have regard to the principles.

**Hon NICK GOIRAN**: Looking ahead to the amendment standing in my name at 55/4, as I indicated, I am probably inclined to move an amendment to the one proposed by Hon Martin Pritchard. I can provide a detailed explanation for the reason for that, but perhaps if we are looking to make some progress, can I get an indication of what the government's position is on the addition of the words "duress or undue influence"? If we are all on the same page, I am happy to move on.

**Hon STEPHEN DAWSON**: I am sorry to advise the honourable member that we are not all on the same page and we do not support the amendment to insert the words "duress or undue influence". The honourable member is going to ask why, so why do I not outline the reasons now before I sit down? "Duress" means that someone is doing something against their will and that perhaps threats, violence, constraints or other action is used to coerce someone into doing something against their will or better judgement. The meaning or intention of "duress" is captured by the use of more easily understood terminology in the bill such as the term "coercion", and "abuse" more widely. I am advised that it is unwarranted to include the additional words. I am advised "undue influence" is legalistic terminology reflected in the offence provisions of the bill at clauses 99 and 100. It denotes when a person uses improper influence that deprives another person of freedom of choice or substitute another's choice or desire for the former person's own. It is a legal term that is understood by the learned profession; however, it is less familiar to the general community. Both "coercion" and "abuse" are terms commonly understood by health practitioners and the wider community, and those are appropriate for use in the principles clause of this bill. The amendments proposed by Hon Nick Goiran could add unduly technical legalistic words that do not advance the broad effect of the words proposed by Hon Martin Pritchard, which were accepted by the government.

**Hon NICK GOIRAN**: Given that explanation, I move the following amendment to the amendment of Hon Martin Pritchard at 1/4 —

to insert after "coercion" —

, duress or undue influence

**Hon NICK GOIRAN**: Notwithstanding the comments made by the minister, which seem to indicate that the principles clause is really just for the general public but if it gets too legalistic, it will get too complicated for the general public, so we cannot insert these words, I draw members' attention to clause 4(2), which states —

> In subsection (1), the reference to a person exercising a power or performing a function under this Act includes the Tribunal exercising its review jurisdiction in relation to a decision made under this Act.

The entirety of clause 4 is directed at persons exercising a power or performing a function under the act. With all due respect, it is a red herring to suggest that if the language is too complicated or too legalistic for the community, somehow it should not be incorporated into this amendment.

The amendment before us seeks to strengthen what the Minister for Health, Mr Cook, has described. I quote from page 6330 of the *Hansard* of 3 September 2019, when he said —

> … one of the key principles of the legislation; no-one who would be accessing voluntary assisted dying is in any way subject to abuse.

This key principle is currently worded in the bill. Only the term "abuse" is employed. I noted the concerns that were raised by the member for Hillarys in the other place on the limitations of this term for the purposes of this key principle. I quote pages 6330 and 6331 of the *Hansard* of 3 September 2019, when the member for Hillarys said —

> "Abuse" is quite a strong term. There are a number of concerns about people's influence on patients' decisions, such as coercion, duress, undue influence and the like. A lot of those terms have specific legal meaning, which is not defined by reference to the word "abuse". I am not aware of any legislative provision in Western Australia or any precedent that defines coercion or duress as abuse. I am simply concerned about where the boundary will be drawn for what constitutes abuse and what is considered bad behaviour that may not necessarily reach the point of being abuse. In asking that question, I seriously ask the minister to contemplate broadening this definition, because, as I said, abuse has quite a high bar to go over to be proven. Alternatively, I suggest an inclusive definition that says something along the lines of "abuse includes duress, coercion and undue influence". Otherwise, irrespective of whether these are principles or enforceable legislative provisions, we leave this act open to question marks about serious matters that could have strong influence on a person who is contemplating making these sorts of decisions that may not necessarily reach the point of being considered abuse but would still be considered to be having an unfair and undue influence on that individual.

The member for Hillarys went on to say —

> We all agree that no-one wants anyone to be subject to abuse, but the point here is that there are levels of pernicious behaviour towards a vulnerable individual that may not necessarily be considered to be abuse; they may be considered to be slightly lower than the benchmark for abuse, but still highly influential and pejoratively influential on an individual. That is the point I am making. I have made it very clear that I do not feel comfortable supporting this legislation, but I still want it to be as safe as humanly possible. I think that limiting the types of influences that a person is protected from to abuse is setting the benchmark way too high, because, as I said, I know of no legal jurisdiction that defines duress as being abuse or that defines coercion as being abuse. If it is litigated, there may well be a finding that there needs to be a level of coercion or duress before it is abuse. We are talking about principles here and I would have thought that broader and more inclusive language would have been used to assuage the fears and concerns of people, which I have, that this is highly prescriptive and highly dangerous legislation that does not provide enough protection for vulnerable individuals.

The wording proposed in my amendment also sits well with the offence provisions in part 6 of the bill. For example, clause 99 states —

> (2) A person commits a crime if the person, by dishonesty, undue influence or coercion, induces another person —
>
> (a) to make a request for access to voluntary assisted dying;

I also draw to members' attention clause 100, which provides —

> A person commits a crime if the person, by dishonesty, undue influence or coercion, induces another person to self-administer a prescribed substance.

In addition, the use of the word "duress" in legislation in Western Australia is not unique. We would not be the first chamber to do this. I draw members' attention to sections 18(5) and 77(2) of the Adoption Act 1994 and section 27(2) of the Surrogacy Act 2008, which also use the word "duress". As for the term "undue influence", the

same applies. This would not be unique to this particular legislation. I draw to members' attention section 76 of the Workers' Compensation and Injury Management Act 1981 and section 15(2)(d) of the Home Building Contracts Act 1991, both of which use the term "undue influence". For those reasons, I seek the support of members to expand this principle to include the words "duress or undue influence".

*Division*

Amendment on the amendment put and a division taken, the Deputy Chair (Hon Martin Aldridge) casting his vote with the noes, with the following result —

Ayes (12)

| | | | |
|---|---|---|---|
| Hon Donna Faragher | Hon Rick Mazza | Hon Martin Pritchard | Hon Colin Tincknell |
| Hon Adele Farina | Hon Michael Mischin | Hon Charles Smith | Hon Alison Xamon |
| Hon Nick Goiran | Hon Simon O'Brien | Hon Aaron Stonehouse | Hon Ken Baston *(Teller)* |

Noes (22)

| | | | |
|---|---|---|---|
| Hon Martin Aldridge | Hon Peter Collier | Hon Colin Holt | Hon Matthew Swinbourn |
| Hon Jacqui Boydell | Hon Stephen Dawson | Hon Alannah MacTiernan | Hon Dr Sally Talbot |
| Hon Robin Chapple | Hon Colin de Grussa | Hon Kyle McGinn | Hon Darren West |
| Hon Jim Chown | Hon Sue Ellery | Hon Samantha Rowe | Hon Pierre Yang *(Teller)* |
| Hon Tim Clifford | Hon Diane Evers | Hon Robin Scott | |
| Hon Alanna Clohesy | Hon Laurie Graham | Hon Tjorn Sibma | |

**Amendment on the amendment thus negatived.**

**Amendment put and passed.**

**Hon NICK GOIRAN**: We have just considered the principle in paragraph (i). The next on the list is paragraph (j), which concerns respect. There is an amendment standing in my name on the supplementary notice paper, but before we get to that, I have one or two questions about paragraph (j). What is intended by the phrase "personal characteristics"?

**Hon STEPHEN DAWSON**: Honourable member —

**Hon Nick Goiran**: It must be complicated!

**Hon STEPHEN DAWSON**: No. There are a few things I could refer to; that is all. It will not be a comprehensive list, but I can give the member an example. It might allude to a person's personal appearance, their physical features, the effects of ageing on them, how they choose to dress, and possibly whether they are introverted or extroverted— those types of things. It is difficult to give the member a definition, but it includes those things.

**Hon NICK GOIRAN**: I thank the minister for that explanation. I think that further underscores the appropriateness of this principle, which reads —

> all persons, including health practitioners, have the right to be shown respect for their culture, religion, beliefs, values and personal characteristics.

Indeed, we might note that "all persons" would include that all members of Parliament have the right to be shown respect for their culture, religion, beliefs, values and personal characteristics.

The minister can see my proposed amendment 56/4 on the supplementary notice paper. Before I move that amendment, the purpose of it is really to capture organisations. It strikes me that this principle shows respect for the conscientious objection of individuals but not necessarily of organisations. Is the minister in a position to give an indication of the government's view on that?

**Hon STEPHEN DAWSON**: I can indicate that we are not supportive of the amendment. Firstly, the honourable member's proposed amendment refers to "registered health practitioners". Obviously, we have debated this issue previously, so I will not go over that again, because I think the member understands where I am coming from on that. Secondly, on extending the principle to include organisations, certainly I have said before that this bill is patient centred and reflects the choice of individuals to participate or not participate in the voluntary assisted dying process. It is not organisation focused. For that reason, we do not support the inclusion of the word "organisation".

**Hon NICK GOIRAN**: I note what the minister has said. I respect the fact that my proposed amendment covers two parts. The first is the insertion of the word "registered" in front of "health practitioners", and we have had a debate about that. I do not want this amendment to fail because of the insertion of the word "registered" before the phrase "health practitioners", given that the rest of the principles currently state "health practitioners" for the reasons we have debated earlier this afternoon. I am inclined to amend the proposed amendment, given I have not actually moved it yet, that stands in my name on the supplementary notice paper by not proceeding with the use of the word "registered" in the first line. I am inclined to proceed with the rest of my proposed amendment. I move —

> Page 3, lines 19 to 21 — To delete the lines and substitute —
>
> (j) all persons, including health practitioners, and organisations have the right to be shown respect for their personal or organisational culture, religion, beliefs, values and characteristics.

**Hon STEPHEN DAWSON**: I had indicated that we would not support both parts of the original amendment, but we certainly do not support how it has been moved now, as it still includes the issue of organisations. As many of us would be aware, the culture of an organisation may not be reflected by the individuals within it. This bill is patient centred and reflects the choice of individuals to participate or not participate in the voluntary assisted dying process, from the patient to the medical practitioner, who may be asked to be an assessing practitioner; to a pharmacist, who may be asked to supply the substance; to a nurse practitioner or medical practitioner who administers the substance to the patient. These are actions of individuals. As such, the government will not accept a change to this principle. The intention of the existing provisions in the bill directed at health practitioners is that corporations, including faith-based institutions, cannot be compelled to participate in the VAD process. They are able to object to participating in the voluntary assisted dying processes for any reason, including but not limited to conscientious objection. The bill seeks to balance the provision of more comprehensive end-of-life choices for a person with the choice of individuals and organisations that do not wish to participate. A person seeking to access voluntary assisted dying may be required to transfer to a participating hospital or care facility.

**Hon NICK GOIRAN**: By way of explanation, the amendment that I have moved strengthens the conscientious objection principle contained in clause 4(1)(j) by extending the right to conscientious objection to not only individual practitioners, but also organisations that provide health services. This amendment is supported by statements made by the minister in the other place, when he said —

> … I am informed that the faith-based hospitals are able to object to participating in the voluntary assisted dying processes for any reason, including, but not limited to, conscientious objection.

I am quoting from the Legislative Assembly *Hansard* of 3 September 2019 at page 6337. I also note the same remarks made by the minister in his second reading speech found at pages 6313 and 6314. This amendment makes explicit what the minister reiterated more than once in the Assembly debate. In that debate the minister alluded to the transfer of patients, and I note that at page 6337, *Hansard* records these remarks by the honourable minister on 3 September this year —

> A person seeking to access voluntary assisted dying may be required to transfer to a participating hospital or care facility.

We know from other jurisdictions, including Canada, that conscientious objection is a live issue. Professor Jocelyn Downie writes that the Provincial–Territorial Expert Advisory Group in Canada recommended that governments establish a duty to transfer care from conscientiously objecting providers and that conscientious objection remains a key outstanding legal issue to be resolved in Canada. This can be found in a *QUT Law Review* article entitled "Medical Assistance in Dying: Lessons for Australia from Canada". It is unclear from the minister's comments in the other place about the transfer of patients whether it goes so far as to constitute a duty for conscientiously objecting providers to transfer care, but in any event, in her article Professor Downie writes —

> It is also essential to develop a transfer of care system if any conscientious objection by providers and/or publicly funded health care institutions will be permitted. Many provinces and territories in Canada have set up such systems and as a result some patients can access —

Medical assistance in dying —

> … even when their own health care providers object to it.

This amendment would make it clear that conscientious objection by providers and/or publicly funded healthcare institutions will be permitted in Western Australia. It is then, of course, up to the government of the day whether it sees fit to develop a transfer of care system.

*Division*

Amendment put and a division taken, the Deputy Chair (Hon Martin Aldridge) casting his vote with the ayes, with the following result —

Ayes (7)

| | | | |
|---|---|---|---|
| Hon Martin Aldridge | Hon Simon O'Brien | Hon Aaron Stonehouse | Hon Ken Baston *(Teller)* |
| Hon Nick Goiran | Hon Charles Smith | Hon Colin Tincknell | |

Noes (25)

| | | | |
|---|---|---|---|
| Hon Jacqui Boydell | Hon Colin de Grussa | Hon Rick Mazza | Hon Dr Sally Talbot |
| Hon Robin Chapple | Hon Sue Ellery | Hon Kyle McGinn | Hon Darren West |
| Hon Jim Chown | Hon Diane Evers | Hon Martin Pritchard | Hon Alison Xamon |
| Hon Tim Clifford | Hon Adele Farina | Hon Samantha Rowe | Hon Pierre Yang *(Teller)* |
| Hon Alanna Clohesy | Hon Laurie Graham | Hon Robin Scott | |
| Hon Peter Collier | Hon Colin Holt | Hon Tjorn Sibma | |
| Hon Stephen Dawson | Hon Alannah MacTiernan | Hon Matthew Swinbourn | |

**Amendment thus negatived.**

**Clause, as amended, put and passed.**

**Clause 5: Terms used —**

**Hon NICK GOIRAN**: Clause 5 obviously includes all the terms that have been defined in the bill. When a term has been used on more than one occasion, it is found in clause 5. When a term has been used on only one occasion, it is found in the discrete clause. There is nothing particularly unusual about that. For the sake of the exercise, I thought that my questions might be usefully asked in alphabetical order. I will start with the role of the CEO. Who holds the position of CEO of the public service department that is principally assisting in the administration of this bill?

**Hon STEPHEN DAWSON**: It is the director general of the Department of Health. Is the member asking who the individual is?

**Hon NICK GOIRAN**: No. Why was that particular director general chosen as the appropriate one to act as CEO for the purposes of this bill?

**Hon STEPHEN DAWSON**: It is because it is a health-related bill, honourable member.

**Hon NICK GOIRAN**: What duties will this person have under this bill?

*Sitting suspended from 6.00 to 7.30 pm*

**Hon STEPHEN DAWSON**: Before we broke for dinner, Hon Nick Goiran asked me a question about the chief executive officer. I can advise that the CEO is responsible for the facilitation of a number of processes under the bill. The processes relate to administrative and operational matters, the purpose of which is to enable lawful implementation. Functions conferred on the CEO reflect the fact that administrative responsibility for the bill will be undertaken by the Department of Health. The powers that the CEO has are mentioned at a number of places throughout the bill, including, for example, in clause 7, the approval of the voluntary assisted dying substance, and at clause 95, receiving a copy of State Administrative Tribunal reasons for decisions. I think the CEO is mentioned at 16 to 20 places, according to my count during the dinner break.

**Hon NICK GOIRAN**: According to the minister's advice to the chamber, albeit a rough count, about 16 to 20 provisions in the bill confer duties, responsibilities or powers upon the CEO, which is the director general of Health. Can the minister advise the chamber whether that person would have a right to conscientious objection?

**Hon STEPHEN DAWSON**: I am advised that the CEO could personally conscientiously object, but, as the CEO, he or she would be required to undertake their role as outlined in the bill.

**Hon NICK GOIRAN**: I think the minister mentioned earlier that on his rough count something in the realm of 16 to 20 provisions confer certain duties and the like upon the CEO. If the CEO personally objects to having to perform one of these functions or powers, what recourse would be available to that person?

**Hon STEPHEN DAWSON**: I am getting further advice, but I will start. The CEO is a public servant. Clause 9, regarding conscientious objection, is for registered health practitioners. I am further advised that the CEO can delegate for a number of reasons, such as administrative necessity. An appointment to the role of chief executive officer of the Department of Health requires that the appointee is prepared to undertake all lawful functions of the office.

**Hon NICK GOIRAN**: Would it not be lawful to conscientiously object?

**Hon STEPHEN DAWSON**: As I indicated, clause 9 provides for the conscientious objection of a registered practitioner; it does not provide for a CEO.

**Hon NICK GOIRAN**: Apart from the fact that the CEO might be a registered health practitioner, I would ask the minister to comment on that. Secondly, I draw to the minister's attention clause 4(1)(j), which states —

> all persons, including health practitioners, have the right to be shown respect for their culture, religion, beliefs, values and personal characteristics.

In light of that, would not any CEO of Health have a right to conscientious objection, quite apart from the fact that the CEO might be a registered practitioner?

**Hon STEPHEN DAWSON**: No; that is not the case. We would certainly show respect to the CEO's culture, religion, beliefs, values and personal characteristics, but there is no requirement—again, I draw the member's attention to clause 9—that provides for conscientious objection of a registered health practitioner. The member went further and asked: what if the CEO is not only the CEO but also a registered practitioner? I am advised that his or her role—I will use "his"; excuse me, if anybody takes offence, because it is a he at the moment—as CEO is quite different from any role he may undertake as a registered health practitioner.

**Hon NICK GOIRAN**: Minister, is a right to conscientious objection only a statutory right; in other words, if it does not appear in the bill, then Western Australians do not have a right to conscientious objection?

