



# Parliamentary Debates

(HANSARD)

FORTIETH PARLIAMENT  
FIRST SESSION  
2019

LEGISLATIVE COUNCIL

Tuesday, 29 October 2019



# Legislative Council

Tuesday, 29 October 2019

THE PRESIDENT (Hon Kate Doust) took the chair at 2.00 pm, read prayers and acknowledged country.

## BILLS

*Assent*

Message from the Governor received and read notifying assent to the following bills —

1. Consumer Protection Legislation Amendment Bill 2018.
2. Fair Trading Amendment Bill 2018.

## JOINT STANDING COMMITTEE ON THE CORRUPTION AND CRIME COMMISSION

*Inquiry into Public Sector Procurement of Goods and Services and its Vulnerability to Corrupt Practice —  
Extension of Reporting Date — Statement by President*

THE PRESIDENT (Hon Kate Doust) [2.03 pm]: I have received correspondence from the Joint Standing Committee on the Corruption and Crime Commission. It reads —

Dear Madam President

### **Inquiry report tabling date**

The Joint Standing Committee on the Corruption and Crime Commission has resolved to amend the date for the tabling of a report on its inquiry into public sector procurement of goods and services and its vulnerability to corrupt practice.

The Committee will now report on the inquiry by Thursday, 19 March 2020.

Yours sincerely

**MS M.M. QUIRK, MLA**

## LAKE MULLOCULLUP — WATER SKIING

*Petition*

HON DIANE EVERS (South West) [2.04 pm]: I present a petition containing 417 signatures couched in the following terms —

To the President and Members of the Legislative Council of the Parliament of Western Australia in Parliament assembled.

We the undersigned are opposed to the recent gazettal of Lake Mullocullopp in the Mullocullopp Nature Reserve for the purpose of water skiing by the Department of Transport (DOT) at the request of the City of Albany (COA) for the following reasons:

- That the Lake, known as Mirrambeen to the traditional owners, has significant ongoing spiritual and cultural value to the Minang and Wilomin Noongar people as a meeting place and food gathering area. It is a registered site under the Aboriginal Heritage Act 1972 and a majority of the local Noongar people surveyed do not support the gazetting of the Lake for the purpose of water skiing which will cause damage to the Noongar belief system;
- That the use of the Lake for the recreational activity of water skiing may be in contravention of the Lands Administration Act 1997 and the Management Order relating to the purpose and use of the Mullocullopp Nature Reserve;
- That the Lake is one of the few remaining freshwater lakes in the area with a very fragile ecological system. Its pristine condition will be severely impacted by power boating and water skiing activities;
- That no plans have been presented by the DOT or the COA to show how they will manage the increased traffic on access roads and what actions will be taken to mitigate the impact on the local environment of power boating activities and increased numbers of visitors accessing the reserve;
- That no plans have been presented by the DOT or the COA as to how they will monitor and enforce safety rules and rights of way on such a small and isolated lake;

We, the petitioners therefore respectfully ask the Legislative Council to request that the DOT's Director of Waterways Safety Management to rescind the gazettal of Lake Mulloccullop for the purpose of water skiing as described in the gazette notice of the 29th March 2019 and reinstate a ban on water skiing activities in the Lake and honour the existing gazettal of Water, Camping and Conservation of Flora and Fauna.

**AND YOUR PETITIONERS AS IN DUTY BOUND, WILL EVER PRAY.**

[See paper 3333.]

### PAPERS TABLED

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

### VOLUNTARY ASSISTED DYING BILL 2019

#### *Committee*

Resumed from 24 October. The Deputy Chair of Committees (Hon Martin Aldridge) in the chair; Hon Stephen Dawson (Minister for Environment) in charge of the bill.

#### **Clause 1: Short title —**

Progress was reported after the clause had been partly considered.

**The DEPUTY CHAIR:** I draw members' attention to supplementary notice paper 139, issue 3, dated Thursday, 24 October 2019.

**Hon STEPHEN DAWSON:** I had better speak up before someone reminds me again. Thank you very much, Mr Deputy Chair. Last week, there were a number of things that I undertook to come back to the chamber with an answer on. However, before I do that, I want to remove any misunderstanding that I may have left last week. It is in relation to Hon Peter Collier's questions about possible amendments that the government may accept. I just want to make it clear that we will, of course, consider proposed amendments to this bill, provided that the amendments are reasonable and that they do not undermine the bill, or, indeed, its policy and purpose. We will, of course, give careful consideration to each and every one that is put forward and, as I mentioned previously, this will be done as we get to each clause. Therefore, once we get to debate each clause, any amendments that are proposed will be considered at that time. Of course, if the government itself forms a view that an amendment is required, it will obviously notify the chamber in the usual way. That is what I referred to last week by putting amendments from the government on the supplementary notice paper. In case there is any question about whether the government will be open to amendments to the bill, I just wanted to clarify that.

I also have comments in relation to two issues Hon Nick Goiran raised last week. He asked whether social workers would be captured by the national law that I referred to. The answer is: no, they will not. Social workers are self-regulated allied health professionals. Social workers are healthcare workers but not registered health practitioners under the national law. The second issue he raised related to how long the government anticipates it might take to create care navigator roles. As I said previously, it is intended that the bill will become operative after the implementation phase of 18 months. The intention is that healthcare workers and registered healthcare practitioners who choose to participate will be trained and ready to discharge their obligations under the act. However, obviously, we will be working within the usual workforce constraints.

**Hon PETER COLLIER:** Thank you for that, minister. Can I just get clarity? I am a little confused after the minister's comment. Regarding the amendments, I appreciate that the government will always consider any amendments that come from the floor—I have no problems with that one. I just want some clarification around the government's amendments. That was the direction in which I was heading with my questions about amendments that the government was considering. I got the impression from the minister's comments last week that the government was not only considering amendments but also actually drafting amendments at this stage. Can the minister confirm whether that is still the case?

**Hon STEPHEN DAWSON:** Certainly, that issue was dealt with last week, and it was indicated that the government was drafting amendments based on amendments that were raised in the other place or, indeed, amendments that were raised by stakeholders external to the Parliament. No decision has been made on the policy or the policy intent of those amendments, but, certainly, some amendments have, I understand, been drafted by the minister's office. They are under consideration still.

**Hon MARTIN PRITCHARD:** Last Thursday, I removed from the supplementary notice paper an amendment that would have required a consulting practitioner to hold some speciality. I thought it might be worthwhile to canvass that a little bit, because it has been brought to my attention that that amendment had a lot of support outside the chamber and to some extent inside the chamber. I thought I would explain briefly why I removed that amendment. It was after a briefing that was organised by Hon Colin de Grussa and after he had spoken to some

motor neurone disease specialists. They indicated that only four specialists service over 90 per cent of people in Western Australia. It came to my mind at that time that there could well be a situation in which either by contractual arrangement or through conscientious objection, or through availability, they would not be available. Therefore, even though people tend to fall in love with the drafting that they conjure—I was in love with my drafting—I thought it would be appropriate to remove my amendment because I accepted the view that was put to me by the minister and others that it could have created some real problems in the bill. But that does not necessarily change my mind with regard to what expertise should be required for prognosis.

That led me last week to make a number of intemperate comments about general practitioners. I have had some feedback on that. I accept that general practitioners have a whole-of-body specialty, so I would like to talk briefly about that. In reading the bill as it currently stands, it seems to give the impression that one day a person could arrive at their general practitioner, say that they are very ill and the general practitioner could then turn around and say, “Yes, by the way you have cancer; you have six months to live.” Then the discussion could go on from there and they would have to do an assessment. Of course, that is not the reality. The reality is that in almost all cases, a person would have to be sick for many months, if not years, and would have been at previous times, I imagine, referred to specialists, and the general practitioner would have been acting as a conduit to look at the comorbidities and to make a judgement, in discussion with the patient, about the best treatment for the patient. I accept that. However, the bill will go further than that. It will impose upon the patient a requirement to go through exactly the same processes a second time. That is considered to be a precaution, which seems strange to me because the consulting practitioner would be the one selected by the coordinating practitioner, so it does not tend to empower the patient, in my view, in that regard, and they would have to go through exactly the same process a second time, which, if a person were in their last six months of life or even less in some circumstances, seems to be an unnecessary precaution.

I looked at the bill and it came to my mind that because of the amount of information that the general practitioner would have already collated, and the opportunity to refer to specialists but not get those specialists involved in the process—in other words, not limiting the availability and such—the coordinating practitioner, the GP, would be in a perfect position to make a determination, given all the information, and that the only oversight that I see would be necessary would be collating all that information in some reporting process and giving that to the board and the board basically ticking it off and saying, “Yes, based on all the information we have, we make a prognosis of less than six months”, and they would go through the process. That would severely limit the exposure a patient would have and how many times they would have to see a different general practitioner. It would also mean that people in the bush would have fewer problems, because in many towns, of course, there is only one GP. However, we cannot unscramble an egg; I understand that. I also understand that the government falls in love with the drafting it puts together. But I just wanted to raise those things.

I did not mean to denigrate general practitioners. I think they do play a role, but I think it is a collation and holistic role, and the fact that they have in most cases a relationship with the patient and the family, and those things can be of assistance. I have always been a general fan of the fact that a general practitioner be the coordinating practitioner; I just do not see the need for a consulting practitioner to be involved in the process because I think that will have limitations. That is why I withdrew the amendment that I was going to put forward at a later stage.

As I said, I am almost certain that specialists will be involved, but they would not necessarily have to be pulled in as a coordinating practitioner; rather, they could be part of the process in which the coordinating practitioner refers off to specialists and gains that information with the board having oversight. I think that would make it a lot simpler and it would have gained my support earlier. I do not believe that we gain much by going through the process twice when we are talking about people who have fewer than six months to live. Hopefully, that gives members some insight into why I withdrew the amendment. In its place, I will move amendments to, I think, clauses 25 and 36—I may be incorrect—that suggest that the coordinating practitioner has to identify whether they have the skills and training to make a prognosis, or other aspects, and if they do not have those skills or training, they refer off as the bill suggests. They will then have to take into account—not necessarily accept—each and every report and send all those reports, whether or not they support their view, to the board so that it has proper oversight. I have tried to toughen those areas to give me confidence in the bill. I know that I do not have the option, but I do not see the consulting practitioner as a safeguard. I see the consulting practitioner as going through the process twice just in case someone gets the process wrong in the first instance. I do not understand it and given that the voluntary assisted dying process is for patients who have only six months to live, it is unnecessary. I do not necessarily need the minister to make a comment. I thought it would be good for the chamber to understand why I withdrew the amendment and the concerns I had with it.

**Hon NICK GOIRAN:** Last week, the minister responded to concerns raised by Hon Kyle McGinn about the role of care navigators, particularly Indigenous ones, to assure him that the intent is that the role is to assist, not coerce. The member also sought an assurance from the minister that the standard for Indigenous navigators will be more than just completing a cultural competency course, and that resulted in my last question before we adjourned last Thursday, which was: given the strict parameters operating in the bill for medical practitioners, and given that

the government is considering using social workers as navigators, what will be the strict system regulating the navigators? In effect, in the minister's response this afternoon, he indicated that social workers are self-regulated and do not operate under the national law for health practitioners. What arrangements does the government plan to put in place to regulate the role of care navigators in the instance that they are social workers?

**Hon STEPHEN DAWSON:** As I alluded to earlier in answering Hon Nick Goiran's question about whether social workers are captured by the national law, I said no, they are not. Social workers are self-regulated allied health professionals. Social workers are healthcare workers but not registered health practitioners under the national law. The National Code of Conduct for Health Care Workers 2014, which was a decision of the Council of Australian Governments, was developed to set standards for healthcare workers against which disciplinary action can be taken. In Western Australia, the Health and Disability Services Complaints Office commenced phase 2 of the implementation of process of that in June 2018. Phase 2 has included the progression of activities required for legislative change necessary to give effect to the national code in Western Australia. I understand the drafting instructions have been provided to parliamentary counsel. The preparation for drafting of the health and disability services complaints amendment bill to provide for the national code jurisdiction and the implementation of the code in Western Australia through regulations is progressing. The national code will set standards against which disciplinary action can be taken and, if necessary, a prohibition order will be issued in circumstances in which a healthcare worker's continued practice presents a serious risk to public health and safety.

It is anticipated that social workers and, indeed, health workers, who undertake the navigator role will be employed by the Department of Health in the first instance and they will be subject to the department's code of conduct and directions by their employer. It is likely that the care navigation process will be a nurse-led service. The Department of Health is of the view that a nurse-led model of care is preferred and that eventually a multidisciplinary team with other health professionals will develop. It is intended that the manager of any multidisciplinary team of care navigators must be a registered nurse. Registered health practitioners, including registered nurses, are subject to the Health Practitioner Regulation National Law (WA) Act 2010 and may be investigated by the Australian Health Practitioner Regulation Agency.

**Hon NICK GOIRAN:** Does that explanation simply mean that the social workers who the government proposes will be care navigators—or a group or a class of people who will be part of the care navigation scheme—currently do not operate under the national code of conduct for healthcare workers because, at the moment, the instructions to make that happen are with parliamentary counsel?

**Hon STEPHEN DAWSON:** If I can just clarify, the national law does not include nor bind social workers at this stage. I know that we have mentioned social workers numerous times last week and today, but the intention, as I said, is that the navigator service be led by nurses and the likelihood is that at some stage, social workers could be involved in the process, although no decision has been made on that. In Victoria, the care navigation role is filled by a clinical nurse consultant and a social worker. We have not landed on social workers absolutely being part of the scheme, but certainly if they are, as we seek changes to regulations, the intention would be that they will be employed by the health department so they will be subject to the Department of Health's code of conduct and the directions of their employers.

**Hon NICK GOIRAN:** What part of the bill limits care navigators to be those who will be led by nurses in the first instance; and, secondly, what part of the bill ensures that the care navigators, if they are social workers, will be employed by the Department of Health?

**Hon STEPHEN DAWSON:** None. As I have said previously, care navigators are not part of the bill. That issue will be dealt with during the implementation phase.

**Hon NICK GOIRAN:** I agree that it is not in the bill. This is the problem. The government is trying to assure regional members that they do not have anything to worry about with the bill before the house and that there will be good access in regional Western Australia because this government will spend taxpayers' money to fund care navigators. That is part of the government's rhetoric and narrative to provide regional members with an assurance about their concerns. Multiple regional members in this place have raised concerns about that, noting that "care navigator" is not a defined term or mentioned in any way in this bill. I am simply seeking to ascertain the extent to which the government has any plan to regulate that role. It seems to me that the government has not yet decided who is going to be a care navigator, let alone how they will be regulated. There have been some vague remarks about them being nurse led, but the government has not really made a decision on that. It thinks it might, in due course, in the fullness of time, bring in some social workers, who are self-regulated, but it is not really sure about that either, and it thinks that all these things will be taken care of in the implementation phase, which will take 18 months. The minister can understand why I do not necessarily receive any assurance or satisfaction when he says to Hon Kyle McGinn that he has nothing to worry about because the intention is that these care navigators will be there to assist and will not coerce, yet there is no regulation around the process of care navigators, there is no definition and there is no plan.

I will move to a different area. Last week, the minister indicated that, if necessary, the government would fund the cost of up to eight people to assist a person in regional or rural WA to access voluntary assisted dying, but he

was unwilling to provide a guarantee that the government would fund the cost of one palliative care specialist and one interpreter to visit that same person if that was their preference. Has the minister now spoken to the Minister for Health and is he now able to provide that assurance?

**Hon STEPHEN DAWSON:** I did raise that issue with the minister's office last week. I have raised the issue. I have told the minister of the member's concern. I understand that people can access palliative care services remotely, in that they can access them over the phone. I certainly raised the issue with the minister's office.

The member spoke about sending up to eight people to regional or remote Western Australia—those were the words he used. That was a hypothetical situation. I answered that that might well be the case in certain circumstances, but I also said last week that the likely number of people throughout the state who will access the service is likely to be small. This is not about cost; this is about ensuring that people in regional and remote Western Australia can access the service that will be allowed under this bill. I understand that palliative care services can be accessed over the phone at this stage.

**Hon NICK GOIRAN:** Is the government able to guarantee that it will fund the cost of one palliative care specialist and one interpreter, if that is the request of a Western Australian in regional WA?

**Hon STEPHEN DAWSON:** No, I am not in a position to guarantee that.

**Hon NICK GOIRAN:** There we have it! The evidence from the minister last week was that the government would guarantee up to eight people to participate in this voluntary assisted dying process and execute the act for the patient in regional Western Australia. Because cost is not an issue for the government when it comes to voluntary assisted dying, it will fund up to eight people to go to regional Western Australia. However, the government has just confirmed that it cannot guarantee that it will send out a palliative care specialist and an interpreter. That should send a chill down the spine of anyone in regional Western Australia. The pretence is that this will somehow be a choice. Someone in regional Western Australia will have the choice of having eight people go out to execute the VAD act for them, but they will not be able to have two people to execute life in palliative care. People tell me that this is about choice, but we have just had evidence to confirm that that is fake for regional Western Australians. If I am wrong about that, the minister can correct the record at any time and reconfirm that the government will now take a different approach and will ensure and guarantee that regional Western Australians will have access to a palliative care specialist if that is their choice. At this stage, that is not the case. Now, minister, in response to —

**Hon Stephen Dawson:** Before you move on to another point —

**Hon NICK GOIRAN:** I have not finished.

**Hon Stephen Dawson:** You just invited me to answer at any stage, honourable member. Either you want an answer or you do not.

**The DEPUTY CHAIR (Hon Martin Aldridge):** Order; Hon Nick Goiran has the call.

**Hon NICK GOIRAN:** Thank you, Mr Deputy Chair; I think the minister is unfamiliar with the processes of this chamber.

The minister indicated earlier to Hon Peter Collier that the government will consider amendments if they are put forward. He indicated last week that he would not table the draft amendments that the government has in its possession. Has the government reconsidered whether it will at least reveal to the chamber to which clauses of the bill those draft amendments pertain?

**Hon STEPHEN DAWSON:** No, we have not reconsidered. Indeed, I do not propose to go over this issue again. Mr Deputy Chair, these questions were asked last week; I do not propose to answer them again today. I would argue that we are starting to veer into the area of repetition. I do not propose to continue having this debate on the same issue week in, week out. I will park that issue there for a second.

In earlier comments, Hon Nick Goiran invited me to stand at any stage to make further comment, but then he did not welcome that advice from me. I make the point that a record investment has been made by this government in palliative care services across the state. It is a significant \$220 million investment over four years. It is beyond anything that any other government has put into palliative care services. I also indicated that it is not just about sending services to people in remote and regional Western Australia; there is also the ability to bring a patient from regional and remote Western Australia to a centre or, indeed, a city if that is more appropriate. The honourable member is trying to trip us up by saying that we said that eight people could go out to regional Western Australia. I did say that, but the likelihood is that patients who are seeking access to services will be brought to a central location. The government is making a significant investment in palliative care right around regional and remote Western Australia. I am confident that people around the state will be able to access palliative care services into the future as a result of this investment.

**Hon NICK GOIRAN:** Yes, I did invite the minister to rise and respond, but I obviously meant that he needed to first seek the call—that is the normal process in here. I did not mean that he could jump up and interrupt another member when they were still making a contribution.

The minister indicated that part of the process the government is relying upon is what the minister described as record funding for palliative care. I draw to the minister's attention that on 8 August this year, Hon Martin Aldridge asked a question in this place that was responded to by the parliamentary secretary representing the Minister for Health. His question was on the subject of the additional \$30.2 million of funding to expand palliative care services in the regions and asked —

Has the government now defined a plan to allocate the additional funding?

Hon Alanna Clohesy said no. Since 8 August this year, has the government now defined a plan to allocate the additional funding to expand palliative care services into the regions?

**Hon STEPHEN DAWSON:** I am advised that the WA Country Health Service is still working through that plan.

**Hon NICK GOIRAN:** Has WACHS been allocated any of the funding increase of \$30.2 million?

**Hon STEPHEN DAWSON:** Certainly, WACHS has been provided with some extra funding, but I will place on the record what is known so far, bearing in mind that the WA Country Health Service is working through a plan at the moment. It has previously been announced that more than 61 full-time equivalent positions will be employed over a phased approach across regional Western Australia. That is a tripling of staffing arrangements for palliative care support for regional Western Australia and includes the establishment of new specialist district palliative care teams comprising medical nursing, allied health and Aboriginal health workers across the regions. As part of the extra funding, \$3 million will enable 24-hour support via the WA Country Health Service telehealth hub. There is also some extra money in the budget—\$6.3 million—specifically for improving metropolitan and regional community-based services for care closer to home to better meet demand. A further \$2.5 million has been committed to enable the WA Country Health Service to enhance rural and regional palliative care services by improving governance to refine models of palliative care and roll out services, ensuring that they best support the needs of rural and regional patients. Some money is in the process of being given to the WA Country Health Service, but that plan is still being worked on.

**Hon NICK GOIRAN:** Of the \$30.2 million that the government promised in the budget, how much has been provided to WACHS at this stage?

**Hon STEPHEN DAWSON:** I am advised that the money has been committed to WACHS, but the WA Country Health Service is now working on exactly where that money will be spent.

**Hon NICK GOIRAN:** The minister mentioned that the plan is for there to be an extra 61 full-time staff towards this initiative by government. Over what time frame is that expected to be delivered?

**Hon STEPHEN DAWSON:** I am advised that the funding envelope is over four years, so it may take some of those staff a period of time to be employed, but certainly the money is there over the next four years.

**Hon NICK GOIRAN:** I understand that. That is not my question. I do not want to know about the funding. I realise that is over a four-year period. I am asking: over what time frame are the extra 61 FTEs that the government is working on expected to be delivered?

**Hon STEPHEN DAWSON:** The likelihood is that those staff will be employed over that four-year period. In terms of the exact breakdown a year, I would have to take that question on notice.

**Hon NICK GOIRAN:** How many of the 61 extra FTEs are in place?

**Hon STEPHEN DAWSON:** Again, we would have to take that question on notice.

**Hon NICK GOIRAN:** Does the minister have access to information that would indicate whether at least one of the 61 FTEs are in place?

**Hon STEPHEN DAWSON:** I do not have that information before me, no.

**Hon NICK GOIRAN:** How much time would it take to access that information?

**Hon STEPHEN DAWSON:** I am not aware, honourable member. The member has asked the question now. People are listening to this debate. As soon as it comes to me, I am happy to give it. But I am not in a position to say whether it will take days, weeks, months or years.

**Hon NICK GOIRAN:** Are any of the extra 61 extra FTEs planned to be palliative care nurse practitioners?

**Hon STEPHEN DAWSON:** It has not been determined. WACHS is working through what type of healthcare professionals may be needed and where in the state those professionals will be needed.

**Hon NICK GOIRAN:** How did the government come to the figure of 61? That is a very precise number of FTEs for the government to determine, yet when I ask the minister when this will be done and whether it includes nurse practitioners, the government does not know; the minister keeps saying that WACHS is working on it. I respect that that is the position. The minister cannot do anything to control that. But I am curious to know how the government is able to be so precise by identifying 61 FTEs.

**Hon STEPHEN DAWSON:** We would have to go back to WACHS and ask for that. Certainly, my advisers with me this afternoon do not have an answer to that question, nor do I know the answer. I understand that apparently it is

based on existing clinical levels across the state and this amount will triple the staffing arrangements for palliative care staff in regional Western Australia. That is the extent of the information I have. For anything more, I would have to seek further information.

**Hon NICK GOIRAN:** Speaking of existing clinical levels, how many palliative care nurse practitioners are employed in Western Australia?

**Hon STEPHEN DAWSON:** I am advised that it is a constantly changing figure, so we will have to seek some advice from the department on that. We could not give the member an exact figure today.

**Hon NICK GOIRAN:** Does the minister have access to information at the moment that would indicate whether the number of palliative care nurse practitioners in Western Australia is in single or double digits?

**Hon STEPHEN DAWSON:** Again, I cannot give the member an answer to that question. I am absolutely happy to answer these questions. I do not have it before me. I am happy to get an answer for the member, but I do not have the answer in front of me.

**Hon NICK GOIRAN:** That is fine. There is no criticism on my part. The minister is doing the best that he can in the circumstances. Obviously, had this matter been referred to the Standing Committee on Legislation as was recommended and moved by Hon Rick Mazza, we would be able to get to the bottom of these things and the process would be far more expedient, but there was a decision to reject that proposal, so both the minister and I are operating as best we can. I note that the government made a recent announcement to commit a further \$17.8 million to palliative care service provision in metropolitan and regional Western Australia. How much of that \$17.8 million has been allocated to palliative care service provision outside the metropolitan region?

**Hon STEPHEN DAWSON:** I am advised that of that \$17.8 million, \$2 million will be dedicated to rural and regional Western Australia to fund care services for patients who have a potential risk of admission to hospital or residential aged care requiring domiciliary home-care services.

A further \$2.5 million has been committed to enable the WA Country Health Service to enhance rural and regional palliative care services by improving governance to refine models of palliative care and roll out the services to ensure that they best support the needs of rural and regional patients.

**Hon NICK GOIRAN:** Of the \$17.8 million, we can say that \$4.5 million has been allocated outside the metropolitan region—\$2 million for regional services and \$2.5 million for WACHS governance. Does the government have a plan about how to allocate this additional funding?

**Hon STEPHEN DAWSON:** Again, that is an issue that WACHS is working through at the moment. The regional funds need to be allocated in conjunction with WACHS. I might also add that there is a further amount of \$6.3 million in that \$17.8 million budget. That has been allocated to improving metropolitan and regional community-based services for care closer to home to better meet demand. I am told this will fund community-based services to be delivered predominantly through non-government organisations across the state. There is the \$4.5 million that I mentioned previously and also an amount from that further \$6.3 million that will be spent in regional Western Australia. I do not have a further breakdown of that. I think that information is being worked on now by the department in terms of how to break that figure down between metro and regional service provision.

**Hon NICK GOIRAN:** These community-based services that the minister referred to, is that the type of service that Silver Chain currently provides?

**Hon STEPHEN DAWSON:** Yes, it is.

**Hon NICK GOIRAN:** In which parts of regional Western Australia does Silver Chain currently operate and in which parts of Western Australia does the minister anticipate it will operate with the benefit of some of this \$6.3 million funding?

**Hon STEPHEN DAWSON:** I am told that Silver Chain has a small footprint outside the metro area, or in regional Western Australia. I am further advised that that may have changed recently, so I would have to seek further information on where it provides services outside the metropolitan area. Generally, this type of service is currently provided by the state, so it is done by the health department. However, I will seek some further information about where Silver Chain currently provides a service and where this extra money could go and therefore ensure that services are being expanded in regional Western Australia.

**Hon NICK GOIRAN:** A lot of information has now been taken on notice. I reiterate that that is not the minister's fault; he is doing the best he can in the circumstances he finds himself in. It is very difficult for a member, even a metropolitan member like me, to be satisfied that regional Western Australians will have access to palliative care when most of the answers need to be taken on notice, including something like where Silver Chain operates at the moment. If we were to have a map of Western Australia to try to identify where the gaps are in the system, we would be unable to do that on the basis of the information provided today because everything has had to be taken on notice. This concerns me because I note that in the other place, on 3 September this year, the Minister for Health said —

Voluntary assisted dying does not preclude or prevent palliative care; these are not either/or choices.

I will continue to quote from him in a moment, but it seems to me that the answers we are getting today indicate that it is an either/or choice because people in regional Western Australia will be guaranteed VAD but they will not be guaranteed palliative care. When the minister said in the other place that it is not an either/or choice, in actual fact the information to the Committee of the Whole House would indicate otherwise. The Minister for Health went on to say —

We are considering the compassion we show to those people for whom palliative care does not relieve suffering. The provision of voluntary assisted dying in Western Australia will be part of a continuum of end-of-life care choices available to the Western Australian public; it is not instead of palliative care.