**Hon STEPHEN DAWSON**: We are dealing with clause 5. The member has pointed out that "CEO" means the chief executive officer of the department, but the questions he is asking now go to a different place. I think they are probably outside the scope of this clause.

**Hon NICK GOIRAN**: Mr Deputy Chair, that is usually the answer we get when a cogent response is not available for the chamber. I am quite happy, minister, to pick that up again at clause 9 if that is what the minister would prefer. What I do not want is to get to clause 9 and ask other questions about the CEO and be told that I really should have asked that under clause 5. If it is about conscientious objection, I am happy to defer those questions to clause 9, if that is the minister's preference. Is the minister able to take questions at this point about the CEO's power to delegate, which he referred to, or would the minister prefer that to be dealt with under a different clause?

**Hon STEPHEN DAWSON**: I can take questions about the CEO's delegation now.

**Hon NICK GOIRAN**: The minister indicated earlier that the CEO has the capacity to delegate, including for reasons such as administrative necessity. Is that a power to delegate that is found in this bill or is it in another piece of legislation? Wherever that power is found, whether it be here or another place, what is the reference to administrative necessity?

**Hon STEPHEN DAWSON**: The bill does not contain a specific clause regarding the delegation power of the CEO. The intent is that the CEO will have the final sign-off for any duties under the bill. However, if we do wish the CEO to delegate, as may be an administrative necessity over time, we may rely on section 9 of the Health Legislation Administration Act 1984 as the overarching delegation power. This is because that act applies to the acts, the administration of which is committed by the Governor to the Minister for Health, and the administration of the VAD act will be committed to the Minister for Health.

**Hon NICK GOIRAN**: Looking at the terms in clause 5, I take the minister to the term "final review", which is found on page 5 at line 20. Final review refers to the review conducted under section 50(1)(a) and is the last item listed under the request and assessment process in clause 5. Is the final review the last time at which the patient's capacity, the voluntariness of the request and the enduring nature of the request are assessed?

**Hon STEPHEN DAWSON**: No.

**Hon NICK GOIRAN**: At line 20, it states —

> ***final review*** means a review conducted under section 50(1)(a) by the coordinating practitioner for a patient;

Clause 50 states —

> (1) On receiving a final request made by a patient, the coordinating practitioner for the patient must —
>
> (a) review the following in respect of the patient —
>
> (i) the first assessment report form;
>
> (ii) all consulting assessment report forms;
>
> (iii) the written declaration;
>
> and
>
> (b) complete the approved form … in respect of the patient.

If, minister, that is not the final time at which a patient's capacity, the voluntariness of the request and the enduring nature of the request are assessed, when is the final time that that is done?

**Hon STEPHEN DAWSON**: If practitioner administered, their capacity, voluntariness and enduring nature are assessed again before the substance is administered.

**Hon NICK GOIRAN**: The process that the minister just described for practitioner administration sounds like a final review, but apparently it is not a final review. Why do we call this a final review when the minister has indicated that at the time of administration there will be another assessment—another review—undertaken of the patient's capacity, the voluntariness of the request and the enduring nature of the request?

**Hon STEPHEN DAWSON**: It is a final review before they make an administration decision.

**Hon NICK GOIRAN**: I will move on to the definition of "medical practitioner". This is interesting given the discussion that we had earlier this afternoon on the definition of a "registered health practitioner", which is not to be confused with a health practitioner. In clause 5, the definition of a medical practitioner includes the statement "other than as a student". This is not included in the definition of a medical practitioner that is contained in the following Western Australian acts: Adoption Act 1994, Alcohol and Other Drugs Act 1974, Anatomy Act 1930, Bail Act 1982, Blood Donation (Limitation of Liability) Act 1985, Combat Sports Act 1987, Corruption, Crime and Misconduct Act 2003, Cremation Act 1929, Criminal Code Act Compilation Act 1913, Criminal Property Confiscation Act 2000, Diamond (Argyle Diamond Mines Joint Venture) Agreement Act 1981, Fire and Emergency Services Act 1998, Firearms Act 1973, Gender Reassignment Act 2000, Health (Miscellaneous Provisions) Act 1911, Health Services Act 2016, Human Reproductive Technology Act 1991, Human Tissue and Transplant Act 1982, Industrial Relations Act 1979, Mental Health Act 2014, Minimum Conditions of Employment Act 1993, Misuse of Drugs Act 1981, Private Hospitals and Health Services Act 1927, Prostitution Act 2000, Public Health Act 2016, Rail Safety National Law (WA) Act 2015, Road Traffic Act 1974, Teacher Registration Act 2017, Transport (Road Passenger Services) Act 2018 and Workers' Compensation and Injury Management Act 1981.

In light of that, can the minister please explain why the definition of "medical practitioner" includes the bracketed phrase "other than as a student"?

**Hon STEPHEN DAWSON**: The reason is that we require medical practitioners to have a certain level of skill and experience, as set out in clause 16 of this bill.

**Hon NICK GOIRAN**: Minister, are medical practitioners not required to have a certain level of skill and experience for all of those other acts that I read out?

**Hon STEPHEN DAWSON**: I cannot comment on why other acts are written the way they are written, but what I can comment on is the bill that is before us. We require a certain level of skill and experience for medical practitioners who will undertake a coordinating or consulting role under this bill.

**Hon NICK GOIRAN**: Upon whose advice was it deemed necessary to add the phrase "other than as a student" to the definition of "medical practitioner" in light of the fact that it is not included in those other Western Australian statutes?

**Hon STEPHEN DAWSON**: I am advised that it was a policy intent of the Ministerial Expert Panel on Voluntary Assisted Dying, at recommendation 15. Following that, a policy decision was made to include what we have included in the bill before us.

**Hon NICK GOIRAN**: The ministerial expert panel recommended this. Where do we find that in the final report of the Ministerial Expert Panel on Voluntary Assisted Dying?

**Hon STEPHEN DAWSON**: It is on page 60 of the ministerial expert panel report, under MEP recommendation 15. I refer the member to the section titled "Policy intent" below that recommendation.

**Hon NICK GOIRAN**: The policy intent referred to at page 60 states —

> To ensure that the medical practitioners seeking to become co-ordinating or consulting practitioners for the purpose of voluntary assisted dying are only those that are appropriately qualified, skilled and experienced.
>
> To ensure that there is appropriate access to voluntary assisted dying across the geographically diverse state of Western Australia.
>
> To ensure that trainees or junior medical practitioners do not able —

I presume that is supposed to read "are not able" —

> to be either a co-ordinating or consulting practitioner for voluntary assisted dying.

How is the policy intent to ensure that junior medical practitioners are not able to be a coordinating or consulting practitioner addressed in this definition of "medical practitioner", which excludes students?

**Hon STEPHEN DAWSON**: I am getting further information on that, but while I do, I draw the member's attention to the fourth paragraph on page 58 of the report, which states —

> In considering the question of medical practitioner qualifications and experience, the Panel was clear that this is not an appropriate task to be undertaken by junior medical practitioners or by medical practitioners in training. Being a co-ordinating or consulting practitioner for a person who has requested voluntary assisted dying is a significant responsibility and poses ethical and clinical practice considerations for these practitioners. This is not an appropriate responsibility to place on learning or inexperienced practitioners.

A junior medical practitioner cannot be a coordinating or consulting practitioner by virtue of clause 16 of the bill.

**Hon NICK GOIRAN**: The minister stated that clause 16 of the bill carves out junior medical practitioners. Is that on the basis that certain criteria need to be held by those medical practitioners; for example, they have to hold specialist registration, which by definition would mean they would no longer be junior; or if they have general registration, they have to have been practising for at least 10 years; or if they are overseas-trained specialists, there are certain other requirements, including the fact that the CEO would have to approve their participation? That seems to make a lot of sense to me and it has my support, but it is not clear to me, when we come back to this definition of "medical practitioner", that there are not any other duties, tasks or obligations that fall upon a medical practitioner in Western Australia as a result of this bill. It is clear, because of what the minister has just pointed out, that those junior medical practitioners cannot be coordinating or consulting practitioners. One question that immediately arises is: could they be an administering practitioner? I assume the answer to that is no, but be that as it may, is there anything else in this bill that falls upon medical practitioners generally? If I can give the minister an example, I believe somewhere in the bill there is a requirement for medical practitioners to provide information to patients. Even if they conscientiously object, they are still required to provide some information to patients. Would that fall upon any medical practitioner in Western Australia, including junior ones?

**Hon STEPHEN DAWSON**: The answer is yes.

**Hon NICK GOIRAN**: So, yes, there is some obligation on medical practitioners. Let us be clear. Yes, a junior medical practitioner has responsibilities or duties under this act. I am happy to take it by interjection, if that assists.

**Hon Stephen Dawson**: Yes.

**Hon NICK GOIRAN**: Yes; okay. This is why the definition of "medical practitioner" is so important. The definition before us at the moment says —

> ***medical practitioner*** means a person registered under the *Health Practitioner Regulation National Law (Western Australia)* in the medical profession (other than as a student);

Students are carved out of this definition, and I think that is entirely appropriate for the reasons that we have discussed, as also outlined by the ministerial expert panel at pages 58 and 60 that the minister referred us to. However, the ministerial expert panel also said that it would not be appropriate for junior medical practitioners to be involved in this process, yet I understand from the minister that we are still requiring Western Australian junior medical practitioners to have certain duties under this bill. Why is that appropriate?

**Hon STEPHEN DAWSON**: We do not believe that a junior doctor is at a level to act as a coordinating or consulting practitioner, but they would have more than enough skill to report a first request to the board and to give a patient information that is approved by the CEO.

**Hon NICK GOIRAN**: Perhaps this is an appropriate time for me to flag a concern that the government and other interested members might take on. While reading this for our consideration of new clause 9A, which was proposed by Hon Martin Pritchard, I noticed today that we have amendments to clauses 4, 5, 8 and new clause 9A in the minister's name. There has been some publicity about that today because this is part of the latest round of amendments that the government has seen fit to put forward. This really deals with what some people have described as the Buti amendment. I draw to the minister's attention and to those members who are particularly interested in the Buti amendment and the like that there is a significant difference between what is proposed by Hon Martin Pritchard and what is proposed by the government. Hon Martin Pritchard effectively copied the amendment moved by the member for Armadale in the other place by prohibiting any registered health practitioner from initiating discussions. However, I note that there is an amendment in the minister's name that would allow a registered health practitioner.

**The DEPUTY CHAIR (Hon Matthew Swinbourn)**: Member, can you bring this back to the clause.

**Hon NICK GOIRAN**: It requires some elaboration, Mr Deputy Chair.

**The DEPUTY CHAIR**: I am giving you that, but I just want you to bring it back.

**Hon NICK GOIRAN**: I am endeavouring to do so now.

As we have identified, the definition of "medical practitioner" includes junior doctors. It does not include students. I am foreshadowing now that this definition of "medical practitioner" could create an issue when we get to new clause 9A. We will have that discussion at new clause 9A, but I suspect that it will come back to this definition of "medical practitioner" because the definition includes junior doctors, who would then have the power under the minister's amendment to initiate discussions with patients, whereas under Hon Martin Pritchard's amendment, they would not be able to do that. We can have that more detailed discussion under new clause 9A. I wanted to bring that to the minister's attention in the spirit of understanding that the government has placed an amendment on the supplementary notice paper.

It has been a highly contested issue. It is an issue that a number of members have an interest in. It will ultimately have at its genesis—at its heart—this definition of "medical practitioner", which includes junior doctors. As the minister kindly drew to our attention, the ministerial expert panel has said that it is not appropriate to place that responsibility on learning or inexperienced practitioners because it poses ethical and clinical practice considerations for these practitioners. I accept that in the context of those remarks by the ministerial expert panel, it is about those people being coordinating or consulting practitioners, but the ethical considerations will remain the same. If they are going to initiate a conversation with a patient, it is going to be the same. I just wanted to flag that. It is not clear to me how that can be addressed at this particular juncture, but perhaps it is something that the government can take away.

In light of the amendment that the government has foreshadowed, I guess I am asking the minister, the minister's advisers and the health minister whether it is appropriate for a junior practitioner to be able to initiate that discussion. People may have a view about whether that is appropriate. I am just flagging that now because the words in the amendment would imply that it is appropriate. I am not sure that that is consistent with the policy intent of the ministerial expert panel's recommendations or, in any event, whether it is appropriate.

On that note, I want to cover one other theme that deals with an issue about the definition of "simple offence" that arose in the other place. Once I have dealt with that, I propose to start making my way through some of the amendments to clause 5 on the supplementary notice paper. I draw to the attention of those members who have amendments to clause 5—for example, Hon Rick Mazza, Hon Charles Smith, Hon Martin Aldridge and the minister—that in the discussion that I had with the Clerk, I learnt that if their amendment to clause 5 is effectively a consequential amendment to a more substantive amendment later, it is open to them to not move it and leave it on the supplementary notice paper and we can always come back to it if their substantive amendment gets up later, but it will require the recommittal of the bill. I draw that to the attention of members and, in particular, the clerks

assisting, because there will be some circumstances when I will indicate that I will not move my amendment, notwithstanding the fact that it is on the supplementary notice paper at this time, but I do not necessarily want it to be removed. I think that will assist the more efficient progress of clause 5, for what it is worth.

Having made those remarks, I have some questions about whether a definition of "simple offence" should be put into the bill. This arises from discussion that took place in the other place. Queries were raised about this, in particular whether it would be appropriate to make it clear that we are referring to a term alleged to be in the Criminal Code. I draw to the minister's attention this exchange that took place between the member for Hillarys and the Minister for Health. Mr Katsambanis said —

> Clause 110 is headed "Who may commence proceedings for simple offence".

**Hon Stephen Dawson**: It wasn't in the Criminal Code. I think the minister might have misspoken. It is in the Interpretation Act 1984.

**Hon NICK GOIRAN**: Does the minister want to clarify that?

**Hon STEPHEN DAWSON**: My advisers tell me that section 67 of the Interpretation Act 1984 sets out that offences are of two types: indictable offences, which are crimes and misdemeanours; and simple offences, which are offences that are not designated as a crime or misdemeanour and are dealt with in the Magistrates Court.

**Hon NICK GOIRAN**: That is not what the Minister for Health said to the other place.

**Hon Stephen Dawson**: My advisers tell me that he may have misspoken.

**Hon NICK GOIRAN**: He may have misspoken—right; okay. I feel sorry for the members in the other place. I note that there was quite a bit of misspeaking then, because the Minister for Health said, and I quote from *Hansard* of 18 September at page 7034 —

> I am happy to provide the information. The member will probably be familiar with it.

He was obviously speaking to the member for Hillarys —

> I am informed that a simple offence is defined in the Criminal Code. They are offences such as not lodging a form, which has a fine of up to $10 000. From that perspective, it is those types of offences. Simple offences are defined in the Criminal Code.

It appears that that information was not correct. I think the Minister for Environment referred to section 67 of the Interpretation Act. Is that where the definition of "simple offence" is found, and do I understand him to be saying that there is no definition in the Criminal Code?

**Hon STEPHEN DAWSON**: Yes, and the member is correct.

**Hon NICK GOIRAN**: I move —

> Page 4, line 2 — To delete "substance," and substitute —
>
> poison,

Notwithstanding the comments I made to members earlier that it is possible to leave an amendment on the supplementary notice paper and deal with a more substantive one later—this is one that could be dealt with in that way—I want to deal with it at this time. The context is that, for better or worse, this amendment on the supplementary notice paper is one of a massive number of consequential amendments. I would rather that we dealt with this now than for it to continue to be on the supplementary notice paper. The context of that is the intemperate remarks of the Premier of Western Australia. When I lodged this amendment on the supplementary notice paper, the Premier thought it fit to immediately run, almost in a hysterical fashion, to the media and pronounce to all and sundry that I was moving some 357 amendments. I was very disappointed by those remarks made by a very experienced parliamentarian, because that experienced parliamentarian knows full well the distinction between a primary amendment and a consequential amendment. Although the quantum of amendments was probably 357, as the Premier alleged, nevertheless he sought only to mislead people as to —

**Hon Alannah MacTiernan**: He did not. He sought to reflect what was really going on.

**The DEPUTY CHAIR**: Order, member!

**Hon Donna Faragher** interjected.

**Hon Alannah MacTiernan** interjected.

**The DEPUTY CHAIR**: Member and minister, the member will be heard in silence.

**Hon NICK GOIRAN**: Thanks, Mr Deputy Chairman. It is disappointing to get that interjection from another very experienced parliamentarian, who also knows the difference between a consequential amendment and a primary amendment. Nevertheless, because of the hysteria caused by the Premier and his intemperate remarks, I think it is best that we deal with this amendment now rather than at the more preferable place, which would be at clause 7.

This is a consequential amendment that would flow from the proposed amendment to clause 7 that is on the supplementary notice paper under my name. At clause 7, I seek to substitute "substance" with "poison". As I have indicated, a great number of consequential amendments flow from the substitution of that term throughout the bill, the first of which is this amendment to delete "substance" and substitute it with "poison" in the definition of "administration" in clause 5.