The minister may be aware that the WA branch of the Australian Medical Association conducted a survey in recent times and that 91 per cent—that is 1 398—of its medical practitioners who were surveyed believe that all patients should be offered acceptable palliative care prior to or at the same time as voluntary assisted dying. Ninety per cent of medical practitioners surveyed—that is 1 370—believe that the government should provide special support to patients outside metropolitan areas to ensure that there is equitable access to both health care and VAD services. It seems to me that at the moment VAD will be offered and made available to people living in Western Australia, whether in metropolitan Western Australia or in regional or remote Western Australia, but specialist palliative care services will not necessarily be offered. Given the AMA's survey and the overwhelming response of those doctors—inevitably, some would have been for or against the scheme—what conversations has the government had with the Australian Medical Association to address the concerns of those practitioners as outlined in the survey?

**Hon STEPHEN DAWSON:** The member's earlier question related to palliative care services across the state. On pages 30 and 31 of the document "WA End-of-Life and Palliative Care Strategy 2018–2028", there is a very helpful map about the palliative care services that are provided in the metropolitan area and in regional Western Australia. I am happy to get copies of this if honourable members have not got it. I undertook to provide at a later stage some further information in answer to earlier questions from Hon Nick Goiran. There is some information there. In 2017–18, which is the most up-to-date information that I have, across regional areas of Western Australia, the WA regional specialist palliative care service teams supported approximately 1 088 people who died at home, and 831 who died in non-home environments such as in hospitals, palliative care units, hospices or aged-care facilities. In that same year across the Perth metropolitan area, the Silver Chain hospice care service provided specialist palliative care to 3 255 people with an advanced life-limiting illness who were living at home. This included people living in residential aged-care facilities. The Silver Chain hospice care service also provided 1 963 bereaved carers with support during the same time frame.

In relation to conversations that the government has had with the Australian Medical Association, I understand the government, particularly the Minister for Health, continues to have conversations with the WA branch of the AMA in relation to the bill before us and any concerns it may have about it.

**Hon NICK GOIRAN:** Has the Minister for Health had conversations with the AMA about those matters in the survey that I raised; that is, 91 per cent of medical practitioners surveyed by the AMA believe that all patients should be offered accessible palliative care prior to, or at the same time as, voluntary assisted dying? I understand that the government is having ongoing conversations with the AMA on a range of things, including the government's secret amendments that it will not table or release, and it will not provide advice on which clauses it has briefed parliamentary counsel. I understand that those conversations are occurring, but at present I am more interested in understanding what conversations the Minister for Health has had with the AMA about access to palliative care in the regions, which, according to this survey, 91 per cent of medical practitioners in Western Australia support.

**Hon STEPHEN DAWSON:** That is 91 per cent of those medical practitioners who participated in the survey. Obviously, it is very important to point out that not every medical practitioner in Western Australia participated in that survey. Obviously, questions were asked at a certain point. In relation to the issue raised by the honourable member, the answer is yes, those conversations have occurred.

**Hon COLIN TINCKNELL:** Last week and also today the minister mentioned during answers to questions that he had been consulting with the Department of Health and the Australian Medical Association. Last week, I also received a submission from the AMA dated 23 October. I understand that it was also sent to other members. Has the minister seen that submission? I think it had 19 proposals in it.

**Hon STEPHEN DAWSON:** I wish to make it clear that I have not been engaging with the AMA on behalf of the government. I did not make that point last week. I said that the government was engaging with the AMA through the Minister for Health, whose bill is before us today. I want to make that clear. I have certainly had conversations and meetings with the AMA, as have other members of this place, when the AMA sought to brief us on amendments. I have not led any conversations with the Minister for Health. I have seen the document that the member referred to.

**Hon COLIN TINCKNELL:** I did not explain that clearly enough. I was talking about the government consulting with the Department of Health and the AMA.

I have a copy of the AMA's proposal. I would like to make this available to all members. This is important information. I seek leave to table the document.

Leave granted. [See paper 3334.]

**Hon COLIN TINCKNELL:** In my first question, I asked the minister whether he had seen that document.

**Hon Stephen Dawson:** The answer is yes; I have already indicated that.

**Hon COLIN TINCKNELL:** Now that I have tabled that document, other members will be able to look at it and respond to it. What is the government's position on the proposals that have been put forward in that document?

**Hon STEPHEN DAWSON:** The government continues to have conversations with the WA branch of the AMA on the issues that it has raised around this bill. Those conversations continue to occur. Obviously, the AMA is a valuable stakeholder. The government is working with the AMA at the moment to identify its specific concerns and assessing how its concerns may be addressed.

**Hon NICK GOIRAN:** Hon Colin Tincknell has obviously added up the proposals and worked out how many have been put forward by the AMA. I think it is appropriate at this point that the government indicate to the chamber its position on each of those proposals put forward by the AMA. It will not be of any use to us when the bill has already passed; we need to know now. I will take the minister through each of them. I have a copy of the document that he tabled as well. The first proposal of the AMA is that patients must have access to relevant expertise and practitioners must be independent. What is the view of government on that first proposal by the AMA?

**Hon STEPHEN DAWSON:** I am not in a position to identify the government's position on any of the AMA's proposed amendments or changes in that document. I am in a position to say that conversations continue between the WA branch of the Australian Medical Association and the minister's office on its concerns about the bill. Any proposed amendments by government following those conversations will appear on the supplementary notice paper under my name when a final policy decision has been made by the government on any proposed amendments from the AMA.

**Hon COLIN TINCKNELL:** The first proposal from the AMA relates to clause 16. Can the minister guarantee that if we left it until clause 16 to discuss this, no other clauses from 1 to 15 would affect those proposals in a way that we may not know?

**Hon STEPHEN DAWSON:** I am not in a position to give the member any guarantee on that issue. The member is very welcome to ask those questions at clause 16, as he is very welcome to ask questions on clauses 1 to 16, but I am not giving him any guarantees.

**Hon NICK GOIRAN:** How are we supposed to progress this bill in these circumstances? The government says that it has briefed parliamentary counsel but it will keep any draft amendments secret. The minister said last week that the government was discussing it with "interested members". I have indicated to the minister, as have other members, that we are interested members. The government has not approached me to discuss those secret amendments that it has prepared with parliamentary counsel at taxpayers' expense in circumstances in which I have also sought to draft amendments via parliamentary counsel. I am unable to get all my amendments drafted because the government is hogging the time of parliamentary counsel, blocking the capacity of other members to prepare amendments while he continues to keep his amendments secret. That is my first point.

My second point is that the minister has just been asked by Hon Colin Tincknell about the government's position on the amendments proposed by the Australian Medical Association. The minister told us that the conversations are ongoing but he cannot tell us what the government's position is on any of its amendments or proposals. The honourable member asked the minister whether he can guarantee that the first proposal will not impact on clauses 1 to 15, and the minister said that he cannot provide that guarantee. How are we supposed to operate in Committee of the Whole House in these circumstances when we are this constrained? I am staggered that people in government think that this is an appropriate way to carry out lawmaking. This would not be an appropriate way to carry out lawmaking on an innocuous piece of legislation, but Western Australian lives are at stake with this bill, irrespective of where members sit on the continuum of views. I think we all agree that it is a serious bill that requires all of our intellectual capacity and commitment. At the moment we have a government hogging the time of parliamentary counsel and hiding amendments. It is not prepared to tell us its position on any of the proposals put forward by one of the key stakeholders. I do not know when the government thinks it is going to reveal its position on these things, but I remind the minister of the comment made by his Premier, his leader, in the other place on 5 September 2019 when amendments were trying to be put at some unsatisfactory time of the morning. I quote from page 6669 of *Hansard*. He said —

However, in any event, we will not accept the amendment now, on the run. We will consult about what the member is proposing between here and the upper house with doctors, the health department and the like. I do not propose to amend the bill at quarter to one in the morning with some words written on a piece of paper. We will consult between here and the upper house, which I think is the right way to deal with legislation.

That is the minister's Premier. His Premier says that is the right way to deal with legislation, yet this is the attitude when Hon Colin Tincknell simply asks the minister questions about a key stakeholder, the Australian Medical Association. He says, "Sorry, we cannot tell you that. We are having ongoing conversations with the AMA." When will the ongoing conversations with the AMA finish? Will it be when we get past clause 184? That would be spectacularly helpful! I am very disturbed by the contemptuous attitude that the government seems to have to the

processes of the chamber. I would personally like to know what the government's view on a number of these proposals is. It is one thing for the minister to say to Hon Colin Tincknell, "Sorry, you can ask that question when we get to clause 16." That was about the first proposal.

Can I get the minister to turn to the second proposal from the Australian Medical Association, which says that VAD must not be initiated by the health practitioner. The AMA says that the relevant clause is a new clause, so clearly there would be no other time this question could be asked than in the debate on clause 1. That is according to the AMA, because the provision is not in any other clause in the bill. No doubt the minister wants to make progress; I have no doubt he wants to move to clause 2. Is the minister telling the chamber that he is not able to tell us the government's position on the AMA's second proposal as to whether voluntary assisted dying must be initiated by the health practitioner? The AMA says that would require a new clause. Is the minister saying he cannot provide any advice to the chamber or tell us where the government is up to in its consultation with the AMA—that he cannot tell us anything about that? Is that the government's position?

**Hon STEPHEN DAWSON:** What I can tell the chamber is that items in the document that Hon Colin Tincknell tabled this afternoon remain the subject of discussion between the WA branch of the Australian Medical Association and the state government. Those conversations continue. If at any stage amendments that the government supports come out of those conversations, they will appear in my name on the supplementary notice paper. Those conversations continue; they continue today. Obviously, the WA branch of the AMA is a very important stakeholder, but conversations about the bill before us continue with other stakeholders, too, and certainly about amendments. I am aware that a number of members of Parliament have amendments on the supplementary notice paper, so it is plainly not true to suggest somehow that the government is blocking amendments or opportunities for people to access parliamentary counsel. Some members have amendments on the supplementary notice paper. I say again: the items in the document tabled by Hon Colin Tincknell all remain the subject of conversations between the AMA and the state government. At any stage, once a policy decision has been made about our acceptance of any or all of those, they will appear on the supplementary notice paper under my name.

**Hon COLIN TINCKNELL:** We want to progress past clause 1. I am obviously very interested in the first two proposals put forward by the AMA, and I have indicated that. It is really hard. We are charged with making informed decisions in this chamber, and I would like to know the government's position on those first two proposals of the AMA. I do not feel confident moving past clause 1 until I have some idea of the government's attitude towards a very credible stakeholder, which is the AMA of Western Australia.

**Hon STEPHEN DAWSON:** With the greatest respect, the AMA is a very important stakeholder, but it is one stakeholder in this debate, and there is a number of other stakeholders. There is a number of strongly held views about this debate by a great number of stakeholders. The government continues to have conversations with the AMA and, indeed, other stakeholders, about this. As I said, and this is the last time I will say it, we continue to have those conversations. Once the government is of a mind that one, all or none of those amendments should be taken on board, once that policy decision is made, amendments will appear in my name on the supplementary notice paper. That is not to suggest that other members cannot move those amendments themselves when we get to the appropriate clause, but at this stage I am not in a position to say which of those proposals have been agreed to, because those conversations are live and continue.

**Hon NICK GOIRAN:** Which of the 19 proposals put forward by the Australian Medical Association of Western Australia have been considered by the Ministerial Expert Panel on Voluntary Assisted Dying?

**Hon STEPHEN DAWSON:** The answer to that is none, given that the ministerial expert panel does not meet anymore, it is finished, and those amendments came in very recently.

**Hon NICK GOIRAN:** Is the advice to the chamber that the ministerial expert panel did not consider any of the 19 issues listed by the Australian Medical Association? Let us be clear and let us not be cute. I am not asking, obviously, whether the ministerial expert panel, which no longer exists, read the document after 23 October 2019, looked at the 19 proposals and then came to a consideration and a position on it. Self-evidently, that would not be possible. That is not what I am asking. I am asking whether the expert panel, the panel of experts, considered any of these 19 matters that have been brought to our attention by a key stakeholder, or is this yet again—like the telehealth issue, like the issues of inconsistency with federal law—another issue that the expert panel did not consider?

**Hon STEPHEN DAWSON:** The AMA did not provide this document to the ministerial expert panel or Department of Health while the ministerial expert panel was meeting, so plainly and simply it has not considered the amendments before us.

**Hon NICK GOIRAN:** Did the ministerial expert panel consider the issue of whether a patient should have access to relevant expertise from a practitioner?

**Hon STEPHEN DAWSON:** Yes.

**Hon NICK GOIRAN:** What was the view of the ministerial expert panel?

**Hon STEPHEN DAWSON:** I am advised that the Ministerial Expert Panel on Voluntary Assisted Dying agreed with the recommendations of the Joint Select Committee on End of Life Choices that two doctors must assess

the person. Each doctor must be independently satisfied that the person meets the eligibility criteria. Either or both doctors can be a general practitioner and neither doctor is required to be a specialist regarding the person's disease or illness.

**Hon NICK GOIRAN:** Did the ministerial expert panel provide any advice to government on what is meant by the “independence” of the two practitioners?

**Hon STEPHEN DAWSON:** I am told that the ministerial expert panel agreed with the recommendation of the joint select committee that each doctor must be independent. I draw the honourable member's attention to page 65 of the final report, which goes into that issue.

**The CHAIR:** Members, I am just examining where we are going with this debate. What we are starting to do is to debate specific recommended amendments to identifiable clauses in the bill before the chamber. As I said when we started consideration of clause 1, back when we were all a bit younger, I indicated that the way we would prosecute the examination of this bill, particularly in regard to clause 1, was that where matters were specific to certain subsequent clauses, that would be where the substantial amount of examination should occur. That being said, if we are to examine closely proposed amendments or suggested amendments to certain clauses that are later in the bill, it would have to be demonstrated to me, I think, that the purpose in so doing was relevant to a clause 1 debate. If any member wishing to do so can satisfy me on that point, of course they can proceed. The question is that clause 1 do stand as printed.

**Hon RICK MAZZA:** Thank you, Mr Chairman. Thank you for your wisdom and advice on how we should proceed with clause 1, which has given me great confidence to get up and ask this particular question. Minister, last week we spoke briefly about the delivery of voluntary assisted dying into regional and remote Western Australia. I still have some concerns around that; it is the reason I moved a motion to refer the bill to the Standing Committee on Legislation, which, of course, was defeated.

On 22 August, I received from the office of Hon Roger Cook an email in relation to the use of telehealth. One of the answers we got back is that Victoria has at this stage instructed its health practitioners not to engage in telehealth, but to consult face to face. This is in relation to the commonwealth Crimes Act; the provisions in that act were included in 2005 to address cyberbullying.

One paragraph in a letter from the Western Australian Attorney General, Hon John Quigley, around 26 August, states —

I note that leading legal experts who have examined the Western Australian Bill have noted that it explicitly states that VAD is not suicide, which the Victorian bill does not ...

By that, it would seem the Attorney General is suggesting that the Western Australian bill does not offend the commonwealth act. Can the minister advise whether legal advice has been sought on this very issue, because I think last week he indicated that the government would not be instructing practitioners to engage in telehealth? Can the minister advise whether there has been legal advice on this; and, if so, whether he is able to table that advice?

**Hon STEPHEN DAWSON:** I think we had a long debate on this issue last week and I have answered these questions previously. Unless the member has a further question in relation to this issue, I do not propose to go over it—I cannot possibly. We have already spent a fair few hours on this bill, on clause 1. This is a very important bill, and, of course, members should feel free to ask questions in relation to the bill, but I cannot, and I will not, answer questions on issues that I have already answered, and I believe I have answered this question previously.

**Hon RICK MAZZA:** I recall some debate around this; that is not to say that the answers we got were satisfactory —

**Hon Stephen Dawson:** By way of interjection, you might not believe it is satisfactory, but I believe I have answered the question.

**Hon RICK MAZZA:** That is where we are going to have a parting of the ways as far as that is concerned. I do not believe we have been able to establish yet how this is going to be delivered to regional and remote Western Australia. The minister spoke last week about the hub-and-spoke method of being able to deliver VAD to regional and remote Western Australia, but we still do not know the detail of that.

Earlier today, in answer to Hon Nick Goiran's questions on palliative care, the minister spoke about bringing patients back to a central point, such as Perth, to be able to deliver that palliative care. In many cases, dying in a regional centre—because palliative care, obviously, is getting towards the very end of life—is not acceptable where cultural sensitivities and dying in country are concerned. The minister has not yet given us full details on how this will be delivered in regional and remote Western Australia, particularly when telehealth cannot be used.

**Hon STEPHEN DAWSON:** As I indicated last week, how it will work throughout the state will be worked out during the implementation phase. However, certainly, the bill has been drafted in full awareness of those challenges being faced by regional Western Australians, and it does seek to enhance accessibility through the inclusion of nurse practitioners and has provisions for the appropriate use of technology where appropriate, as I said. We acknowledge the challenge of service access across rural and remote WA, but it is not the purpose of the bill to address issues related to general healthcare services in regional and remote Western Australia; this is solely about voluntary assisted dying. The conversation earlier with Hon Nick Goiran was about palliative care; it was not about

voluntary assisted dying. What I said about voluntary assisted dying was that we would use a hub-and-spoke model and that in some cases it may be appropriate for the specialists to go to regional Western Australia and in other cases it may be appropriate for the patient to go to the metropolitan area. Again, it depends on the particular circumstances of the individual and it also depends to a degree on the choice of the individual.

**Hon RICK MAZZA:** Thank you for that, minister. I asked one question that was not answered today. Has the government received legal advice about using telehealth; and, if so, will the government table that advice?

**Hon STEPHEN DAWSON:** That question was answered previously and the answer was no.

**Hon MARTIN ALDRIDGE:** There are a few outstanding issues from last week's debate that I have reflected on during the recess, one of which is the issue that Hon Rick Mazza just raised, and I apologise, I just came in on the end of that debate. It was my understanding that we left the issue with the minister seeking some guidance from the Minister for Health and perhaps the Attorney General about the extent to which there is a preparedness to waive privilege on the legal advice so that we can gain a better understanding of the commonwealth Criminal Code Act 1995 and its application on this bill. Is that not the case? Has the minister engaged with the Minister for Health and the Attorney General about that matter?

**Hon STEPHEN DAWSON:** Those conversations have been had between the two offices—that is, the Minister for Health's office and the Attorney General's office. I am not in a position to table the legal advice.

**Hon MARTIN ALDRIDGE:** Just to clarify, the minister is not in a position to table the legal advice. Can I read into that that the Minister for Health and the Attorney General refuse to waive legal professional privilege on the advice they received from the highest level of government, who, I assume, is the Solicitor-General, the state's solicitor?

**Hon STEPHEN DAWSON:** What Hon Martin Aldridge can read into that is that the government is not willing to waive privilege in relation to the advice.

**Hon MARTIN ALDRIDGE:** I thank the minister for that clarification.

The other question that I asked and on which the minister said he would get back to me was the date on which the commonwealth Attorney-General's Department first corresponded with the state Department of Health about concerns about the Voluntary Assisted Dying Bill 2019 and the intersect with the federal Criminal Code Act. Is the minister in a position to advise me of that date? Further to that, has the government reconsidered its position about tabling that correspondence in Committee of the Whole?

**Hon STEPHEN DAWSON:** I am told that the date was 21 August. I am not in a position to table any correspondence.

**Hon NICK GOIRAN:** Further to this, last week when Hon Martin Aldridge was seeking documents from the minister, there was plainly some confusion on the part of government about what documents were being referred to. I take the minister back to the exchange that he and I had last week, in which he said —

This question relates to matters within the Attorney General's portfolio, so I will have to seek further advice and provide an answer later today.

Of course, that did not happen, which is why I am following it up now. My response was —

I take the minister to the document that he tabled today, dated 28 August 2019. As Hon Martin Aldridge has just identified, it states —

The Western Australian Department of Health has recently received a communication from the Attorney-General's Department ...

That has nothing to do with the state Attorney General's department. It has to do with the Department of Health. At the moment, the minister is representing the Minister for Health. It is not satisfactory to then palm this off and handball it to Hon John Quigley, who has nothing to do with this situation. Hon Martin Aldridge is asking about the Western Australian Department of Health and its interactions with the Attorney-General's Department, and asking for that information to be provided. It seems to me very appropriate of the honourable member and it seems incumbent upon the government to provide a response.

The minister replied —

My answer remains the same: I have given an undertaking to seek further advice that I am not in a position to give now.

What is the outcome of the undertaking that the minister gave to the chamber last week?

**Hon STEPHEN DAWSON:** The undertaking was to seek further advice on this matter. I sought further advice and I am not in a position to table any correspondence about the issue the member just asked me about.

**Hon NICK GOIRAN:** From whom did the minister seek that advice?

**Hon STEPHEN DAWSON:** The advice was sought from both the Minister for Health's office and the Attorney General's office.

**Hon NICK GOIRAN:** When was that done?

**Hon STEPHEN DAWSON:** Conversations were had last Thursday, and I believe further conversations were had on Friday.

**Hon MARTIN ALDRIDGE:** It is a difficult position in which we find ourselves in that we are unable to consider these matters more specifically in a committee examination of the bill. Nevertheless, the government's unwillingness to provide the correspondence from the commonwealth expressing its concern and indeed providing the advice on which the government is acting makes it very difficult for us as legislators to understand the path forward faced by government following the passage of this bill if, indeed, that is the case. I sympathise with the government because this is not necessarily a problem of its own doing, nor is the solution in its control. Ultimately, it is a matter on which the commonwealth will act in time, but it will create barriers for delivery. Given that we are not able to get some of that detail, I want to understand—I do not want to delay this matter any more than it needs to be delayed, but it really is only a clause 1 matter—the three elements of the operation of the bill that I see as likely to encounter problems with the federal Criminal Code Act; that is, the operation of care navigators, the operation of consulting and coordinating practitioners and the referral to seek further advice from a specialist or an appropriately qualified practitioner. My understanding from the committee stage thus far is that the operation of care navigators and referral for advice to an appropriate practitioner with relevant expertise would not be encumbered by the application of the federal Criminal Code Act. I ask the minister to confirm that in his reply. The real issue is the consulting and coordinating practitioner, the roles of which are obviously clearly defined in the bill and are therefore clearly captured by the prohibition of using a carriage service under the federal Criminal Code Act. Can the minister confirm that?

**Hon STEPHEN DAWSON:** Best practice would be that some of those conversations happen face to face. I also add that my adviser told me that the state continues to have discussions with the commonwealth. Once this issue is settled, practitioners and navigators will be instructed accordingly, but the conversations between the state and the feds continue.

**Hon MARTIN ALDRIDGE:** From what I understand, the position of the state is that best practice in all those categories would be face-to-face communication. From the answers the minister gave to my previous questions, I understood, for example, that a referral to a specialist under the bill would not be encumbered by the provisions of the federal Criminal Code Act. I expressed some relief about that response in the committee stage. Is that now incorrect?

**Hon STEPHEN DAWSON:** My advisers tell me that that is still the case.

**Hon MARTIN ALDRIDGE:** That is good. If a coordinating practitioner or a consulting practitioner —

**Hon Stephen Dawson:** Just by way of interjection, I used the term “best practice”. It might be face to face. I have not said anything today that is contrary to the advice I gave last week.

**Hon MARTIN ALDRIDGE:** Okay. If the consulting or coordinating practitioner needs to refer a patient, based on the information the minister has provided, that referral could take place using a carriage service without contravening the federal Criminal Code Act. Is that correct?

**Hon STEPHEN DAWSON:** I am told that the referral will be on a particular eligibility criterion. It will not be about accessing voluntary assisted dying. Does that answer the member's question?

**Hon MARTIN ALDRIDGE:** Okay. Just to make sure that we are on the same page, if a coordinating practitioner refers somebody to a psychiatrist to determine capacity, that would obviously be for a determination of capacity as opposed to some other aspect of the regime that would likely trigger the anti-suicide provisions of the commonwealth.

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

**Hon MARTIN ALDRIDGE:** Thanks, minister. It is good to get that clarity.

With respect to care navigators, obviously that path is a little more murky. I understand that their role will be to provide advice to patients around access to the regime and to physicians.

**Hon Stephen Dawson:** You might say “murky”, but I would say “less clear”, because we are waiting for the implementation phase to happen.

**Hon MARTIN ALDRIDGE:** I assume that the minister is not able to provide any explicit advice on care navigators, because parts of their function may well avoid the federal Criminal Code Act, whereas other aspects could trigger the Criminal Code Act, depending upon the assistance they are providing to, or the role they are playing with, the patient. Is that fair?

**Hon STEPHEN DAWSON:** That is correct, honourable member.

**Hon NICK GOIRAN:** Last week, when we were discussing the government's inability to confirm whether telehealth will be able to be used to facilitate this scheme and why the Ministerial Expert Panel on Voluntary Assisted Dying failed to identify this legal difficulty, the minister revealed that the ministerial expert panel did not keep any minutes. The minister also undertook to ascertain the cost to the people of Western Australia of the ministerial expert panel. Does the minister now have that cost available?

**Hon STEPHEN DAWSON:** I indicated that the ministerial expert panel had not considered that issue. I add that the Joint Select Committee on End of Life Choices did not consider that issue either.

**Hon Nick Goiran** interjected.

**Hon STEPHEN DAWSON:** I am sorry; I am answering questions now. As the honourable member quite rightly pointed out earlier, only one person speaks at a time.

The cost of the ministerial expert panel over 2018–19 and 2019–20, when appropriate, was \$225 517.66, and the consultation cost was \$266 005.70.

**Hon NICK GOIRAN:** Approximately \$225 000 was spent on the ministerial expert panel. Did I hear correctly that \$226 000 was spent on the consultation process? I am happy to have that provided by way of interjection.

**Hon STEPHEN DAWSON:** The member cannot have it both ways. I am always happy to do it by way of interjection, but that obviously needs to be reciprocated at the appropriate time. I will clarify the figures for the member. The cost of the MEP was \$225 517.66. The consultation cost was \$266 005.70.

**Hon NICK GOIRAN:** The overall work of the ministerial expert panel totalled nearly \$500 000—it was spent partly on the ministerial expert panel itself and partly on the consultation process. The minister indicated that some costs fell into the 2019–20 period. I forget the date on which the ministerial expert panel handed down its final report. Was it in this financial year or last financial year?

**Hon STEPHEN DAWSON:** The panel handed down its report in June 2019, but I understand that some of the invoices were not submitted until the next financial year.

**Hon NICK GOIRAN:** On what basis are any invoices being sent to the government from the ministerial expert panel? Is it because individual members of the panel are invoicing the government? What type of invoices are we talking about?

**Hon STEPHEN DAWSON:** I am told that members of the ministerial expert panel could seek reimbursement for their time and for travel expenses to meetings or if they needed to go further afield. The consultation costs may well have included the cost of booking facilities for some of those meetings or forums and, indeed, the advertising of those forums. Those items would be captured by that consultation amount.

**Hon NICK GOIRAN:** Was the reimbursement amount for time the same for all members of the panel, or were different members able to charge different rates?

**Hon STEPHEN DAWSON:** It was based on advice from the Public Sector Commissioner. The PSC rate was set for the chair, deputy chair and members of the ministerial expert panel. It is important to note that not every member of the panel could access reimbursement. If some members were employed by the state, obviously they could not be reimbursed. I am further advised that this was a Public Sector Commission determination at public sector rates as opposed to any rates that people may be paid—or indeed QC rates—in the broader community. It was not those rates; it was our own.

**Hon NICK GOIRAN:** The minister mentioned last week that one of the few things the ministerial panel maintained was a meeting attendance register. Can the minister table that?

**Hon STEPHEN DAWSON:** We can table it. We will have to table it later today, honourable member. It has been accessed, but I will have to do it later in the day.

**Hon NICK GOIRAN:** The minister indicated earlier that the ministerial expert panel—or the panel that has some experts on it—elected to support the view of the Joint Select Committee on End of Life Choices and the minister referred the chamber to pages 64 and 65 of the panel's final report. To what extent does the expert panel's view differ from the Australian Medical Association's view?

**Hon STEPHEN DAWSON:** Can the honourable member clarify—or maybe I can clarify it for the member—whether he is referring to the AMA's view on 21 October 2019, which is the view expressed in the document tabled this afternoon?

**Hon Nick Goiran:** Yes, the twenty-third.

**Hon STEPHEN DAWSON:** Obviously, the AMA continues to have conversations with the government about these issues. I want to clarify that the member is talking about this document.

**Hon Nick Goiran:** Yes.

**Hon STEPHEN DAWSON:** I will seek further information for the member. I think there is agreement on that issue. Page 3 of the AMA's document refers to the doctors being independent, which is the same as the ministerial expert panel's advice that they should be independent.

**Hon NICK GOIRAN:** As I understand it, the minister has indicated to the chamber that there is agreement between the joint select committee, the ministerial expert panel and the Australian Medical Association. Therefore, will the government agree to the amendment proposed by the AMA?

**Hon STEPHEN DAWSON:** That is very tricky, honourable member. I again make the point that the government is in active dialogue with the AMA about its proposed amendments. Those conversations are continuing today, I understand. I made the point about clarifying whether the member is referring to this document before us, because my understanding is that as part of the dialogue with the AMA, there is some toing and froing, and I think people's understanding of the issues continues to move. I am not in a position to say now what amendments may be moved, but I certainly indicate that active consideration is being given to the issues raised by the Australian Medical Association's WA branch.

**Hon NICK GOIRAN:** I refute the suggestion by the minister that somehow I am the one being tricky here. The only one being tricky is the government, which has briefed parliamentary counsel, and it is hiding the amendments that it has drafted and it will not let the 36 members of this place know what those amendments are. That is trickery of the highest order, and, worse, this government will not tell us which clauses the amendments pertain to. There is no trickery by me or other members here. The only trickery is by the government and that is exasperating, and no way to make law at the best of times, let alone when the stakes are this high and the purpose of this bill is in effect to give doctors a licence to kill. That is what this bill will do. The result of this bill will be lawful killing of Western Australians. That is why the stakes are so high. People have a view to say that that is what the community wants, and clearly that is what will happen, but I refute categorically that I am, or any other member here is, being tricky when the government is hiding amendments from us.

The minister can understand my exasperation because Hon Colin Tincknell earlier asked the minister whether he could guarantee that this would not have an impact on any clause between clauses 1 and 15, and the minister said that he could not give that guarantee. The difficulty I have is how do we progress from clause 1 to clause 2 when the minister is unable to provide the member with an assurance that the AMA's first proposal, which the minister has identified has the agreement of the joint select committee, the ministerial expert panel and the AMA—those three bodies agree on this issue of independence—will not have any impact on clauses 1 to 15. Regardless, the minister wants us to progress past clause 1. I suspect that the minister understands the difficulty that members then have, particularly when all members of this place are expected to cast a conscience vote. We cannot be told what the government intends to do, other than that the conversations with the AMA are ongoing.

Can the minister indicate to the chamber whether the ministerial expert panel provided any advice to government on whether voluntary assisted dying should or should not be initiated by a health practitioner?

**Hon STEPHEN DAWSON:** Yes, it did.

**Hon NICK GOIRAN:** Where can we find this advice from the panel of experts?

**Hon STEPHEN DAWSON:** I am advised yes; the joint select committee made a recommendation and the ministerial expert panel agreed with it. The Ministerial Expert Panel on Voluntary Assisted Dying deals with that issue on pages 30 and 31 of its report.

**Hon NICK GOIRAN:** I understand the minister indicated that the view expressed by the joint select committee was endorsed by the ministerial expert panel, but to what extent does that differ from the proposal put forward by the WA branch of the Australian Medical Association?

**Hon STEPHEN DAWSON:** I presume the honourable member is talking about page 6 of the AMA's document. If that is the case, this provision mimics Victoria's legislation. Neither the joint select committee nor the ministerial expert panel supported this way forward.

**Hon NICK GOIRAN:** What is the position of government on this?

**Hon STEPHEN DAWSON:** The view of government is in the bill before us, honourable member. There is no prohibition.

**Hon NICK GOIRAN:** The minister said that the government is in ongoing conversations with the AMA about the bill and also about all 19 of its proposals. Unlike the first proposal—the minister indicated there is agreement between the joint select committee, the ministerial expert panel and the AMA—in this instance the minister said that there is agreement between the joint select committee and the ministerial expert panel, but the AMA does not share the same view. I am simply asking what the government's position is. This demonstrates the problem with the government not being transparent in indicating where it is at with the 19 proposals put forward by the AMA. In this short exercise, we can see that there is a difference between proposal 1 and proposal 2. Obviously, it is not in the bill. I think the AMA identified that as well when it said that a new clause should be inserted at this point. I note that the AMA's proposal indicates that the policy intent is —

To protect individuals who may be open to suggestion or coercion by registered health practitioners, not to discourage open discussions driven by the individual. It is not intended that every single subsequent discussion be initiated by the patient.

The AMA went on to say that 50 per cent of survey respondents think that registered health practitioners should be prohibited from initially suggesting the option of VAD. The suggested wording reflects section 8 of the Victorian VAD act. The minister indicated to us that the position of government on this is that it is not in the bill, but what is the position of government in its ongoing conversations with the AMA?

**Hon Stephen Dawson:** What is the question?

**Hon NICK GOIRAN:** Further to that, minister, what is the position of government in respect of the conversations it is having with the AMA on this proposal?

**Hon STEPHEN DAWSON:** I am not sure what the member is asking. If I can again refer to the fact that the government continues to have conversations with the WA branch of the AMA about the legislation before us. That document was obviously correct at a point in time. The document I have is dated 21 October 2019, but I think the honourable member might have said he has one dated 23 October.

**Hon Nick Goiran:** I have the one that was tabled today.

**Hon STEPHEN DAWSON:** The one that has been handed to me by the advisers here today is 21 October 2019. Does the member have a different document?

**Hon Nick Goiran:** I am dealing with the one that has been tabled.

**Hon STEPHEN DAWSON:** The tabled document that has been handed to me by the attendant says 21 October 2019.

**Hon Nick Goiran:** I accept that.

**Hon STEPHEN DAWSON:** I would not be surprised if the member has a different document because, as I have said, the conversations between the WA branch of the AMA and the government continue to take place. My understanding is that the AMA may well have formed a different view on some of these issues since that date. The conversation continues between the state and the AMA about possible amendments, as does the conversation continue between other people who are interested in moving amendments to the bill, and government too. This document was correct at a point in time. The honourable member said “50 per cent”, but I think he meant to say 54 per cent. I think that was a misreading. I will make the point again: this was from a number of people who participated in a survey. This was not every doctor or medical professional in Western Australia; a limited number of people participated in the survey. There are others with differing views, as there are differing views in different organisations involved in this space. Conversations continue; it is an ongoing dialogue. It does not mean we agree with the AMA or anybody else about amendments. Some issues that can be addressed during the implementation phase do not require amendments to the bill, but certainly the conversation continues with the AMA.

**Hon COLIN TINCKNELL:** I am having real trouble. I do not understand why the government will not inform us about what amendments it is considering. It is not just the AMA—medical specialists, palliative care doctors and nurses, psychiatrists, disability rights advocates, Aboriginal groups, suicide prevention advocates, politicians and thousands of other people from many other groups have said they have concerns. We are trying to find out what amendments the government is considering so we can make an informed decision in this place. I feel that we are getting close to the end of clause 1 and it worries me that many of these things will not be able to be brought up once we have gone past clause 1.

**Hon STEPHEN DAWSON:** With the greatest of respect, perhaps I can spell it out to the honourable member: the reason there are no amendments in my name at this stage is that everything is being considered. Those issues that have been raised by multiple stakeholders outside this place are under consideration by government. When the government agrees with amendments to this bill, they will appear in my name on the supplementary notice paper. That is the standard practice for any bill under consideration by this place. The member has been in this place for a couple of years now. When amendments to any bill being dealt with by this place have been agreed by government and a policy decision has been made in relation to amendments, those amendments appear on the supplementary notice paper, plain and simple. That is the process that is normally followed and it is the process being followed now when considering this bill. The government has not decided on, or agreed to, any amendments. The conversations continue to happen. Members will know whether amendments have been agreed upon when they appear on the supplementary notice paper. At this stage, again, there are none in my name.

**Hon COLIN TINCKNELL:** Is it standard practice for those amendments to be made after discussion on clause 1 has finished?

**Hon STEPHEN DAWSON:** It is standard practice for amendments to appear on the supplementary notice paper at any stage of the bill, before a clause has been debated. That is the standard practice and that is what is happening with this bill.

**Hon NICK GOIRAN:** The Minister for Health was reported in the media last week indicating that certain things with respect to this bill would be “deal-breakers”—I think that is the word he used—or words to that effect. Are any of the proposals that have been put forward by the AMA deal-breakers?

**Hon STEPHEN DAWSON:** I made it clear in my opening remarks this afternoon, and I will make it clear again, that the government will consider any amendments to the bill before us that we believe are reasonable and that do not undermine the bill, its policy and purpose. If they do not undermine the bill, its policy and purpose, we will certainly give them careful and objective consideration. We are dealing with clause 1. There are no amendments before me at clause 1, so there are no amendments for the government to consider at clause 1.

**Hon NICK GOIRAN:** Do any of the 19 proposals put forward by the WA branch of the Australian Medical Association undermine the bill?

**Hon STEPHEN DAWSON:** I am not in a position to answer what may or may not undermine the bill in relation to the proposed amendments that were on the bit of paper dated 21 October 2019. As I have said a few times, the government continues to have conversations with the WA branch of the Australian Medical Association on a number of proposed amendments. I understand that those conversations are very good, and we continue to have those conversations with the AMA. It is an appropriate and important stakeholder in relation to this bill. I am not in a position to go through each of the suggested amendments of that date because, to my knowledge, none of them appear on the supplementary notice paper in the way that they have been written by the AMA.

**Hon NICK GOIRAN:** It does not work like that. If amendments were on the supplementary notice paper and I asked the minister questions about them, he would say to me, “Hold fire on those questions until we get to that part of the bill.” Some of the proposals that are before us are not on the supplementary notice paper. We, as members with a conscience vote on this matter, need to know whether it is worth our while briefing parliamentary counsel on any of the 19 amendments put forward by the AMA. Is it worth us investing the time of parliamentary counsel, at taxpayers’ expense, to do that? I do not want to do that if the minister and his government have already done that. That would be a waste of taxpayers’ money and it would be a waste of parliamentary counsel’s time. The minister wants to continue to keep that secret. That is why we continue to ask these questions.

Hon Peter Collier has been asking the minister for some time whether this government will consider any amendments. The minister’s final answer was that he would consider any amendments so long as they do not undermine the bill. When we asked him whether a particular proposal undermines the bill, he said that he cannot answer that question. How do we make progress in those circumstances? We are engaging in a circular circuit at the moment if, at every opportunity, the minister indicates that he cannot tell us what we are doing, he will not tell us what he is doing and he will respond to questions in due course only when they are on the supplementary notice paper. That leaves us with no choice but to brief parliamentary counsel on all and sundry and put all the amendments on the supplementary notice paper—we will probably end up having a massive supplementary notice paper—and work with the government to identify which ones it considers undermine the bill and which ones do not. I am not too sure that that is the most efficient way of progressing but if that is the only way the government desires to progress the passage of this bill, I am happy to accommodate that.

With respect to the 19 amendments that have been put forward by the AMA—it is clear that the government is not willing to tell us whether any of them undermine the bill—I intend to ask the minister about one of the proposals. I intend to do that because in each and every one of the other proposals, the minister will see in the document before him that the AMA has identified particular proposed sections that are relevant. I foreshadow for the benefit of his advisers that when we get to those proposed sections, inevitably questions will be asked about those matters. Perhaps some rigorous preparation can be done in readiness for those questions so that when we get to clauses 4, 5, 6, 15 and so on, we do not find ourselves in the situation in which I ask, yet again, having given a massive amount of notice, whether the government’s position is that this proposal undermines the bill and the minister says that he is not in a position to say anything. I am just giving notice now about an efficient way forward. That will require people to do some work on those particular proposed sections between now and then.

I want to take the minister to proposal 4 now because we cannot do it anywhere else. I will work from the document dated 21 October 2019 that was tabled earlier today. The title on page 8 is —

***S4. Extra consult if no pre-existing therapeutic relationship***

It identifies a necessary new section. A form of words is proposed. Was the government informed about this issue by the Ministerial Expert Panel on Voluntary Assisted Dying?

**Hon STEPHEN DAWSON:** In his earlier remarks, Hon Nick Goiran alluded to the circular conversation that we are having this afternoon. Madam Deputy Chair, I seek your guidance and the guidance of other Chairs. I ask whoever is presiding over this debate that when they hear the circular nature of this debate, they advise members of the standing orders about repetition. We should not be having circular conversations on the same issue multiple times. We should not be going back over the same points. I will just make that point. I did not seek a point of order at the time. However, the honourable member has pointed out that we are having circular conversations. In my mind, that means that we are dealing with the same issue again and again. Although the honourable member might not be happy with the answer that I am providing, it is the answer.

As I have said again and again, amendments that the government intends to move will appear in my name on the supplementary notice paper. There are no amendments in my name on the supplementary notice paper at this stage. We believe that the bill before us is a good one. There was a significant amount of consultation on the bill. We have taken advice from many experts and we have landed in the place where we are at. Notwithstanding that, I have also said that we continue to have conversations with members who want to move amendments. If other members want to move amendments, they should have those amendments drafted. I have said that any amendments will be considered at the appropriate time when those amendments are raised.

As to the last question, I am advised that in relation to page 8 of that document, that issue was not considered by the ministerial expert panel.

**The DEPUTY CHAIR (Hon Adele Farina):** Before I give the call to Hon Nick Goiran, in relation to the minister's request that the Chair and Deputy Chairs take note of the circuitous discussion and reference to the repetitious debate, I draw the attention of members to standing order 48(1), which states —

A Member who persists in making irrelevant or repetitive arguments may be ordered by the President to discontinue the speech.

It refers to a speech, not questions. I also think that the Chair and Deputy Chairs are more than capable of presiding over the Parliament without instruction.

**Hon NICK GOIRAN:** Thank you, Madam Deputy Chair. If anything circular has been happening today, it has been the tedious repetition of the minister's answers and the ongoing obsession by this government with secrecy and the unwillingness to provide transparency or real answers to questions. Yes, there are responses—there are responses that are words articulated out of the mouths of ministers—but they are not satisfactory answers. The minister indicated that the fourth proposal on page 8 of the document dated 21 October this year, tabled earlier today by Hon Colin Tincknell, was not covered by the ministerial expert panel, so it seems to me to be yet another area that this panel has failed to address—the panel that cost taxpayers half a million dollars. Between the panel and the consultation process it has cost the people of Western Australia half a million dollars, and the panel was unable to identify the problem with federal law, which the government still has not been able to resolve. Now we have another matter that the Australian Medical Association has identified that the ministerial expert panel was not able to identify. Let us remember that this is the panel that did not even think it was appropriate to keep minutes: “We will rack up a charge of half a million dollars to the people of Western Australia, but we will not do our job with sufficient professionalism to keep minutes of the panel.” I find that appalling and unacceptable, and I cannot believe that that has happened. Nevertheless, it is clear that that is what has occurred to the tune of half a million dollars to the taxpayers of Western Australia.

Last week, when the minister was asked by Hon Martin Aldridge whether the bill's so-called conscientious objection provisions apply only to individuals and not to institutions, he indicated that there was no need for this as no obligations are imposed on institutions. Which institutions has the government consulted about this?

**Hon STEPHEN DAWSON:** Noting that the conscientious objection provisions were first raised by the Joint Select Committee on End of Life Choices, which the ministerial expert panel agreed to, I can point to the organisations that were consulted as part of the ministerial expert panel's final report. They are listed on pages 130 and 131 of that report. They are the organisations that were consulted about this bill, and they were consulted generally about it.

I will now take the opportunity, in the interests of transparency, to say that I am very happy to provide further information to the chamber. Hon Nick Goiran asked about the Ministerial Expert Panel on Voluntary Assisted Dying's meeting attendance register, and I will table it. I ask chamber staff to provide the member with a copy of it. It lists the various members of the ministerial expert panel, the meeting dates and whether members attended those meetings.

[See paper 3335.]

**Hon NICK GOIRAN:** The minister referred us to pages 130 and 131 of the ministerial expert panel's final report, and indicated that the organisations listed have been consulted, but he indicated to us earlier that this was done before the bill was made public. I recall last week asking the minister which organisations were consulted about the tenth draft, which the minister indicated was the draft version of the bill provided to certain agencies of government, but none of them seem to appear on this list. In any event, the list on pages 130 and 131 does not take us forward, because it applies to the time before the release of the bill. I go back to my earlier question: which institutions has the government consulted about the conscientious objection provisions raised last week by Hon Martin Aldridge?

**Hon STEPHEN DAWSON:** The institutions consulted about the tenth consultation draft of the bill that the honourable member just referred to again were the coroner, the Department of Justice, the Health and Disability Services Complaints Office, the Solicitor-General, the State Administrative Tribunal, the Department of Health, the Director of Public Prosecutions, the Public Advocate, the State Solicitor's Office and the WA Police Force. The organisations listed on pages 130 and 131 of the ministerial expert panel's report were, of course, the organisations that were consulted on the issue of voluntary assisted dying. The issue the member refers to would have formed part of the conversations with many of those organisations.

**Hon NICK GOIRAN:** The minister said the issue would have been part of the conversations with those organisations, but was it?

**Hon STEPHEN DAWSON:** Certainly, the issue was raised at various times. It would have been raised at a number of the public consultations and it would also have been raised in a number of the submissions received by the ministerial expert panel.

**Hon NICK GOIRAN:** Did any of those organisations that raised the issue with the ministerial expert panel express any concern about the need for a conscientious objection provision applying to institutions, not just individuals?

**Hon STEPHEN DAWSON:** I am advised it was not a common theme. It could have been raised by an organisation, so we would have to check, but I do not have that information before me.

**Hon NICK GOIRAN:** Do I take from that then that this issue is not specifically addressed in the final report?

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

[Continued on page 8416.]

### QUESTIONS WITHOUT NOTICE

#### SOUTHERN PORTS AUTHORITY — MINISTERIAL DIRECTION

**1257. Hon PETER COLLIER to the Minister for Ports:**

I refer to the tabling of the heavily redacted contract between the Southern Ports Authority and Cliffs Asia Pacific Iron Ore on 16 May 2019.

- (1) Why has the minister failed to notify the Auditor General in accordance with section 82 of the Financial Management Act?
- (2) When will the minister notify the Auditor General in accordance with section 82 of the Financial Management Act?

**Hon ALANNA CLOHESY replied:**

On behalf of the Minister for Ports, I thank the honourable member for some notice of the question.

- (1)–(2) The minister understood that she had met her legal obligations when she tabled the redacted copy of the contract. However, the minister is now seeking further advice about whether she has an obligation to notify the Auditor General of the redaction.

#### STATE ECONOMY — STAMP DUTY REBATE

**1258. Hon PETER COLLIER to the minister representing the Treasurer:**

I refer to the media release titled “New stimulus measures to promote infill and job growth” and the cost of \$29 million.

- (1) Will the Treasurer provide a breakdown of the cost, together with the estimated number of transactions, that will receive a subsidy for each of the following categories —
  - (a) first home buyers;
  - (b) foreign buyers who are eligible to pay the foreign buyers surcharge; and
  - (c) others?
- (2) If not, why not?

**Hon STEPHEN DAWSON replied:**

I thank the Leader of the Opposition for some notice of the question. The following answer has been provided by the Treasurer.

- (1)–(2) The proportion of first home buyers and foreign buyers will be confirmed over time as the rebate is taken up. However, foreign buyers make up only a small proportion of the total housing market in Western Australia, estimated at less than two per cent.

#### LAW REFORM — PROGRESS

**1259. Hon MICHAEL MISCHIN to the Leader of the House representing the Attorney General:**

I refer to the “Law Reform Initiatives”, announced as Labor election commitments in January 2017. In respect of each of the following: on what date did the Attorney General issue instructions to initiate it; its progress and current status; and, to the extent that legislation is necessary, when the bill will be introduced into Parliament —

- (a) the BOCSAR, or Bureau of Crime Statistics and Research, in partnership with a Western Australian university;
- (b) the Law Reform Commission’s review of “enforcement schemes from around Australia” to “advise on best practice”;
- (c) the sentencing database “that will provide comprehensive data of all sentences”; and
- (d) the amendments to the Director of Public Prosecutions legislation to require the Director of Public Prosecutions to report annually to a standing committee of Parliament and appear and explain the rationale for decisions not to prosecute, to discontinue prosecutions, to accept pleas to lesser charges, and not to appeal?

**Hon SUE ELLERY replied:**

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

Due to the detail requested and the short time frame, the Attorney General requests that this question be placed on notice.

## CHILD PROTECTION — CONFIDENTIAL DOCUMENTS

**1260. Hon NICK GOIRAN to the Leader of the House representing the Minister for Child Protection:**

I refer to reports that thousands of confidential documents relating to child protection cases were accessed by vandals in the unoccupied and unsecured McCall Centre in Mosman Park.

- (1) Is the minister aware that the assistant director general corporate operations is reported as saying, “Any remaining documents have been relocated to a more secure facility”?
- (2) In what locations are the documents, which were previously stored at the McCall Centre, now being stored?
- (3) On what date were these documents relocated?
- (4) Do any documents remain at the McCall Centre?
- (5) Are any documents missing or damaged?

**Hon SUE ELLERY replied:**

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

- (1) Yes.
- (2) They are being stored at the May Holman Building in East Perth.
- (3) They were relocated from 16 to 23 October 2019.
- (4) No.
- (5) The Department of Communities advises that all documents at the site have been recovered and relocated intact.

## DROUGHT — SOUTHERN RANGELANDS

**1261. Hon JACQUI BOYDELL to the minister representing the Minister for Water:**

I refer to the drought situation that many pastoralists, particularly in the southern rangelands, currently find themselves in.

- (1) Has the minister engaged directly with pastoralists from the southern rangelands since January this year to discuss the severe water shortage; and, if yes, please provide details, including when, where and who with?
- (2) Has the minister engaged directly with the relevant federal ministers to discuss drought or climate change since January this year; and, if yes, please provide details of when, where and who with?
- (3) Does the Department of Water and Environmental Regulation have a plan to mitigate the effect of decreasing rainfall due to climate change specifically for areas such as the southern rangelands, which are typically drier than the rest of the state?
- (4) If no to (1)–(3), when does the minister plan on taking action in conjunction with the relevant stakeholders considering that people are suffering now?

**Hon ALANNAH MacTIERNAN replied:**

I thank the member for the question.

I seek leave to have the response incorporated into *Hansard*.

Leave granted.

The following material was incorporated —

- (1)–(4) The Minister for Water has written to the Commonwealth Government regarding drought funding in December 2018 and June 2019. A third letter to the Commonwealth Government agreeing to implement the On-Farm Emergency Water Infrastructure Rebate Scheme in Western Australia was sent in April 2019. The Minister for Water specifically attended the Agriculture Ministers’ Forum held in Melbourne on 25 October 2019 to discuss Western Australia’s situation. The Forum was also attended by the Hon. Bridget McKenzie Federal Minister for Agriculture and the Hon. David Littleproud Federal Minister for Water Resources and Drought.

It should be noted that the two Federal Ministers have recently visited Western Australia, neither advised the Minister for Water of their visits and neither sought a meeting with the Minister for Water.

The question correctly identifies that decreasing rainfall in areas such as the Southern Rangelands can be attributed to climate change. Declining rainfall due to climate change was identified at the recent Agricultural Ministers Forum as being a direct threat to agricultural production. An effective response to climate change requires leadership at the national level which is widely seen as being lacking from the current Federal Government and the relevant ministers in particular.

The State Government has recently released a Climate Change Issues Paper, with public comment open until 29 November 2019. The State Government has committed to releasing a Climate Policy in 2020.

At a state level, groundwater in the inland Gascoyne, Murchison and Goldfields regions is mainly sourced from fractured rock, alluvium, calcrete and palaeochannel deposits, which have variable water quality and yields. Since 2014, the Department of Water and Environmental Regulation has completed an airborne electromagnetic survey over approximately 52 000 square kilometres of palaeochannels in the Murchison region. The survey results have been used to identify the distribution of groundwater across the palaeochannel system, which confirmed that fresher groundwater supplies are generally in the northern part of the Murchison. This information is publicly available and may be used by pastoralists to develop water sources.

The Department of Water and Environmental Regulation currently administers the National on-farm emergency water infrastructure rebate scheme which is available to all commercial livestock farmers and pastoralists for 25 per cent of the cost of eligible on-farm water infrastructure (\$25 000 maximum rebate available), to support improved animal welfare and business self-reliance in managing the challenges of a drying climate. The Department has communicated with and provided application details to stakeholders including grower groups, Shires, the Pastoralists and Graziers Association of Western Australia, and individual farm and pastoral businesses.

#### BOARDING AWAY FROM HOME ALLOWANCE

**1262. Hon MARTIN ALDRIDGE to the Minister for Education and Training:**

I refer to the article “Boarding boost pledge” published in *The Esperance Express* on Friday, 25 October 2019, in which the member for the Agricultural Region Hon Darren West states —

... the State Government provided many other subsidies and allowances to support regional and remote families with children living away from home for secondary schooling.

- (1) Will the minister please list the subsidies and allowances offered by the state government to regional and remote families with children who are living away from home for secondary schooling to which Hon Darren West refers in his media comment?
- (2) What is the criteria for each subsidy and allowance?
- (3) What is the annual financial value of each subsidy and allowance?

**Hon SUE ELLERY replied:**

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

- (1)–(3) The Boarding Away from Home Allowance is available to eligible parents and guardians, consisting of four allowance types with pro rata payments based on the length of time boarding. These are: isolated children, for students boarding to attend school and the parent/guardian is receiving the Department of Human Services—Centrelink—assistance for isolated children boarding allowance or the second home allowance payment; students in respite, for students boarding away from home for health-related reasons and the parent/guardian is receiving AIC for short-term boarding, payment of which is based on the number of days in boarding, but must be for periods of 20 days or more over the year; the agricultural college special subsidy, for secondary students attending and boarding at an agricultural college and not in receipt of either a youth allowance, Abstudy boarding or AIC payment; and the gifted and talented program, for secondary students enrolled in gifted and talented programs at public schools boarding at City Beach Residential College and not in receipt of either a youth allowance, Abstudy boarding or AIC payment. The BAHA payment rate is \$1 791 in 2019 for students who board for a full school year.

Children living away from home for secondary schooling may also be eligible for subsidies or allowances from the Department of Transport Western Australia. The student subsidised travel scheme provides financial assistance to students from a geographical area known as the defined remote area to attend school or university, regardless of whether there is an educational facility locally available and based on their individual circumstances.

In addition to BAHA, the state government also provides the secondary assistance scheme to support eligible low-income families and independent students from years 7 to 12 with secondary schooling costs. The following are available to parents, guardians or students holding an appropriate Centrelink Health Care Card or concession card, or a Department of Veterans’ Affairs Pensioner Concession Card: the education program allowance, whereby an amount of \$235 is paid to the public or private school; and the clothing allowance, whereby an amount of \$115 is paid to the parent or guardian, and parents, guardians and public school students can elect to have the allowance forwarded to the school.

#### FIREARMS — TRANSPORTATION

**1263. Hon RICK MAZZA to the minister representing the Minister for Police:**

Since 2017, after a reinterpretation of section 8(1)(g) of the Firearms Act 1973 regarding approved commercial carriers, firearms owners, dealers, farmers, repairers, manufacturers and industry stakeholders have experienced significant problems in transporting firearms and firearms components.

- (1) Australia Post’s secure accept and collect service has provided some relief for transportation within the state. Is the Western Australia Police Force in discussions with Australia Post for expansion of the intrastate secure accept and collect service?
- (2) Considering that interstate transport between dealers continues to be problematic, are WA police in discussions with Australia Post for interstate transport arrangements?

**Hon STEPHEN DAWSON replied:**

I thank the honourable member for some notice of the question. The following answer has been provided to me by the Minister for Police. The Western Australia Police Force advises the following.

- (1)–(2) Yes.

## KARRAKATTA CEMETERY RENEWAL PROGRAM

**1264. Hon AARON STONEHOUSE to the Leader of the House representing the Minister for Local Government:**

I refer the minister to my previous questions about correspondence around the Karrakatta Cemetery renewal project.