The Minister for Health informed the other place that "substance" was adopted in the Voluntary Assisted Dying Bill 2019 to—I will quote from page 6399 of *Hansard* on 4 September 2019—"create consistency with the Medicines and Poisons Act 2014." I will say that again: it was to "create consistency with the Medicines and Poisons Act 2014." If a member was not inclined to check that information from the minister, they might be inclined to think that what he said was correct. It is a little bit like the earlier situation. The minister told the other place that "simple offence" is defined in the Criminal Code. It was not until today, 19 November, that the public record was corrected. Members in the other place were misinformed and misled by bad advice from the minister. He falsely told people that the Criminal Code contains a definition of "simple offence", but we found out today that that is not the case. When we repeatedly get bad advice like that from this health minister, who has form and history in that regard, it can be understood why some of us test these things and check them. The minister said to the other place that this is to create consistency with the Medicines and Poisons Act 2014. I would like members who are willing to intellectually wrestle and engage with this stuff and do our job as serious lawmakers to look at the Medicines and Poisons Act 2014 and tell me whether the minister in the other place was correct when he said it would create consistency, or whether it is the case that it would create inconsistency. Just on that, I draw members' attention to clause 13—a very interesting clause in this bill, which refers to the relationship with the Medicines and Poisons Act 2014 and the Misuse of Drugs Act 1981. If members read clause 13, it will probably tell them a lot about what is going on with the Minister for Health and his assertion that somehow using the word "substance" will create consistency with the Medicines and Poisons Act 2014. The truth is—the inconvenient truth for the Minister for Health—that the Medicines and Poisons Act 2014 uses a variety of terms in different contexts, including "medicines", "poisons", "drugs", and, indeed, "substances". Section 3 of the Medicines and Poisons Act 2014 defines poison as —

> … a substance that is a Schedule 2, 3, 4, 5, 6, 7, 8 or 9 poison;

Section 3 of the Medicines and Poisons Act 2014 defines a schedule 4 poison as —

> … a substance that is classified by regulations made under section 4(1) as a poison included in Schedule 4;

Section 3 of the Medicines and Poisons Act 2014 defines a schedule 8 poison as —

> … a substance that is classified by regulations made under section 4(1) as a poison included in Schedule 8;

Section 3 of the Medicines and Poisons Act 2014 also states that —

> ***substance*** includes a compound, preparation, mixture or plant;

"Substance" is an inadequate term to describe a schedule 4 or 8 drug proposed for use under this bill to cause the death of a patient. The term "poison" is more consistent with the terms defined in the Medicines and Poisons Act 2014.

I draw members' attention to the following inconsistencies within the bill before us. Why does the proposed amendment in clause 174(2) use the word "poison" when talking about the manufacture and supply of schedule 4 or 8 poisons in cases other than for the use of voluntary assisted dying, but then use the word "substance" when talking about the supply of schedule 4 or 8 poisons for voluntary assisted dying? Why also does the proposed amendment to this bill under clause 174(4) use the word "poison" when talking about the prescription of schedule 4 or 8 poisons in cases other than for voluntary assisted dying, but then again use the word "substance" when talking about the supply of schedule 4 or 8 poisons for voluntary assisted dying? The very same substance—that is, a schedule 4 or 8 poison—is referred to as both a poison and a substance. The only difference is the purpose for which the schedule 4 or 8 poison is supplied. In other words, if the schedule 4 or 8 poison is supplied for the purpose of being administered to cause the death of a patient, it is suddenly, instantaneously, no longer a poison; it is a substance. The use of the term "substance" creates inconsistency with the Medicines and Poisons Act 2014 rather than consistency, as the health minister sought to argue in the other place.

I question why there is this great desire, firstly, to sanitise the term; and, secondly, to create inconsistency. I think we need to be clear that this schedule 4 or 8 poison, depending on what is chosen by the CEO, is a poison that will cause the death of the patient.

I have to say that comments made during the debate in the other place have been incredibly unhelpful on this. I note the following remarks by the Attorney General. He said, on 5 September this year, for the benefit of *Hansard*, at page 6696 —

> … I would like to correct you that they are accessing a substance that is going to kill them. This is not right. What is going to kill them is the disease that they have. Under clause 15(c), it has to be a terminal disease that on the balance of probabilities is going to kill them within six months. Therefore, they are not accessing a substance to kill them; they are being killed by a growth within their body.

That is from the Attorney General of Western Australia on 5 September this year.

**The DEPUTY CHAIR**: Hon Nick Goiran.

**Hon NICK GOIRAN**: Clauses 57(2) and 58(2) make it very clear that the coordinating practitioner is to prescribe a substance, or, as per my amendment, a poison, "that is of a sufficient dose to cause death". That is what the bill drafted by the government says in clauses 57 and 58. This clearly refutes the statement made by the Attorney General in the other place. This amendment to substitute the term "substance" with the term "poison" dispels any notion propagated in error in debate in the other place that this schedule 4 or schedule 8 poison is akin to other medicines that a person may take. For example, the Attorney General in the other place referred to the poison as a syrup. That is found at page 6631 of *Hansard* on 5 September 2019. He also referred to the poison as a potion, which can be found at page 6637 of *Hansard* on 5 September 2019. We need to make it clear to the Western Australian public that this is a poison that will cause the death of a person when consumed or administered intravenously. The administration of the schedule 4 or 8 poison to cause the death of a person has, by the admission of the Attorney General of this state, and in contrast with his earlier suggestion that the person's death is caused by their underlying disease, the same outcome as the use of garden shed poisons to cause the death of a person. I quote from the Attorney General's remarks from 5 September 2019 at page 6637, when he said —

> So I am going to kill myself! Why bother doing that? They could go to their garden shed and swallow some weedkiller; it would still do the same thing. Why would they go through the artifice of hacking in to get a potion that they could get from their garden shed and swallow any day? Unfortunately, people take their own lives. The son of a dear friend of mine took his own life two weeks ago. No injuries, waiting for toxicology; somewhere in the house they can access something and manage to take their own life. Why would they go through this artifice of hacking in, tricking and all of that, just to get something that is going to kill them?

I ask members to support this amendment. We need to be very clear that this is a poison that, when taken orally or intravenously, will cause the person's death. This amendment would ensure consistency with the Medicines and Poisons Act 2014, in contrast with the remarks made by the Minister for Health in the other place.

**Hon STEPHEN DAWSON**: I indicate that the government does not support these amendments. Earlier, the honourable member indicated that a member could leave amendments on the supplementary notice paper to come back to. If a change were to be made in the future at a later clause, we could go back to that amendment—resubmit—and come back to an earlier clause. If this clause goes down, is it the member's intention to leave those other clauses on the supplementary notice paper?

**Hon NICK GOIRAN**: That is a fair question by the minister. If the amendment were unsuccessful, my intention would be that we would not address this issue again, with the exception of one provision that goes back to the very first question I asked the minister in clause 1; there is perhaps a difference of opinion about whether an issue is typographical or not. Apart from that, no, it would not be my intention to proceed with the rest of them; however, if my amendment were, by some miracle, successful, it would be my intention to move for the other amendments to be passed en bloc.

**Hon STEPHEN DAWSON**: I thank the honourable member for that. As I was saying, we do not support these amendments. Clause 7 of the bill defines a voluntary assisted dying substance to mean a schedule 4 or schedule 8 poison approved by the CEO for the purpose of causing a person's death. It is clear that a VAD substance is a poison by reference to clause 7. There is no smokescreen; it is consistent with the Victorian act in that regard.

"Prescribed substance" is defined under clause 5 of the bill to mean a voluntary assisted dying substance, generally, prescribed for a patient by the patient's coordinating practitioner; and, in relation to a particular patient, the voluntary assisted dying substance specifically prescribed for the patient by the patient's coordinating practitioner. The Victorian legislation gave some guidance in how it named its voluntary assisted dying substance, but it was not the sole basis for why this terminology is being used in the bill; it was the starting point. Members will note also that the Western Australian legislation is more specific. Once a VAD substance is prescribed to a particular patient, it is called the "prescribed substance".

Under section 3 of the Medicines and Poisons Act 2014, a "substance" includes a compound, preparation, mixture or plant. In the context of the Medicines and Poisons Act and the national Poisons Standard, it is appropriate to use consistent language in this bill. Although a voluntary assisted dying substance will contain a schedule 4 or 8 poison, it may also contain other substances that are used to make it more palatable or able to be administered. Although the inclusion of these substances will not affect the classification of the schedule 4 or 8 poison, it is appropriate to call the entire product a voluntary assisted dying substance or prescribed substance. Furthermore, the word "poison" does, indeed, have a negative connotation. We do not say when we take a Panadol or cough medicine that we are taking a schedule 2 poison; nor do doctors say, when prescribing morphine, methadone or other schedule 8 drugs, that they are giving their patient poison. Using the terms "voluntary assisted dying substance" or "prescribed substance" I think reflects good naming convention. Lastly, the nomenclature of a voluntary assisted dying substance or prescribed substance reflects naming that is respectful of the patient and the entire voluntary assisted dying process. With those words, I indicate again that the government is not supportive of Hon Nick Goiran's amendment.

**Hon NICK GOIRAN**: To be clear, I heard at the beginning of the minister's remarks that the government concedes that a voluntary assisted dying substance is a poison.

**Hon STEPHEN DAWSON**: That has never been in doubt, honourable member.

**Hon NICK GOIRAN**: The minister can perhaps understand my bemusement. If the government concedes that it is a poison, why would it object to it being called a poison in this bill? The minister has given his reasons, but perhaps he can understand and respect my position.

**Hon AARON STONEHOUSE**: I have a lot of sympathy for this amendment, given the arguments made by Hon Nick Goiran and the common understanding and definition of the word "poison". It certainly seems to be a more accurate description of what we are dealing with here than "voluntary assisted dying substance". It is at least consistent with the Medicines and Poisons Act and regulations in Western Australia, and it seems to address a concern I have had with this legislation. Although I am in support of the right of individuals to make choices about their own body, as I stated earlier this evening, I am concerned about what seems to be an attempt to sanitise or sterilise the way we deal with voluntary assisted dying—to dress it up and make it sound a little prettier than it really is. Ultimately, what we are dealing with here is someone taking a poison to kill themselves. It is suicide, under the most basic understanding of that word; it is somebody taking their own life and, in this case, using a poison to do so. It may be a compound or substance that is mixed with other things that are not necessarily poison, but certainly a poison is involved. The definition of a poison is a substance you take to end a life. I understand that there are negative connotations around some of these words—poison and suicide—and that they may be upsetting to some people, but we should not water down what will eventually become statute because certain people are sensitive to certain words. Words have meaning, and when we are dealing with statutes, we should use the commonly understood meaning of those words. We should not compromise on language to tiptoe around the sensibilities of certain members of the public. It is, in fact, a poison, and that is the clearest way to understand what we are dealing with, regardless of how offensive that term might be to some people. I am sure that we will deal with this topic again when we start to discuss whether suicide is recorded on a death certificate. In fact, we dealt with this topic in another unrelated piece of legislation when we looked at the Human Reproductive Technology and Surrogacy Legislation Amendment Bill. That legislation tried to insert what I thought was an element of almost social engineering, namely the new made-up term "social infertility". I had never heard of that before, but a biological man who does not have female reproductive organs and therefore cannot give birth to their own child is now described as socially infertile. It is an act of wordsmithing and manipulation of language —

**Hon Simon O'Brien** interjected.

**Hon AARON STONEHOUSE**: Yes, it is true. It was in that piece of legislation, honourable member—social infertility. Someone who is incapable of giving birth to their own child because of their lack of female reproductive organs, or perhaps their inability to attract a mate, is socially infertile, as opposed to medical infertility that might otherwise be promoted.

I am getting off the topic. I have a concern about an attempt by perhaps some activist members of the community to push and to change the meaning of commonly understood words to protect people from being offended. I think that is a dangerous route to go down. I think we should stick with language that is commonly understood and that best describes what we are dealing with in these terms, if for little else than to provide clarity in statutory interpretation, at the very least. For that reason alone, I will be supporting the amendment moved by Hon Nick Goiran.

**Hon MARTIN PRITCHARD**: I rise to indicate that I will not be supporting the amendment. I think it is well dealt with under the definitions clause, and also at clause 7(2), which states —

> A poison approved under subsection (1) is a ***voluntary assisted dying substance***.

I do not think there can be any confusion. I think that language is important. I do not think we necessarily need to show the ugly side of every bit of legislation, so long as it can be well understood.

**Hon NICK GOIRAN**: I have just one more question of the minister. I accept that in the scheme of everything that we are dealing with in this legislation, this is not the most significant of matters, but nevertheless I wanted to correct the record for what I believe to be the incorrect advice that the minister gave the other place about consistency with the Medicines and Poisons Act, and perhaps we can agree to disagree on that. I am gratified that a concession has been made tonight to acknowledge that the substance is a poison. I hasten to add that the minister did indicate that that was never in doubt.

The minister would be familiar that when people take a poison home with them, sometimes a poisons symbol or emblem is found on the poison. Will that be the case in this instance? It has now been described as a substance, but it is actually a poison. Will the poisons symbol be on it? The minister will remember that under this legislation, we are allowing people to take this substance, which is a poison, home with them. There will not be any locked box. There is no requirement for storage and so on. We know that from the debate in the other place. There are no amendments to that effect. Will there be any requirement for that symbol to be on there?

**Hon STEPHEN DAWSON**: Clause 72 sets out the requirements.

**Hon NICK GOIRAN**: It may well say that in clause 72, but will the symbol be on there or not?

**Hon STEPHEN DAWSON**: That question is probably better asked at clause 72, and my advisers will be able to confirm that information by then.

**Hon NICK GOIRAN**: With respect, minister, some members might be inclined to support this amendment on the basis of whether the poisons symbol will appear on the substance. Waiting until we get to clause 72 is not going to help us. I note that it says there that, in addition to any labelling requirements under the Medicines and Poisons Act, clause 72 will tell us about other things. Clause 72 will not tell us about this issue. The only place where we are going to know that is under the Medicines and Poisons Act. I guess my question is: will the voluntary assisted dying substance need to have that poisons emblem or symbol on it as a result of the Medicines and Poisons Act 2014?

**Hon STEPHEN DAWSON**: I cannot tell the honourable member that now. My advisers have undertaken to seek out that information. If the member wants it before we reach clause 72, this evening or tomorrow, I am happy to help the member and provide it, but I give an undertaking that we will have an answer to that question when we get to clause 72.

**Hon NICK GOIRAN**: One final question to the minister: I take it that, irrespective of the advice that he gets back on that, the position of the government will still be to oppose the amendment.

**Hon STEPHEN DAWSON**: That is correct.

*Division*

Amendment put and a division taken, the Deputy Chair (Hon Adele Farina) casting her vote with the noes, with the following result —

Ayes (6)

| | | |
|---|---|---|
| Hon Jim Chown | Hon Simon O'Brien | Hon Aaron Stonehouse |
| Hon Nick Goiran | Hon Charles Smith | Hon Ken Baston *(Teller)* |

Noes (26)

| | | | |
|---|---|---|---|
| Hon Martin Aldridge | Hon Colin de Grussa | Hon Alannah MacTiernan | Hon Dr Sally Talbot |
| Hon Jacqui Boydell | Hon Sue Ellery | Hon Rick Mazza | Hon Colin Tincknell |
| Hon Robin Chapple | Hon Diane Evers | Hon Kyle McGinn | Hon Darren West |
| Hon Tim Clifford | Hon Donna Faragher | Hon Martin Pritchard | Hon Alison Xamon |
| Hon Alanna Clohesy | Hon Adele Farina | Hon Samantha Rowe | Hon Pierre Yang *(Teller)* |
| Hon Peter Collier | Hon Laurie Graham | Hon Robin Scott | |
| Hon Stephen Dawson | Hon Colin Holt | Hon Matthew Swinbourn | |

**Amendment thus negatived.**

**Hon NICK GOIRAN**: I do not propose at this time to move the amendment standing in my name at 127/5. It is my intention, for the benefit of the hardworking clerks of the chamber, that this amendment remain on the supplementary notice paper in the event that at a later stage the bill is recommitted for consideration of clause 5. By way of explanation, this particular amendment is effectively a consequential amendment to a more substantive one that I have under clause 11. If you like, this is a consequential amendment, as is another one under clause 5, which I will refer to later, and the primary amendment is under clause 11. This is something that an experienced parliamentarian like the Premier would know full well, but he continues to mislead the public. Nevertheless, to facilitate progress I do not propose to move that amendment at this time. Should I need to move the amendment at a later stage, I will. Although I do have other amendments under my name on clause 5, I note that other members have amendments in sequence, so I will leave it to them to make their remarks.

**Hon RICK MAZZA**: Hon Nick Goiran pointed out that there are a number of consequential amendments. In fact, I have some 46 amendments on the supplementary notice paper, but only around five or six of them are actually substantive amendments; the rest are consequential amendments. It would be somewhat of a nonsense to move those amendments at this point, not knowing whether the substantive amendments will pass. I have also consulted with the clerks on this issue and I prefer not to move those amendments now. I will move the substantive amendments when we get to those clauses, and if I have some success on those, we can always recommit the bill.

**Hon CHARLES SMITH**: I will take the advice of the clerks in this instance, as my initial amendments are consequential in nature. I will probably start to move amendments when we get to clause 8.

**Hon NICK GOIRAN**: The next amendment standing in my name on the supplementary notice paper is at 131/5. It is a consequential amendment to proposed amendments 63/25, 64/25, 67/36 and 68/36. In other words, they are consequential amendments to do with more substantive amendments I have under clauses 25 and 36. For those reasons, I think that it is appropriate that this amendment also be carried over at this time.

**Hon MARTIN ALDRIDGE**: Just to spice things up a little, I will move the amendment that stands in my name on the supplementary notice paper at 409/5. I remind members that the chamber agreed to my amendment at 408/4 of the supplementary notice paper to insert a new principle—that is, clause 4(1)(ha). This amendment is one of two consequential amendments that will include a definition in the bill of "metropolitan region". I do not think I need to say much more than to move —

Page 6, after line 6 — To insert —

***metropolitan region*** has the meaning given in the *Planning and Development Act 2005* section 4(1);

**Hon STEPHEN DAWSON**: I indicate that the government supports this amendment for the same reasons that I gave when Hon Martin Aldridge moved his amendment in clause 4 in relation to "principles". There was the clause 4 amendment and there is this one in relation to the definition of a "metropolitan resident" and a further one in relation to the definition of "regional resident". The government is supportive of these three amendments for the reasons I gave earlier.