- (1) How many pieces of correspondence, physical and/or electronic, has the minister's office received from members of the public regarding the renewal program since 18 September 2019?
- (2) How many pieces of correspondence, physical and/or electronic, has the minister's office now received from members of the public on the same subject in this calendar year?
- (3) Given the clear and mounting concern regarding renewal at Karrakatta, will the minister now offer the public a firm date for the commencement of a full and public review of the Cemeteries Act 1986?
- (4) Noting that the Saving Family Headstones at Karrakatta group is scheduled to hold a rally at Parliament House on 27 November, will the minister ensure that he has sufficient space in his diary to allow him to attend and meet in person these concerned residents?

**Hon SUE ELLERY replied:**

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

- (1) One hundred and twenty-four pieces of correspondence have been received from 61 members of the public.
- (2) Three hundred and sixty-one pieces of correspondence have been received from 105 members of the public.
- (3) No. As previously stated, the minister's current legislative priorities are key reforms to the Local Government Act 1995 and the introduction of measures to stop puppy farming. In addition, the statutory reviews of the Cat Act 2011 and Dog Act 1976 are being conducted.
- (4) The minister advises that he has previously invited Saving Family Headstones at Karrakatta to meet with him to discuss their concerns. Representatives from the group did not attend the meeting, nor did they inform the minister that they would not be able to attend the meeting.

## POLICE — STRIP SEARCHES

**1265. Hon ALISON XAMON to the minister representing the Minister for Police:**

I refer to the current New South Wales inquiry into strip searches undertaken in the field, rather than searches conducted in police stations or watch houses.

- (1) What criteria are required to be satisfied in order for the Western Australia Police Force to lawfully undertake strip searches in the field?
- (2) How many field strip searches were conducted in 2018–19?

**Hon STEPHEN DAWSON replied:**

I thank the honourable member for some notice of the question. The following answer has been provided to me by the Minister for Police. The Western Australia Police Force advises the following.

- (1) Strip searching is conducted on a high-risk person. These are persons who are considered at risk of self-harm or possessing security risk items, such as weapons. The second reason is for evidentiary purposes. Powers are given under the Criminal Investigation Act 2006: section 64 defines strip search; section 70 defines police responsibilities; section 72 defines the rules for conducting a strip search; and section 135 defines certain persons who can be searched. All strip searches are conducted in circumstances affording reasonable privacy to the person.
- (2) This type of data is not readily available for reporting from within the WA Police Force custodial management application.

## BURRUP PENINSULA — ROCK ACIDITY

**1266. Hon ROBIN CHAPPLE to the Minister for Environment:**

I refer to question without notice 1245, which was asked last Thursday, and refer again to the document in the possession of the Western Australian Environmental Protection Authority and the site known as the big goanna petroglyph.

- (1) Is the minister aware that the acidity of this site has changed remarkably to that of almost neutral in the region of pH 7 in the last year when all the surrounding rocks still retained a reading of approximately pH 3.6?
- (2) If yes to (1), does the minister understand the reason for this dramatic change and will he identify what has caused the change?

- (3) If no to (1), will the minister investigate what has caused the pH to change and report the reason to the Legislative Council?

**Hon STEPHEN DAWSON replied:**

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

- (1) I am aware of the issue as a result of Hon Robin Chapple raising it.  
 (2) No.  
 (3) Yes.

#### GIFTED AND TALENTED PROGRAMS — CHINESE STUDENTS

**1267. Hon SIMON O'BRIEN to the Minister for Education and Training:**

I refer to the selective program for gifted Chinese students.

- (1) Why is the McGowan Labor government giving special consideration to one ethnic group over others?  
 (2) How many Western Australian students will be displaced from elite schools by this new program?

**Hon SUE ELLERY replied:**

I thank the member for the question.

- (1)–(2) I will answer the second part first. The additional positions are up to 15 per year at schools that have the capacity. This is on top of—and does not replace—gifted and talented programs for Western Australian students, so no Western Australian student will be displaced. If a school does not have capacity to take the students, the school will not take the students.

With respect to the first question, a range of policies are being developed for international students at public schools. I will preface my answer by saying this. We have taken fee-paying international students at Western Australian public schools, primary and secondary, since 1984—there is nothing new about that. In respect of this “selective” program, we have identified China as the key market. We have been approached by representatives from Chinese education agents, who have been seeking this. In addition, of course, we have really strong relationships with China. Indeed, it is our biggest trade partner and we are keen to extend the number of students who come from China to study in our universities. One way of doing that is to give them the experience of studying in Western Australia before they make a decision about which university they might go to. This is one way of doing that.

#### METHAMPHETAMINE — SENTENCING

**1268. Hon COLIN TINCKNELL to the minister representing the Minister for Police:**

- (1) In the last five years, how many charges have been laid under section 101 of the Children and Community Services Act 2004 as a consequence of a child being present at an address at which methamphetamine is being produced or used?  
 (2) How many convictions have resulted from these charges?  
 (3) What is the average sentence handed down for these convictions?

**Hon STEPHEN DAWSON replied:**

I thank the honourable member for some notice of the question. The following answer has been provided to me by the Minister for Police. The Western Australia Police Force advises the following.

- (1) The reason or circumstance for which a person has been charged with an offence under section 101 of the Children and Community Services Act 2004 is unable to be determined due to the reporting capabilities of the Western Australia Police Force prosecutions system.  
 (2)–(3) Requests for court outcomes-related data or statistics should be directed to the Attorney General because the Department of Justice is the agency responsible for the capture and maintenance of this information.

#### ANIMAL WELFARE RISK ASSESSMENT — PASTORAL LEASES

**1269. Hon KEN BASTON to the Minister for Agriculture and Food:**

I refer to the answers to question without notice 571, which was asked on 5 June 2019, regarding the animal welfare risk assessment of all Western Australian pastoral leases.

- (1) Has the risk assessment been completed?  
 (2) If yes, how many pastoral leases were found to be at risk of animal welfare breaches such as those reported in 2019 at Yandeyarra and Noonkanbah and in what capacity is the department providing support to the pastoral leases identified as at risk?

**Hon ALANNAH MacTIERNAN replied:**

I thank the member for the question.

- (1)–(2) Yes. The risk assessment has been completed. In the first instance, the risk assessment was a desktop exercise that looked at known data points, including rainfall data, history and experience of management and the management of stock numbers to inform a risk profile for each pastoral lease, which was used to prioritise property visits and assessments. There have been difficult circumstances right across the pastoral area. The department is working with a small number of properties around livestock management measures, given the season. The properties identified have been prioritised for further assessment. We have managed to do 120 since July. We have been working with pastoralists on their watering points, destocking and agistment. We have held forums in the Kimberley, the Pilbara and the Gascoyne to really help them gain the information and technical skills they need to deal with climate and weather, forage budgeting and decision dates to help them with the proper management of stock.

## REGIONAL MIGRATION STATUS

**1270. Hon CHARLES SMITH to the Leader of the House representing the Premier:**

I refer to an article that appeared in *The West Australian* of 19 October entitled “State government wants more migrants, students”, in which it was stated that the state government had completed a policy backflip by asking the commonwealth to reclassify Perth as a regional area so that foreign workers and foreign students with working rights can move here more easily.

- (1) Why is the state government seeking to bring in more foreign workers and foreign students with working rights at a time when Western Australia has one of the worst labour underutilisation rates in the country and wage growth is stagnant?
- (2) Does the state government concede that an increase in the number of foreign workers and students in a soft labour market will place further downward pressure on wages and intensify job competition for locals?
- (3) Does the state government concede that an increase in the number of foreign workers and students will increase pressure on urban infrastructure, services and congestion?
- (4) Does the state government admit that this policy backflip represents a broken election promise and a blatant betrayal of Western Australians who are seeking more and better-paid work?

**Hon SUE ELLERY replied:**

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

- (1)–(4) The Premier rejects the premise of the question. Attracting more international students will diversify and grow the state’s economy, which in turn will create employment opportunities for Western Australians. International education is a key contributor to the Western Australian economy, generating more than \$1.9 billion in export income for the state in 2018. The international education sector alone supports approximately 14 600 full-time jobs in Western Australia—that is one full-time job created for every four international students. International students not only enrich our communities, but also attract thousands of visiting friends and relatives from overseas. For the year ending March 2019, Western Australia received 43 000 international visitors for education purposes, who spent \$536 million. On average, these visitors spend more than seven times per trip more than other international holiday visitors.

## AGRICULTURE — GRAIN — GLYPHOSATE RESIDUE

**1271. Hon JIM CHOWN to the Minister for Agriculture and Food:**

In an interview with ABC *Country Hour* on Friday, 25 October, the minister stated in regard to glyphosate usage that “we are seeing many jurisdictions expressing concern and many consumers expressing concern.”

- (1) Which specific jurisdictions was the minister referring to in the above statement?
- (2) How did the minister become aware of those concerns, and what concerns were being expressed?
- (3) Could the minister please table any correspondence she has received about those concerns?
- (4) Has there ever been an incident of glyphosate residue detected in Western Australian–exported grain?

**Hon ALANNAH MacTIERNAN replied:**

I thank the member for the question.

- (1) Increasing concerns about the safety of glyphosate have been expressed by consumers and advocacy groups, as well as by many of our exporting partners—that comment was made at the federal agriculture ministers meeting. The federal government indicates that increasingly people are raising this issue in their dialogue. Vietnam has banned the use and import of glyphosate products, with full effect from early 2020. Thailand’s government agreed to ban the use of glyphosate on 22 October 2019. France and Germany are planning to phase out glyphosate, with limited exceptions. In July 2017, California added glyphosate to the state’s proposition 65 list of chemicals.

- (2) How do I know about this? It is through general reading, discussions and meetings with market people.
- (3) Not applicable.
- (4) Although we have never had a shipment rejected because it exceeded the minimum residue level, we note that there are concerns because there are countries that do not specify a minimum residue level. Indeed, because of the concern that Co-operative Bulk Handling Ltd had about the fact that there was clearly grain coming in with glyphosate residues, it could not take the risk of going into the Chinese market with barley, so it made the decision in 2018 to segregate the barley cropping for that reason.

#### VOLUNTEER RESOURCE CENTRES

#### 1272. Hon COLIN HOLT to the Leader of the House representing the Minister for Volunteering:

I refer to the review of the volunteering development services program that was finalised in 2019.

- (1) What consultation with the volunteer resource centres occurred for the review, and can the minister please list the consultation activities?
- (2) What funding will the currently funded volunteer resource centres receive beyond 31 December 2019 and up to 30 June 2021, and can the minister please list this?
- (3) After June 2021, how will funding be distributed across the nine regional development commission areas?
- (4) Will all existing volunteer resource centres continue to receive funding beyond 30 June 2021?
- (5) As a result of the review, what will the role of Volunteering WA be after 30 June 2021?

#### Hon SUE ELLERY replied:

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

- (1) The review was informed by Bankwest Curtin Economics Centre's project on the social and economic sustainability of WA's rural volunteer workforce, which included in-depth face-to-face interviews with 11 rural volunteering organisations, including two community resource centres.
- (2) I have asked the Department of Communities to extend the current contracts until 30 June 2021. I table the attached information, which is a table of the respective organisations, their funding and their estimated funding through to 2020–21.

[See paper 3336.]

- (3) The funding allocation model is yet to be developed.
- (4) Metropolitan local governments have been verbally advised that they will not receive a funding contribution from the Department of Communities for volunteering development services beyond 30 June 2021. Funding for services in regional areas will be increased and will be expanded into regional areas that are not currently serviced by such organisations, as identified by the department's review.
- (5) That is a matter for Volunteering WA.

#### ENVIRONMENT — WESTERN AUSTRALIAN BIODIVERSITY AUDIT

#### 1273. Hon DIANE EVERS to the Minister for Environment:

I refer to the minister's response to my question on notice 2300 on the Western Australian Biodiversity Audit II, in which he said —

For some assets data is incomplete, including some priority species, wetlands and threatened ecological communities, and it is not appropriate to publicly release incomplete datasets.

- (1) When will the government finish the data collection necessary to complete the datasets for all priority species, wetlands and threatened ecological communities?
- (2) Given that the information available to the public on the Biodiversity Audit II website is generally high level and lacks detail, what criteria does the government apply to determine whether a dataset is complete?
- (3) Biodiversity Audit II does not include marine environments. Will the government consider including marine data; if yes, when will the government collect marine data and release it; and, if no, why not?
- (4) Will the government consider developing citizen science projects to gather data that could be contributed to the state's biodiversity audit?

#### Hon STEPHEN DAWSON replied:

I thank the member for some notice of the question.

- (1)–(4) Biodiversity Audit II was a snapshot in time for terrestrial biodiversity. The government recognises the value of citizen science contributions to information on the state's biodiversity assets; however, there are currently no plans for further development of the Biodiversity Audit II by the Department of Biodiversity, Conservation and Attractions. Data in the Biodiversity Audit II was determined to be incomplete if raw

data that had been collected had not been checked and verified within the project time frame. Given the honourable member's significant interest in this matter, I would be happy to offer her a briefing to answer any further questions about the Biodiversity Audit II.

#### PERTH SEAWATER DESALINATION PLANT

**1274. Hon ROBIN SCOTT to the minister representing the Minister for Water:**

I refer the minister to the Perth seawater desalination plant located in Kwinana.

- (1) How much water is sucked out of Cockburn Sound by the Kwinana desalination plant each day?
- (2) How much drinking water is produced each day from that total amount of seawater extracted from Cockburn Sound?
- (3) How much wastewater is returned into Cockburn Sound each day?
- (4) What is the total cost per kilolitre of water produced from the Kwinana desalination plant?

**Hon ALANNAH MacTIERNAN replied:**

I thank the member for the question.

- (1) Each day, up to 349 million litres of seawater is extracted from Cockburn Sound.
- (2) Each day, up to 149 million litres of drinking water can be produced.
- (3) Each day, approximately 200 million litres of brine is returned to Cockburn Sound.
- (4) The operating cost in 2019–20 is estimated to be 68¢ a kilolitre. The total unit cost, taking into consideration construction costs and conveyance infrastructure, results in a total cost of desalinated water of between \$2 and \$3 a kilolitre.

#### PORT AUTHORITIES — BOARD MEMBERSHIP

**1275. Hon TJORN SIBMA to the Minister for Ports:**

I refer to the composition of membership of all port authority boards.

- (1) Has the minister recently directed any changes to the composition to the board membership of any port authority?
- (2) If yes, which specific changes and to which port authority boards, and for what reasons?

**Hon ALANNAH MacTIERNAN replied:**

They are very interesting questions. I thank the member for the question.

- (1)–(2) I have not directed any changes other than to fill my obligation under the Port Authorities Act 1999 to appoint members to port authority boards when vacancies arise.

#### DROUGHT — SOUTHERN RANGELANDS

**1276. Hon COLIN de GRUSSA to the Minister for Agriculture and Food:**

I refer to the minister's comments in *The West Australian* today regarding the critical drought situation in the southern rangelands.

- (1) What infrastructure developments, if any, is the government considering to provide the southern rangelands more stable and long-term water supplies into the future?
- (2) How does the Department of Primary Industries and Regional Development plan to transition pastoralists to carbon farming in a timely fashion, given the lack of rainfall in this region?
- (3) Will the minister introduce legislation to enable any carbon farming plans in Western Australia?
- (4) Will there be state-funded programs to incentivise destocking?
- (5) Has the minister planned for the animal welfare risks associated with destocking weak animals; and, if yes, please table that plan?

**Hon ALANNAH MacTIERNAN replied:**

I thank the member for the question.

- (1)–(5) Water supply in those pastoral regions is generally the responsibility of the pastoral operations, but the Department of Water and Environmental Regulation has been undertaking aerial surveys to help identify where better water is. Of course, we also are seeking from the federal government engagement on the program to look at how we can strengthen the southern rangelands more generally, and that will be about not only water. That has to be about regeneration.

The member seems to be a bit concerned about us going down the path of carbon farming. Indeed, the pastoralists very much want to take this path forward. We are working to achieve that and, hopefully, at

some point we will be able to have in place a regime that will allow those pastoralists in the southern rangelands to engage in carbon farming through human-induced regeneration. It is hard work to get it done. I understand it could not be done under the previous government, but, hopefully, we will get there.

Is there a program to incentivise destocking? We have to look at this issue. Reducing stock is part of the practice of pastoralism. When we have a dry season, we move our stock to somewhere else. That has to be an essential part of management of our farming systems. Do we need to do something more than that, something more radical? Possibly we do, and again we are seeking to develop a long-term response, because this is not a short-term problem. This has been getting worse and worse. If we had been monitoring the rangelands over the previous government's term in government, it probably would have become more evident that this is becoming an increasingly difficult problem.

As I said in answers to earlier questions, we have definitely had our officers going out there into those most at-risk stations, talking about destocking and stock being fit to transport. Our advice is that there are only a couple of properties where the animals are too weak to be moved, that it has been left to that point. We are certainly supporting the farmers in making sure that they understand that and can manage that task.

Quite clearly, a very low percentage of our farmers is applying for the federal household assistance scheme, which can add \$100 000 a year to income. I think that will go a long way to helping some of these marginal stations survive.

#### NORTH STONEVILLE DEVELOPMENT

**1277. Hon TIM CLIFFORD to the minister representing the Minister for Planning:**

I refer to today's WAtoday article "Conflict of interest claims hit embattled Perth Hills development".

- (1) How does the minister plan to ensure that the conflict of interest between the WA Planning Commission chairman David Caddy and the North Stoneville development is managed?
- (2) Will the minister please table all correspondence regarding the North Stoneville development between her office, Nigel Satterley, the Anglican Church and WA Planning Commission chairman David Caddy since 12 March 2017?

**Hon STEPHEN DAWSON replied:**

I thank the honourable member for some notice of the question. The following answer has been provided to me by the Minister for Planning.

- (1) Strict protocols govern conflicts of interest and ethics for all public officials, and the minister is confident that Mr Caddy appropriately manages any potential conflicts of interest in accordance with these protocols.
- (2) There has been no correspondence to the Minister for Planning from the Anglican Church or Nigel Satterley. I table the attached correspondence from the Satterley Property Group, which is the only correspondence it has had with the Minister for Planning's office on this matter.

[See paper 3337.]

#### FORRESTFIELD–AIRPORT LINK — SOIL CONTAMINATION

**1278. Hon Dr STEVE THOMAS to the Minister for Environment:**

I refer to PFAS-contaminated soil excavated from the Forrestfield–Airport Link and stockpiled on lot 777 Abernethy Road, Forrestfield.

- (1) Notwithstanding the view of the Public Transport Authority, does the Department of Water and Environmental Regulation consider that the use of this material as fill for the NorthLink project is liable for the landfill levy?
- (2) If yes to (1), has the waste levy been charged and paid?
- (3) If no to (1), why not?
- (4) Will the minister table any departmental opinion or briefing note on DWER's position on whether any liability exists?
- (5) What is the definition of "temporary storage" of PFAS-contaminated spoil, and how long can it remain temporarily stored at one location?

**Hon STEPHEN DAWSON replied:**

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

- (1)–(4) In light of the Public Transport Authority's determination that the material is not waste, the use of this material would not be liable for the landfill levy.
- (5) The Minister for Transport has been clear that the spoil currently stockpiled in the temporary storage area will be left in situ while negotiations for its re-use are ongoing.

**QUESTIONS ON NOTICE 2496, 2504, 2508, 2509, 2513, 2517, 2518 AND 2519***Papers Tabled*

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

**KING LEOPOLD RANGES CONSERVATION PARK — RENAMING***Question without Notice 1256 — Answer Advice*

**HON STEPHEN DAWSON (Mining and Pastoral — Minister for Environment)** [5.06 pm]: I undertook last Thursday to provide an answer to Hon Michael Mischin's question without notice that he asked on that day about King Leopold Ranges Conservation Park. I seek leave to have the answer incorporated into *Hansard*.

Leave granted.

The following material was incorporated —

(1)–(5) Arising from an Indigenous Land Use Agreement process, the Bunuba Dawangarri Aboriginal Corporation recently requested the creation of a separate reserve for the eastern part of the King Leopold Ranges Conservation Park and change of name to Miluwindi Conservation Park. This name will be formally adopted when the reserve is created.

King Leopold Ranges Conservation Park is located within the country of several traditional owner groups. Consultation regarding the proposed renaming of the remaining areas of the park is ongoing. Any renaming will be completed when agreement is reached with the various traditional owners groups.

**VOLUNTARY ASSISTED DYING BILL 2019***Committee*

Resumed from an earlier stage of the sitting. The Deputy Chair of Committees (Hon Dr Steve Thomas) in the chair; Hon Stephen Dawson (Minister for Environment) in charge of the bill.

**Clause 1: Short title —**

Committee was interrupted after the clause had been partly considered.

**The DEPUTY CHAIR:** Does the minister have anything to progress with before I open the floor?

**HON STEPHEN DAWSON:** I certainly do. Before question time was called, I had begun to seek advice from my advisers. I am going to get that advice and I will provide an answer.

Hon Nick Goiran asked some questions about palliative care and asked us to drill down further. I have not got that information yet. We are still seeking that information. I was also asked whether there needed to be provisions in the bill for organisations to conscientiously object. Institutions do not have to participate in the actual process. They are not required to do anything in the voluntary assisted dying process. The Ministerial Expert Panel on Voluntary Assisted Dying received a submission from Bethesda Health Care. I will quote from page 52 of the final report of the Ministerial Expert Panel on Voluntary Assisted Dying. It states —

*'Bethesda is of the view that an individual healthcare provider or organisation should not be obliged to refer a patient that wants to access voluntary assisted dying on to some other person or service that is prepared to help them.*

*Note, however, that as part of our commitment to compassionate, patient-centred care, Bethesda (at this stage) would be prepared to provide the contact details for an appropriate co-ordination and navigation agency to patients if they request either information about voluntary assisted dying, or to access the process.'*

That was mentioned in one of the submissions. Obviously, we have had just a short break. I have not been able to get further advice about which other organisations may have mentioned their objections to participating in the bill. That is one example.

**HON NICK GOIRAN:** This is interesting. Thank you for drawing this to our attention. I note that last week other members asked questions about institutional conscientious objection. It has now been drawn to our attention that some exchange occurred between institutions and the ministerial expert panel. I note that on page 52 of the final report that the minister took us to, it also states —

*In seeking to achieve a balance between these needs, the Panel determined that the most appropriate option was to recommend that practitioners and services that have a conscientious objection have an obligation to provide information to people seeking voluntary assisted dying but are not obliged to refer on. This would appear to be an acceptable 'middle ground'.*

The ministerial expert panel then quoted the submission by Bethesda Health Care, as articulated by the minister, and on page 53 stated —

*The Panel is mindful that this is contrary to the Joint Select Committee recommendation that practitioners should be obliged to offer to make a referral.*

It appears that there is a difference between the joint select committee and the ministerial expert panel. Where does the government sit in respect of that difference?

**Hon STEPHEN DAWSON:** The government agrees with the ministerial expert panel.

**Hon NICK GOIRAN:** Which part of the joint select committee's report does the government disagree with?

**Hon STEPHEN DAWSON:** With the obligation to mandatorily refer.

**Hon NICK GOIRAN:** Where do we find that in the joint select committee's report?

**Hon STEPHEN DAWSON:** Page 225 onwards of the committee's report, "My Life, My Choice: The Report of the Joint Select Committee on End of Life Choices", has the "Voluntary Assisted Dying Legislation Framework" and page 228 has a part on "personal objection", which says —

At the time the patient makes the first verbal request, any doctor with a personal objection to providing assisted dying must inform the patient of the objection and offer to refer the patient to a doctor who is willing to provide assistance.

**Hon NICK GOIRAN:** That is what the joint select committee said at page 228 under "personal objection" in the framework that it asked the government to consider. Do I take it that that is not what this bill does?

**Hon STEPHEN DAWSON:** That is correct. The bill does not have the referral obligation.

**Hon NICK GOIRAN:** The minister says that the government does not have the referral obligation, despite the fact that that is what the joint select committee suggested to the government. Are there other parts of what the joint select committee has asked the government to do that the government has rejected?

**Hon STEPHEN DAWSON:** I am advised that the government accepted the recommendations, in principle. Recommendation 21 was that the minister establish an expert panel, including health and legal practitioners and health consumers, to undertake consultation and develop legislation for voluntary assisted dying in Western Australia and that this report, together with the framework contained at the end of chapter 7, be considered by the panel. We accept the recommendations in principle. Further work was then done by the ministerial expert panel so a number of issues were amended, following consultation either on the advice of the ministerial expert panel or those other agencies that I mentioned earlier that were consulted as part of the consultation process.

**The DEPUTY CHAIR:** Before I give Hon Nick Goiran the call, I will need members to make sure that they are pointing out a relationship between the question they are asking and the bill. I am generally being fairly relaxed because it is a wideranging debate, but there should be a connection between the questions and the bill.

**Hon NICK GOIRAN:** For the sake of clarity, I am following up on answers that the minister gave to Hon Martin Aldridge's questions last week on clause 1 of the bill and, in particular, the so-called conscientious objection provisions, which, as I understand, from the exchange between Hon Martin Aldridge and the minister last week, applied only to individuals and not institutions. I am asking the government to clarify that. It has taken me to page 228 of the "My Life, My Choice" report and the heading "Personal obligation". The government has confirmed that it has rejected the view of the joint select committee that there should be an obligation to refer the patient to a doctor who is willing to provide the assistance. It has indicated that with respect to the framework. The government has now indicated to us that the ministerial expert panel has considered this issue, taking us to pages 52 and 53 of the panel's final report. It is now apparent that the ministerial expert panel holds a different view from the joint select committee and that the government has accepted the view of the ministerial expert panel but rejected the view of the joint select committee. I am trying to identify what other elements of the work of the parliamentary joint select committee the government has decided to reject and instead support the position of the unelected panel of so-called experts who, I might note, decided not to take any minutes, unlike the parliamentary committee.

The minister has taken us specifically to recommendation 21, which I note reads —

The Minister for Health establish an expert panel including health and legal practitioners and health consumers to undertake consultation and develop legislation for voluntary assisted dying in Western Australia, and that this report, together with the Framework contained at the end of Chapter 7, be considered by that Panel.

Does the government have in its possession a list of those things that were proposed by the joint select committee that have been rejected by government? Does it also have a list of those things that the ministerial expert panel has proposed to government that it has rejected?

**Hon STEPHEN DAWSON:** No, I do not have such a list.

**Hon NICK GOIRAN:** We will follow that up later. For the time being, I want to get back to this issue of the institutional conscientious objection and the view of the government to reject the position taken by the joint select committee. I ask the minister to turn to page 228, which is the page he referred me to, of the "My Life, My Choice" report. Under the heading "Personal objection", the joint select committee in its so-called framework went on to suggest —

Where a person is an inpatient in a health service unwilling to provide assisted dying, that service must facilitate timely transfer to another service.

Can the minister indicate whether that is supported by the government? Was it supported by the ministerial expert panel? Is there a provision in the bill that makes that happen?

**Hon STEPHEN DAWSON:** I am advised that the answer to the first two questions is yes. However, there is no provision in the bill. I am further advised that it is good clinical practice for an organisation to do that.

**Hon NICK GOIRAN:** That provision in the framework found on page 228 says that the service must facilitate timely transfer to another service. Does the absence of something specific on that in the bill mean that a health service that is unwilling to provide assisted dying is not obliged to facilitate timely transfer?

**Hon STEPHEN DAWSON:** We are trying to find further information, but I am told that this is consistent with guidelines that have been issued by the Medical Board of Australia to practitioners. We are just trying to see what else we have in front of us.

**Hon NICK GOIRAN:** Last week the minister also indicated that if a patient has requested a transfer from an institution that will not permit voluntary assisted dying to be executed on its premises, the institution would need to facilitate that transfer. The minister has just indicated that that would be consistent with what the member referred to as “good clinical practice”. He further indicated that if a person in the institution was concerned that the patient had been coerced to transfer, they could approach the Voluntary Assisted Dying Board. When I asked the minister what the Voluntary Assisted Dying Board could do, he said it could approach the police. What powers do WA police have to intervene in that transfer process?

**Hon STEPHEN DAWSON:** I am not sure that is exactly what I said, so we are going to check *Hansard* from last week to see what exactly what I did say. That is our understanding and my recollection of what I said, bearing in mind I have said a significant number of things over the last week and a half or two and a half weeks, so let us check on that.

**Hon NICK GOIRAN:** We can certainly go back to that, but I do not make this stuff up. I spent time on Friday reviewing that and it is precisely what happened. If the minister wants a moment’s pause to consider that, I am happy to facilitate it. I will move on to a separate topic and we will come back to it. The minister also advised last week that WA police were one of a very small number of agencies that were given the luxury of seeing the tenth draft out of 14 drafts of the bill. Have WA police indicated what process they will put in place to ensure that these concerns by any person in an institution will be prioritised, given that an adverse outcome would in this instance be a guarantee of a wrongful death?

**Hon STEPHEN DAWSON:** Operational implementation of the bill has not been discussed with WA police.

**Hon NICK GOIRAN:** What concerns did WA police raise about the tenth draft?

**Hon STEPHEN DAWSON:** I am advised that concerns were not raised by WA police.

**Hon NICK GOIRAN:** The advice of the chamber is that WA police raised no concerns about the tenth draft. If the institution in question—that is, the institution that does not permit voluntary assisted dying to happen on its premises—was an aged-care facility that is by definition the home of the patient, where would they be transferred in order to execute their VAD process?

**Hon STEPHEN DAWSON:** I am advised that the transfer would likely be to a hospital, although the patient could be transferred to another residential care facility. The most likely place to transfer a patient would be a hospital. I am advised that we would expect facilities to work in a collaborative manner with other institutions to enable the transfer to take place, ensuring the patient is looked after as part of that process.

**Hon NICK GOIRAN:** Perhaps we will take up that issue of how the VAD board would deal with the situation of the police after the next adjournment when the minister has had an opportunity to review *Hansard* from last week. Can I then take the minister to the comments he made in response to Hon Martin Pritchard about whether a doctor is required to raise the topic of voluntary assisted dying with the patient. The minister mentioned that there was no obligation in the bill, but that it would be part of good clinical practice. In fact, I note that the minister made the same remark just this afternoon when we looked at the issue of transfer. He said it would be good clinical practice for a healthcare service to transfer a person if it was unwilling have the process executed on its premises. On what basis is voluntary assisted dying part of clinical practice? Is it some form of medical treatment, palliative care treatment or medical procedure? On what basis do we say it is part of clinical practice?

**Hon STEPHEN DAWSON:** I think we all heard different things. Would the honourable member mind asking me his question again, if he does not mind?

**Hon NICK GOIRAN:** Last week, when the minister was asked by Hon Martin Pritchard about whether a doctor was required to raise the topic of voluntary assisted dying, he mentioned that there was no obligation in the bill, but it would be good clinical practice. My question is: On what basis is voluntary assisted dying part of clinical practice? Is it because it is some form of medical treatment, palliative care treatment or medical procedure? On what basis does the government continue to refer to this in the context of good clinical practice?

**Hon STEPHEN DAWSON:** Voluntary assisted dying is the lawful option that the doctor in his or her professional view believes is an option that the patient may wish to consider. Preventing a medical practitioner from informing a patient about a legally valid option is an extraordinary measure that is fundamentally out of step with the basic principles of informed decision-making.

**Hon NICK GOIRAN:** Minister, hang on. Suicide is also a lawful option in Western Australia—that was a finding of the joint select committee. I think that the minister would agree with me that it would not be good medical practice for a practitioner to suggest suicide as an option for a particular individual. I am not asking the minister to start to have a debate with me about the government’s view on whether this is or is not suicide; I am simply making the point that it is a lawful option that is available to Western Australians at the moment—one that we do not countenance and do not encourage. It cannot simply be that just because something is a lawful option, it, therefore, falls into the category of clinical practice. I would ask the minister to revisit that answer.

**Hon STEPHEN DAWSON:** I am told that voluntary assisted dying is an end-of-life option that involves medical practitioners and, therefore, is clinical.

**Hon NICK GOIRAN:** Last week, the minister mentioned that the Director of Public Prosecutions was consulted on draft 10 of the bill. In evidence to the Joint Select Committee on End of Life Choices, on 27 February last year, the Director of Public Prosecutions, Amanda Forrester, told the committee —

... there is only one person left, usually, to tell what happened, and that is the person who is under investigation. That is a real problem ...

...

... at the end of the day it is one person’s say-so ... The patient, of course, is deceased.

Did the Director of Public Prosecutions raise any concerns about draft 10?

**Hon STEPHEN DAWSON:** I am told that the final draft of the bill takes into consideration any issues that would have been raised by the DPP, the Solicitor-General and the State Solicitor’s Office.

**Hon NICK GOIRAN:** Yes; although, minister, I am only interested in the concerns of the DPP at this point. What concerns were raised by the DPP?

**Hon STEPHEN DAWSON:** I am not at liberty to tell the member that—cabinet-in-confidence provisions. These consultations happened as part of the drafting of a bill, so I am not at liberty to tell the member what comments were raised. But as I have indicated to the member, any issues raised by the DPP, the SG or, indeed, the SSO have been taken into consideration in the final draft of the bill.

**Hon NICK GOIRAN:** Is the minister in a position to let us know which of the concerns of the Director of Public Prosecutions were addressed in this bill and which ones were rejected; is he able to tell us that?

**Hon STEPHEN DAWSON:** I am not.

**Hon NICK GOIRAN:** Right, so the situation we are in now is that the Director of Public Prosecutions has given evidence to the Joint Select Committee on End of Life Choices, a joint committee of both houses of this place, and the evidence by the DPP plainly demonstrated some concerns, as per the quote that I read earlier. We know that the government has consulted the DPP, but it will not tell us what concerns were raised by the DPP. It now shields those concerns behind cabinet confidentiality. When I asked the minister earlier this afternoon about the concerns the Western Australia Police Force raised, he said nothing then about cabinet confidentiality. He never once said to me, “I cannot tell you about this because it is cabinet-in-confidence.” But now when I start to ask questions about the DPP, he raises this shield. That makes me suspicious. That tells me—the implication is—that the WA police had nothing to say on this, but that the DPP had something to say and the minister does not want us to know what that is. That is what that tells me. In circumstances in which I was the only one of the eight members on the joint select committee who attended every meeting and every hearing, and I was present when Amanda Forrester told the committee —

... there is only one person left, usually, to tell what happened, and that is the person who is under investigation. That is a real problem ...

...

At the end of the day it is one person’s say-so ... The patient, of course, is deceased.

That set off a red alert, a big alarm, for me when I heard that, so much so that I prepared my own 248-page minority report. The DPP said that to the committee in evidence. I was there; I heard it. The transcript of that public hearing confirms exactly what I have just said. The government does not want us to know what the DPP has said to it.

The minister mentioned that the Department of Justice, State Administrative Tribunal, State Coroner and Health and Disability Services Complaints Office were the others, apart from WA police, who were consulted on draft 10 of the bill. How have their concerns been addressed in the bill and which of their concerns were rejected?

**Hon STEPHEN DAWSON:** I will say again, for the member's benefit —

**Hon Nick Goiran:** I've asked a question.

**Hon STEPHEN DAWSON:** Well, I say again for the benefit of the member: all issues that were raised by the DPP, SG and SSO have been addressed in the final bill.

**Hon NICK GOIRAN:** Minister, I repeat my question: you mentioned that the Department of Justice, State Administrative Tribunal, State Coroner and Health and Disability Services Complaints Office—to be clear, that is four different agencies—were part of the few people who were consulted in respect of draft 10. I am asking whether they raised any concerns; and, if they have, have they been addressed by the bill or have they been rejected by the government? I am not asking about the State Solicitor's Office, the DPP or WA police; I am asking about those other agencies.

**Hon STEPHEN DAWSON:** I am told that all issues that were raised by those organisations were considered as part of the final bill, and the final bill that is before us now has taken on board those considerations.

**Hon Nick Goiran:** You say that, minister, but how do I know that?

Several members interjected.

**Hon NICK GOIRAN:** There would be a very simple way for the government to demonstrate it. I am pleased that certain members are listening to this part of the debate. All it would require is for the government to table the response from the Western Australian police, the DPP, the State Coroner, the Health and Disability Services Complaints Office, the State Administrative Tribunal and the Department of Justice. By my calculation, that is six pieces of paper that the government would need to table. We would then be able to be satisfied as to whether the government has addressed the concerns of those agencies. The government says it is not prepared to do that. Curiously, the Chief Psychiatrist was not one of those the minister said was consulted on draft 10. On 14 December 2017, the Chief Psychiatrist said to the Joint Select Committee on End of Life Choices —

... the stakes go up when you are saying that someone is going to die.

Has he since been consulted?

**Hon STEPHEN DAWSON:** I am advised that no, he was not consulted on draft 10. The honourable member said that only a number of letters could be tabled. In fact, conversations happen across government—some by correspondence, some face to face and some by telephone—so consultation happened in a multitude of ways.

**Hon NICK GOIRAN:** To be clear, minister, at no stage during the drafting of this bill nor subsequent has the government consulted with the Chief Psychiatrist?

**Hon STEPHEN DAWSON:** I am advised that the Chief Psychiatrist presented to the Ministerial Expert Panel on Voluntary Assisted Dying as a subject matter expert. He was involved in that process.

**Hon NICK GOIRAN:** Did the Chief Psychiatrist raise any concerns with the ministerial expert panel?

**Hon STEPHEN DAWSON:** I am advised that there is no transcript of the conversation. I am aware that there was a great deal of conversation about decision-making capacity and the issue of coercion. They were the two issues that were most talked about in the conversations between the Chief Psychiatrist and the panel.

**Hon NICK GOIRAN:** Did the conversation between the panel and the Chief Psychiatrist happen on one day at a meeting or was it over the course of several days or was it by way of exchange of correspondence? How did this consultation happen with the Chief Psychiatrist as a subject matter expert—to use the minister's words—by the ministerial expert panel, which charged the people of Western Australia half a million dollars while proceeding through a process without taking any minutes?

**Hon STEPHEN DAWSON:** I am advised that the Chief Psychiatrist attended a meeting with the panel. In relation to the honourable member's comment, I am not sure whether he is suggesting that the \$491 000 that funded the panel was a waste of money. I do not know what he is suggesting. Certainly, I have given the figure on how much it cost for the panel and the consultation that the panel undertook. I believe that it has been value for money. Certainly, there were a number of very learned and expert individuals on that panel. The value of their work can be seen in the final report. If the honourable member has a different view, he is entitled to that view, but certainly I think it was value for money and I commend the work that the panel undertook. The Chief Psychiatrist absolutely met face to face with the panel.

**Hon COLIN TINCKNELL:** Minister, I do not think that when someone asks a question they are suggesting anything; they are just asking a question. I have a similar sort of question. Can the minister give us a breakdown of how much the scheme will cost from the consultation process to rolling out and implementing the program? Can the chamber get some detailed information about the sorts of costs we are looking at?

**Hon STEPHEN DAWSON:** Honourable member, no, I do not have a breakdown like that. The final cost will depend on what the bill looks like. Certainly, I previously indicated on the public record the extra funding that has been provided for palliative care, but we do not have a breakdown of what it might cost to implement voluntary assisted dying should the bill pass this place.

**Hon COLIN TINCKNELL:** I understand that this is one of the government's signature policies, but is it not the normal process for a government to work out the costs involved, budget for such a scheme and have some idea what each step of the process will cost? It is obviously a substantial amount of money and I think the members of this chamber deserve to have some idea of what it will be. I am happy to put this on notice, but I would like some indication of how we can be guided.

**Hon STEPHEN DAWSON:** I am told that should this bill pass this chamber and Parliament, there will be a requirement for the Minister for Health to submit a funding request to the Expenditure Review Committee of cabinet. That has not taken place. It will happen post the passing of the bill, because obviously once it passes, we will know what elements are in the bill and they can then be costed.

**Hon COLIN TINCKNELL:** One of the things that has surprised me with this bill is that a lot has been left to the implementation stage. It is very hard to feel confident about passing bills when we do not have all the details before us to make informed decisions. I understand that Western Australia has never had voluntary assisted dying, but Victoria has been through such a process. The expert panel would have looked at how other regimes have organised their VAD, dignified dying or euthanasia. Why has so much been left to the implementation stage and why have some of the issues not been addressed so that this Parliament can fully debate the pros and cons?

**Hon STEPHEN DAWSON:** I will talk about some of the services that will be provided under the Voluntary Assisted Dying Bill, including funding for individual services.

*Sitting suspended from 6.00 to 7.30 pm*

**Hon STEPHEN DAWSON:** Honourable members, before we broke for dinner, I was about to make a point in relation to the funding of voluntary assisted dying services. A question was asked by Hon Colin Tincknell, who is away from the chamber on urgent parliamentary business, about the funding attached to the Voluntary Assisted Dying Bill 2019. I was going to make the point that funding for the individual services that will be provided by practitioners will need to be compliant with current Medicare billing guidelines. Although some standard consultation items may be applicable, it is recognised that the time investment by practitioners may exceed what is usually provided for and will need to be further addressed during implementation planning.

I have some further information about funding. There has been \$3.5 million allocated for the implementation of the Joint Select Committee on End of Life Choices' voluntary assisted dying recommendations. This includes \$1 million for 2019–20 and \$1 million for 2020–21. As such, the component of the budget related to the implementation of the voluntary assisted dying recommendations made by the joint select committee is approximately \$1.5 million. That is the further information in response to the question asked by Hon Colin Tincknell.

With regard to the other questions that Hon Nick Goiran asked me about funding, I am still waiting on that information, but I will, of course, provide that information when it is provided to me.

**Hon NICK GOIRAN:** I would like to pick up on the questions that Hon Colin Tincknell asked about costs, but before I do that, prior to the dinner break, the minister said he was going to have a look at what he did or did not say last week with regard to the Voluntary Assisted Dying Board and the approach to police. Has there been an opportunity to do that, so I can ask those questions?

**Hon STEPHEN DAWSON:** I just want to make sure that this is what Hon Nick Goiran is talking about. We have gone back to the *Hansard* from last week. Hon Nick Goiran asked —

What happens if the individuals within the institution have grave concerns that the person is being coerced, which I know this government does not want to occur and is why it is one of the principles in the bill? What capacity does the institution have to address those concerns or is it simply obliged to transfer the patient?

The answer I gave at the time was —

The facility could tell the coordinating doctor of its concerns. It could approach the VAD board with its concerns. If it reasonably suspects that coercion is taking place, it could also report that to the police. In relation to the transfer, I am advised that the transfer is a necessity of good clinical practice.

The honourable member then went on to ask —

The minister says that the individuals within the institution can approach the VAD board or the police, and, of course, that relates to my example of a patient requesting a transfer but the individuals within the institution are concerned that there has been coercion. What can the VAD board do in those circumstances?

My response was —

I am told the board can alert the coordinating doctor. The board can look into the case, it can alert the CEO of the department and it can also advise the police. Those options are all available.

That was what happened last week, but our understanding of what the member said tonight is that different words were used. In light of that, that is where we are at, so does the member want to ask a question?

**Hon NICK GOIRAN:** I agree; that is exactly my recall of what transpired last week. In that context, I will repeat the question I asked earlier. Last week, the minister indicated that if a patient requests a transfer from an institution that will not permit voluntary assisted dying to be executed on its premises, the institution will need to facilitate that transfer. He further indicated that if a person in the institution was concerned that a patient was being coerced to transfer, they could approach the Voluntary Assisted Dying Board. When asked what the Voluntary Assisted Dying Board could do, the minister said it could approach the police. My question was: what powers do WA police have to intervene in that transfer process?

**Hon STEPHEN DAWSON:** I am advised that the police have powers to investigate criminal offences and powers to investigate compliance with the act. The police could investigate; that would have to take place first. Obviously, they would investigate whether coercion was taking place, but the CEO of Health could also investigate.

**Hon NICK GOIRAN:** The WA police can investigate. If coercion were taking place, it could investigate compliance under the act. Is there a criminal offence that they would be able to investigate in that instance?

**Hon STEPHEN DAWSON:** I am being pointed to clauses 99 and 100 of the bill.

**Hon NICK GOIRAN:** Minister, are there any criminal offences in the Criminal Code—outside of this piece of legislation—that Western Australian police could use to investigate in the event that someone in an institution is concerned that coercion is taking place and the patient is being transferred to another facility that is going to execute VAD in circumstances of coercion? Is there a criminal offence that would apply in that case outside of this bill?

**Hon STEPHEN DAWSON:** No, not with regard to VAD—not in the Criminal Code.

**Hon NICK GOIRAN:** Where in the legislation is the power for the Voluntary Assisted Dying Board to communicate that information to police?

**Hon STEPHEN DAWSON:** It is in clause 117. Clause 117, in part 9, “Voluntary Assisted Dying Board”, outlines the functions of the board. Clause 117(c) reads —

to refer to any of the following persons or bodies any matter identified by the Board in relation to voluntary assisted dying that is relevant to the functions of the person or body —

- (i) the person holding or acting in the office of Commissioner of Police under the Police Act 1892;

**Hon NICK GOIRAN:** Prior to the adjournment, the minister was answering some questions from Hon Colin Tincknell about the cost of the scheme. The minister indicated that he could not provide a breakdown. The Australian Medical Association surveyed its doctors and, as the minister pointed out earlier, not everyone responded to the survey. Indeed, the outcomes of the survey are only from those who responded; it is not necessarily reflective of the views of every medical practitioner in Australia. Nevertheless, 863 respondents, which is 57 per cent, surveyed by the AMA believed that the state should provide all the funding and facilities required for voluntary assisted dying. Will the government provide all the funding and facilities for voluntary assisted dying if it is to be provided in our state?

**Hon STEPHEN DAWSON:** Honourable member, there may well be some cost to a patient who wants to access voluntary assisted dying. In my earlier response to Hon Colin Tincknell, I made the point that although some standard consultation items may be applicable under Medicare billing guidelines, it is recognised that the time investment by practitioners may exceed what is usually provided for and this will need to be further addressed during the implementation planning. But the likelihood is that that patient may need to pay to access a specialist, for example, in certain cases.

**Hon NICK GOIRAN:** Going back to the example that we were working through last week, the first step of the process, as I understand it, is for a coordinating practitioner to be involved. We identified that in some circumstances, there may be a need for an interpreter. What costs would a Western Australian patient be up for in circumstances in which a coordinating practitioner and an interpreter are involved?

**Hon STEPHEN DAWSON:** I have already indicated that there would be no cost for the interpreter, but if the coordinating practitioner was a specialist, the patient may need to pay the gap.

**Hon NICK GOIRAN:** If the coordinating practitioner was not a specialist, no payment would be required by the patient; is that right?

**Hon STEPHEN DAWSON:** This will be as per Medicare billing guidelines. Therefore, if there is a gap under Medicare billing guidelines, there will be a gap in certain circumstances under this bill.

**Hon NICK GOIRAN:** The minister indicated earlier that they would need to be compliant with Medicare billing guidelines. Is there a Medicare number that would apply in this situation?

**Hon STEPHEN DAWSON:** No.

**Hon NICK GOIRAN:** How can they be compliant with Medicare billing guidelines, as the minister has indicated to the chamber, if there is not even an applicable item number?

**Hon STEPHEN DAWSON:** I am advised that it will be a standard GP consultation.

**Hon NICK GOIRAN:** I will go back to my earlier question, minister. Is there an item number relevant to this process?

**Hon STEPHEN DAWSON:** There would be for a standard GP consultation. As to exactly what that number is, we would have to take that on notice.

**Hon NICK GOIRAN:** As I understand the advice to the chamber, minister, there is some form of Medicare item number that the doctors would need to be compliant with. If it is a GP, they will claim under that item number. If it is a specialist, they will claim under either the same number or a different number, and there will be a gap only for a specialist. If it is a general practitioner, there will be no problem and the patient will not need to pay anything.

**Hon STEPHEN DAWSON:** I am told that there could be a gap for the GP if they do not bulk-bill, for example.

**Hon NICK GOIRAN:** We have now identified two scenarios in which there could be a cost to the patient, and that could be whether the person is a general practitioner or a specialist; it really would not matter, as either way there could be a gap. However, the government will make sure that there is no cost for the interpreter. What is the story with the consulting practitioner?

**The DEPUTY CHAIR (Hon Robin Chapple):** Hon Nick Goiran.

**Hon STEPHEN DAWSON:** I am advised it is the same.

**The DEPUTY CHAIR:** I do apologise, minister; I called you Hon Nick Goiran.

**Hon Nick Goiran:** Take it as a compliment, minister.

**Hon Stephen Dawson:** I've been called worse.

Several members interjected.

**Hon NICK GOIRAN:** Minister, what is the situation when it comes to the administering practitioner?

**Hon STEPHEN DAWSON:** I am advised that it would also be the same.

**Hon NICK GOIRAN:** That is indeed interesting. Correct me if I am wrong, but does the administering practitioner not just inject the patient with the poison put together by the government for use in this instance? Why would there be a different cost for a practitioner to inject a patient with this poison depending on whether the practitioner was a GP or a specialist?

**Hon STEPHEN DAWSON:** We are seeking further information. I just make the point that in the first instance, the administering practitioner is likely to be the coordinating practitioner. If for some reason the coordinating practitioner cannot do that, it could be another medical practitioner or a nurse practitioner. The administering practitioner does not just undertake an injecting role. Clause 58(5) states that administration by the administering practitioner can occur only if the administering practitioner is satisfied that the patient has decision-making capacity in relation to voluntary assisted dying, the patient is acting voluntarily and without coercion and that the patient's request for access to voluntary assisted dying is enduring.

**Hon NICK GOIRAN:** The minister said that nurse practitioners could do the administration; on what basis can they charge in this process?

**Hon STEPHEN DAWSON:** I am told they have item numbers on the Medicare benefits scheme, too.

**Hon NICK GOIRAN:** Is there any gap for a nurse practitioner with their item number?

**Hon STEPHEN DAWSON:** We would have to check that, honourable member.

**Hon NICK GOIRAN:** The minister mentioned a few times that there could be a gap for the different processes. We have the coordinating practitioner, the consulting practitioner and the administering practitioner. These people can be either a GP or a specialist. In the case of the final administration act, it can be a nurse practitioner. In each of those instances, the minister indicated that there could be a gap. Has the government had any conversations or consultation with private health insurers to identify whether they will cover the gap?

**Hon STEPHEN DAWSON:** No, we have not.

**Hon NICK GOIRAN:** That seems strange, minister, because the government has been very quick to boast about how much consultation it has done for this whole process. It was clear from the process in the other house that the government does not like members asking any questions about this matter and it does not like any amendments. Why is that? It is because, according to the government, there has been massive consultation. I have heard some people in government suggest that there has been consultation on this bill for two years, which of course we know is false, because the bill has not been in existence for that period. We have already identified various holes in the work done by the Joint Select Committee on End of Life Choices and the panel that consisted of some experts, and now we are told that there has not been any consultation with private health insurers. The minister indicated earlier that the government is having ongoing conversations with various entities; are private health insurers one of those?

**Hon STEPHEN DAWSON:** Not at the moment, but the intention is to have a conversation with that industry during the implementation phase.

**Hon NICK GOIRAN:** I am sure that will be very comforting for those Western Australians who might want to know what the situation is before this law is passed. I am sure it will be very comforting for lawmakers who might want to know the answer to that question. Whenever we ask an uncomfortable question on this matter, the government once again uses its get-out-of-jail-free card and simply says that it is leaving it to consultation. What is the intended charge-out rate for care navigators?

**Hon STEPHEN DAWSON:** It will be a publicly funded service.

**Hon NICK GOIRAN:** When the minister says it will be a publicly funded service, does that mean there will be no gap and there will be no contribution required by a Western Australian who wants to access a care navigator anywhere, whether they live in West Perth, Kununurra, Esperance or anywhere in between? If people want access to a care navigator, they will have access to one, it will be publicly funded and they will not be required to pay anything.

**Hon STEPHEN DAWSON:** That is the intention.

**Hon NICK GOIRAN:** Of the various cost processes that will be in place with this legislation, whether it is a care navigator, coordinating practitioner, consulting practitioner or administering practitioner, is the cost of the care navigator the only cost the state government will be up for; and, if not, what other costs will the Western Australian government be up for?

**Hon STEPHEN DAWSON:** Essentially, the key costs to the state would be the cost of training, the cost of implementation of the scheme, the cost of the interpreters and the cost of the statewide pharmacy. Those are essentially the main ones. That is obviously on top of the navigators; I did not make that point.

**Hon NICK GOIRAN:** The minister has identified five cost centres—the care navigator, the training, the implementation, the interpreters and the statewide pharmacy. I will just deal with the statewide pharmacy. The statewide pharmacy already exists and already has the resources. Will it be necessary for there to be additional resources for the statewide pharmacy? Why would there need to be extra costs to the state there?

**Hon STEPHEN DAWSON:** It is not guaranteed that we would use the same service. If the bill passes, the detail of that will be worked out.

**Hon NICK GOIRAN:** At the moment, someone must be responsible for the statewide pharmacy service. I am not very familiar with the statewide pharmacy. For argument's sake, let us say that the chief of the statewide pharmacy is called the chief pharmacist or the CEO of the statewide pharmacy. Can the minister indicate who the chief of that agency is; secondly, have they been consulted about this?

**Hon STEPHEN DAWSON:** I am told that the Chief Pharmacist has been consulted on the bill.

**Hon NICK GOIRAN:** Did the Chief Pharmacist indicate how many additional resources would be required by the statewide pharmacy to facilitate voluntary assisted dying in Western Australia?

**Hon STEPHEN DAWSON:** No. Neither he nor we can answer that question until we know the shape of the bill. If the bill passes, we will be in a better position to work out the costs and the most appropriate way to dispense medication. It may be the existing service, but it could be the creation of a new central pharmacy service based at a tertiary hospital, for example, with a number of regional hubs. Again, that detail will be worked out upon the passage of the bill, and the costs will be worked out after that as well.

**Hon NICK GOIRAN:** If it were decided to go with a different approach, would that require a change of legislation other than what is in the bill?

**Hon STEPHEN DAWSON:** No, it would not.

**Hon NICK GOIRAN:** The minister has indicated that the state will bear the cost of interpreters. What is the anticipated cost of that on an annual basis?

**Hon STEPHEN DAWSON:** We do not have an anticipated cost of that at this stage. It is certainly something that we are alive to, if I can use that word. I have previously alluded to the fact that upon passage of the bill, the Minister for Health will need to seek funding through the cabinet Expenditure Review Committee process. There would be contingency for that issue, but we have not done any costing on the potential cost of interpreters. It is certainly Western Australian government policy to provide free interpreting services to support Australian citizens and Medicare-eligible residents who need help to communicate in English.

**Hon NICK GOIRAN:** The minister previously indicated that the government anticipates a death rate in this instance of 0.4 per cent of all deaths. The minister indicated that that figure is based as best as it can be on the Oregon data—we went through the exercise previously and I certainly indicated my view that the figure would be higher than that because of the differences between the systems. If it were 0.4 per cent of all deaths, what would that be as a raw number in Western Australia on an annual basis?

**Hon STEPHEN DAWSON:** Again, honourable member, we had a discussion about this last week. Notwithstanding there is a difference of opinion about whether we are closer to the system in Oregon, the Netherlands, Belgium or anywhere else, I provide this answer in the context of the way the question was asked. If it were to be similar to that

in Oregon, in 2018, there were 14 873 deaths in Western Australia, so 0.4 per cent of that would be 60-odd deaths. However, again, as we have said, I do not propose to delve deeply into this issue again tonight and go back over old ground on whose figures are right. That is an approximate figure.

**Hon NICK GOIRAN:** The minister indicated that there were five cost centres—the care navigators, the training, the implementation, the interpreters and the statewide pharmacy. We have asked some questions on those. Would there not also be the cost of sending the care navigator, coordinating practitioner, consulting practitioner or administering practitioner out to the person in regional Western Australia, as we discussed previously? Would there not be costs associated with that?

**Hon STEPHEN DAWSON:** First of all, honourable member, I did not say “cost centre”.

**Hon Nick Goiran:** No; those are my words.

**Hon STEPHEN DAWSON:** Those are the member’s words. Just to be clear, I have not indicated that there are cost centres, because I think that has to be worked out in the implementation phase. One of the five costs that I indicated is the implementation of the scheme. Of course, the example that the member just gave would fall under that implementation line. But it would not just be flying doctors or specialists to regional Western Australia; it could also be bringing the patient to see a doctor. That falls under that same line as well.