**Hon NICK GOIRAN**: I indicate that I will be supporting the amendment, notwithstanding the fact that I was not supportive of the amendment moved by the honourable member to insert a new principle, paragraph (ha), in clause 4(1) because the chamber decided to not incorporate "palliative care" as an issue that regional residents should have equitable access to. Notwithstanding that, I agree with the honourable member that to not do so would make this particular provision otherwise nonsensical. It is important to point out for the benefit of those who will have responsibility to consider the principles in clause 4, if they have duties and powers under the act, including the tribunal and the Court of Appeal and the like, that they will need to know what is meant by "metropolitan region". I congratulate Hon Martin Aldridge for putting forward this amendment.

**Amendment put and passed.**

**Hon CHARLES SMITH**: I indicated earlier that there are consequential amendments under my name on the supplementary notice paper that I will deal with under further clauses.

**The DEPUTY CHAIR**: By way of clarification, honourable member, you will not be moving all the proposed amendments standing in your name in relation to clause 5; is that correct?

**Hon CHARLES SMITH**: That is correct.

**Hon AARON STONEHOUSE**: I have a question about the definition of "patient" in clause 5. At line 11 on page 6, it states —

***patient*** means a person who makes a request for access to voluntary assisted dying under this Act;

I have some questions about how that will interact with division 2 in part 3 of the bill and the obligation on a medical practitioner to report a request made to them for voluntary assisted dying and, in fact, their obligation to provide a patient with information that is referred to in clause 4(1)(b). I will leave my questions around the steps that a practitioner must take under division 2 until the chamber considers the clauses under that division. I wonder whether the minister can provide a little bit of information about where the definition for "patient" comes from and why it is defined in these terms. When we get to division 2 in part 3, the language changes a little and rather than a "patient" making a request, it refers to a "person" making a request. The distinction between a patient of a medical practitioner and a person merely making a request gets a little confusing. I ask this because I am a little concerned that, for instance, a medical practitioner could be, I do not know, at a function or out at dinner and a random person could approach them and ask them for information about voluntary assisted dying. That may trigger the obligations for a medical practitioner under division 2, based on the language used in division 2 where it merely refers to a person. Even the definition here of a patient does not require that a patient, as defined in clause 5, needs to be anyone with any kind of therapeutic relationship with a medical practitioner. Again, by my casual reading, it could be any person who approaches a medical practitioner and requests information about voluntary assisted dying. A patient might approach a pathologist who might be merely handling one aspect of someone's therapeutic care and the patient could ask them questions about voluntary assisted dying. However, they would be in no way qualified to answer the patient and all of a sudden, obligations under division 2 would be triggered. Without getting perhaps too much into the process under division 2, maybe the minister can give us a little information about the definition of "patient" in clause 5 and how that was determined during the consultation and the drafting of this bill.

**Hon STEPHEN DAWSON**: The language changes because a person may not be a patient of the practitioner until their first request is accepted.

**Hon NICK GOIRAN**: The next amendment that stands in my name is at 57/5, which seeks to insert a definition for "palliative care and treatment". I note that there is also a proposed amendment by the minister to do a similar thing. Before I move it, I note the advice I received from the clerks earlier that we cannot go back to other parts of the same clause, which I still find a very interesting notion, I have to say. I want to give members a fair opportunity to appreciate that the amendment I will move now will take us to page 6, after line 10. Perhaps we can have a dialogue about the two amendments. I am pleased to see that the government has indicated some appetite for a definition of "palliative care and treatment". It is probably just a question of what that definition should be.

**The DEPUTY CHAIR (Hon Adele Farina)**: Before you do that, does any member want to speak to any part of clause 5 that comes up before page 6, line 10? Once this amendment is moved, that opportunity will be lost.

**Hon MARTIN ALDRIDGE**: Can I just clarify that the limitation on going backwards is that we are allowed to canvass and converse with the minister and other members about earlier aspects of the clause, but we will be limited in moving new amendments prior to the amendment moved?

**The DEPUTY CHAIR**: Your clarification is correct.

**Hon NICK GOIRAN**: I move —

> Page 6, after line 10 — To insert —
>
> > ***palliative care and treatment*** includes a medical, surgical or nursing procedure or other treatment or service that is provided to a person, who has been diagnosed with at least 1 disease, illness or medical condition that is life-limiting, for the purpose of preventing or relieving suffering by means of early identification, assessment and treatment of pain or discomfort, including physical, psychosocial and spiritual distress;

This amendment seeks to provide a broad and inclusive definition of "palliative care" for the purposes of interpreting the Voluntary Assisted Dying Bill 2019. As the bill stands, no definition is provided for the term "palliative care and treatment". I note that this was also a point of discussion when the committee was considering clause 1. This is despite the fact that the term "palliative care and treatment" is found in clause 4(1)(c) and (d) and clause 26(1)(c), and even the reference to clause 26(1)(c) is found in clause 37(1).

I note, in passing, that the term "palliative health care" is included in clause 170, but it relates to a consequential amendment to the Health and Disability Services (Complaints) Act 1995, and this amendment to include a definition of "palliative care and treatment" is not directly relevant to that clause.

The wording of the definition that I have moved builds on the amendment moved by the member for Girrawheen, Margaret Quirk, MLA, in the other place, who sought to insert the following definition. It reads —

> ***palliative care and treatment*** includes a medical, surgical or nursing procedure or other treatment or service that is directed at identifying or relieving the pain, discomfort or distress of a person who has been diagnosed with at least 1 disease, illness or medical condition that is advanced, progressive and incurable and will cause death;

I note that that amendment moved by my learned friend the member for Girrawheen was voted down in the other place, but I also note that unlike this bill, the Victorian Voluntary Assisted Dying Act 2017 contains a definition of "palliative care". The Victorian act provides —

> ***palliative care*** has the same meaning as in the ***Medical Treatment Planning and Decisions Act 2016***;

We can read in the *Hansard* from the other place that the member for Girrawheen had originally intended to move an amendment to insert a similar definition into the bill that is before us that palliative care has the same meaning as found in section 3 of the Guardianship and Administration Act. However, as I read the *Hansard* from the other place, the member for Girrawheen noted that the Minister for Health indicated that this definition was too narrow and outmoded—"outmoded" was the word the minister used, according to the member for Girrawheen on 4 September 2019 at page 6402.

The health minister acknowledged in the other place that the definition of "palliative care" in section 3 of the Guardianship and Administration Act is considered a rather constricted and outdated perspective of what palliative care means. He stated —

> Palliative care in the broader sense is now a much longer, more holistic treatment process and, from that perspective, —

He was referring to the Guardianship and Administration Act definition —

> … it would jar with some of the hospice work and broader work done in the palliative care field.

That was taken from the *Hansard* of the other place on 3 September this year, at page 6339. As it happens, I agree with the health minister's comments. Consequently, the definition that I propose to insert in clause 5 builds on the amendment moved in the other place by the member for Girrawheen and incorporates the definition of "palliative care" accepted by the World Health Organization. The definition that I move to be inserted into clause 5 reflects the longer and more holistic treatment process to which the health minister in the other place referred.

As I understand it, what transpired in the other place was that Minister Cook opposed the member for Girrawheen's amendment to include a definition of the term "palliative care and treatment" in clause 5 because the contemporary common meaning would apply and in the context of the bill the term "palliative care" is used in three provisions in which it does not need defining. On 4 September this year, the Minister for Health told the other place and the member for Girrawheen that there was no need to insert a definition of "palliative care"; "it does not need defining". Consequently, perhaps the minister in this place can understand my bemusement that there is an amendment standing in his name, notwithstanding the comments made by the minister in the other place.

I pause at this point to indicate that it makes it difficult for the progress of the legislation in this place when we are trying to rely on the advice of the health minister, who has the carriage of the bill in the other place, only to find that consistently incorrect information was provided to the other place.

It makes it very difficult for us to make efficient progress when that is the standard of competence displayed by the minister in the other place. Nevertheless, I suggest that a definition of "palliative care and treatment" is needed for those clauses in the bill in which the term is used. As I indicated earlier, palliative care and treatment is included in the very important clause 4 principles, specifically at subclause (1)(c) and (d), which, as we learnt earlier when considering clause 4, must be considered by the State Administrative Tribunal and can also be a ground for appeal to the Court of Appeal. In addition, coordinating and consulting practitioners are required to inform patients of the palliative care and treatment options available to them and the likely outcomes of that care and treatment, which can be found in clauses 26 and 37. In order for patients to be provided with the best care available and to support the principle of informed consent, it is appropriate that patients be informed of the palliative care and treatment options available to them in the broadest sense of the term. If we are asking medical practitioners to do this and they have a duty to do it, we have a responsibility to define that for them.

Of course, we know from the so-called "My Life, My Choice" report that the Joint Select Committee on End of Life Choices heard considerable evidence to suggest that a lack of understanding in the community, and even in the medical profession, is creating a barrier between patients and the palliative care available to them. Several factors contribute to a general confusion and apprehension about palliative care. I refer to page 74 of the majority report, and in particular paragraph 3.82, where the committee listed the following factors —

- avoiding discussions about death;
- not fully understanding what palliative care means and recognising when it should begin; and
- not knowing how to access and navigate palliative care services.

The committee states on page 75 of the report, at paragraph 3.87 —

> … there continues to be a misconception that palliative care is only for cancer patients in the last days or weeks of life.

The committee went on to say at paragraph 3.88 —

> A comprehensive study using data from 2009 and 2010 starkly illustrates that palliative care services remain overwhelmingly accessed by patients suffering from cancer.

And at paragraph 3.89 —

> The study reveals that more can be done to promote understanding of palliative care in the community and with health professionals. It also reveals that health professionals may not be actively referring non-cancer patients into palliative care.

The committee went on to say at paragraph 3.95 —

> The committee received evidence from a witness whose experience with Western Australia's health care system demonstrated the difficulty of gaining access to palliative care services …

The report states at paragraph 3.96 —

> Despite previous experiences with cancer and multiple life-limiting conditions, the health professionals had never had an honest conversation about the dying process with Ms Calcutt or her partner. The referral to palliative care services only came at the insistence of their family friend. Anecdotally this demonstrates the committee's concern that health professionals, even specialists, may not recognise the need for palliative care or may not know how to refer their patients into the service.

The committee further stated at paragraph 3.149 —

> Unfortunately, there are many barriers to the provision of effective palliative care in Western Australia, not least of which being the apparent lack of a consistent understanding of palliative care within the community and among health professionals.

In contrast to these statements found in the "My Life, My Choice" report is a statement at page 6410 of *Hansard* made by the Minister for Health. In response to Dr David Honey, the member for Cottesloe, the minister stated on 4 September 2019 —

> I certainly do not accept his premise that there is a problem with palliative care in Western Australia and I reference our record investment in it.

It is interesting that there always seems to be this defensive attitude when it comes to palliative care. No-one is not acknowledging the investment that has been made by the government, but that does not mean that health professionals fully understand palliative care.

**The CHAIR**: Hon Nick Goiran.

**Hon NICK GOIRAN**: The debate in the other place between the health minister and the shadow health minister on this point included the following exchange. The member for Dawesville said —

> … if a definition of palliative care already exists at law, especially in something like the Guardianship and Administration Act, which provides the right and ability for someone to act on someone's behalf due to incapacity, why would we not seek to prescribe that for information that should be provided to somebody if and when they need to access palliative care information that is required under clause 26 and thus, I think, warrants definition?

The response from the health minister was —

> This is not a tick-a-box exercise. This is really providing some context for the conversation and the decisions that a medical practitioner would make. In that sense, it is not necessary for us to define palliative care to work out whether the patient in question has had opportunities to discuss palliative care plus one, and therefore meets a particular threshold. This is about the therapeutic relationship between the practitioner and the patient. There would also be conversations, potentially, with that patient's palliative care specialist in that context. I do not want to create the impression that somehow there is some threshold over which a patient must pass in order to have been considered familiar with the concept of palliative care and other treatments that might be available. It is simply directing the medical practitioner to make some observations and have some conversations to satisfy themselves that the patient in this particular case is aware of the range of opportunities available to them.

The member for Dawesville then said —

> Does the minister think there is a risk at all, in not defining it, that there could possibly be a lower level of information provided to a patient? As the minister would appreciate, a number of elements are prescribed in this legislation—professional care services is one. If we provide a prescription in these definitions for what that looks like, we can at least ensure there is a minimum mandatory requirement to provide information … Does the minister think that a lack of prescription poses any risk at all? Is the minister absolutely comfortable with that? As someone who supports the legislation, can the minister provide me comfort that without the insertion of that definition, there will always be at a minimum a high level of information provided to a patient by a medical practitioner?

The health minister said —

> I can give the member that assurance.

The minister gave assurance to the member for Dawesville in the other place to keep him quiet, to suppress his voice in the debate, only for us to come into this place and now have a definition provided by the minister. It shows such disrespect to the members of the other place. I feel for those members who had to sit through a debate, including until five o'clock in the morning, to be told that kind of information from the health minister only for them now to find that they were right. Dr Honey was right, Mr Kirkup was right and the member for Girrawheen was right. In the health minister's response to the member for Dawesville he works from the assumption that the patient will already have a palliative care specialist, yet we know from the inquiry, the so-called "My Life, My Choice" report, that most Western Australians who would benefit from the care and expertise of a palliative care specialist do not have access to those specialist services. As I mentioned earlier, that report from the committee clearly indicates that health professionals, including specialists, do not recognise the need for palliative care or may not know how to refer their patients into the service. This says nothing of how the same health professionals can then be expected, under the current bill, to inform patients requesting voluntary assisted dying of—to effectively quote clauses 26 and 37—the palliative care and treatment options available to them and the likely outcomes of that care and treatment.

A broad, inclusive and holistic definition of "palliative care", as proposed by me in this amendment to clause 5, will assist persons exercising a power or performing a function under the bill, including coordinating and consulting practitioners, in their provision of information on palliative care and treatment options by directing those persons to the most broad, encompassing and modern understanding of palliative care; the understanding that the Joint Select Committee on End of Life Choices identified as clearly lacking in both the community and health professionals in our state. It is all very good for the health minister to assure members in the other place that at a minimum a high level of information will be provided to a patient by a medical practitioner, but this amendment to include a broad, inclusive and holistic definition of "palliative care" serves only to support the minister's assurance in the other place to the member for Dawesville, as ambitious as I think that assurance was. I conclude by seeking the support of members for the amendment to include a definition of "palliative care and treatment", whether that be the one that I have proposed or, depending on debate, the one that is proposed by the minister. I draw to their attention that there was support for this amendment in the other place, including from the member for Churchlands, who said —

> I think it is pretty important that we help the community, and the media who report on these things, to understand how we as a Parliament are framing what palliative care means.

He said that on 4 September this year, as stated on page 6405 of *Hansard*. The Leader of the Opposition, the member for Scarborough, said on 4 September this year, at page 6407 —

> Including this definition —

She was referring to the definition moved by the member for Girrawheen —

> would increase the significance and prominence of our focus on palliative care going forward.

For those reasons, I seek the support of members for the inclusion of a definition of "palliative care and treatment".

**Hon STEPHEN DAWSON**: The government's position on this issue has evolved. We now seek to insert a definition of "palliative care" to assist with the interpretation and operation of the bill. Those who have a responsibility under the act will have clarity around what constitutes palliative care. We are amenable to change if it is used as good practice. This is such a case.

We will not introduce the definition due to a fear of a lower standard being otherwise attained. We will include the definition to provide clarity on the contemporary meaning of palliative care. The government's commitment to palliative care is not only demonstrated by the inclusion of the palliative care definition in this bill; it is also demonstrated by its acceptance of all recommendations of the joint select committee, including recommendation 10, which reflects the findings mentioned by Hon Nick Goiran in his contribution this evening.

The government is not supportive of Hon Nick Goiran's amendment as it stands. His amendment provides examples of palliative care treatment that includes psychosocial and spiritual distress. As he pointed out, these words are used in the policy statement of the World Health Organization when discussing an approach to palliative care. However, I am advised that directly using words from a policy statement does not necessarily translate into good legislation.

The amendment that I have on the supplementary notice paper seeks to include a definition of "palliative care and treatment" in the bill. I am advised that this definition reflects best practice palliative care as understood in Western Australia and is consistent with the policy intent stated by Palliative Care WA and the World Health Organization. The definition also reflects terminology such as "life-limiting", which is well accepted in palliative care and in health care more broadly and reflected in the department's "WA End-of-Life and Palliative Care Strategy 2018–2028" and the Australian Medical Association's code of ethics. They are the reasons that we are not supportive of Hon Nick Goiran's wording, albeit we support the inclusion of a definition of "palliative care and treatment" in the bill.

Mr Chairman, I seek your guidance. Given that the question before us is that the words to be inserted be inserted, and the amendment is in Hon Nick Goiran's name, if the government is not supportive of that amendment but we have our own, is the way for us to deal with it to vote down Hon Nick Goiran's amendment and then move the amendment standing in my name?

**The CHAIR**: That is probably the most straightforward way of doing it. If Hon Nick Goiran wanted to seek leave to withdraw his motion, that is another way of doing it. In the absence of anyone seeking to do that, I will simply proceed with putting the question after we have heard from Hon Nick Goiran.

**Hon NICK GOIRAN**: At the end of the day, as I indicated earlier, the spirit and the genesis of my amendment is the work undertaken by the member for Girrawheen, who is my co-chair of the Parliamentary Friends of Palliative Care. I recognise her longstanding commitment to and passion for the area of palliative care in Western Australia and her significant contribution to it. I found it very disrespectful that that member's amendment was just dismissed out of hand by the government in the other place. The minister heard my remarks earlier tonight and the remarks by the health minister that there was no need for a definition. That was the spirit and the genesis of me moving this forward. I do not have any great desire for or ownership of the form of words; I am even amenable to potentially seeking leave to withdraw my amendment so that we can support the minister's amendment. To facilitate that process, and to provide me some comfort about the form of words that the minister is proposing, perhaps he could indicate who was consulted on the drafting of that particular definition.