**Hon NICK GOIRAN:** I accept that, minister. Perhaps, rather than cost centres, the better expression might be “cost lines” or “cost categories”.

**Hon Stephen Dawson:** In inverted commas—provided we understand that.

**Hon NICK GOIRAN:** Yes. I think we are on the same page on that. The implementation cost line or cost category includes any cost of travel, whether that be for the practitioner or patient involved. At the end of the day, the government, as best as it can, anticipates maybe 60 Western Australian deaths a year from this, but it is not really sure, and it is certainly not sure on the costs. We have identified that there will be a gap in certain instances. The minister indicated that there has been consultation with private health insurers. Has there been any consultation with Medicare to confirm that it will accept these types of practices as claimable under the various item numbers?

**Hon STEPHEN DAWSON:** Not especially, no, but we would follow the example that has been set in Victoria.

**Hon NICK GOIRAN:** What is this example in Victoria?

**Hon STEPHEN DAWSON:** These things are being claimed under Medicare in Victoria. Regarding line items and numbers, I do not have that information, but it is already operating in Victoria and we seek to emulate that.

**Hon NICK GOIRAN:** Is the government in Western Australia confident that under the Victorian system, costs are being charged by the equivalent of a coordinating practitioner to Medicare and it is being paid for by Medicare? Is it the same for consulting practitioners and administration practitioners? Are all those individuals, even if they have a different name or terminology, billing Medicare and being paid? Is there no inconsistency, no problem, with the commonwealth law or administration, and all those creases have been ironed out? Is it not like the telehealth issue, when the joint select committee was asked to look into the intersection with federal law and did not do it? Is it not like the ministerial expert panel, when no-one thought about it? On this issue, the minister is giving us an assurance that this is not the first time that anyone in government has thought about the Medicare issue and the possible problems in intersecting with a federal scheme, keeping in mind that we have already identified that the federal law does not accept any assistance being provided for a suicide, which is precisely the problem with the telehealth clause and the use of a carriage service. Has this all been sorted out, there is no problem, and we are very confident we can provide an assurance to the chamber?

**Hon STEPHEN DAWSON:** Yes, that is certainly my advice.

**Hon NICK GOIRAN:** I have a wry smile on my face that the minister can say that in circumstances when there has been no consultation with Medicare. How there can be an assurance in circumstances of no communication, I do not know, but that is the advice that has been provided to the chamber.

Prior to the adjournment, we were looking at the consultation that occurred between the ministerial expert panel and the Chief Psychiatrist. The minister indicated that the Chief Psychiatrist was called in to the ministerial expert panel as a subject matter expert, one meeting took place and an exchange took place on two issues in particular, coercion and decision-making capacity. What did the Chief Psychiatrist tell the ministerial expert panel on the issue of coercion and decision-making capacity; and, how has that been addressed in the bill before us?

**Hon STEPHEN DAWSON:** First of all, the Chief Psychiatrist was invited to present, not called in or summonsed or anything else, just to make it clear. I am not at liberty to disclose any specific advice; in fact, we do not have that. The advice I have at hand is that those conversations took place, and the issues that he raised were considered and form the basis of the bill before us.

**Hon RICK MAZZA:** On the issue of coercion, I note that if a patient elects to undertake VAD and they elect to use an administering practitioner, an independent person has to witness the administration of the substance. I note that if the patient elects to self-administer and they have a contact person who will access the substance and bring

that home, there is no requirement for an independent person to witness the self-administration of that substance. I am a bit concerned about that. If no witness is required and a contact person could be a family member—there is nothing that will prevent a family member from being the contact person—there may be some risk of coercion. I wonder why the expert panel or the government did not consider it important to have a witness in that circumstance?

**Hon STEPHEN DAWSON:** A witness will not be required when a patient self-administers the medication. It would not be appropriate to require the patient to have a witness or a practitioner with them in a private place at the time of self-administration of the prescribed substance, unless the patient wishes to do so. However, most patients at this end stage have a network of support around them, such as family and palliative care or other support workers, and it is most likely that the patient who is the subject of self-administration will self-administer at home and be supported by family. The patient's coordinating practitioner will encourage appropriate planning. When the decision is made for practitioner administration, a witness will be required to be present at the time of administration.

**Hon RICK MAZZA:** I am still struggling a bit here, though, because if there is an administering practitioner and a requirement for an independent witness to make sure that that is the wish of the patient at the time, from memory, the witness will have to sign a certificate at the end of that process, whereas with self-administration, the minister said there would be a network around the patient et cetera, but there is no guarantee of that. I am very concerned that there is a bit of gap with self-administration and someone could be unduly influenced, or coerced, at the end of life if they have a change of heart or mind. I wonder whether the government is considering any amendments in this area.

**Hon STEPHEN DAWSON:** No, we are not, and the member's concern is noted.

**Hon ADELE FARINA:** Following on from the question that was asked by Hon Rick Mazza, I also share those concerns about the self-administration process, because I think it is sorely lacking in protections for the patient. How will we be sure that the patient self-administers if there is no medical practitioner or witness present to observe and witness that the patient actually self-administered?

**Hon STEPHEN DAWSON:** Honourable member, excuse me having my back to you. I note the honourable member's concern. We have to remember that, at this stage, the person has gone through the assessment process of two doctors. They have confirmed their enduring voluntary decision. In addition, a contact person has been appointed who has obligations in relation to unused medication. If for some reason the concern is around the patient being coerced into self-administration, that is outside the scope of the Voluntary Assisted Dying Bill and that would be a criminal act. Obviously, people can be charged as a result of that. The decision has been made by government that once an enduring voluntary decision has been made by the patient to self-administer, they will be able to undertake that self-administration.

**Hon ADELE FARINA:** I do not think the minister has actually answered my question. My question is: how can we be certain that the patient has actually self-administered the lethal substance? A considerable period could have passed between the time when the substance is dispensed and when the patient chooses to ingest the substance. We do not know whether the patient will still have decision-making capacity. We will not know whether the patient will have ingested the drug voluntarily and we will not know whether their decision to access that will be enduring because there will be no need for a medical practitioner to be present to then sign documentation witnessing that all these elements have been satisfied. There will be no requirement for a witness to be present. I can see circumstances in which family members who are exhausted caring for the patient might rationalise within themselves, given that the patient has seen the doctors on two occasions, met all the eligibility criteria, provided the written authorisation that they want to access VAD and has the substance at home, that by putting the lethal substance into their coffee or their food and helping them along, they are fulfilling the patient's wishes. It is a circumstance that could easily arise when the substance is readily available and there is no need for any witnesses to be present. That is my concern. I think this is one of the big holes in the so-called safeguards that are being provided in this legislation. At the most critical time and when people are likely to be highly stressed through lack of sleep and very vulnerable, we are providing no safeguard at all to ensure that the patient self-administered the drug.

**Hon STEPHEN DAWSON:** I had made the point earlier about the likelihood of most patients at this stage having a network of family or, indeed, friends, support workers or professionals around them when this act takes place. It is most likely that the patient who is the subject of self-administration will self-administer at home and be supported by family. A doctor will have to certify the death and must be satisfied with the manner of death and that it complies with the Voluntary Assisted Dying Act or they will not complete the death certificate. In that case, if the doctor does not certify the death, an investigation will take place into the circumstances around what has happened. I do not think the member will get an answer that she is happy with. This is the decision that has been made. This is where we have landed. Although she may not be happy with that decision, this is where the government has landed on this issue.

**Hon ADELE FARINA:** If I understand the minister correctly, despite the very clear principles for the legislation set out in clause 4 of the bill, the government's position is that provided the person has successfully met all the eligibility requirements, the drug has been dispensed to the patient and the patient has opted for self-administration, it does not really matter. The government is not interested in being certain that the patient has self-administered the drug. The minister has put to me that that is the government's position. Is that correct?

**Hon STEPHEN DAWSON:** I guess, at the end of the day, it is a balance between autonomy and risk. This is the balance that has been struck. There are obligations on people who participate. For example, post self-administration having taken place, the contact person has to return the leftover medication to the pharmacy. The principles that a person performing a function under this legislation must have regard to include —

- (a) every human life has equal value;
- (b) a person’s autonomy, including autonomy in respect of end of life choices, should be respected;
- (c) 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;

Respect for the person’s autonomy is within the principles. It is absolutely not the case that we do not care and say, “Sure, go for your life.” That is not what we are saying. We are saying that a balance has been struck whereby we appreciate the process people have been through and we believe we have safeguards around it.

**Hon ADELE FARINA:** How can the minister say that the provisions of the bill have regard for the principle of a person’s autonomy when, without a medical practitioner or witness present, we will not know whether the person voluntarily self-administered the drug? To me, this is as critical issue that flies in the face of having regard for the person’s autonomy and ensuring that it is protected.

**Hon STEPHEN DAWSON:** Requiring the person to have a medical practitioner or witness present takes away from the person’s autonomy. If at any stage in the process one of the practitioners involved has a concern about the person’s capacity, they will need to report that to the VAD board and the action could be stopped at that stage. We believe this is about balance and this is where we have landed with this issue.

**Hon ADELE FARINA:** I understand what the minister is saying about a doctor who has any concern having to report it. However, the patient may not have seen the consulting or coordinating doctor for two months—the drug may have been dispensed two months ago—so they will not have seen anyone and they will be at home in bed surrounded by maybe just their carer or one or two family members. I do not know how the medical practitioner, be it the consulting or the coordinating medical practitioner, can form any concern because they will have been out of the picture for two months. I do not understand how the minister’s answer addresses the concern I am expressing.

I do not understand why someone who chooses voluntary assisted dying, and is dying in their home, but has a problem ingesting, so needs to opt for the medical practitioner administering the lethal drug, should be treated any differently from a person dying in their home and who has opted to self-administer. It is all about protecting the patient and ensuring that the patient’s wishes are honoured and respected, and reducing the risk that someone may administer the drug to the patient without the patient’s consent or knowledge.

**Hon STEPHEN DAWSON:** Most people who are at the end of life would be in contact with either a palliative care specialist, a doctor or a health specialist. We do not believe people would go for months without seeing somebody from the medical profession. There could be individual examples, but that is not my understanding of what happens. Some of this stuff happens outside of the process and outside of a framework. People take their lives on a daily basis—not necessarily on a daily basis, but it certainly happens outside of this process. What we are doing with this bill is putting a framework around it and putting safeguards in place so that we know that a process is in place around a person’s end-of-life choices. That, quite frankly, does not exist currently. The member may not be happy with it, but this is where we have landed in relation to this bill.

**Hon ADELE FARINA:** Where is the safeguard for a patient who has elected to self-administer and who finds themselves in a situation in which they might be going cold on the idea, but a family member has had enough of caring for the patient and thinks, “They have gone through the process. They have signed all the forms. They have agreed to this. I am not doing anything wrong by administering the substance for them”, and that is done without the patient’s knowledge and without their consent? Where in this bill and in this process is there a protection to ensure that a patient will not find themselves in that situation?

**Hon STEPHEN DAWSON:** The protection is outside the bill. It is in the Criminal Code. It would be a criminal offence if a person were to take that action. The process in the bill is how that would be carried out legally. If a person were to do something outside of that, they would be breaking the law. That is the protection. The Criminal Code contains a range of offences, as does the bill. Part 6 of the bill lists the offences. Proposed section 98 states —

A person commits a crime if —

- (a) the person administers a prescribed substance to another person; and
- (b) the person is not authorised by section 58(5) to administer the prescribed substance to the other person.

The penalty is imprisonment for life. That is a very strong deterrent.

**Hon ADELE FARINA:** I understand that those provisions exist. However, in order for those provisions —

**Hon Stephen Dawson:** You asked me where in the bill it was.

**Hon ADELE FARINA:** I appreciate that those provisions exist in terms of the offences and the penalties. The issue is that if a single family member or a single carer was caring for the patient, and they decided to administer the drug to the patient without the patient's consent or knowledge, where are the witnesses who would support a criminal case and a prosecution? The reality is that in those circumstances, there are no witnesses, and the person has been killed. There is no protection for the patient under the legislation.

**Hon Peter Collier:** Mr Deputy Chair —

**The DEPUTY CHAIR:** I am just waiting for the minister to respond.

Several members interjected.

**The DEPUTY CHAIR (Hon Robin Chapple):** Members, please! I am controlling. I am asking the minister to finish his response to Hon Adele Farina, and then somebody else can have the call.

**Hon STEPHEN DAWSON:** I do not think there is an answer that will satisfy the member in relation to her question.

**Hon PETER COLLIER:** I want to reinforce the point that Hon Adele Farina has made. It is a valid point. It is too late, after the person's life has gone, to reflect on what might have been. This is the point that I raised in my second reading contribution, and also last week. I acknowledge and I respect the will of the house with regard to the second reading speech, but I want to make sure that we have all the checks and balances that we possibly can to ensure that this piece of legislation is watertight. There is a fundamental issue here. It may be a philosophical issue between what the government wants and what has been delivered. There is a real possibility that the life of a person with a terminal illness may be ended not through self-administration of the lethal injection but by, potentially—believe it or not—a loving wife or a loving husband, who may decide that it is best that their loved one goes. That is highly feasible. It is highly likely that that could occur in this circumstance, without a check and balance. If there is only one witness, it is all well and good to talk about the Criminal Code, but who will be called as a witness to the case? The minister has made his point clear on this. I understand that. However, the minister has not satisfied me. I would like to think that somehow we can find our way through this, through an appropriate mechanism or an appropriate amendment. At this stage, this, yet again, opens up a Pandora's box with regard to checks and balances in this piece of legislation.

**Hon STEPHEN DAWSON:** I appreciate the honourable member's comments. I thought the member was having a go at me earlier for taking a minute to seek advice from the advisers. I apologise if that was not the case.

I had previously identified that a doctor will have to certify the death and must be satisfied about the manner of death and that it complied with the voluntary assisted dying act, or they will not complete the death certificate and it will become a reportable act. I also make the point that palliative care patients in the community have access to schedule 4 and schedule 8 medications. That is a fact of life that exists currently. In this bill, we are putting a safeguard around the process.

**Hon NICK GOIRAN:** That was a very interesting exchange between Hon Adele Farina and the minister. That highlights to me that the government, among other things, has not read the minority report. I draw to members' attention findings 105 to 116 of the minority report. The minister responded by saying that as far as he and the government are concerned, it is not normal for someone not to have an ongoing rapport with a doctor at end of life, and although two months might have passed, that really would not happen. I draw to members' attention these findings in the minority report. Finding 105 states —

The law on assisted suicide in Oregon —

Keep in mind that the government says this bill is based on the Oregon model —

has been in force for more than 20 years and requires a prognosis of less than six months to live.

Finding 106 states —

The data from the Oregon Public Health Division between 1998 and 2015 indicates that the longest recorded duration between initial request for assisted suicide and ingestion of the prescribed lethal drug was 1009 days.

Under the Oregon regime, people are supposed to have only six months to live. The longest recorded duration was 1 009 days. Finding 107 states —

The data from the Oregon Public Health Division in 2015 indicates that the longest recorded duration between initial request for assisted suicide and ingestion of the prescribed lethal drug was 517 days.

Just in case members thought that was a rogue set of data between 1998 and 2015, we find out that in 2015, it was still 517 days. The minority report continues —

The data from the Oregon Public Health Division between 1998 and 2015 indicates that in 4 of the 17 years there was at least one case where the duration between initial request for assisted suicide and ingestion of the prescribed lethal drug was more than two years.

In four out of the 17 years in that set of data, there were people who took the drug more than two years after it was initially provided. It continues —

The experience in Oregon demonstrates the inadequacies of safeguards due to consistent medical error in prognosis.

...

In Oregon a 76-year-old cancer patient was assisted to suicide by his cancer specialist notwithstanding the presence of depression and the non-concurrence of the original doctor who referred the patient to the specialist for treatment.

I remind members that the Oregon experience does not allow for practitioner administration. It allows only for self-administration, which goes to the very heart of the concerns that have just been discussed. It continues —

In Oregon an octogenarian cancer patient was assisted to suicide notwithstanding that two doctors, including her own physician, were concerned about the presence of depression and refused to prescribe the lethal drug requested.

...

The experience in Oregon demonstrates the ease with which the prolific practice of doctor shopping pierces the veil of even well intentioned safeguards.

...

The data from the Oregon Public Health Division for 2016 indicates that in 79.4 per cent of assisted suicides no physician or healthcare provider was known to be present at the time of ingestion of the prescribed lethal drug.

It was 79.4 per cent of the time. That is nearly 80 per cent, so at eight out of every 10 of these deaths in Oregon, there was no physician or healthcare provider. That is not in accordance with my view of the world, but in accordance with the Oregon Health Authority Public Health Division's own data. It continues —

The rate of suicide among Oregonians has been increasing even when assisted suicides are excluded from the data set.

...

The inherent difficulty in prosecuting after the event is underscored by at least five assisted suicides in Oregon that occurred by illegal overdoses administered by a nurse.

...

The experience observed in Oregon should be reason alone to militate against legalisation in Western Australia.

When I hear the minister saying to Hon Adele Farina, who raised very reasonable concerns, "Sorry, the government can't assist you with your concerns. There's nothing that we're going to be able to say that's going to satisfy your concerns", it is no wonder, because it should be self-evident and commonsense that if there is not going to be anybody in the room, there will be no safeguard. We know there is an elder abuse problem in Western Australia and that psychological and emotional elder abuse is a significant problem. It is as high and prevalent as financial elder abuse. My question is: what could possibly go wrong in this situation?

Earlier, the minister indicated that there had been no consultation with private health insurers or Medicare. Has the government taken any advice from either the Joint Select Committee on End of Life Choices or the ministerial expert panel to ascertain whether the private health insurer of some Western Australians will fund the gap for their voluntary assisted dying process, to go to the specialist and make sure that they have the coordinating practitioner, the consulting practitioner and the administering practitioner—it will make sure that there is no gap for that—but if they would like to have other life-saving treatment, it will not fund them for it? Has the minister obtained any advice from the joint select committee or the ministerial expert panel, after the plethora of consultation that has allegedly taken place? Has there been consultation on that point so that we can provide an assurance to Western Australians that they will not be left in the unenviable position of a private health insurer saying that it will fund them for the death option, but it will not fund them for the life option?

**Hon STEPHEN DAWSON:** No.

**Hon NICK GOIRAN:** I would like to ask the minister about the "My Life, My Choice" report. I draw the minister's attention to recommendation 1, which states —

The Attorney General, in consultation with the Minister for Health, appoint an expert panel to review the relevant law and health policy and practice—and provide recommendations in relation to the following matters:

- the establishment of a purpose-built central electronic register for advance health directives that is accessible by health professionals 24 hours per day and a mechanism for reporting to Parliament annually the number of advance health directives in Western Australia.

- a requirement that health professionals must search the register for a patient's advance health directives, except in cases of emergency where it is not practicable to do so.
- amendments to the current Western Australian template for advance health directives in order to match, as a minimum, the leading example across Australia, taking into account Finding 7 ...
- consider how the increasing numbers of people diagnosed with dementia can have their health care wishes, end of life planning decisions and advance health directives acknowledged and implemented once they have lost capacity.

Has that been done by government?

**Hon STEPHEN DAWSON:** I am advised that this question has been asked and answered previously in this debate. The Attorney General gave an interim response to the Ministerial Expert Panel on Advance Health Directives. This matter was raised last week.

**Hon NICK GOIRAN:** When was the expert panel appointed, and who was on the panel?

**Hon STEPHEN DAWSON:** We do not have that information before us. Advance health directives are not captured by the bill, so we were not anticipating questions about that. It could well be outside the scope of the bill but, anyway, we do not have it in front of us. I would be happy to seek further information.

**Hon NICK GOIRAN:** Rest assured, minister, I never ask a question that is outside the scope of clause 1 or the bill.

Can I ask the minister when this panel published its report, and whether it contained any recommendations related to voluntary assisted dying?

**Hon STEPHEN DAWSON:** We are seeking further information. I am advised that the advance health directive panel made a number of recommendations, but one recommendation was that the state government investigate how people with dementia could be included in a voluntary assisted dying scheme—or words to that effect.

**Hon NICK GOIRAN:** Let me assist the minister. Recommendation 23 of the Ministerial Expert Panel on Advance Health Directives states —

If, at a future point, voluntary assisted dying legislation is implemented in Western Australia, the State Government could consider establishing an Expert Panel to provide advice and recommendations on how to provide people with a neurodegenerative condition access to choice regarding voluntary assisted dying, in particular through the potential application of advance directives.

What is the position of the government on recommendation 23?

**Hon STEPHEN DAWSON:** I am advised that the Attorney General has made it clear that the government does not accept recommendation 23 and will not accept that recommendation.

**Hon NICK GOIRAN:** Upon whose advice did the government determine to reject the recommendation of its own expert panel?

**Hon STEPHEN DAWSON:** That matter was considered by cabinet.

**Hon NICK GOIRAN:** It makes one wonder how cabinet makes its decisions when it decides, without any other information, “We’re going to accept some of the recommendations and we’re going to reject other ones, but we don’t actually provide any explanation as to why we accept some and reject others.” It also makes one wonder what is the point of the taxpayer funding expert panels in these circumstances. Do I understand correctly that the government is categorically of the view that it will not support this recommendation of that ministerial expert panel, it does not support it now, it is not under any conversation with the Australian Medical Association or other stakeholders, it is not one of these amendments that it has in its back pocket, ready to slip out at any moment during the progression of this bill, that this is one of those ones that is absolutely off the table, there is no point in a member bringing forward any amendment, the government is not going to consider it, it has already considered this, it is out of the question and, to put it in the words of the Minister for Health, it is a deal-breaker?

**Hon STEPHEN DAWSON:** We believe that decision-making capacity is a fundamental element of this bill, so no, that issue will not be considered.

**Hon NICK GOIRAN:** The minister mentioned earlier that the ministerial expert panel had invited the Chief Psychiatrist to give its advice, particularly around the issue of decision-making capacity. The minister indicated that there had been one meeting, but he cannot tell us what transpired at that meeting. How can we be confident that a meeting even took place, when the expert panel did not take minutes?

**Hon STEPHEN DAWSON:** Because I have told the member it took place, so I am confident it took place. My advisers have told me it took place, and I am confident that that information is correct.

**Hon NICK GOIRAN:** To be clear, the minister was not present at the meeting with the Chief Psychiatrist. There were no minutes but, on the basis of verbal advice that the minister has received today, we are told that there was one meeting with the ministerial expert panel, but there is no documentation to confirm that that took place. How

do we know that the Chief Psychiatrist discussed coercion and decision-making capacity with the ministerial expert panel in the absence of any file note, briefing note, minutes, transcript or documentation? On what basis does the minister have the confidence to tell us that that is what the Chief Psychiatrist told the ministerial expert panel?

**Hon STEPHEN DAWSON:** I have great confidence in the advisers that I have with me and have had with me for the debate on this bill. I have relied on them thus far for everything I have told this chamber, and they have confirmed that that meeting took place, and I am very happy with that confirmation.

**Hon NICK GOIRAN:** Were any of the advisers present at the meeting with the Chief Psychiatrist?

**Hon STEPHEN DAWSON:** Just to clarify: although there are no minutes from meetings, documentation exists from a number of meetings. Whether one or more of the people with me now were at the meeting, I do not think is a matter for discussion this evening. But I have spoken to advisers who were at that meeting and have told me that the conversation took place.

**Hon NICK GOIRAN:** The ministerial expert panel, or the panel that contained some experts, at page 51 of its final report raises this issue of advance health directives on which, as the minister has indicated, the government's position is that decision-making capacity is at the very heart of this bill, and that was the issue that the Chief Psychiatrist consulted with the ministerial expert panel on, so we are told. The minister will see that it states, at page 51 —

Nevertheless, community concern about dementia means that the role of advance planning under the voluntary assisted dying scheme is likely to remain a live issue.

**Hon Stephen Dawson:** Can you just identify again what you're reading from?

**Hon NICK GOIRAN:** It is page 51 of the "Ministerial Expert Panel on Advance Health Directives: Final Report" of August 2019. I may have inadvertently —

**Hon Stephen Dawson:** Sorry; wrong ministerial panel.

**Hon NICK GOIRAN:** Yes. It is page 51 of the "Ministerial Expert Panel on Advance Health Directives: Final Report". It states —

Nevertheless, community concern about dementia means that the role of advance planning under the voluntary assisted dying scheme is likely to remain a live issue.

I take that to mean that, irrespective of what we do in respect of the bill before us and the government's position, the expert panel is saying that this is an issue that remains live with the community. What is the government planning to do to educate the community around the importance of decision-making capacity, given that it is the one recommendation that it has categorically ruled out?

**Hon STEPHEN DAWSON:** A significant body of work will take place during the implementation phase to identify to the community what is in and out of this bill. But I say again, in relation to recommendation 23, that the government has categorically ruled that out; it is not for consideration.

**Hon NICK GOIRAN:** I want to ask the minister some further questions about this, but I am not sure the minister has at his disposal this evening the final report of the Ministerial Expert Panel on Advance Health Directives. Instead, I will ask him some questions pertinent to this point in the Ministerial Expert Panel on Voluntary Assisted Dying's final report. I take the minister to page vii, where the chairman states —

Although it is not within the Panel's brief, nor does it appear in the JSC's Legislation Framework, the Panel considers that it should acknowledge the strong body of opinion that has been expressed, during the consultation period and in submissions, that there should be legislation to enable a person to express, in an advance health directive, a wish to access voluntary assisted dying at a point where all enjoyment of life has disappeared and he or she no longer has capacity as, for example, in the case of dementia; and that such directive must be acted on. Those views, by members of the Western Australian public, have also been expressed in Canada and other jurisdictions. However, when this has been raised in submissions, or by those attending the public forums, Panel members have been at pains to explain that this will not form part of the Panel's recommendations, as it is not within our terms of reference.

Why did the government exclude that from the terms of reference for the panel?

**Hon STEPHEN DAWSON:** I am advised that the government accepted the advice of the joint select committee that the person must have decision-making capacity throughout the process.

**Hon NICK GOIRAN:** Where do we find that as a view of the joint select committee?

**Hon STEPHEN DAWSON:** That issue can be found in the previously mentioned voluntary assisted dying legislation framework, which is on page 226 of the "My Life, My Choice" report of the committee.

**Hon NICK GOIRAN:** Thank you, minister. I can see that on page 226, under the framework and the heading "Capacity", it reads —

In order to request assisted dying the person must have decision-making capacity in relation to a decision about voluntary assisted dying.

I am hearing from the minister that that was very important to the government, so important, in fact, that it decided to rule out and reject recommendation 23 of the “Ministerial Expert Panel on Advance Health Directives”. Is that right?

**Hon STEPHEN DAWSON:** I am advised that the issue was considered previously, although, obviously not recommendation 23, because that came out at a later stage after the government had considered the issue.

**Hon NICK GOIRAN:** Yes, but, minister, to be clear, the government’s view is that decision-making capacity is crucial and that is why it has insisted upon it being in this bill. That is why it has also—albeit, separately—decided to reject recommendation 23 of the “Ministerial Expert Panel on Advance Health Directives” because its view is that decision-making capacity is crucial; it is fundamental to the overall scheme.

**Hon STEPHEN DAWSON:** The ability to make a decision is a fundamental principle in this bill.

**Hon NICK GOIRAN:** That being the case, if it is so fundamental, as the minister has indicated, why does the minister and the government dismiss the concerns raised by Hon Adele Farina about self-administration? What confidence does the government have that at the time of self-administration, the person has decision-making capacity? Let us remember that the minister has just informed the chamber that it is crucial; it is fundamental and it is at the heart of the scheme. At the time of self-administration, when there are no witnesses present and there is no practitioner present, what confidence does this government have that that fundamental principle, the decision-making capacity, that thing that was most important to this government—so important that it rejected recommendation 23 of the other expert panel—will be present in those circumstances?

**Hon STEPHEN DAWSON:** I have answered the questions of Hon Adele Farina, perhaps not to her satisfaction, granted, but I have answered those questions previously.

**Hon Nick Goiran:** Not to my satisfaction.

**Hon STEPHEN DAWSON:** Not to the member’s satisfaction, but I have answered those questions, so I do not propose to provide a further response on that issue.