**The CHAIR**: We are back to the question that the words proposed to be inserted be inserted.

**Hon STEPHEN DAWSON**: The consultation had already been done on the "WA End-of-Life and Palliative Care Strategy 2018–2028", but in terms of who was involved in conversations on this issue, certainly the palliative care unit in the Department of Health was consulted on this issue, along with the end-of-life choices team. They were both consulted on the wording that is before us at the moment.

**Hon NICK GOIRAN**: I have one final question on that. Was Palliative Care Western Australia consulted; and, if so, what was its response to this definition?

**Hon STEPHEN DAWSON**: No, it was not specifically consulted in landing on the words before us now, but it was consulted on the strategy that I referred to earlier. I am advised that the advisers looked at its policy documentation and that was taken into consideration in the words that we have landed on tonight.

**Hon NICK GOIRAN**: In light of those remarks, I seek leave to withdraw my amendment. I foreshadow for members that the rationale behind that is that I will seek to support amendment 457/5 standing in the name of the minister on the basis that the genesis of it was the work done by the member for Girrawheen.

**The CHAIR**: Please resume your seat, Hon Michael Mischin. We have to take these things in order. The member has sought leave to withdraw his amendment, so we have to deal with that question now. Is leave granted?

**Hon Michael Mischin**: That was the reason I rose, Mr Chair.

Leave denied.

**The CHAIR**: The question now is that the words proposed to be inserted be inserted.

*Point of Order*

**Hon STEPHEN DAWSON**: Mr Chair, it is getting late in the evening, so I seek your guidance. If a majority of people in the chamber indicated that—the Deputy Clerk has advised me that it is if there is no dissentient voice, so I think I will sit down.

**The CHAIR**: I am going to knock off, because I am redundant if that is the case! Clearly, leave was not being granted because at least one member did not want to proceed down that way. Therefore, we will not proceed down that way at this time at least.

*Committee Resumed*

**Hon MICHAEL MISCHIN**: I am sorry to have caused a complication. I was hoping to be able to determine whether I would be able to support Hon Nick Goiran's application for leave by clarifying something about the two alternatives that we are being presented with. Ordinarily, I would not interfere in his exercise of his judgement in this, but there are features of the two definitions that are common, but there are also significant differences. I am a little troubled that the definition that has been proposed by the government is rather more limited than the one that Hon Nick Goiran has proposed. He has said that that it drew on a World Health Organization description. The minister has said that sometimes policy statements may not be easily translated into legislation and I accept that entirely. However, Hon Nick Goiran's definition is an inclusive definition and very broad. The definition proposed by the government in amendment 457/5 is a limited definition. It is very broad, but rather than being an inclusive one, it "means" certain things.

I would like to know, in order to make up my mind up as to whether I support Hon Nick Goiran's proposed amendment or the government's, what the material differences are, as the government sees them, that makes their definition preferable to the broader one that has been proposed. There are some obvious differences. One is that the government's proposed amendment mentions a "progressive and life-limiting" disease, illness or medical condition. Why "progressive", for example? What is material about that as opposed to a life-limiting medical condition, disease or illness? Why is it that elements such as "physical, psychosocial and spiritual distress" are being abandoned in place of the vague "quality of life" concept? Quality of life according to whom? We heard earlier under the principles in clause 4 that quality of life is meant to be determined subjectively. How does that fit with something that is an objective exercise of palliative care and treatment—meaning that it is directed towards improving comfort and quality of life in the manner that is proposed in the government definition? What does "quality of life" mean for the purposes of being able to decide that?

I would like to know more about, particularly, the minister's comment that this is a definition of "palliative care and treatment" as understood in Western Australia. By whom is it understood? We have not had any consultation other than within government. We do not know whether this particular definition is drawn from any other definition that is used anywhere else. I would like to know more about its genesis, how it was formulated and against which touchstones, particularly when one sees the attitude of the government in the other place. The minister has simply dismissed it by saying that the government's position has evolved. It has "changed", I presume. If it has evolved, why has it? It was found to be unnecessary in the other place by the Minister for Health, whose bill this is. It was dismissed out of hand when people were talking about it down there. Now, all of a sudden, the government comes up with its own definition and says that its position has evolved. What has caused it to evolve? What are we dealing with here, and why has the government proposed this particular amendment in these words?

**Hon Sue Ellery** interjected.

**Hon MICHAEL MISCHIN**: The Leader of the House has some contribution to make; I would be interested to hear it.

**Hon Stephen Dawson**: She can seek the call.

**The CHAIR**: If she wants the call, she can ask for it. Minister.

**Hon STEPHEN DAWSON**: Honourable member, I do not propose to go over the points that I made earlier. Our position has evolved.

**Hon Michael Mischin**: Why?

**Hon STEPHEN DAWSON**: It has evolved based on consideration of the debate that has happened and the views raised by members, and consideration with a range of stakeholders. Our position has evolved and, as I have outlined, we now seek to include a definition in the bill to assist in its interpretation and operation. I do not propose to spend weeks on it. With the greatest of respect, I am not an apologist for anybody at the far end of the building;

certainly, that place operates very differently from how we operate here. I am dealing with the bill before us here, and it is my intention to continue to engage in a meaningful and respectful way with the honourable members in this chamber. That is certainly how I operate. I think the bill before us warrants that respect.

On the differences, I guess things like psychosocial and spiritual distress are subjective issues. Hon Nick Goiran's proposed amendment refers to "medical, surgical or nursing procedure or other treatment". Our proposed amendment is wider. It states —

> is directed at preventing, identifying, assessing, relieving or treating the person's pain, discomfort or suffering …

"Care and treatment" is meant to be broader than "medical, surgical or nursing procedure or other treatment". Our proposed amendment is broader. There is no trick or anything else going on here. We honestly believe that the amendment proposed in my name is better and broader than the one proposed by Hon Nick Goiran, which he has indicated he will seek leave to withdraw. I will say it again: the definition is included here to assist in the interpretation and operation of the bill and to assist those who have responsibility under the act to have clarity on what constitutes palliative care.

**Hon NICK GOIRAN**: Again, I foreshadow that I will seek leave to withdraw my amendment. I appreciate the helpful observations made by my colleague. I agree with him entirely. I want to make it clear: I am not seeking leave to withdraw because I think that my definition is more restrictive than the government's proposed amendment; on a plain reading of it, that cannot be right. I am just accepting that we want to make progress. The government has considered this matter. The member for Girrawheen deserves all credit for first raising this. I again acknowledge that she was treated in a shabby fashion by the minister in the other place. I am pleased that there will now be an amendment, which should have happened in the first instance.

With those remarks, Mr Chairman, I seek leave to withdraw my amendment.

**Amendment, by leave, withdrawn.**

**Hon STEPHEN DAWSON**: I move —

> Page 6, after line 10 — To insert —
>
> ***palliative care and treatment*** means care and treatment that —
>
> (a) is provided to a person who is diagnosed with a disease, illness or medical condition that is progressive and life-limiting; and
>
> (b) is directed at preventing, identifying, assessing, relieving or treating the person's pain, discomfort or suffering in order to improve their comfort and quality of life;

**Hon AARON STONEHOUSE**: I rise to indicate that I support the amendment moved by the minister. I thank him for it. I might just quickly take this opportunity to put on the record my concern that it does appear to be a far more limited definition. I would have spoken to that earlier, but I did not want to get in the way of the member seeking leave. The definition from the World Health Organization that was put forward by Hon Nick Goiran, which has not been agreed to by the chamber, made specific reference to psychosocial and spiritual distress. From what I have learnt about palliative care in the last few months, that seems to be a very important aspect of palliative care, especially in Western Australia. "Spiritual" is a vague, flowery kind of term. What does it actually mean in statute? It is hard to define. Perhaps it is best that it is not defined—not too clearly at least. It is better left to be vague. A patient may or may not be a religious person, but when someone is facing the end, there is certainly an aspect of what people might refer to as "spiritual distress". When someone comes to terms with the finality of death and what it means, what their place is in the universe and whether they have religion to help guide them through that process or are relying on something else, it is perhaps best to describe it as a sense of existential dread. I think an aspect of palliative care is treatment or support for that spiritual distress. In that context, "spiritual" can mean whatever a person needs it to mean to address that issue, discomfort and fear that a patient faces towards the end.

I would also like to pick up on something mentioned by Hon Michael Mischin, and that is the use of the word "progressive" in the amendment—a "condition that is progressive and life-limiting". That seems to narrow the scope somewhat in this definition. In the consultation I undertook with palliative care specialists and people who provide palliative care services, they stressed to me the importance of palliative care being provided to patients very early on in their diagnosis and prognosis, and that it is not offered to a patient solely to treat pain in their final weeks or days before they pass. It is something that is provided right at the point of diagnosis of a serious life-threatening illness and it continues. It could continue for years. I wonder whether making reference to a patient who is diagnosed with a disease, illness or medical condition that is progressive could be interpreted as meaning that an illness has progressed somewhat, rather than someone who, at the time of diagnosis, is seeking palliative care and treatment. Maybe I am wrong in that assessment, but it seems to make that implication, at least in the reading of a layperson. Notwithstanding that, it is certainly better to have some definition here rather than none. I am happy to support this amendment, if not with some reservation.

**Amendment put and passed.**

**The CHAIR**: The question now is that clause 5, as amended, be agreed to. I turn to the supplementary notice paper, and further to a previous decision of the chamber, unless anyone has any view to the contrary, I intend to not call on amendments 133 to 141. In respect of page 5 of the supplementary notice paper and amendment 27/5, I understand that there is an intention that it remain on the supplementary notice paper for the present, and may be moved at a later stage. If any authors of these amendments want to do something different, stand up and sing out. That is what I propose to do. That brings us to amendment 58/5.

**Hon NICK GOIRAN**: The amendment standing in my name at 58/5 is an important amendment. It is a consequential amendment to more substantive matters that I have proposed for clauses 35 and 36. This has to do with a referral to a psychiatrist for a further assessment and, indeed, other consequential amendments I have on the supplementary notice paper that would seek mandatory psychiatric assessment. I certainly intend to pursue those amendments at that particular time. For the present moment, it would suit me, for the benefit of the clerks, if the amendment standing in my name at 58/5 could remain on the supplementary notice paper, but I do not propose to move it at this time.

**The CHAIR**: That amendment will remain on the supplementary notice paper for the present, and in any further issues that are printed. Hon Martin Aldridge, do you intend to move amendment 410/5 at this stage or reserve it as well?

**Hon MARTIN ALDRIDGE**: This amendment is in a similar vein to the one that I moved earlier in clause 5. It is a consequential amendment to a substantive amendment that was agreed to in clause 4. In order to give full effect to the amendment in clause 4, this amendment now needs to be considered. It is fairly self-explanatory. It defines "regional resident" for the purposes of the clause 4 amendment that I have just referenced. With those few words, I move the amendment standing in my name at 410/5 —

> Page 7, after line 20 — To insert —
>
> > ***regional resident*** means a person who ordinarily resides in an area of Western Australia that is outside the metropolitan region;

**Hon STEPHEN DAWSON**: I indicate that we are supportive of this amendment, for the reasons that I identified earlier this evening.

**Hon NICK GOIRAN**: I also support the amendment that is before us, for precisely the same reasons that I supported the amendment moved by Hon Martin Aldridge on the supplementary notice paper at 409/5.

**Amendment put and passed.**

**The CHAIR**: The next amendment notified on the SNP is 28/5. I understand that the proposer wishes that to remain on the supplementary notice paper, so we will move on without dealing with it at the present. That brings me to amendment 413/5 standing in the name of Hon Rick Mazza. Hon Rick Mazza, do you wish to move that?

**Hon RICK MAZZA**: No, Mr Chair. That is also a consequential amendment that I would like to have stay on the supplementary notice paper.

**The CHAIR**: We will leave that until afterwards. That is noted. That brings us to amendment 142/5, which would fall away. We now come to amendment 143/5 standing in the name of Hon Nick Goiran.

**Hon NICK GOIRAN**: I move —

> Page 8, lines 7 to 9 — To delete "administration of a voluntary assisted dying substance and includes steps reasonably related to that administration;" and substitute —
>
> > process by which a person is given assistance to die in accordance with this Act, whether by voluntary euthanasia or by assisted suicide;

**The CHAIR**: The question in the first instance is that the words proposed to be deleted be deleted. I will be interrupting debate very soon to report progress, but for now I give the call to Hon Nick Goiran, if he can be brief.

**Hon NICK GOIRAN**: I will endeavour to do so, Mr Chairman. This amendment to the definition of "voluntary assisted dying" makes it explicitly clear that this bill provides for a voluntary assisted dying scheme in Western Australia, whereby both assisted suicide, which is self-administration, and voluntary euthanasia, which is practitioner administration, are available to eligible patients. Unlike my previous amendment to change the short title of the bill to remove the term "Voluntary Assisted Dying" from the title of the act, this amendment will retain the term in the title of the act, and in clause 5 of the bill, as well as in the title of the Voluntary Assisted Dying Board established under part 9, but will seek to elucidate exactly what voluntary assisted dying entails, based on longstanding use of the terms "voluntary euthanasia" and "assisted suicide" in the Netherlands, Luxembourg and Belgium, where causing the death of a person by both practitioner administration and self-administration of a poison has long been legally practised and around which different guidelines and procedures are in place.

**The CHAIR**: With those introductory remarks, I had better interrupt the debate to report progress.

**Progress reported and leave granted to sit again, pursuant to standing orders.**

## WATER SECURITY

*Statement*

**HON ROBIN SCOTT (Mining and Pastoral)** [9.46 pm]: On 31 October this year, during non-government business, I presented a motion to the chamber offering a plan to secure clean, fresh drinking water for future generations. This included a pipeline to be run from Lake Argyle to the metropolitan area. The last time a feasibility study was done on this was in 2006. That feasibility study stated that a pipeline was feasible, but the cost of pumping the water made it cost prohibitive. I was able to offer a method of pumping this water free, using unreliable renewable power—namely, solar and wind power, with battery backup. This would have allowed us to start filling existing metropolitan dams as well as south west dams. On the way south, through the Kimberley, Pilbara, Gascoyne and midwest, we could encourage entrepreneurs to create fruit and vegetable businesses. This pipeline would be built in a corridor, but it would not be just for the pipeline. It would be a surveyed corridor, hopefully surveyed by the Australian Army, that would allow for gas pipelines, high-voltage electricity powerlines and communications, all put into this one corridor for the future.

I think most members in the chamber missed the most salient points of this motion, which were that we were pumping the water for free, it was going to be in a corridor, we were going to benefit in the metropolitan area and everyone on the way through would also benefit. Part of my motion called for a second pipeline running due south from Lake Argyle to approximately 150 kilometres from the Northern Territory and South Australian borders. This would pick up all the communities in that area, but we could also put in water tanks every 100 kilometres. Because of the drought situation we are in at the moment, which the government does not seem to want to acknowledge, pastoralists in that region could travel probably 100 kilometres from their pastoral stations, fill their 20 000-litre water tanks and supply their stock with food. This would actually give us a ring-mains water system in which we could pump water anywhere in the state we wanted to. At the moment, people in those remote areas are drinking water that contains uranium, arsenic and nitrates. This is a huge health problem for those people, and we could solve that by supplying them with good clean fresh water.

I estimated the cost of this project to be about $20 billion. A lot of that money could be funded by the federal government, which has billions of dollars set aside for such projects. Hon Alannah MacTiernan said that the last time she priced it, it was $12.5 billion. That was probably to run a garden hose from Lake Argyle and nothing more than that. I have looked into this with piping and pumping companies and they have assured me that $20 billion is a good price for such a project. This cannot happen overnight. It needs to be planned now. When we start running out of water, it will be too late to start a project like this, which will probably take about 10 years. At the moment, I am not having much success trying to find the $50 000 I need for a new feasibility study. However, it will be my mission over the next few months to, hopefully, find somebody who has a spare $50 000.

## JUVENILE OFFENDING — DERBY

*Statement*

**HON ROBIN CHAPPLE (Mining and Pastoral)** [9.50 pm]: I do not often make adjournment statements but as members know, I live in Derby. One of the problems besetting Derby is a significant level of juvenile crime. It is rather interesting when we look at the commentary on Facebook, and we have seen it all before in previous towns. Some comments I would like to read in are by David Cooney made on Friday 1 November 2019. He states —

> I am now into my sixth year of living and working in Derby. I have enjoyed the vast majority of my time here very much, meeting mostly ripper people, building a business, buying a home and exploring all the Kimberley has to offer. For a little over five of these years I have experienced no crime whatsoever, nothing.
>
> Since January of this year, I have had three home invasions involving a fair bit of theft and destruction, a car stolen, and have been physically assaulted in my office. The most recent advice as to how to alleviate these attacks was, "… to close the curtains … Then, last night about 4 am, three young adult indigenous males (not kids) attempted to smash my front door in with an axe. I confronted them with my fish donga (talk about taking a knife to a gunfight), though back peddled pretty quick when the one with the axe lunged at me screaming for my car keys, when I refused he then smashed a couple windows on both the cars, the others lobbing rocks at me over the fence.
>
> I feel the time has come for all those people who hold leadership positions in town, both elected and appointed, to realise and accept that whatever strategies, programs, schemes, and plans they and their agencies currently have in place to tackle these issues, are simply not working. The community is, I believe, in real trouble; people are getting stoned in their cars and hospitalised as they drive to and from volunteering efforts! Families are packing up and leaving town, businesses are failing, property is being vandalised, stolen and destroyed. In my own personal experience, in this town you are no longer safe asleep at night in your own home.
>
> There is an anger developing amongst many of the people I know here, there is a feeling of resignation and defensiveness creeping in. There are tourism websites warning potential visitors to steer clear of Derby—too much theft, too much crime, too much personal danger. People still seem to think there will be massive private infrastructure investment here in the near term—with this kind of lawlessness and escalating violence, well, I'll be happy if I'm wrong, but I can't see it happening.