**Hon COLIN TINCKNELL:** As the minister can see, these are the concerns that all the experts, other than the Ministerial Expert Panel on Voluntary Assisted Dying, have shown concern for, and today we have not had any explanations. We do not see any encouragement from the government to seriously look at amendments when people have concerns. We are very worried about wrongful deaths that could happen. In the initial vote of 25–10, many members who voted that initial yes had concerns. I am talking to this government about amendments and at this stage there does not seem to be any give whatsoever. It is like there is only one expert panel and no-one else—no other professional or specialist—has any idea what they are talking about. Can the minister give us any confidence that this government will seriously look at these amendments and these concerns of the members in this place, who are representing the community out there in WA? Can the minister please give us some confidence that there will not be any wrongful deaths?

**Hon STEPHEN DAWSON:** With the greatest of respect, the honourable member has been out of this chamber this evening on urgent parliamentary business at various times. I have indicated to the chamber tonight that of course the government will consider amendments. There are no amendments for clause 1 of the bill. In fact, there are no amendments in the member’s name for us to consider that I have received.

**Hon Colin Tincknell** interjected.

**Hon STEPHEN DAWSON:** There you go; we will consider those when we get to those clauses. As I have said, we will consider amendments and we will consider those when we get to the clauses for debate, but there is no amendment in front of us for clause 1. I have indicated that conversations are taking place and I am certainly aware of a number of other members of Parliament who are involved in discussions with the Minister for Health. I am certainly aware of the Australian Medical Association being involved in conversations about amendments. I am not aware of the member being involved in conversations about amendments. I am certainly happy to facilitate a conversation between the member and the Minister for Health’s office, if that is what the member wishes. But I indicate again that the government is open to amendments, provided they do not alter the bill substantially or in a way that detracts from the purpose of the bill. Amendments will be considered when we get to those clauses, but there is certainly nothing before me for clause 1.

**Hon COLIN TINCKNELL:** For the minister’s information, I do have some amendments and there will be some more coming. I have been talking to members of the government, as well as opposition and crossbench members, and also the Minister for Health about amendments on many occasions over the last three months.

**Hon NICK GOIRAN:** On this question of dementia, where in the Joint Select Committee on End of Life Choices’ majority report is it that the committee considers whether voluntary assisted dying should be provided through an advance health directive?

**Hon STEPHEN DAWSON:** While my advisers find that information for me, the honourable member is now asking questions that are really starting to skirt outside of the bill that is before us. He is asking questions about

expert panels, which is outside of the bill that is before us today. I am happy to see what answer can be provided, but I would say that the policy of the bill had been decided at the second reading. When the member is asking me questions about external things that could have an impact, I tend to think that we are straying.

**Hon NICK GOIRAN:** To alleviate the concerns of the minister, I remind the chamber that recommendation 23 of the government's own Ministerial Expert Panel on Advance Health Directives was —

If, at a future point, voluntary assisted dying legislation is implemented in Western Australia, the State Government could consider establishing an Expert Panel to provide advice and recommendations on how to provide people with a neurodegenerative condition access to choice regarding voluntary assisted dying, in particular through the potential application of advance directives.

That is what the government's own ministerial expert panel recommended. Those are its words. They are not my words; it is not the minority report, hence why I am asking about it now. Earlier I referred to page 52 of the "Ministerial Expert Panel on Advance Health Directives: Final Report", but I was trying to avoid raising it with the minister because I was cognisant of the fact that he does not have the report at his disposal. At page 52 of the report, that particular expert panel raises these questions on this issue for consideration —

- (i) Should the making of an advance voluntary assisted dying directive be subject to the same decision-making capacity requirements as other voluntary assisted dying decisions?
- (ii) Should there be a 'cooling off' period before the advance voluntary assisted dying directive takes effect?
- (iii) What information would need to be given to the person making an advance voluntary assisted dying directive?
- (iv) When should an advance voluntary assisted dying directive be implemented (for example, when the person has lost capacity and meets the eligibility criteria for access to voluntary assisted dying)?
- (v) Who should be responsible for determining that the person meets the eligibility criteria and has lost capacity, and that their advance voluntary assisted dying directive should be given effect (for example, a substitute decision-maker or an independent tribunal)? How would that person or body decide whether or not that person is, for example, experiencing suffering that cannot be relieved in a manner the person considers tolerable?
- (vi) How are the protections going to be implemented, and by whom?
- (vii) What happens if a person, having made an advance voluntary assisted dying directive and having lost capacity, makes it clear that they do not wish to die?

Those questions specifically in relation to voluntary assisted dying were not raised by me, but by the government's own ministerial expert panel. I am trying to ascertain what consideration the government has given to those various questions put forward by the expert panel and I seek some clarification from the minister on what those answers might be.

**Hon STEPHEN DAWSON:** I would just point out that this question is on the report of the Ministerial Expert Panel on Advance Health Directives, not the Ministerial Expert Panel on Voluntary Assisted Dying, and, of course, we are dealing with the Voluntary Assisted Dying Bill. Notwithstanding that, I have made the point, and I am happy to make it again, that the Attorney General has categorically ruled out advance health directives applying to voluntary assisted dying. The member would know the obvious complexities in relation to advance health directives.

**Hon NICK GOIRAN:** That is fine. I am happy to pursue another theme, given that the minister does not have that information before him. But I reiterate the point that it is the government's own ministerial expert panel, not on voluntary assisted dying, but on advance health directives, that has said that these questions need to be considered if and when voluntary assisted dying legislation is implemented in Western Australia. That is what we are doing at the moment. The government is asking us to approve the implementation of voluntary assisted dying and its advance health directives expert panel has asked these questions. The government does not want those questions asked now. I do not know when they could be asked.

**Hon Stephen Dawson:** By interjection, would you like me to answer that?

**Hon NICK GOIRAN:** Sure.

**Hon STEPHEN DAWSON:** I said earlier that these questions have been considered by government and by cabinet and as part of the formulation of the bill before us. The questions have been considered and ruled out categorically. They were asked by a ministerial panel examining a different issue; albeit, they refer to an issue before us now. The questions have been asked and the response was that they have been ruled out categorically.

**Hon NICK GOIRAN:** Last week, Hon Rick Mazza moved a motion to have the bill referred to the Standing Committee on Legislation. That motion was unsuccessful. Had that motion been successful, the committee would have routinely considered the fundamental legislative scrutiny principles. Have those principles been considered by government in the drafting of this bill?

**Hon STEPHEN DAWSON:** The honourable member might have to ask his question in a different way because neither my advisers nor I appreciate what the question is. Obviously, none of us is reflecting on the Council's decision last week, because that decision was made and this bill did not go to a committee at that stage. If the member could perhaps ask that question in a different way, we might understand what he is getting to.

**Hon NICK GOIRAN:** When a bill is referred to the Standing Committee on Legislation, the committee does a number of things. One of the things the committee does routinely and customarily is to consider the fundamental legislative scrutiny principles. It is actually not that uncommon for those principles to be appended as an annexure to its reports. It is something that it does very customarily and very routinely. I am asking whether the government has considered any of those principles as part of the drafting of this bill.

**Hon STEPHEN DAWSON:** Not being on that committee and not having served on that committee, I am not sure what those principles are. Perhaps if the honourable member wants to mention those principles, my advisers and I can consider those matters and tell him whether they were considered in the drafting of the bill.

**Hon Dr SALLY TALBOT:** I am very familiar with the fundamental legislative principles, as Hon Nick Goiran knows very well, because it is something that the legislation committee considers. However, the issue I want to raise is whether we are really doing justice to the very measured advice that the Chair of Committees gave to this chamber when we started the Committee of the Whole House stage. He drew our attention very carefully and, as I say, in a very considered way to the scope of the clause 1 debate.

I have listened to this debate for many hours, as most of us have. I do not think I have seen the chamber as consistently full as it has been for the last two weeks, with members listening to this debate. I can only complement the minister on his patience and the forensic nature in which he answers these very detailed questions, but I think we are on the verge of getting to the point at which a couple of honourable members are effectively asking the minister to do their work for them. We made the point in the second reading debate and I would stress that the second reading debate settled the policy of the bill. The policy of the bill is not set out in skeletal legislation; it is set out in the 184 clauses before this chamber. We are at the stage at which we have established the policy of the bill, but a couple of honourable members are constantly referring to the huge body of work that went into informing these 184 clauses. All that material is available for honourable members to read, and I know most members in this chamber have read every word of every inquiry that has been done into this bill. To get to the point at which Hon Nick Goiran is asking the minister to expand on fundamental legislative principles, which he knows are a loose way of formulating an inquiry into legislation, is way beyond anything that we are supposed to be considering in clause 1. It concerns me that I had thought that if we all honoured the set of principles that the Chair of Committees put to us nearly a week ago, when we started the Committee of the Whole House stage, we would not be at this stage now.

**The DEPUTY CHAIR (Hon Matthew Swinbourn):** The member did not raise a point of order, so I take on board her comments. I will note that standing orders on debates apply to the committee stage as well. The debate must be, and remain, relevant. There are rules in relation to tedious repetition and things of that kind. Noting that a clause 1 debate is very broad, I remind members to make sure that their contributions remain relevant to the four walls of the bill before us.

**Hon ADELE FARINA:** I am really concerned about a deficiency in the bill, and that is in the provisions about the safe storage of the voluntary assisted dying substance. I touched on this in my second reading contribution. I am particularly concerned that no obligation is imposed on aged-care facilities for the safe storage of the VAD substance dispensed to a patient to ensure that other people who live in that aged-care facility do not access that drug and administer it to themselves. The mother of a friend of mine lives in an aged-care facility. The patient in the room next to her has dementia and frequently wanders into her room and takes things, believing that they are hers. It concerns me that this bill does not have any provisions about the obligation of aged-care facilities for the safe storage of the VAD substance. I ask the minister: where do we find those provisions and those requirements for the safe storage of the VAD substance?

**Hon STEPHEN DAWSON:** Honourable member, I think the question was: where in the bill does it mention storage?

**Hon Adele Farina:** Does it mention safe storage anywhere?

**Hon STEPHEN DAWSON:** We are finding that information. While we do, obviously, all medications should be stored securely. The Department of Health is of the view that advising and educating people on safe storage and medication management is very appropriate and, indeed, effective, but we are not seeking to police storage within a person's home. In line with the Department of Health's "Guiding principles for medication management in the community" and the national Poisons Standard, patients using medicines in the community will be encouraged to store their medicines in a manner that maintains the quality of the medicine and safeguards the consumer, their family and visitors in their home. Appropriate methods for storage will be further developed with expert clinical advice during the implementation stage of the bill. Clause 71 of the bill refers to information to be given when supplying the prescribed substance and, in particular, my advisers are drawing my attention to clause 71(2)(b), which prescribes that the authorised supplier must inform the recipient in writing how to store the substance in a safe and secure way.

Upon dispensing the substance to the patient, contact person or other agent of the patient, the authorised supplier must provide written information about the safe and secure storage of the substance; how to prepare and self-administer the substance; information about the disposal requirements of any unused substance; and that the patient is not under any obligation to self-administer the substance. As I said, those requirements are set out in clause 71.

**Hon ADELE FARINA:** I understand the provisions regarding a person living at home. My concern is about a patient living in an aged-care facility who has been deemed eligible under the VAD process and has had the VAD substance dispensed to them. There does not appear to be any obligation in the bill, that I can see, that requires the patient to inform the aged-care facility that they have had the VAD legal substance dispensed to them, and there does not appear to be any provisions in the bill about the obligation of the aged-care facility to ensure that that substance is safely stored, because it has an obligation to the safety of all patients living within the aged-care facility. I find that this is another area of significant deficiency in the bill and these things have not been addressed. The minister mentioned that this is something that can be looked at later, but where is the head of power in the bill that provides for the executive or the CEO of the Department of Health to impose requirements on aged-care facilities' safe storage of the VAD substance, and where are the offences if they do not adhere to those requirements?

**Hon STEPHEN DAWSON:** First of all, I make the point that schedule 4 and schedule 8 poisons would likely already be in that nursing home or that aged-care facility.

**Hon Adele Farina:** They would probably all be locked away.

**Hon STEPHEN DAWSON:** Not necessarily. If they are locked away already, then they will be locked away as part of this process. I cannot see anything changing, but the federal Department of Health "Guiding Principles for Medication Management in Residential Aged Care Facilities" currently exists.

**Hon ADELE FARINA:** The minister referred to a document and there being some regulations already. Will he table those?

**Hon STEPHEN DAWSON:** I do not have them to table, but I referred to a document and I am happy to tell the member what that document is again. It is the commonwealth government Department of Health's "Guiding Principles for Medication Management in Residential Aged Care Facilities". We can take the detail on notice. To be helpful, I am happy to find the document tomorrow. I am also advised that there are safety and quality accreditation standards for aged care, which would also touch on this issue. Further, regulation 107 of the Medicines and Poisons Regulations 2016 indicates that the CEO of the Department of Health can give directions about the storage or use of poisons.

**Hon ADELE FARINA:** Minister, if an aged-care facility fails to ensure the safe storage of a VAD lethal substance and a patient—not the patient to whom the VAD substance was prescribed—dies as a consequence of ingesting the VAD substance, what penalties or offences are available to prosecute the aged-care facility for that death?

**Hon STEPHEN DAWSON:** In relation to the storage of schedule 4 and 8 poisons, section 22 on page 23 of the Medicines and Poisons Act 2014 refers to the storage, handling and transport of a poison other than in accordance with the regulations. The penalty is \$45 000 or three years' imprisonment.

**Hon NICK GOIRAN:** Minister, do any clauses in the bill make any rights, freedoms or obligations dependent on administrative power?

**Hon STEPHEN DAWSON:** I am advised that certain provisions in the bill are reviewable by the State Administrative Tribunal.

**Hon NICK GOIRAN:** Which provisions are reviewable by SAT, minister?

**Hon STEPHEN DAWSON:** Part 5 of the bill identifies the issues that are reviewable by the tribunal.

**Hon NICK GOIRAN:** Is it by virtue of the mechanism that the minister identified, which are the various clauses in part 5, the basis on which the bill is consistent with the principle of natural justice?

**Hon STEPHEN DAWSON:** In relation to the specific matters, yes.

**Hon NICK GOIRAN:** Minister, do any clauses in the bill allow for the delegation of administrative power?

**Hon STEPHEN DAWSON:** There are provisions in the bill that allow the CEO to undertake that, but certainly if the member is talking about the decisions of SAT, then no.

**Hon NICK GOIRAN:** When there is capacity for the CEO to do certain things under the bill, is there the capacity for the power of the CEO to be delegated?

**Hon STEPHEN DAWSON:** In relation to the CEO being able to designate, section 95 of part 7 of the Medicines and Poisons Act 2014 refers to designation of investigators. The honourable member has now asked three questions about the fundamental legislative principles that would have been investigated had this bill gone to a standing committee. A decision was made by this chamber not to send the bill to a committee for that purpose, so I do not

think it is appropriate that the member go through a list of things and ask if they have happened in relation to the bill. The policy of the bill has been decided previously. If he has clause 1 questions, he should ask clause 1 questions. I am not sure that these are appropriate questions to be asked at clause 1, given the policy has been decided and we have previously decided not to send the bill to a committee for further consideration.

**Hon NICK GOIRAN:** In the minister's response, he referred to "designating" but I mentioned "delegating". I do not know whether there is a difference in the response that needs to be provided or the answer remains the same regarding what capacity the CEO has to delegate any powers he or she might have under this legislation.

**Hon STEPHEN DAWSON:** Honourable member, that is a very good question. I would like to take some further advice about that, so we will take that on notice.

**Hon NICK GOIRAN:** I am glad I asked one of the questions from the fundamental legislative scrutiny principles and I appreciate the acknowledgement that it is a good question that needs to be considered. I look forward to hearing about that tomorrow.

Does the bill reverse the onus of proof in criminal proceedings?

**Hon STEPHEN DAWSON:** There is no express provision reversing the onus.

**Hon NICK GOIRAN:** Does the bill confer power to enter premises and search for or seize documents or other property? Obviously, in this context, we would also be thinking about the poison that is available.

**Hon STEPHEN DAWSON:** Yes, it is under part 7 of the bill.

**Hon NICK GOIRAN:** Would this power require a warrant to be issued by a judge or other judicial officer?

**Hon STEPHEN DAWSON:** I am advised that it would in some circumstances.

**Hon NICK GOIRAN:** Does the bill provide appropriate protection against self-incrimination?

**Hon STEPHEN DAWSON:** I will need to take some further advice on that point.

**Hon NICK GOIRAN:** Just to confirm, the two matters that have been taken on notice are whether there are any clauses in the bill that allow for the delegation of administrative power, and whether the bill provides appropriate protection against self-incrimination. That brings me to my next question: does the bill adversely affect rights and liberties or impose obligations retrospectively?

**Hon STEPHEN DAWSON:** I will have to take further advice on that, too. I note that I will take advice on the three things that have been raised in the current discussion, but I also indicated earlier that I will be taking advice on other issues. I just wanted to clarify that.

**Hon NICK GOIRAN:** I thank the minister for his diligence in making sure that we are recording each of the matters that are being taken on notice. Does this bill confer immunity from proceedings or prosecution?

**Hon STEPHEN DAWSON:** Without adequate justification?

**Hon Nick Goiran:** Just full stop.

**Hon STEPHEN DAWSON:** Okay. I will take some advice on that, too.

**Hon NICK GOIRAN:** Does the bill provide for the compulsory acquisition of property? I am particularly interested to know about property in the sense of the voluntary assisted dying substance or poison.

**Hon STEPHEN DAWSON:** Items can be seized by the investigators, if that is what the member is asking.

**Hon NICK GOIRAN:** The tenth of the fundamental legislative scrutiny principles routinely used by the Standing Committee on Legislation when considering bills is whether a bill has sufficient regard to Aboriginal and Islander traditions and customs. Is the government aware of the concerns raised by Senator Dodson about the impact of this bill on Aboriginal Western Australians; and, if so, how is the government addressing those concerns?

**Hon STEPHEN DAWSON:** Yes, I am aware of comments made by Senator Patrick Dodson about the bill before us, as we are aware of comments made by other Aboriginal people about the bill. It may have been in answer to an earlier question asked by an honourable member or it may well have been a comment made by another honourable member during the second reading stage, but members were told that Kate George, an Aboriginal person, was a member of the Ministerial Expert Panel on Voluntary Assisted Dying. We had an Aboriginal person on the panel and consultation took place with a number of Aboriginal people. In fact, it might have been Hon Jacqui Boydell who identified in her contribution to the second reading debate that a number of Aboriginal people and organisations attended some of those fora on the bill around the state. We are aware of a multitude of views from Aboriginal people on the bill. I again make the point that, as a number of members would recognise, Aboriginal people are not a homogenous group and different views are held by different Aboriginal people. One view from an Aboriginal person does not indicate that all Aboriginal people in Western Australia are of the same opinion.

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

**AUSTRALIAN VANADIUM — PROCESSING PLANT***Statement*

**HON LAURIE GRAHAM (Agricultural)** [9.46 pm]: I was pleased to join the Minister for Mines and Petroleum; Energy; Industrial Relations, Hon Bill Johnston, and Australian Vanadium Ltd managing director, Vincent Algar, and chief operating officer, Todd Richardson, at a press conference this morning to announce that AVL is advancing the development of its world-class vanadium project 40 kilometres south of Meekatharra in the midwest region.

As outlined in its media releases, Australian Vanadium has entered into an option to purchase land from the Critch family for a processing plant at Tenindewa, approximately 80 kilometres west of Geraldton. It made this decision because no suitable sites were available closer. It looked at Narngulu industrial estate, but it had only a third of the land it needed. Oakajee industrial estate is not suitable for road train access for the super-quad trucks that AVL is looking to use on the project. The owners of farming properties closer to Geraldton were, unfortunately, unwilling to consider the project or were concerned about the impact on their neighbours or farming operations. That ruled out all those sites.

It is great to see that this project is proceeding to the next stage, which obviously includes feasibility studies to prove that the output of the processing plant will be approximately 10 000 tonnes of vanadium pentoxide—about six per cent of the global supply—and the completion of environmental reviews. The benefit of being close to Geraldton is that there will be about one million tonnes of lower grade iron ore than is generally shipped, but because it will be close and adjacent to the port, the company is expecting to find a market fairly readily for that. That is one of the tasks the company has ahead of it.

This proposal presents opportunities for AVL and Geraldton and communities in the midwest. It is an important project and has been awarded major project status, which is a formal recognition by the federal government that it is a project of national significance. Only 16 of these projects are recognised in Australia at this point.

Vanadium is traditionally used to strengthen steel, but there is a growing market for it in redox flow battery technology, which uses vanadium for storage. Australian Vanadium is progressing through feasibility studies, which will bring its high-grade vanadium project into production.

If the project moves to the construction phase, it will have a significant impact on the midwest through both direct and indirect jobs, including opportunities for regional and national suppliers. It is estimated that 100 jobs will be created at the plant, and that those will likely be taken up by regionally-based personnel. The company believes that approximately 500 jobs will be created in the greater Geraldton area from the processing plant at Tenindewa. This is using a multiplier of four. That figure is estimated to increase to over 200 jobs during plant construction. Additionally, it is expected that 100 jobs will be created in the Meekatharra area. The company is working with the Stephen Michael Foundation to maximise the employment opportunities for Aboriginal people in that area, and also for local people.

Creating jobs is the number one priority of the McGowan government. This project has the potential to create hundreds of jobs in Geraldton and surrounding communities. The project will have an initial mine life of 17 years. The company is looking to use only about one-quarter of the strike area for the current 17-year production run. There is plenty of capacity for either expansion or a long life.

As members would know, Geraldton has been impacted by the loss of fly in, fly out jobs. Real estate prices in the area have been very depressed. Projects such as this, and other projects that are considering locating to the midwest, could well reverse that trend, and hopefully we will see some improvement in the local real estate market, and also in the confidence of people to invest in and move to Geraldton to reside.

**ELECTRONIC GAMBLING AND HARM FORUM***Statement*

**HON ALISON XAMON (North Metropolitan)** [9.51 pm]: I rise because last night, I attended the forum on electronic gambling and harm that was held by the Financial Counsellors Australia WA branch, the Western Australian Council of Social Service, the Public Health Association and the Western Australian Association for Mental Health as part of their ongoing concern to stop the rollout of electronic gaming machines in Western Australia.

Members will well recall what I think was the vehement opposition expressed by the community sector to the inclusion of electronic gaming as one of the conditions in the legislation for the sale of the TAB. Even though the sector was not successful at the time in influencing the legislation, I would like to assure members that it is not deterred from wanting to ensure that electronic gaming does not proceed in Western Australia. The sector is turning its attention specifically to ensuring that electronic gaming is not included in the overall sale of the TAB. I am quite disappointed that this government has chosen to disregard the warnings of these credible people, who are working on the front line and who are all predicting that harm will result from the rollout of electronic gaming.

One of the speakers we heard from is an expert in gambling addiction. She relayed her experiences of what has happened in Victoria around electronic gaming. She made the point that for many years, Western Australia has

been held up around Australia as the exemplar of how to minimise harm from gambling, and how devastating it is that the Western Australian government has made the shameful decision to renege on its longstanding bipartisan commitment not to have electronic gaming in our pubs and clubs and our regional settings.

I want to draw members' attention to an expression of interest document that has come out from the Department of Treasury. I refer in particular to page 4, under "Investment Highlights". That makes it quite clear just how cynical the whole exercise of including electronic gaming in the sale of the TAB has ended up being. Under the heading "Opportunity to introduce simulated racing products and drive fixed odds wagering growth", it states —

- Wagering Licence will authorise the rollout of simulated /racing products in retail agencies

The government's expression of interest document also uses the words —

- Significant scope for product innovation via new products and bet types ...

That is one of the attractions, apparently. Is this not wonderful? The expression of interest document states that WA is ripe for the picking and that there is plenty of opportunity to look at expanding electronic gaming in this state. The government is blatantly marketing this as though it is something to be proud of.

During my second reading contribution on the TAB (Disposal) Bill, I expressed my concerns about Trackside potentially paving the way for the rollout of other forms of electronic gaming, which in and of itself is a legitimate concern. Even if Trackside were not to lead to pokies, or at least pokies in the form in which it exists in other states, we know that Trackside will be bad on its own terms. This is very much the feedback that came from the experts at last night's forum. I will remind members that Trackside is designed to be addictive—that is the point of Trackside. People can play up to 200 games a day. The point was made, for example, that there is up to a 40-minute turnaround between races in conventional horseracing. There is about a three-minute turnaround between races on Trackside. The very virtue of being electronic means that the algorithms underlying the games are premised on deriving maximum profits. That is what they are about. That will lead to people with gambling problems losing large amounts of money. That is what is going to happen in this state. It is clearly so much better to avoid introducing these addictive machines in the first place. That is why the Greens have held such a longstanding bipartisan position in WA of not allowing this form of gambling outside of the casino. That is why we have had it. The relatively small amount of money that can be made from this is not going to outweigh the social harms that will come. If the government decides to proceed against the advice of people who are experts in gambling addiction, against the advice of the community sector and against the advice of financial counsellors, at the very least it will have to look at investing in more on-the-ground services to support the extra people who are going to need more help and support.

At the forum last night, there were representatives from Centrecare. They provide expert services to assist people who have a gambling addiction. They are anticipating a significant increase in the level of harm. I note that the 2018–19 annual report of the Gaming and Wagering Commission of Western Australia shows that calls to the problem gambling hotline have increased 19 per cent in two years. That is even before electronic gaming has been rolled out in our pubs and clubs, and in regional settings. I think it obviously serves to amplify the number of people who are already experiencing strife. It is clear that the community is going to be paying the price if the government continues along this path. I was very unimpressed when I saw this expression of interest document and how blatant the government was in flaunting the fact that the WA public is going to have electronic gaming foisted upon it, and what an opportunity it is to take more and more money from unfortunate people. It is not too late; the contracts have not been signed yet. I urge the government to remove electronic gaming from the sale of the TAB.

### **ALBANY ROLLER DERBY LEAGUE**

#### *Statement*

**HON DIANE EVERS (South West)** [9.58 pm]: I would like to pick up from where Hon Darren West left off last week when he spoke about the success of the Albany Roller Derby League in winning the leadership and innovation award at the 2019 WA Regional Achievement and Community Awards. Celebrating its fifth year in May 2019, the Albany Roller Derby League is a community not-for-profit organisation run by women in Albany and focuses on supporting strong women of all ages, and supporting gender diversity. With team names such as Dread Pirate Rollers, Sin City Rollers and Cabernet Savages, we know right away that this is something out of the ordinary. The Albany team, Great Southern Breakers, is excited to host its final game of 2019 when it will play Team Indigenous Dreaming on 16 November. Team Indigenous Dreaming is a borderless mob bound together by the colonisation of ancestral lands throughout the Southern Hemisphere.

Team Indigenous Dreaming represents players from across Australia, Aotearoa, Fiji, Mauritius and Singapore. Team Indigenous Dreaming has never played in Western Australia and the Albany club is excited to host it. This special event will raise funds for the Baldjamaar Foundation, a local Aboriginal service that provides programs for at-risk Aboriginal youth.

Roller derby is a full contact sport played on quad rollerskates. The highly skilful and energetic game is played across the world and is one of the fastest-growing women's sports. Players aim to score points against the opposing team by the jammer passing the hips of the opposing team's players as they circle the track.

The Albany Roller Derby League also hosts roller discos, the “Skate Like a Girl” program, swap meets and the Boom State Clash Roller Derby Competition, playing teams from Margaret River, Bunbury, Geraldton, Perth and Kalgoorlie. Albany Roller Derby League members are positive role models for all women and girls, and are an example to all people of women who are powerful, assertive and able. In its short history, the Albany Roller Derby League has been the deserving recipient of a series of significant awards. In addition to the recent win mentioned above, it received the bronze medal in the Boom State Clash 2019, was the winner of the Clubs WA Marketing Award 2019, and was a finalist for the Clubs WA Special Project Award 2019. It was the Triple M Sports Club of the Year 2018, a semi-finalist for RAC Volunteer of the Year 2018, and a finalist for the Clubs WA Amateur Sport Award 2018 and the Clubs WA Special Project Award 2018. It was also the winner of the award for the Boom State Clash After Party 2016. Roller Derby is a sport in which awards can even be won for having the best afterparty! That seems very thoughtful to me.

In 2018, Albany Roller Derby was inducted as a member of the international body—the Women’s Flat Track Derby Association—and became a Skate Victoria affiliate. This all began at The Track. The Track was opened in February 2018 as a community space managed by Albany Roller Derby League volunteers. The league also trains and plays at this venue and welcomes other sports or the community to use The Track for events. The Track has an 825-square metre playing space, and is the result of successful negotiations with a local builder, creating not only the best dedicated roller derby track in Western Australia—or perhaps Australia—but also a most valuable asset that is available to the Albany community. The surface of the playing area is concrete and suited to high-impact sports such as rollerskating, wheelchair rugby, street roller hockey and much more.

The club has achieved all this without external funding. As a new sport, it did not qualify for the usual grants or subsidies from governments or sporting bodies, so it collaborated with local individuals and businesses to produce a truly inspirational outcome. This is the power of community. A few women formed a team, saw a need and worked to achieve their dream. The wider community is now the beneficiary. Having three teams in my electorate, I feel proud to represent them, knowing that a new generation of young women is gaining strength both in their bodies and in their minds.

*House adjourned at 10.02 pm*

---

### QUESTIONS ON NOTICE

Questions and answers are as supplied to Hansard.

#### WA COUNTRY HEALTH SERVICE — SPECIALIST SERVICES

**2496. Hon Martin Aldridge to the parliamentary secretary representing the Minister for Health:**

I refer Legislative Council question on notice 2351 regarding elective surgery wait list by urgency category, and I ask:

- (a) what was the number of patients by urgency category one, two and three, by speciality and region that were not seen in the time frame required; and
- (b) what was the actual wait time for each patient?

**Hon Alanna Clohesy replied:**

(a)–(b) [See tabled paper no 3344.]

#### STEP-UP, STEP-DOWN MENTAL HEALTH FACILITY — GERALDTON

**2503. Hon Martin Aldridge to the parliamentary secretary representing the Deputy Premier; Minister for Health; Mental Health:**

I refer to post budget estimates hearing questions (Mental Health Commission) of the Standing Committee on Estimates and Financial Operations and the Minister's refusal to provide a copy of the business case for the Geraldton Step Up/Step Down Mental Health Facility and I ask, when will the Minister satisfy his obligations under Section 82 of the *Financial Management Act 2006*?

**Hon Alanna Clohesy replied:**

I am advised:

A redacted copy of the Business Case titled "*Geraldton Health Campus Redevelopment Project Stage One and Community Mental Health Step-up/Step Down Service Business Case*" was tabled on 29 November 2018. All legal obligations were complied with at the time.

#### DEPARTMENT OF PRIMARY INDUSTRIES AND REGIONAL DEVELOPMENT — STAFF

**2504. Hon Colin de Grussa to the Minister for Agriculture and Food:**

- (1) I refer to staffing within the Department of Primary Industries and Regional Development and ask, will the Minister please provide the following information and breakdowns for the number of staff working under each of the following:
  - (a) Director General;
  - (b) Deputy Director General, Sustainability and Biosecurity;
  - (c) Deputy Director General, Industry and Economic Development;
  - (d) Managing Director, Research Development and Innovation; and
  - (e) Managing Director, Capability and Performance?
- (2) For each of the staff identified in (1)(a)–(e), 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) As at 30 September 2019:
  - (a) 64
  - (b) 756
  - (c) 353
  - (d) 267
  - (e) 248

- (2) (a)–(d) [See tabled paper no 3340.]
- (e) Staff are not assigned to portfolios of the former agencies, nor is it possible to allocate staff based on former agencies' portfolios. The restructure of the Department's functions and positions to implement the 2017 Machinery of Government changes, has resulted in the realignment of functions and movement of staff from narrow subject-matter specific roles held in these legacy agencies, into broader roles which can provide seamless services across the Department's remit.
- While some staff members necessarily continue to provide expertise in one or other area, identification of these staff members would be a significant forensic task and would not provide a meaningful narrative. The outcome of this increasingly embedded merging of staff expertise is the development of a synergy of know-how and strengthening of resource capacity across the previous subject matter areas, rather than defining staff by reference to former agency portfolios.

## DEPARTMENT OF PRIMARY INDUSTRIES AND REGIONAL DEVELOPMENT — STAFF

**2508. Hon Colin de Grussa to the Minister for Agriculture and Food:**

- (1) I refer to staffing within the Department of Agriculture and Food 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) Acting Director General;
- (b) Executive Director Biosecurity and Regulation;
- (c) Executive Director Business Support;
- (d) Executive Director Grains and Livestock Industries;
- (e) Executive Director Grains R&D Transformation; and
- (f) Executive Director Irrigated Agriculture?
- (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) As at 30 June 2016
- (a) 26
- (b) 325
- (c) 170
- (d) 167
- (e) 177
- (f) 137
- (2) (a)–(d) [See tabled paper no 3341.]
- (e) Agriculture.

## DEPARTMENT OF PRIMARY INDUSTRIES AND REGIONAL DEVELOPMENT — STAFF

**2509. Hon Colin de Grussa to the Minister for Regional Development:**

- (1) I refer to staffing within the Department of Regional Development 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 Portfolio Support and Development;
- (c) Executive Director Strategy and Evaluation;
- (d) Executive Director Business Development; and
- (e) Executive Director Investment Management?

- (2) For each of the staff identified in (1)(a)–(e), 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) With the exception of the Director General, none of the abovementioned positions existed at 30 June 2016. They were established in October 2016. At 30 June 2016, the relevant Corporate Executive positions within the Department of Regional Development were as follows:
- (a) Director General – 33 staff
  - (b) Executive Director Economic Development and Diversification – 9 staff
  - (c) Executive Director Regional Investment – 45 staff
  - (d) Executive Director Corporate and External Services – 41 staff
  - (e) Executive Director Policy – 11 staff; and
  - (f) State Reform Leader – 21 staff.
- (2) Based on the staff identified in (1)(a)–(f) – [see tabled paper no 3342.]

PREMIER — AIRLINE CLUBS

**2511. Hon Martin Aldridge to the Leader of the House representing the Premier; Minister for Public Sector Management; Federal–State Relations:**

I refer to Legislative Council question on notice 2134 and the Premier’s refusal to provide an answer to any part of my question and I ask, when does the Premier intend to answer the question or satisfy his obligations under Section 82 of the *Financial Management Act 2006*?

**Hon Sue Ellery replied:**

Please refer to LC Question on Notice 2520.

PREMIER — SOUTH METROPOLITAN REGION VISIT

**2512. Hon Nick Goiran to the Leader of the House representing the Premier:**

I refer to the email from the Premier’s office, dated 20 September 2019 and received at 4:49pm from the Premier’s appointments secretary, and I ask:

- (a) for what period of time was the Premier in the South Metropolitan Region;
- (b) further to (a):
  - (i) how many meetings, events, functions or similar did the Premier attend;
  - (ii) who attended each of the meetings, events, functions or similar with the Premier; and
  - (iii) did the Premier receive or create any documents during or in preparation for the meetings, events, functions or similar;
- (c) if yes to (b)(iii), what were those documents;
- (d) further to , will the Premier table those documents;
- (e) if yes to (d), when; and
- (f) if no to (d), why not?

**Hon Sue Ellery replied:**

- (a)–(f) For the Member’s information, the Premier visited West Leeming Primary School. The Treasurer and the Minister for Education accompanied him and they were there for approximately 30 minutes.

For the benefit of the honourable member, the email referred to in the question contained contact details if he required further detail.

Emails of this nature are sent as a courtesy. If the member finds them a nuisance, he can reply asking to be removed from future correspondence.

CHILD PROTECTION — CASEWORKERS — WORKLOAD

**2513. Hon Nick Goiran to the Leader of the House representing the Minister for Child Protection:**

I refer to the Minister’s response to my question without notice No. 1038, and I ask, will the Minister table a copy of the monthly workload management reports, run in each calendar month this year?

**Hon Sue Ellery replied:**

[See tabled paper no 3338.] With effect from March 2019, the Department of Communities amended the format of the monthly workload management reports to increase transparency.

**POLICE — GLOBAL CLIMATE STRIKE****2514. Hon Robin Chapple to the minister representing the Minister for Police:**

I refer to the police cameras that were deployed at the Global Strike for Climate gathering at Forrest Place and march to Elizabeth Quay on 20 September 2019, and ask on behalf of a number of parents:

- (a) why were there so many police cameras deployed to record people at the gathering and march;
- (b) for what purpose was the footage required;
- (c) will the footage be kept:
  - (i) if yes to (c), why;
- (d) the filming intimidated a number of people, was this the intention; and
- (e) will the footage be used to identify people who organise or participate in Global Strike for Climate activities?

**Hon Stephen Dawson replied:**

The Western Australian Police advise:

- (a)–(e) Police make operational decisions for managing protests, major incidents and operational activity based on multiple factors including, but not limited to; safety, risk management, capability, intelligence and community engagement.

These decisions are made within the incident command and control structure for the operation being managed.

Operational decision-making and tactical activities for management of protests are not disclosed to ensure that police operations are not compromised.

**INDUSTRIAL RELATIONS — WORKERS' COMPENSATION — SERVICE PROVIDERS****2515. Hon Alison Xamon to the minister representing the Minister for Mines and Petroleum; Industrial Relations:**

I refer to the Victorian Ombudsman's 2016 report *Investigation into the management of complex workers compensation claims and WorkSafe oversight*, which highlighted some disgraceful behaviour by insurance companies towards injured workers, and I ask:

- (a) who is responsible for overall oversight, including monitoring and/or auditing, of the practices of service providers in the Western Australian workers' compensation and injury management scheme; and
- (b) for each of the last 10 financial years, how many complaints to WorkCover have been made by service provider type (namely – insurer, self-insurer, registered agent or workplace rehabilitation provider)?

**Hon Alannah MacTiernan replied:**

- (a) WorkCover Western Australia Authority.
- (b)

	Number of Claims	Insurers	Self-insurers	Registered Agents	Workplace Rehabilitation Provider
2018/19	27,644	13	0	0	0
2017/18	28,320	5	1	2	0
2016/17	29,612	4	0	2	0
2015/16	32,338	7	2	2	7
2014/15	33,994	11	0	7	2
2013/14	36,878	4	0	1	1
2012/13	38,638	17	1	6	7
2011/12	39,968	11	1	6	4
2010/11	38,915	11	2	1	4
2009/10	37,702	17	8	4	8

## HEALTH — CLIMATE CHANGE INQUIRY

**2516. Hon Alison Xamon to the parliamentary secretary representing the Minister for Health:**

- (1) I refer to the inquiry into the Climate Health WA Inquiry, and I ask:
- (a) given this inquiry is the first to be established under part 15 of the *Public Health Act 2016*, will an evaluation of the inquiry process be undertaken;
  - (b) if yes to (a), will the evaluation report be made publicly available; and
  - (c) if no to (a), why not?
- (2) I refer to the Global Green and Healthy Hospitals Network, and I ask:
- (a) which Hospital Service Providers (HSP) have signed up to become members of the Network;
  - (b) does the Minister intend to align mitigation requirements across all HSP with the State Climate Policy; and
  - (c) if no to (b), how does the Minister intend to ensure all HSP equally apply mitigation strategies rather than leave the individual HSP to employ an ad hoc process?

**Hon Alanna Clohesy replied:**

I am advised:

- (1) (a) A report on the Climate Health WA Inquiry process, including methods and lessons learned, will be prepared for the Chief Health Officer upon completion of the Inquiry.
- (b) Yes.
- (c) Not applicable.
- (2) (a) As at 4 October 2019 the following Health Service Providers (HSP) and hospitals in Western Australia had joined the Global Green and Healthy Hospital Network:
- South Metropolitan Health Service.
  - East Metropolitan Health Service.
  - WA Country Health Service.
  - Sir Charles Gairdner Hospital (North Metropolitan Health Service).
  - Osborne Park Hospital (North Metropolitan Health Service).
- (b) It is intended that all HSP will be required to align with any mitigation requirements arising from the State Climate Policy.
- (c) Not applicable.

## SCHOOLS — MAINTENANCE FUNDING

**2517. Hon Martin Aldridge to the Minister for Education and Training:**

I refer to the Minister's media statement of 22 September 2019 entitled, *Major maintenance blitz: New job-creating school package unveiled* and I ask:

- (a) will the Minister please identify each of the schools, summary of works and the individual funding amount that will benefit from the \$35 million investment to address maintenance identified in Building Condition Assessment reports;
- (b) will the Minister please identify each of the schools, summary of works and the individual funding amount that will benefit from the \$165 million for targeted maintenance works, upgrades or refurbishments;
- (c) over what timeframe will the above mentioned investments be made;
- (d) if the investment is to occur beyond the 2019–20 financial year, will the Minister please provide a breakdown of the \$200 million investment by financial year;
- (e) will the Minister please provide a breakdown of the investment by education department region; and
- (f) how has the estimated 3,150 jobs been determined?

**Hon Sue Ellery replied:**

- (a)–(b) [See tabled paper no 3339.] The amounts shown in the table are notional and subject to contractor assessment and evaluation.
- (c) The 2019–20 and 2020–21 financial years.
- (d)
- |          |               |
|----------|---------------|
| 2019–20: | \$99 900 000  |
| 2020–21: | \$100 100 000 |

(e)

<b>Education Region</b>	<b>Total (\$)</b>
North Metropolitan	40 728 211
South Metropolitan	56 259 003
Goldfields	6 273 475
Kimberley	5 830 580
Midwest	4 754 549
Pilbara	9 235 917
South West	16 435 492
Wheatbelt	12 990 699
<b>Total</b>	<b>152 507 926</b>

The remaining funds will be allocated to schools on an application and assessment basis.

(f) The job creation estimate is based on the expected labour component of the total maintenance package.

#### MINISTER FOR REGIONAL DEVELOPMENT — BROOME VISIT

#### 2518. Hon Martin Aldridge to the Minister for Regional Development:

I refer to Legislative Council question without notice 1030 in relation to the Minister's travel to Broome in August 2018, and I ask:

- (a) how many nights did the Minister stay at Moonlight Bay Suites;
- (b) what was the cost per night for the Minister's accommodation;
- (c) how many nights did Mr Huxtable stay at Moonlight Bay Suites;
- (d) what was the cost per night for Mr Huxtable's accommodation;
- (e) why did it take more than 6 months for the Minister to reimburse the taxpayers of Western Australia for the additional costs incurred in accommodating the Minister's granddaughter;
- (f) did the Minister alert the Department of Premier and Cabinet to the charge and the need for a reimbursement to take place or did the Department or another person alert the Minister to the omission;
- (g) will the Minister please table a copy of all receipts relating to the Broome travel including accommodation, meals and incidental expenses undertaken by the Minister and Mr Huxtable; and
- (h) please identify those expenses in (g), which were reimbursed by the Minister or another person and the date on which a reimbursement was made?

#### Hon Alannah MacTiernan replied:

- (a) One
- (b) \$396.00 per night
- (c) One
- (d) \$239.00 per night
- (e) I was not aware that the additional cost had not been paid from my personal account. As soon as it was made known to me, the matter was rectified.
- (f) My office alerted the Department of the Premier and Cabinet who raised an invoice to be paid.
- (g) [See tabled paper no 3343.]
- (h) \$157.00 – difference in room rate. The Department was reimbursed on 11 March 2019.  
\$20.50 – breakfast for granddaughter. The Department was reimbursed on 17 October 2019.

#### HOSPITALS AND HEALTH CAMPUSES — MAINTENANCE FUNDING

#### 2519. Hon Martin Aldridge to the parliamentary secretary representing the Minister for Health:

I refer to the Ministers media statement of 24 September 2019 entitled, *Priority hospital maintenance blitz to help stimulate local economy* and I ask:

- (a) will the Minister please identify each of the regional Western Australian health facilities, a summary of works for each facility and the individual funding amount that will benefit from the \$37 million investment;

- (b) will the Minister please advise the investment profile in each of the following financial years from this program:
- (i) 2019–2020;
  - (ii) 2020–2021;
  - (iii) 2021–2022; and
  - (iv) 2022–2023; and
- (c) how has the estimated 1,300 jobs been determined and how will this be measured during and following construction?

**Hon Alanna Clohesy replied:**

I am advised:

- (a) A summary of works for each regional WA health facility and the individual funding amount is included in Attachment 1. [See tabled paper no 3345.]
- (b)
  - (i) \$15,416,000
  - (ii) \$19,178,000
  - (iii) \$2,727,000
  - (iv) Nil.
- (c) The job creation estimate (including direct and indirect jobs) is based on the expected labour component of the total maintenance package and average wages in the sector. It is expected that contractors will be required to report on the labour component in delivery of the maintenance package.

MINISTER FOR STATE DEVELOPMENT, JOBS AND TRADE — AIRLINE CLUBS

**2520. Hon Martin Aldridge to the minister representing the Minister for State Development, Jobs and Trade:**

I refer to Legislative Council question on notice 2135 and the Minister's reference to Legislative Council question on notice 2134, which provides no answer to the information that I seek and I ask, when does the Minister intend to answer the question or satisfy obligations under section 82 of the *Financial Management Act 2006*?

**Hon Alannah MacTiernan replied:**

Section 82 of the Financial Management Act 2006 expressly concerns the conduct or operation of an agency. The Member's original question pertains neither to the conduct nor operation of an agency.

For the Member's benefit, both the Chairman's Lounge (QANTAS) and The Club (Virgin) are invitation only memberships. They cannot be purchased, and as such there is no value attached to them. They are an agreement between the airlines and individuals.

Furthermore, memberships are not necessarily offered to Ministers, Directors General or other public servants by virtue of their current positions. Individuals, including Ministers, other Members of Parliament and departmental officials, may also have memberships based on their previous occupations or for reasons outside of their official responsibilities.

If the member has a particular question about one of the approximately 140,000 public servants in Western Australia I suggest he asks a more specific question.

MINISTER FOR EDUCATION AND TRAINING — AIRLINE CLUBS

**2522. Hon Martin Aldridge to the Minister for Education and Training:**

I refer to Legislative Council question on notice 2137 and the Minister's reference to Legislative Council question on notice 2134, which provides no answer to the information that I seek and I ask, when does the Minister intend to answer the question or satisfy obligations under section 82 of the *Financial Management Act 2006*?

**Hon Sue Ellery replied:**

Please refer to Legislative Council Question on Notice 2520.

MINISTER FOR ENVIRONMENT — AIRLINE CLUBS

**2523. Hon Martin Aldridge to the Minister for Environment; Disability Services; Electoral Affairs:**

I refer to Legislative Council question on notice 2138 and the Minister's reference to Legislative Council question on notice 2134, which provides no answer to the information that I seek and I ask, when does the Minister intend to answer the question or satisfy obligations under section 82 of the *Financial Management Act 2006*?

**Hon Stephen Dawson replied:**

Please refer to Legislative Council Question on Notice 2520.

## MINISTER FOR REGIONAL DEVELOPMENT — AIRLINE CLUBS

**2525. Hon Martin Aldridge to the Minister for Regional Development; Agriculture and Food; Ports; Minister Assisting the Minister for State Development, Jobs and Trade:**

I refer to Legislative Council question on notice 2140 and the Minister's reference to Legislative Council question on notice 2134, which provides no answer to the information that I seek and I ask, when does the Minister intend to answer the question or satisfy obligations under section 82 of the *Financial Management Act 2006*?

**Hon Alannah MacTiernan replied:**

Please refer to answer to LC QON 2520.

## MINISTER FOR EMERGENCY SERVICES — AIRLINE CLUBS

**2526. Hon Martin Aldridge to the minister representing the Minister for Emergency Services; Corrective Services:**

I refer to Legislative Council question on notice 2141 and the Minister's reference to Legislative Council question on notice 2134, which provides no answer to the information that I seek and I ask, when does the Minister intend to answer the question or satisfy obligations under section 82 of the *Financial Management Act 2006*?

**Hon Stephen Dawson replied:**

Please refer to the Legislative Council Parliamentary Question on Notice 2520.

## MINISTER FOR LOCAL GOVERNMENT — AIRLINE CLUBS

**2527. Hon Martin Aldridge to the Leader of the House representing the Minister for Local Government; Heritage; Culture and the Arts:**

I refer to Legislative Council question on notice 2142 and the Minister's reference to Legislative Council question on notice 2134, which provides no answer to the information that I seek and I ask, when does the Minister intend to answer the question or satisfy obligations under section 82 of the *Financial Management Act 2006*?

**Hon Sue Ellery replied:**

Please refer to Legislative Council question on notice 2520.

## ATTORNEY GENERAL — AIRLINE CLUBS

**2528. Hon Martin Aldridge to the Leader of the House representing the Attorney General:**

I refer to Legislative Council question on notice 2143 and the Minister's reference to Legislative Council question on notice 2134, which provides no answer to the information that I seek and I ask, when does the Minister intend to answer the question or satisfy obligations under section 82 of the *Financial Management Act 2006*?

**Hon Sue Ellery replied:**

Please refer to Legislative Council Question on Notice 2520.

## MINISTER FOR COMMERCE — AIRLINE CLUBS

**2530. Hon Martin Aldridge to the minister representing the Minister for Commerce:**

I refer to Legislative Council question on notice 2144 and the Minister's reference to Legislative Council question on notice 2134, which provides no answer to the information that I seek and I ask, when does the Minister intend to answer the question or satisfy obligations under section 82 of the *Financial Management Act 2006*?

**Hon Alannah MacTiernan replied:**

Please refer to Legislative Council Question on Notice 2520.

## MINISTER FOR SENIORS AND AGEING — AIRLINE CLUBS

**2531. Hon Martin Aldridge to the Leader of the House representing the Minister for Seniors and Ageing; Volunteering; Sport and Recreation:**

I refer to Legislative Council question on notice 2145 and the Minister's reference to Legislative Council question on notice 2134, which provides no answer to the information that I seek and I ask, when does the Minister intend to answer the question or satisfy obligations under section 82 of the *Financial Management Act 2006*?

**Hon Sue Ellery replied:**

Please refer to Legislative Council Question on Notice No. 2520.

## TREASURER — AIRLINE CLUBS

**2532. Hon Martin Aldridge to the minister representing the Treasurer; Minister for Finance; Aboriginal Affairs; Lands:**

I refer to Legislative Council question on notice 2146 and the Minister's reference to Legislative Council question on notice 2134, which provides no answer to the information that I seek and I ask, when does the Minister intend to answer the question or satisfy obligations under section 82 of the *Financial Management Act 2006*?

**Hon Stephen Dawson replied:**

Please refer to Legislative Council Question on Notice 2520.

## MINISTER FOR MINES AND PETROLEUM — AIRLINE CLUBS

**2534. Hon Martin Aldridge to the minister representing the Minister for Mines and Petroleum; Industrial Relations:**

I refer to Legislative Council question on notice 2148 and the Minister's reference to Legislative Council question on notice 2134, which provides no answer to the information that I seek and I ask, when does the Minister intend to answer the question or satisfy obligations under section 82 of the *Financial Management Act 2006*?

**Hon Alannah MacTiernan replied:**

Please refer to Legislative Council Question on Notice 2520.

## MINISTER FOR ENERGY — AIRLINE CLUBS

**2535. Hon Martin Aldridge to the minister representing the Minister for Energy:**

I refer to Legislative Council question on notice 2149 and the Minister's reference to Legislative Council question on notice 2134, which provides no answer to the information that I seek and I ask, when does the Minister intend to answer the question or satisfy obligations under section 82 of the *Financial Management Act 2006*?

**Hon Stephen Dawson replied:**

Please refer to Legislative Council Question on Notice 2520.

## MINISTER FOR HOUSING — AIRLINE CLUBS

**2537. Hon Martin Aldridge to the minister representing the Minister for Housing; Veterans Issues; Youth; Asian Engagement:**

I refer to Legislative Council question on notice 2151 and the Minister's reference to Legislative Council question on notice 2134, which provides no answer to the information that I seek and I ask, when does the Minister intend to answer the question or satisfy obligations under section 82 of the *Financial Management Act 2006*?

**Hon Stephen Dawson replied:**

Please refer to Legislative Council Question On Notice 2520.

## MINISTER FOR CHILD PROTECTION — AIRLINE CLUBS

**2538. Hon Martin Aldridge to the Leader of the House representing the Minister for Child Protection; Women's Interests; Prevention of Family and Domestic Violence; Community Services:**

I refer to Legislative Council question on notice 2152 and the Minister's reference to Legislative Council question on notice 2134, which provides no answer to the information that I seek and I ask, when does the Minister intend to answer the question or satisfy obligations under section 82 of the *Financial Management Act 2006*?

**Hon Sue Ellery replied:**

Please refer to Legislative Council Question on Notice 2520.

## CHILD PROTECTION WORKERS — SUPPORT

**2540. Hon Nick Goiran to the Leader of the House representing the Minister for Child Protection:**

I refer to the *Study of Qld child protection workers* aired on AM 720 ABC on 29 May 2019, and in regard to the support accessed by Western Australian child protection workers, I ask:

- (a) what supports are made available to such workers; and
- (b) how many such workers accessed those supports in 2018?

**Hon Sue Ellery replied:**

- (a) The Department of Communities prioritises the wellbeing of its staff and has the following supports in place for child protection workers:

Workplace health and wellness resources, including Mental Health First Aid training, customised counselling programs and online information and links to a range of additional community support services.

Measures based on the Sanctuary and Therapeutic Framework for child protection workers, including access to psychologists and a range of incident debrief, team and supervisor meetings and 'Red Flag' meetings, which can be raised by any staff member and require all workers to stop work and meet to discuss an imminent issue or risk.

The Employee Assistance Program, which is a 24/7 service available via telephone, in person or online. It delivers free, confidential, short term counselling services to staff and their immediate family members on any matter, including work, personal and financial issues. This service is promoted to staff in training, regular annual EAP information sessions and is accessible and available to all staff on the Communities intranet.

Comprehensive and ongoing professional case practice training and development programs, regular case load reviews, and workplace policies that actively encourage employees to be aware of and maintain their personal wellbeing and to support the wellbeing of colleagues.

(b) In 2018:

290 employees that accessed the Employee Assistance Program disclosed they were child protection workers, and

740 child protection workers completed a component of Communities' 76 customised training programs regarding self-care and case practice.

**METROPOLITAN CEMETERIES BOARD — FUNERAL DIRECTORS — CODE OF CONDUCT**

**2541. Hon Alison Xamon to the Leader of the House representing the Minister for Local Government:**

I refer to question without notice 1069 about the operations of the funeral industry in Western Australia, and I ask:

- (a) have any complaints against operators in the funeral industry been made to the department or relevant authority;
- (b) if yes to (a):
- (i) how many complaints were received for each of the following years 2015, 2016, 2017, 2018, 2019;
- (ii) what were the nature of the complaints; and
- (iii) how many complaints were registered for each complaint type;
- (c) how many unannounced inspections of funeral homes and back of house facilities were undertaken in the years 2015, 2016, 2017, 2018, 2019;
- (d) did these unannounced inspections uncover any breaches;
- (e) if yes to (d), please specify:
- (i) the nature of the breaches; and
- (ii) the number of breaches registered for each breach type;
- (f) have any penalties been issued for the years 2015, 2016, 2017, 2018, 2019;
- (g) if yes to (f), will the Minister please list each penalty by year including, but not limited to, quantity of fine and/or impact on funeral directors licence; and
- (h) how many funeral directors were found to be in breach of their licence and/or the Metropolitan Cemeteries Board Code of Conduct for the years 2015, 2016, 2017, 2018, 2019?

**Hon Sue Ellery replied:**

- (a) Yes
- (b)

(i)	Funeral Directors	Monumental Masons
2015	9	
2016	8	1
2017	4	
2018	1	1
2019	6	1

(ii)–(iii)

Breach of Code of Conduct	24
Public Health Issues	1
Business Practices	6

- (c) None.
- (d) Not applicable.
- (e) (i)–(ii) Not applicable.
- (f) No.
- (g) Not applicable.
- (h) There have been no formal breach notices issued over this period.