> The time is here for change. I believe leadership in any arena is based on breadth of experience, imagination and persuasion—the ability to galvanize people to follow a vision. To paraphrase Paul Keating:
>
> "....if you can't imagine a better landscape,… there is no way you are going to get one.....In the end, if the creativity is not there, the output will look meagre and dull, which is what it mostly looks like these days." I think a more apt description of the current state of our little town and community would be hard to find.
>
> I implore the leaders of all agencies in town to come together, accept the current state of play and your agency's role in it with no fear of repercussion; evaluate and refocus your efforts, get creative, be bold, try the "left field" ideas; work together in a concerted and coordinated way. Try to understand that nobody, *nobody*, actually wants another handout, what people mostly want from their community leaders is a framework in which they can run their own lives, care for their families, keep themselves happy and safe. We don't have that right now.
>
> Please, before someone takes matters into their own hands and hurts one of these criminals, just try something different. There is a tipping point not far around the corner. There has been public consultation aplenty. The problems are known.
>
> The solutions may not be clear, I'm quite sure I don't have all the answers, but surely the time has come for some decisive and creative leadership, for an alternate approach.

I want to talk briefly to that if I may. Over many years up in the Kimberley we have had social dysfunction, but we have been able to address it with funding packages that have really worked well, such as the Yiriman Project. A group called the Jalaris Aboriginal Corporation, was, interestingly enough, funded for an eight-year program by Hon Ken Wyatt. Unfortunately, when Mr Abbott took over that portfolio, he cancelled the funding. What we need is funding in the region, for the region, by the region—not distribution decisions from the Perth metropolitan area.

I will mention three reports and I will seek leave to table the "Derby Youth Drug and Alcohol Project Report July 2006", which is an incredible document, with pathways forward in all of these areas. Those pathways were being met until funding both at a state and federal level disappeared. We now have extra police going into Derby for a short term, the idea being to just calm things down. The police will be out again by February, but that is no good, because just calming things down does not fix the systemic problem that there is nothing for the kids to do in the town. When Jalaris was running, the kids had motorcycles out on the mudflats, billiard tables and a whole raft of very simple occupations that kept them out of trouble. The Derby local justice plan for 2007–10 articulated the way forward on behalf of the community, with the community. There was also a briefing paper, the "Working Together Report", which was prepared for Hon Alan Carpenter, MLA, who was the then Minister for Aboriginal Affairs, and there have been many more. In 1995, a women's conference up there with Pam Buchanan at the helm looked at these issues. They were exactly the same issues that we face today. It is beholden on us and the government to actually look at the way the problems can be fixed and to not turn it into a crime wave, throw our hands up in the air and chuck some more police at it. That does not work.

Having mentioned those three reports, I think it is really important that I encourage the government to actually work with the community and the various organisations that are up there and provide the funding needed to keep those organisations running that support the kids and the diversionary programs, whether it be the Yiriman Project, the Jalaris group or any other model. I appeal to this house and the government to do something along those lines. Crime, in this instance, cannot be fixed by more police in the area.

I wish to table "Derby Youth Drug and Alcohol Project Report July 2006".

Leave granted. [See paper 3403.]

## WAGE THEFT INQUIRY

*Statement*

**HON ALISON XAMON (North Metropolitan)** [9.59 pm]: After being contacted by a very distressed constituent recently, I felt it was important to rise and again speak about the issue of wage theft. The last time I spoke about this was in response to Hon Kyle McGinn's motion on modern slavery back in March. Since that time, I do not think a week has gone by in which we have not heard about yet another wage theft scandal. I am really concerned that it seems to be a systemic and ingrained problem. In April, we learnt that the Commonwealth Bank had underpaid more than 8 000 staff, with missed payments going back as far as 10 years. This included wages and superannuation totalling up to $15 million. Of course, there was the public scandal in July about the $7.8 million that George Calombaris's companies had underpaid workers. In the same month, jewellery chain Michael Hill announced that it would be making $25 million worth of payments to current and former employees. In August, defence manufacturer Thales paid out more than $7.6 million after underpaying hundreds of workers over seven years, including engineers who were earning up to $120 000 a year, other professionals, middle managers and admin staff. That was a really interesting one, because it showed that it is not only low-paid workers who are at risk of wage theft. In September, we learnt that Bunnings had underpaid superannuation for some part-time workers for the

past eight years, Wesfarmers had underpaid 6 000 workers a total of $15 million in superannuation allowances and entitlements over the past nine years, and the Fair Work Ombudsman had recovered nearly $82 000 in unpaid wages for workers from 18 Subway franchises across a number of states after finding that Subway had failed to pay them minimum wages as well as casual loading, holiday pay and overtime rates. Subway was also not issuing proper pay slips or keeping proper employment records. That same month, Sunglass Hut was found to have underpaid 620 workers by $2.3 million, and by late September it still had $815 000 to repay. By October, it emerged that Woolworths had underpaid employees by up to $300 million over almost a decade, and we learnt that even the ABC would be paying back approximately 25 000 casual staff members, who had been underpaid as much as $22.9 million in total. Of course, Rockpool restaurants owe staff over $1.6 million in back pay. This month, IBM Australia admitted to underpaying its workers and is now being investigated by the Fair Work Ombudsman. This is by no means an exhaustive list. It includes only the examples that the media has chosen to pick up and alert us to. The annual report of the Fair Work Ombudsman, which was released last month, revealed that $40 million in compensation was paid to 18 000 workers for stolen or lost wages over the past year.

The thing I am most concerned about is that the underpayment of wages is now being described as a business model. The mounting cases suggest that that is not far off the mark. According to research, a quarter of Western Australian workers were underpaid last year by 23 per cent on average. That is potentially costing WA employees $186 million in lost wages each year. This is all happening in an environment in which our unions are being weakened and undermined, which means that the chances of employers being caught underpaying workers is, unfortunately, going to decrease. Wage theft really does impact on individual workers and their families. It also creates an unfair commercial advantage for those companies that choose to do the wrong thing in the hope that they will not get caught. This is happening at a time when workers have not seen a decent pay rise in more than half a decade. Wage theft is associated with low wage growth. When businesses underpay their staff, it undermines the ability of their competitors to give their staff a pay rise. The Grattan Institute has noted that the major risk for an underpaying employer is that it might have to pay a portion of the wages that it should have paid in the first place. In terms of pure incentives, it is rational for many employers to underpay if there is little consequence for breaking the rules. That means that the overwhelming incentive is to cheat, and, unfortunately, to cheat repeatedly.

I know the government has recognised the importance of this issue by undertaking an inquiry, which was held earlier this year. I am looking forward to the release of the report of that inquiry. We need to have action on this, and I hope this is something the government is going to give absolute priority to, because it is really impacting people. I am concerned that complacent attitudes have allowed wage theft to be overlooked for too long. I think it is absolutely unacceptable that we continue to see this sort of exploitative behaviour coming from employers. I acknowledge that there is of course a large role for the federal government, but it is also a state responsibility. We need to ensure that governments of all persuasions, and we need to start here, are sending a clear signal to employers that this sort of behaviour is not going to be tolerated and it is going to be met with serious responses. Even though George Calombaris's companies had $7.83 million of underpayment, only a $200 000 contrition payment was required. The point made at the time was that if someone deliberately took $ 1000 out of someone else's bank account, there would be a high likelihood of a criminal conviction for theft, but apparently if someone is a multimillion-dollar restauranteur or a celebrity chef, they can take $7.83 million in wages from their workers and get away with something as simple as a contrition payment. We need to ensure that we are taking a zero-tolerance approach to wage theft in all its forms. We need to make sure that it is not a preferred business model. It genuinely impacts people in our community. The introduction of an easy and timely process to allow workers to get back their stolen wages needs to be part of the solution.

## WESTERN AUSTRALIAN FUTURE FUND AMENDMENT (FUTURE HEALTH RESEARCH AND INNOVATION FUND) BILL 2019

*Receipt and First Reading*

Bill received from the Assembly; and, on motion by **Hon Alanna Clohesy (Parliamentary Secretary)**, read a first time.

*Second Reading*

**HON ALANNA CLOHESY (East Metropolitan — Parliamentary Secretary)** [10.07 pm]: I move —

That the bill be now read a second time.

The purpose of the bill is to amend the Western Australian Future Fund Act 2012 to provide a secure, long-term source of funding to support medical and health research, and medical and health innovation and commercialisation activities in the state. The bill will establish the Western Australian future health research and innovation account, which I will refer to as the FHRI account, to allow for funding to be made available for those activities. The original purpose of the Western Australian Future Fund, which was to provide for the accumulation of revenue for the benefit of future generations, will be repealed. Instead, the future fund will be repurposed to create the Western Australian future health research and innovation fund, which I will refer to as the FHRI fund, and will be used for the purposes of crediting the new FHRI account.

As members may be aware, in 2012 the WAFF act established the future fund to set aside and accumulate a portion of the royalties earned from the finite mineral resources of the state. The actions of the former Liberal government to establish the future fund now presents an opportunity for this government. We have the resources available to set the state on the path to keeping Western Australians healthier for longer and transforming our health system.

The opportunity to diversify the economy and create jobs is also significant for the state. In March 2017, the Western Australian Labor government reaffirmed its election commitment to amending the WAFF act to repurpose the future fund and allow access to investment earnings to drive this important sector. The amended act will be supported by a detailed governance framework, which provides guidance in relation to key features of the FHRI fund and account to support its effective and responsible operation and to promote accountability and transparency of decision-making. It defines roles and responsibilities related to the FHRI fund and account and sets out strategic instruments that will guide how research and innovation will be supported with funds from the FHRI account. On 26 September 2019, this governance framework was tabled in the other place, and I now table the governance framework to assist members in their consideration of the bill.

[See paper 3404.]

**Hon ALANNA CLOHESY**: The object of the bill is to provide a secure source of funding to support activities that improve the financial sustainability of our health system; improve the health and wellbeing of Western Australians; improve our state's economic prosperity; and advance Western Australia's position to being, or maintaining its position as, a national or international leader in qualifying activities, including activities such as medical and health research and innovation. The bill will also establish the FHRI account; provide the Minister for Health with the power to make arrangements and make disbursements under those arrangements; provide the Minister for Health with the power to establish and maintain an advisory group; and establish the FHRI fund.

Part 2 of the bill will establish the FHRI account. This is an agency special purpose account administered by the Minister for Health. The FHRI account will be credited annually with the forecast investment income from the FHRI fund. Forecast investment income means the estimate of income derived from investment of the money standing to the credit of the FHRI fund. Money from other sources, such as private sector contributions or parliamentary funding, may also be credited to the FHRI account. Part 2 of the bill also gives the Minister for Health specific powers. The Minister for Health may make or approve arrangements that further, or facilitate the furthering of, qualifying activities that contribute to one or more of the four matters outlined in the new object of the amended act. This covers a variety of arrangements, including contracts for monetary grants and service agreements. The Minister for Health can also apply money standing to the credit of the FHRI account for the purposes of, or in relation to, an arrangement. Funding awarded from the FHRI account will be based on competitive excellence, with clear selection criteria and transparent selection processes to ensure government accountability in decisions about public money.

The FHRI account is not intended to be a substitute for existing funding sources. In fact, a key design consideration for the FHRI account is that it will act to bring additional research and innovation funding into Western Australia, boosting the state government's investment. For example, being able to make money available will provide opportunities to leverage new funding from the Australian government through its $20 billion Medical Research Future Fund.

Under part 2 of the bill, the Minister for Health must establish and maintain an advisory group. The primary role of the advisory group is to provide strategic advice and guidance to the Minister for Health or the Department of Health, as the relevant department, on issues and priorities for Western Australia in relation to research and innovation. The advice of the group will inform how the money in the FHRI account is to be applied to ensure the best value for money and the highest return on investment.

The advisory group will comprise at least eight members: an expert in research; an expert in innovation; a community representative; and at least three other persons with relevant expertise and experience and who could come from fields such as business, law, philanthropy or the not-for-profit sector. The advisory group will also include the chief executive officers, or their nominees, from two state government departments: one from the Department of Health, as the department that is responsible for administering the FHRI account, and the other from the department that the minister decides is most relevant to the activities of the FHRI account. The advisory group will consist of highly capable, respected and broadly knowledgeable members.

Aboriginal health and regional Western Australia health issues are recognised as requiring particular attention by the advisory group. The state government is committed to building a new relationship with Aboriginal people and communities. Therefore, at least one member of the advisory group will have a sound understanding of and experience in dealing with the complex health issues that currently face Aboriginal people and communities in Western Australia. Likewise, the state government recognises the complex challenges posed by providing health care to regional areas in a jurisdiction as vast as Western Australia. As a result, at least one member of the advisory group will have significant experience in or knowledge of regional, rural and remote health issues. This membership requirement also acknowledges the origins of the funding from the royalties for regions fund.

This advisory group will be an enduring, independent source of strategic guidance regarding the funding priorities for the FHRI account and the overarching strategic direction for medical and health research and medical and health innovation and commercialisation in the state. For example, the advisory group will be tasked with leading a recurring cycle of broad consultation that will inform development of a strategy for medical and health research, and medical and health innovation and commercialisation for the state, and the specific priorities of the FHRI account. The advisory group will serve as an advocate for research and innovation and a link with private industry and philanthropy and, perhaps most importantly, provide assurance to the people of Western Australia that the future health research and innovation account is being applied appropriately. Dealing effectively with conflicts of interest—both real and perceived—will be critical to the effectiveness of the advisory group. Therefore, part 2 of the bill will require that conflicts of interest be addressed in a member's instrument of appointment, which will set out not only the steps to avoid conflicts, but also the steps to be followed if a conflict, in fact, arises. The effective and ethical operation of the advisory group will be further supported by Public Sector Commission governance principles and guidelines.

Part 3 of the bill will discontinue the Western Australian Future Fund and establish the future health research and innovation fund. The FHRI fund will continue to be a Treasurer's special purpose account and administered by the Treasurer. All the money currently standing to the credit of the future fund will stand to the credit of the FHRI fund and the FHRI fund will continue to be credited each year with one per cent of the state's forecast royalty income. Capital in the FHRI fund will continue to be preserved in perpetuity to ensure that the funding stream will be available over the long term.

Although the basic components of the future fund have been retained for the FHRI fund, the bill proposes some notable changes. Importantly, section 9 of the Western Australian Future Fund Act will be repealed. This section provided for income derived after 30 June 2032 from investment of money standing to the credit of the future fund to be applied for the purpose of providing public works and other public infrastructure in the metropolitan area and regions of Western Australia. New section 9 of the amended act will instead make forecast investment income available immediately for the purpose of crediting the FHRI account. The bill includes a provision allowing the Minister for Health and the Treasurer to return any uncommitted funds in the FHRI account to the FHRI fund. This provision will ensure that if any funds accumulate in the FHRI account, they can be returned to the FHRI fund and reinvested to earn the highest possible rate of return at all times.

The bill will impose reporting requirements for both the FHRI account and the FHRI fund in addition to that required under the Financial Management Act 2006 for special purpose accounts. There will be robust policy, governance and evaluation guidelines to ensure accountability and transparency in the use of public money. For example, the performance of initiatives that are funded from the FHRI account will be independently evaluated under an evaluation framework developed according to national and international best practice. Standardised processes will also be implemented for risk identification and mitigation.

Part 4 of the bill will outline the final provisions. Most notably, the amended act will retain the manner and form requirements in section 10(2). Any amendments to sections 6 to 10 of the WAFF act, which this bill purports to do, must pass both houses of Parliament with an absolute majority. On 26 September 2019, this bill was introduced in the other place and on 13 November 2019, it passed with an absolute majority at both the second and third reading stages. No amendments were made to the bill. It will also need to pass this house with an absolute majority at both the second and third reading stages. This manner and form requirement will continue to apply to any amendments to sections 7 to 10 of the amended act until 30 June 2032 to protect the FHRI fund and the money credited to the FHRI account.

The central purpose of this bill is to provide a secure source of funding to support health and medical research and innovation now, not wait until 30 June 2032, to ensure that Western Australia can make the most of all the opportunities that present themselves over this coming decade. In summary, the sooner we take positive action to boost medical and health research, and medical and health innovation and commercialisation, the sooner we can expect the resulting health benefits to be available to our family and friends, the sooner we can see new industries and jobs for our children; and the sooner we can see Western Australia regarded as a hotbed of innovation and a centre of exceptional research.

Pursuant to Legislative Council standing order 126(1), I advise that this bill is not a uniform legislation bill. It does not ratify or give effect to an intergovernmental or multilateral agreement to which the government of the state is a party; nor does this bill, by reason of its subject matter, introduce a uniform scheme or uniform laws throughout the commonwealth.

I commend the bill to the house and I table the explanatory memorandum.

[See paper 3405.]

Debate adjourned, pursuant to standing orders.

*House adjourned at 10.20 pm*

## QUESTIONS ON NOTICE

Questions and answers are as supplied to Hansard.

### STANDING COMMITTEE ON PROCEDURE AND PRIVILEGES — FIFTY-FIFTH REPORT — EMAIL ACCESS — STATE SOLICITOR'S OFFICE

**2458. Hon Michael Mischin to the Leader of the House representing the Attorney General:**

I refer to the Attorney General's refusal to disclose to Parliament the procedure followed by the State Solicitor's Office, on behalf of the Government, to identify and remove from documents provided to it those that 'may' be the subject of parliamentary privilege, and to identify the officers and staff who had access to those documents and made those decisions, and ask:

(a) how many, and what categories of staff, of the State Solicitor's Office were engaged in perusing Members' emails and documents and making the necessary decisions;

(b) why will the Attorney General not satisfy Parliament of the integrity of the process involved and the preservation of the parliamentary privilege by revealing the instructions issued to staff and the process by which documents have been identified;

(c) is the Attorney General's claim that advice to Parliament that the method by which the governments' officers have undertaken that process is subject to legal professional privilege supported by legal advice to that effect and, if so, from whom and when was it sought and obtained; and

(d) if it is the case that the objective information as to process is subject to legal professional privilege, why will the Attorney General not, in the interests of transparency and accountability, waive privilege to the extent necessary to reassure the Parliament?

**Hon Sue Ellery replied:**

(a) The information the member seeks has already been communicated to the House in Report 56 of the Standing Committee on Procedure and Privileges. I refer the member to paragraph 6.3 in that regard. [See tabled paper no 3400.]

(b) See (a) above. The instructions that were provided and details of the process used are annexed to Report 56.

(c) Yes, it was subject to legal advice provided by the State Solicitor and that advice was obtained prior to my response to the relevant Parliamentary Question.

(d) As the member is well aware, legal professional privilege is a substantive common law right of considerable import and the rationale for its preservation extends well beyond the particular subject matter or content of a communication. The State does not routinely waive legal professional privilege. It is the Standing Committee on Procedure and Privileges that has been specifically tasked by the Legislative Council to report on the matters upon which the member seeks assurances. In any event, a comprehensive statement setting out the process that was used is incorporated in Report 56.

### WATER — LAKE KEPWARI

**2507. Hon Dr Steve Thomas to the minister representing the Minister for Water:**

I refer to the Lake Kepwari development on the South Branch of the Collie River, and I ask:

(a) does Lake Kepwari still have an licensed surface water allocation of 3.2 Gigalitres per year;

(b) if no to (a), what is the current licensed surface water allocation for Lake Kepwari;

(c) what monitoring of inflow and outflow at Lake Kepwari is occurring;

(d) what has been the inflow into Lake Kepwari from the Collie River South Branch Catchment in 2012, 2013, 2014, 2015, 2016, 2017, 2018, and 2019 to date;

(e) what has been the outflow from Lake Kepwari back into the Collie River South Branch in 2012, 2013, 2014, 2015, 2016 2017 and 2018;

(f) in what years between 2012 and the present has the Collie River South Branch not flowed upstream (south) of Lake Kepwari;

(g) in what years between 2012 and the present has the Collie River South Branch not flowed downstream (north) of Lake Kepwari;

(h) in years of low rainfall, does the filling of Lake Kepwari have a higher priority than environmental flows into the Collie River South Branch;

(i) under what policy, regulation or legislation is the decision on the higher priority in part (h) determined; and

(j) what is the timeframe for the opening of Lake Kepwari for public access?

**Hon Alannah MacTiernan replied:**

(a) No.

(b) The current licensed surface water allocation for Lake Kepwari is 1.5 gigalitres per year.

(c) The monitoring and flow measurement of the lake began in 2013 and ceased in late 2018, following the successful implementation of the through-flow trial and post-trial operations. The lake water level is still being recorded.

(d)–(e) See the table below detailing the inflow, outflow and bypass volumes relating to Lake Kepwari from the Collie River South Branch Catchment:

| **Year** | **Inflow (GL)** | **Outflow (GL)[1]** |
|---|---|---|
| 2012 | 0 | 0 |
| 2013 | 11.7 | 17.3 |
| 2014 | 10.2 | 14.4 |
| 2015 | 0.2 | 0 |
| 2016 | 9.4 | 10.9 |
| 2017 | 3.7 | 11.1 |
| 2018 | 11.7 | 8.9[2] |

[1] Note, outflows are generally higher than inflows as the lake receives water from the surrounding catchment, groundwater up flows and directly from rainfall.

[2] Unreliable record (due to data collection methodology).

(f) None.

(g) None.

(h) As all flows are directed through Lake Kepwari, no separate environmental flows to the Collie River South Branch are required.

(i) Not applicable.

(j) All Government departments, along with Premier Coal, are working towards a plan for Lake Kepwari so that local people can camp, swim and recreate in the vicinity. The water component of the works and approvals are complete, however the rehabilitation works undertaken by the mining company are still ongoing. There are a number of actions that need to occur to enable the surrender of the Lake Kepwari area from the existing mining lease and the relevant government agencies are working on these as a matter of priority.

This process is governed by the State Agreement administered by the Department of Jobs, Tourism, Science and Innovation.

FISHERIES — STAFF

**2510. Hon Colin de Grussa to the minister representing the Minister for Fisheries:**

(1) I refer to staffing within the Department of Fisheries and ask, will the Minister please provide the following information and breakdowns for the number of staff working under each of the following, as at 30 June 2016:

(a) Director General;

(b) Executive Director Science and Resource Assessment;

(c) Deputy Director General Strategy and Aquatic Resources;

(d) Executive Director Corporate Services;

(e) Executive Director Regional Services; and

(f) Manager Office of the Director General?

(2) For each of the staff identified in (1)(a)–(f), will the Minister please provide the:

(a) position title of each staff member;

(b) employment level of each staff member;

(c) full time equivalent hours of each staff member;

(d) geographic location of the office each staff member works from; and

(e) portfolio area each staff member is aligned to (i.e. regional development, agriculture or fisheries)?

**Hon Alannah MacTiernan replied:**

(1) (a) 5

(b) 147

(c) 61

(d) 72

(e) 225

(f) 5

(2) (a)–(d) [See tabled paper no 3402.]

(e) Fisheries.

CRIME STATISTICS — KIMBERLEY AND GOLDFIELDS

**2552. Hon Robin Chapple to the minister representing the Minister for Police:**

For the Kimberley and Goldfields regions, in addition to the town of Kununurra specifically, would the Minister please table statistics, from the past five years to present, regarding:

(a) instances of assault;

(b) instances of specifically aggravated assault;

(c) instances of burglary;

(d) other instances of unlawful or forced entry;

(e) any and all instances of family and/or domestic violence; and

(f) if no to any part of (a)–(e), why not?

**Hon Stephen Dawson replied:**

The Western Australian Police Force advise:

(a) Table 1 is a distinct count of offences categorised as 'Assault' in standard crime statistics reporting. Figures include the following sections of the Criminal Code Act 1913: Section 293 – Stupefying in order to commit indictable offence etc; Section 294 – Act intended to cause grievous bodily harm or prevent arrest; Section 294(1)(c) – Unlawfully causes any explosive substance to explode; Section 297 – Grievous bodily harm; Section 301 – Wounding and similar acts; Section 304 – Act or omission causing bodily harm or danger; Section 305 – Setting dangerous thing; Section 305A – Intoxication by deception; Section 313 – Common assault; Section 317 – Assault causing bodily harm; Section 317A – Assault with intent; Section 318 – Serious assault; Section 318(1)(d) – Assaults a public officer; Section 318(1)(g)(iii) – Assault the driver of a passenger transport vehicle. There exists other types of 'Assault' offences in legislation but these have not been recorded for the requested locations, during the requested timeframe, and as such, have not been listed above.

Table 1. The number of assault offences in the Western Australia Police Force Districts of Kimberley and Goldfields–Esperance and in the suburb of Kununurra, from 2014 to 2019 year-to-date (YTD).

| | **2014** | **2015** | **2016** | **2017** | **2018** | **2019 YTD** |
|---|---|---|---|---|---|---|
| Kimberley | 2 090 | 2 308 | 2 934 | 3 109 | 3 320 | 2 668 |
| Goldfields–Esperance | 1 214 | 1 370 | 1 435 | 1 435 | 1 357 | 1 000 |
| Kununurra | 311 | 396 | 522 | 599 | 639 | 561 |

(b) Aggravated assault figures cannot be accurately distinguished from total assault figures, as aggravated assault is not a legislated offence or reporting category. Aggravation is a circumstance under which the assault offence was committed, and is not recorded systematically in WA Police Force data holdings. Section 221 of the Criminal Code Act 1913 defines circumstances of aggravation for assault, which is where: a family relationship exists between the offender and victim; a child was present during the offence; the offender has breached a restraining order, or the victim is 60 years or over. These circumstance are not readily available and would take significant effort to discern and compare with assault offences to determine which were aggravated. Further, the quality of the recording of these circumstances is unknown and so resulting figures might be an approximation.

(c) Figures consist of burglary offences defined under Section 401 – Burglary of the Criminal Code Act 1913. Figures are a distinct count of burglary offences under Section 401– Burglary of the Criminal Code Act 1913 that occurred during the requested timeframe.

Table 2. The number of burglary offences in the WA Police Force Districts of Kimberley and Goldfields–Esperance and in the suburb of Kununurra, from 2014 to 2019 YTD.

| | **2014** | **2015** | **2016** | **2017** | **2018** | **2019 YTD** |
|---|---|---|---|---|---|---|
| Kimberley | 1 188 | 1 220 | 1 294 | 1 363 | 1 748 | 1 523 |
| Goldfields–Esperance | 1 037 | 977 | 1 299 | 1 639 | 1 347 | 849 |
| Kununurra | 198 | 234 | 176 | 251 | 350 | 319 |

(d) Unlawful or forced entry' is not a legislated offence or reporting category.

(e) Figures are a distinct count of incidents where a family relationship has been determined. From 1 July 2017, a family relationship is defined for the purpose of recording incidents by the WA Police Force as immediate family, and involves a partner / ex-partner, parents, guardians of children or children who reside or regularly stay with involved parties

Prior to 1 July 2017, a family/domestic relationship is defined for the purpose of recording incidents by the WA Police Force as:

> Intimate partners, meaning two persons who are or have been in a relationship with each other which has some degree of stability and continuity. It must reasonably be supposed to have, or have had a sexual aspect to the relationship. The partners do not have to be living together on a full time continuing basis and need not ever have done so; or
>
> Immediate family members, meaning two persons who are related either directly, in-laws or as step family, and can involve Parent; Grandparent; One of the persons being a child who ordinarily resides, resided or regularly stays with the other person; and Guardian of an involved child.

From 1 July 2017, a number of legislative amendments within the Restraining Orders Act 1997 have been implemented with subsequent changes to IMS. Family Violence is now defined in the Restraining Orders Act 1997 as: Violence, or a threat of violence used by a family member; or any other behaviour that coerces or controls a family member or causes a family member to be fearful.

Prior to 1 July 2017, an act of family/domestic violence is defined, as per section 6 of the Restraining Orders Act 1997 (WA), as one of the following acts that a person commits against another person with whom he or she is in a family and domestic relationship: assaulting or causing personal injury to the person; kidnapping or depriving the person of his or her liberty; damaging the persons property, including the injury or death of an animal that is the person's property; behaving in an ongoing manner that is intimidating, offensive or emotionally abusive towards the person; pursuing the person, or a third person, or causing the person or a third person to be pursued with intent to intimidate the person or in a manner that could reasonably be expected to intimidate, and that does in fact intimidate the person; or threatening to commit any act described in paragraphs (a) to (c) against the person.

Table 4. The number of incidents in the WA Police Force Districts of Kimberley and Goldfields–Esperance and in the suburb of Kununurra, where a family relationship has been determined, from 2014 to 2019 YTD.

| | **2014** | **2015** | **2016** | **2017** | **2018** | **2019 YTD** |
|---|---|---|---|---|---|---|
| Kimberley | 3105 | 3684 | 4916 | 5500 | 5716 | 4271 |
| Goldfields–Esperance | 2074 | 2103 | 2370 | 2266 | 2176 | 1599 |
| Kununurra | 398 | 569 | 729 | 1105 | 1144 | 899 |

(f) Please refer to (b) and (d).

Data is provisional and subject to revision. YTD for 2019 is from 1 January 2019 to 23 October 2019, inclusive. Counting Rules have been applied which exclude facilitation and duplication offences in specific circumstances. These rules are applied to certain reporting categories (typically those known to have been prone to over-recording of offences historically) in order to provide a more accurate picture of crime volumes and trends. Counting Rules are applied historically to ensure comparability.

KUNUNURRA HOSPITAL — EMERGENCY DEPARTMENT

**2553. Hon Robin Chapple to the parliamentary secretary representing the Minister for Health:**

Concerning the Emergencies department at Kununurra District Hospital, would the Minster please table the:

(a) total attendance:

(i) by year;

(ii) for this year to-date; and

(iii) the preceding 4 years;

(b) attendance for assault and/or battery:

(i) by year;

(ii) for this year to-date; and

(iii) the preceding 4 years;

(c) attendance for incidents relating to drugs and alcohol (including motor vehicle accidents):

(i) by year;

(ii) for this year to-date; and

(iii) the preceding 4 years;

(d) attendance for incidents relating to adverse mental health concerns:

(i) by year;

(ii) for this year to-date; and

(iii) the preceding 4 years; and

(e) attendance for obstetric or maternity related concerns:

(i) by year;

(ii) for this year to-date; and

(iii) the preceding 4 years?

**Hon Alanna Clohesy replied:**

I am advised:

(a)–(e) Table 1: Number of Attendances at Kununurra Hospital Emergency Department (ED), 2015 to 2019.

| Year | Total ED Attendances | Drug and/or Alcohol Related Attendances | Mental Health Related Attendances | Obstetric/ Maternity Related Attendances |
|---|---|---|---|---|
| 2015 | 13,204 | 160 | 453 | N/A |
| 2016 | 11,708 | 137 | 469 | N/A |
| 2017 | 12,885 | 150 | 391 | 89 |
| 2018 | 13,276 | 156 | 419 | 114 |
| 2019 to date | 10,524 | 129 | 343 | 79 |

ED data related to assault and/or battery is unavailable at WA Country Health Service hospitals.

MINISTER FOR ENERGY — GREENHOUSE GAS EMISSIONS POLICY — COMMUNICATION

**2556. Hon Tim Clifford to the minister representing the Minister for Energy:**

I refer to stakeholder consultation undertaken in the development of the State Government's Greenhouse Gas Policy, and I ask:

(a) will the Minister please table details of any communication, including correspondence, emails, letters, phone calls, briefing notes, diary appointments, meeting minutes, meeting dates and records of attendance regarding the Greenhouse Gas Policy with the following organisations:

(i) Conservation Council of Western Australia;

(ii) World Wildlife Fund;

(iii) Environmental Consultants Association; and

(iv) Environmental Defenders Office?

**Hon Stephen Dawson replied:**

(a) (i) Please refer to Legislative Council Question on Notice 2549.

(ii)–(iv) Not applicable.

MINISTER FOR ENERGY — GREENHOUSE GAS EMISSIONS POLICY — COMMUNICATION

**2559. Hon Tim Clifford to the minister representing the Minister for Energy:**

I refer to stakeholder consultation undertaken regarding the Environmental Protection Authority's greenhouse gas emission guidelines, both withdrawn guidelines and consultation process, and I ask:

(a) will the Minister please table details of any communication, including correspondence, emails, letters, phone calls, briefing notes, diary appointments, meeting minutes, meeting dates and records of attendance regarding the guidelines with the following organisations:

(i) Chevron;

(ii) Woodside;

(iii) Australian Petroleum Production and Exploration Association;

(iv) Association of Mining and Exploration Companies; and

(v) Chamber of Minerals and Energy?

**Hon Stephen Dawson replied:**

(a) (i)–(v) Please refer to Legislative Council Question on Notice 2549.

MINISTER FOR ENERGY — GREENHOUSE GAS EMISSIONS POLICY — COMMUNICATION

**2562. Hon Tim Clifford to the minister representing the Minister for Energy:**

I refer to stakeholder consultation undertaken regarding the Environmental Protection Authority's greenhouse gas emission guidelines, both withdrawn guidelines and consultation process, and I ask:

(a) will the Minister please table details of any communication including correspondence, emails, letters, phone calls, briefing notes, diary appointments, meeting minutes, meeting dates and records of attendance regarding the guidelines with the following organisations:

(i) Conservation Council of Western Australia;

(ii) World Wildlife Fund;

(iii) Environmental Consultants Association; and

(iv) Environmental Defenders Office?

**Hon Stephen Dawson replied:**

(a) (i) Please refer to Legislative Council Question on Notice 2549.

(ii)–(iv) Not applicable.

CLIMATE CHANGE — GLOBAL CLIMATE STRIKE

**2563. Hon Tim Clifford to the minister representing the Minister for Police:**

I refer to the response provided to question without notice 1081, and I ask:

(a) which organisations or individuals did Western Australia Police communicate with regarding the route of the "Global Climate Strike";

(b) when did Western Australia Police notify strike organisers that access to St Georges Terrace would be blocked; and

(c) was there any contact between any Government representative and any representative from Woodside and/or Chevron in relation to the strike route prior to the decision being made?

**Hon Stephen Dawson replied:**

The Western Australian Police Force advise:

(a) The route was discussed with a group of protesters at a meeting with police and City of Perth. These persons advised police they were not official organisers or representatives, nor was there any individual or group formally leading arrangements and organisation of the protest. This group advised that the protesters were a collective with no formalised leadership structure. Police subsequently held discussions on the planned route with the City of Perth, Main Roads WA and the Public Transport Authority.

(b) Police were advised there were no official protest organisers. The protesters were not provided advice that access to St Georges Terrace would be blocked prior to the protest commencing.

(c) The Western Australian Police Force contacted Woodside and Chevron as part of a risk assessment process. Both organisations indicated they were already aware of the planned protest route from social media on the event. There was no contact by the Western Australian Police Force with Woodside or Chevron discussing blocking the protest route.

MINISTER FOR ENERGY — CLIMATE CHANGE POLICY — CORRESPONDENCE

**2566. Hon Tim Clifford to the minister representing the Minister for Energy:**

I refer to correspondence between the State Government and the Federal Government regarding Western Australia's climate change commitments and ask, will the Minister please table all correspondence had with the Federal Government regarding the State Government's climate change commitments and climate change policies?

**Hon Stephen Dawson replied:**

I have had no such correspondence with the Federal Government and do not have access to records of any other Ministerial Office.

HEALTH — CHALET RIGI RESTAURANT — WASTEWATER SYSTEM

**2567. Hon Tim Clifford to the parliamentary secretary representing the Minister for Health:**

(1) I refer to comments made by the Minister for Health in an *Echo Newspaper* article on 20 July 2019 in relation to the Chalet Rigi restaurant in Piesse Brook in which the Minister was quoted saying "I am prepared to grant the development an exemption from the sewer requirement and allow the use of an on-site wastewater system, subject to compliance with the conditions imposed by the DOH", and I ask:

(a) has this exemption been granted; and

(b) will the Minister please provide details of what the exemption relates to:

(i) including the type of wastewater system;

(ii) the location and size of the system; and

(iii) any conditions placed on the exemption by the Department for Health?

(2) The wastewater system relates to a development application to increase the patronage at Chalet Rigi from 80 to 480. A previous application to increase the maximum number of patrons was rejected based on Department of Water advice, that to avoid risk of groundwater contamination a maximum of 80 patrons would be appropriate. What circumstances have changed that led the Minister to provide the exemption given the risks noted previously by the Department of Water?

(3) Is the Minister aware that Chalet Rigi is located in the Middle Helena Catchment Area P2, which is protected for drinking water?

(4) In making this decision, did the Minister consider the affect the wastewater system would have on the dams in the area that provide drinking water for 5 households?

(5) If yes to (4), what conclusions did the Minister draw about the effect of the wastewater on the quality of the drinking water in the area?

**Hon Alanna Clohesy replied:**

I am advised:

(1) (a)–(b) Yes.

(i) Biomax C80.

(ii) The location details are determined from the information provided with the application to install the wastewater system. The Biomax C80 is capable of treating 14,4 kl/day of wastewater.

(iii) The development is required to comply with other legislation, including the Planning and Development Act 2005.

(2) Higher effluent quality is produced by the Biomax system compared to a standard septic tank system and disposal calculations, as per Australian Standard 1547:2012 – On-site domestic wastewater management.

(3)–(4) Yes.

(5) The wastewater system produced is better quality than a septic tank, with effluent disinfected to achieve faecal coliforms (E coli) <10 colony-forming unit (cfu)/100ml, and there is adequate separation distances from water courses.

PLANNING — HENLEY BROOK URBAN PRECINCT — REZONING

**2568. Hon Tim Clifford to the minister representing the Minister for Transport; Planning:**

I refer to the rezoning of the Henley Brook Urban Precinct from Rural to Urban in October 2018, and I ask:

(a) in approving the re-zoning, what consideration did the Minister give to the potential for urban residential development to detrimentally impact the St Leonards Brook Catchment area, which is home to and provides a valuable feeding area for Carnaby's Cockatoos and Red Tailed Cockatoos; and

(b) given that the precinct is a Priority 2 area of the Gnangara Underground Water Pollution Control Area under State Planning Policy 2.2, what measures will be undertaken to ensure that any future development of the Precinct does not risk pollution to the water source?

**Hon Stephen Dawson replied:**

(a) The Metropolitan Region Scheme amendment was considered by the Environmental Protection Authority, which determined that the amendment should not be assessed and that it was not necessary to provide any advice or recommendations.

(b) A District Water Management Strategy was approved by the Department of Water and Environmental Regulation for the amendment area. Further detailed consideration of water management matters will occur in subsequent stages of the planning process.

ENERGY — ELECTRICITY SUPPLY — MENZIES

**2569. Hon Tim Clifford to the minister representing the Minister for Energy:**

(1) Why was a solar power company required to disconnect its solar power system from the grid in Menzies, Western Australia?

(2) What proportion of Menzies electricity was provided by renewable sources prior to this occurring?

(3) What proportion of Menzies electricity is currently provided by renewable sources?

(4) What sources provide the remainder of Menzies current electricity needs?

(5) Will the company be permitted to reconnect its solar power system and, if so, when?

**Hon Stephen Dawson replied:**

(1) Horizon Power did not disconnect a solar power company in Menzies.

(2) Not applicable.

(3) Between July–September 2019, approximately 2.4% of energy used by Horizon Power was imported from rooftop solar generation.

(4) Diesel.

(5) Not applicable.

SYNERGY — ANNUAL REPORT 2019

**2570. Hon Dr Steve Thomas to the minister representing the Minister for Energy:**

I refer to the 2019 Annual Report of Synergy tabled in Parliament on 26 September 2019, and I ask:

(a) what exactly is represented by the so called "impairment" of $428.9 million referred to by the Chairman and the CEO;

(b) what exactly is the $152.4 million "onerous contract" referred to by the Chairman and the CEO; and

(c) will the Minister please provide details of both write downs?

**Hon Stephen Dawson replied:**

(a)–(c) Please refer to notes 3.1 5.1 5.2 and 5.4 to the Financial Report contained in the 2019 Synergy Annual Report tabled in Parliament.

ENVIRONMENT — IBIS MANAGEMENT PLAN

**2571. Hon Dr Steve Thomas to the Minister for Environment:**

(1) Does the Government or Department of Biosecurity, Conservation and Attractions have a management plan to control Ibis (*Threskiornis* spp.) in Perth and the South West land division of Western Australia?

(2) If yes to (1), will the Minister please table that plan?

(3) If no to (1):

  (a) how does the Government plan to manage the impact of Ibis in Western Australia; and

  (b) will the Government develop a plan to manage the impact of Ibis in Western Australia?

**Hon Stephen Dawson replied:**

(1) No.

(2) Not applicable.

(3) (a)–(b) The responsibility to manage fauna rests with the relevant land owner or manager. The Department of Biodiversity, Conservation and Attractions (DBCA) works collaboratively with land owners and managers to balance the needs of conservation and other considerations in responding to native species that cause damage. DBCA routinely provides advice to land owners and managers on strategies to minimise the impacts of ibis and issues licences for scaring or removal of ibis, where appropriate.

FIRE AND EMERGENCY SERVICES — REPLACEMENT RESPONSE VEHICLES

**2572. Hon Colin de Grussa to the minister representing the Minister for Emergency Services:**

I refer to question without notice 1093 regarding the Operational Fleet Project, and I ask:

(a) who are the members of the Project Board:

(i) what emergency service organisations do they represent; and

(ii) where are they based;

(b) how was the membership of the Project Board determined;

(c) will the Minister please table the terms of reference for the Project Board; and

(d) how many meetings have been held by the Project Board, and will the Minister please table the minutes of those meetings?

**Hon Stephen Dawson replied:**

Please refer to Legislative Council Question on Notice 2575.

PUBLIC HOUSING — UNOCCUPIED — SOUTH WEST REGION

**2573. Hon Colin Tincknell to the minister representing the Minister for Housing:**

Can the Minister please advise how many unoccupied houses located within the South West region are:

(a) uninhabitable due to not meeting minimum health and safety standards;

(b) undergoing non-standard maintenance work; and

(c) undergoing maintenance for reletting?

**Hon Stephen Dawson replied:**

(a) The Department of Communities aims to ensure that tenants are living in properties that are safe, habitable and functional according to their needs.

The Department of Communities is unable to report on properties deemed to be uninhabitable due to not meeting minimum health and safety standards as it does not capture data on this criterion.

As of 31 August 2019, 114 Public Housing properties were vacant in the South West, including properties undergoing maintenance prior to being relet to an applicant on the Public Housing waitlist.

(b) As at 31 August 2019, 29 properties in the South West region were undergoing non-standard vacated maintenance.

(c) As at 31 August 2019, 35 properties in the South West region were undergoing standard vacated maintenance.

FIRE AND EMERGENCY SERVICES — REPLACEMENT RESPONSE VEHICLES

**2575. Hon Colin de Grussa to the minister representing the Minister for Emergency Services:**

I refer to question without notice 1093 asked on 25 September 2019, regarding the Operational Fleet Project, and I ask:

(a) who are the members of the Project Board;

(b) what emergency service organisations do they represent and where are they based;

(c) how was the membership of the Project Board determined;

(d) will the Minister please table the terms of reference for the Project Board;

(e) how many meetings have been held by the Project Board; and

(f) will the Minister table the minutes of these meetings?

**Hon Stephen Dawson replied:**

(a) Refer to Attachment A. [See tabled paper no 3401.]

(b) Emergency services organisations are represented by DFES; the Emergency Services Volunteer Association; the WA Volunteer Fire and Rescue Services Association of WA; the Volunteer Marine Rescue Service WA; Bushfire Volunteers; the WA Local Government Association; the United Firefighters Union of Australia – West Australia branch. There is also an Observer from the Department of Biodiversity, Conservation and Attractions and an Observer from the Western Australia Police Force. The emergency services organisations are based in metropolitan and regional areas.

(c) Members are determined on the basis of expertise and responsibility from relevant DFES business areas and/or nominated by relevant external bodies.

(d) Yes. Refer Attachment B. [See tabled paper no 3401.]

(e) Five.

(f) Yes, the minutes of the meetings will be tabled on completion of the project.

FIRE AND EMERGENCY SERVICES — REPLACEMENT RESPONSE VEHICLES

**2576. Hon Colin de Grussa to the minister representing the Minister for Emergency Services:**

I refer to question without notice 1093 asked on 25 September 2019, regarding the Department of Fire and Emergency Services Operational Fleet project, and I ask:

(a) how many project advisory teams are there;

(b) what is the name and position of each team member;

(c) what emergency service organisations do they represent;

(d) where is each member based;

(e) when and where has each project team met;

(f) will the Minister table the minutes or notes of each meeting;

(g) how was the membership of these teams determined; and

(h) will the Minister table the terms of reference for each advisory team?

**Hon Stephen Dawson replied:**

Please refer to Legislative Council Question on Notice 2575.

ROTTNEST ISLAND

**2578. Hon Tim Clifford to the minister representing the Minister for Tourism:**

(1) Can the Minister advise the House why, notwithstanding section 6(2)(a) of the *Rottnest Island Authority Act 1987*, which specifies that at least one member of the Authority Board "has practical knowledge of and experience in the conservation of the environment", none of the current six member board has environmental knowledge and experience?

(2) Can the Minister assure the House that in accordance with section 14(1)(a) of the Act, he will not permit the provision of, or allow sanction through the management or development plan, any living accommodation on the island except within the designated settlement area?

(3) Can the Minister assure the House that any development foreshadowed in the Rottnest Island Management Plan (2020–24) and Rottnest Island Master Plan, will fully take account of the fragility of the frontal dunes and the vulnerability of coastal development to coastal erosion due to storm events and sea level rise?

(4) Will the Minister ensure that the Rottnest Island Management Plan (2020–24) and associated Master Plan, when finalized, will address the requirements under the Act [section 11(2)(b) and (c)] to protect the flora and fauna of the Island and to maintain and protect the natural environment and repair its natural environment?

(5) Can the Minister advise the House whether he agrees with the environmental and conservation provisions within the *Rottnest Island Authority Act 1987* and, if not, whether he is intent upon initiating amendments to the act to render it more in keeping with his vision for the development of Rottnest?

**Hon Alannah MacTiernan replied:**

(1) Ms Hannah Fitzhardinge has held positions requiring her to seek conservation outcomes and achieve environmental approvals, which in the opinion of the Minister for Tourism related to Ms Fitzhardinge having practical knowledge of and experience in the conservation of the environment.

(2) No.

(3) Yes.

(4) Yes.

(5) The Minister for Tourism agrees with the environmental and conservation provisions within the *Rottnest Island Authority Act 1987*.

HOUSING — CHILDREN AT RISK

**2579. Hon Nick Goiran to the minister representing the Minister for Housing:**

As at 30 June 2019, how many clients that had been identified as having "children at risk", under the Priority Housing Needs Policy and Priority Assessment Framework, were on a waitlist for housing?

**Hon Stephen Dawson replied:**

The Department of Communities does not capture data regarding "children at risk" under the Priority Housing Needs Policy and Priority Assessment Framework. Where indicators relating to "children and risk" are identified, this information would be recorded manually on a Priority Housing and Transfer Assessment Form.

CHILD PROTECTION — CARE LEAVERS — HOME STRETCH PROGRAM

**2580. Hon Nick Goiran to the Leader of the House representing the Minister for Child Protection:**

I refer to the Minister's answer to my question without notice 910 on 22 August 2019, referring to the members of the steering group overseeing the Home Stretch Trial, and I ask:

(a) for the steering group members who are representatives from the Department of Communities, Anglicare WA and CREATE WA, what position or job title do they hold within their organisation; and

(b) for the steering group members who are from "relevant community services and research sectors", which organisations or bodies do they represent, and what position or job title do they hold within them?

**Hon Sue Ellery replied:**

(a) Members of the steering group overseeing the Home Stretch Trial representing the Department of Communities, Anglicare WA and CREATE WA hold the following positions:

Department of Communities

Assistant Director General, Policy and Service Design

Regional Executive Director, Service Delivery Metropolitan Communities

District Director, Fremantle District

General Manager (Children and Families), Policy and Service Design

Manager (Children and Families), Policy and Service Design

Anglicare WA

Director Services

Practice Consultant – Youth

CREATE WA

State Coordinator

(b) Members of the steering group overseeing the Home Stretch Trial who are from community services and research sectors hold the following positions within their organisations:

Wanslea Family Services

Manager Operations

Coordinator

Yorganup

Policy and Research Officer

Foster Care Association of WA

Director

Telethon Kids Institute

Senior Research Fellow

LEGAL AFFAIRS — WESTERN AUSTRALIAN LEGISLATION WEBSITE

**2583. Hon Alison Xamon to the Leader of the House representing the Attorney General:**

Noting that the Western Australian Legislation website publishes ratified State agreements in the form of Schedules to the principal Act whereby Schedule 1 shows the original agreement and subsequent schedules show each supplementary agreement in the order it was ratified (rather than publishing the State agreement in its complete, consolidated, current form), I ask:

(a) will the Minister please instruct Parliamentary Counsel's Office to also provide a link to a complete, consolidated, current version of each State agreement;

(b) if no to (a), why not; and

(c) if yes to (a), when?

**Hon Sue Ellery replied:**

(a)–(c) The Western Australian Legislation Website is where WA legislative instruments are made publicly available. Not all variations to State Agreements are ratified by an Act of Parliament. Some variations must only be tabled in both Houses of Parliament and some may be made by simple agreement between the parties. Parliamentary Counsel's Office is involved only where a Bill is required to ratify a variation to a State Agreement, and therefore does not have a complete and up-to-date record of all variations that would enable PCO to produce consolidated versions of all State Agreements.

SCHOOLS — SUNNINGDALE PRIMARY SCHOOL

**2584. Hon Alison Xamon to the Minister for Education and Training:**

I refer to the planned development of Sunningdale Primary School in Yanchep, and I ask:

(a) could the Minister please advise the anticipated enrolments for this school for each of the first five years of operation, with the expected cohorts for each year;

(b) could the Minister please provide the boundaries of the zoned intake area of this primary school;

(c) could the Minister please advise the likely locations and construction timeframes of any other primary schools to be constructed in Yanchep;

(d) could the Minister please advise if any consideration has been made of locating the school near the new sporting facilities at Splendid Park; and

(e) could the Minister please table any and all advice that has been received from WaterCorp regarding the impact on the mains water pressure and sewerage systems of surrounding residents?

**Hon Sue Ellery replied:**

(a) Based on Semester 1, 2019 student enrolments, the projected enrolments at the new Sunningdale Primary School (planning name), which will open in 2021, is:

| YEAR | K | PP | 1 | 2 | 3 | 4 | 5 | 6 | Total |
|---|---|---|---|---|---|---|---|---|---|
| **2021** | 28 | 25 | 22 | 28 | 18 | 13 | 8 | 3 | **145** |
| **2022** | 30 | 30 | 27 | 24 | 30 | 20 | 15 | 9 | **185** |
| **2023** | 37 | 37 | 37 | 33 | 30 | 36 | 26 | 20 | **256** |
| **2024** | 44 | 44 | 44 | 43 | 39 | 36 | 42 | 31 | **323** |
| **2025** | 51 | 51 | 51 | 50 | 49 | 45 | 42 | 47 | **386** |

(b) The local-intake area for the new Sunningdale Primary School (planning name) is yet to be finalised. The local-intake area will be published in the Government Gazette before June 2020.

(c) The Department has identified four further sites in the locality of Yanchep for possible future primary schools. The future sites are outlined below:

Yanchep (St Andrews) East (planning name) – Yanchep Beach Road, near Greenside Drive;

Yanchep East (planning name) – 351 Yanchep Beach Road;

Yanchep South (planning name) – 3523 Marmion Avenue; and

Yanchep (Capricorn) North (planning name) – Parktree Avenue and Biara Road.

No decision has been made regarding the timing for establishing future primary schools at these sites.

(d) The Department has primary schools located west (Yanchep Beach Primary School) and east (Sunningdale Primary School [planning name]) of Splendid Park. At this time, the Department does not have a planned primary school site next to Splendid Park. The future primary school sites identified in the response to part (c) are all adjoining public open space, with the ability for shared sporting ovals/facilities, subject to an agreement with the relevant local government authority.

(e) The Water Corporation did not raise any concerns regarding the impact on the mains water pressure and sewerage systems of surrounding residents. The Water Corporation approved water, fire service and sewer connection for the proposed primary school and confirmed the design of the services is compliant with its requirements.

SCHOOL CURRICULUM AND STANDARDS AUTHORITY — AGRICULTURAL EDUCATION

**2602. Hon Donna Faragher to the Minister for Education and Training:**

I refer to the response to question without notice 794 asked on 8 August 2019 and, I ask, can the Minister provide a list of the current members of the School Curriculum and Standards Authority's Animal and Plant Production Curriculum Advisory Committee?

**Hon Sue Ellery replied:**

The current membership of the Animal and Plant Production Systems Curriculum Advisory committee is:

| | |
|---|---|
| Dr Bruce Mackintosh (Chair) | University representative (University of WA) |
| Ms Alysia Kepert | Department of Education system representative |
| Mr Daniel Gibbins | Department of Education practising teacher |
| Ms Leanne Sjollema | Department of Education practising teacher |
| Ms Margaret Collins | Community representative (Board chair – Cunderdin Agricultural College) |
| Ms Megan Ryan | University representative (University of WA) |
| Mr Peter Gelmi | Department of Education practising teacher |

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