



**New South Wales**

# **Legislative Assembly**

## **PARLIAMENTARY DEBATES (HANSARD)**

**Fifty-Seventh Parliament  
First Session**

**Friday, 12 November 2021**

Authorised by the Parliament of New South Wales



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## LEGISLATIVE ASSEMBLY

**Friday, 12 November 2021**

**The Speaker (The Hon. Jonathan Richard O'Dea)** took the chair at 09:30.

**The Speaker** read the prayer and acknowledgement of country.

### *Members*

**MEMBER FOR BLACKTOWN**

**MEMBER FOR SOUTH COAST**

**The SPEAKER:** I wish a happy birthday to the member for Blacktown. I also wish the member for South Coast all the best for her upcoming birthday.

### *Bills*

#### **GOVERNMENT SECTOR FINANCE AMENDMENT (GOVERNMENT GRANTS) BILL 2021**

##### **First Reading**

**Mr ROY BUTLER:** I postpone general business order of the day (for bills) No. 1.

**The SPEAKER:** General business order of the day (for bills) No. 1, relating to the Government Sector Finance Amendment (Government Grants) Bill 2021, stands postponed in accordance with the member's request.

#### **ANTI-DISCRIMINATION AMENDMENT (RELIGIOUS VILIFICATION) BILL 2021**

##### **Second Reading Debate**

**Debate resumed 11 November 2021.**

**Ms TANIA MIHAILUK (Bankstown) (09:32):** I had almost completed my speech yesterday on the Anti-Discrimination Amendment (Religious Vilification) Bill 2021 but I will add a couple more paragraphs to my speech. Yesterday I highlighted a number of quotes from the Law Reform Commission's report that the member for Liverpool included in his second reading speech. One quote is:

One of the aims of vilification legislation is to reduce the threats to social cohesion and reduce public disorder by encouraging and preserving tolerance.

I have highlighted that statement because it goes to the heart of the purpose of the bill, which is to preserve tolerance. The statement responds directly to the views and concerns that many in my community in south-west Sydney understand, appreciate and certainly experience firsthand on a day-to-day basis through vilification. Given the number of people within our community who identify with faith, it is important that this legislation is supported by the House. I note the member for Liverpool's assurance that the bill is modelled very closely on the existing anti-vilification section 20C of the Anti-Discrimination Act 1977, which does not render the proposed amendments in the bill in any way novel or radical. In the light of the reasonable legislative change proposed in the bill and considering the views of my local community, I believe the bill is necessary and productive in its desire to make unlawful the vilification of someone due to their religious belief or affiliation. I commend the bill to the House.

**Ms LYNDIA VOLTZ (Auburn) (09:34):** Like my colleague the member for Bankstown, I support the Anti-Discrimination Amendment (Religious Vilification) Bill 2021, which was introduced by my colleague the member for Liverpool, Mr Paul Lynch, who for over a decade has worked to ensure that these protections are placed within the Anti-Discrimination Act. The object of the bill is to amend the Anti-Discrimination Act to make it unlawful to vilify a person or group of persons on the ground of a specific religious belief or affiliation. It is an amendment to the Anti-Discrimination Act that many in my community have long argued for and is consistent with the intent of the original legislation.

It is a reality that in my electorate women, in particular, are the subject of hate and vilification, especially when travelling on public transport. When the first outbreak of COVID happened, members of the Chinese community—particularly women—were subjected to appalling treatment due solely to their race, especially while travelling on public transport. Likewise, when certain events happen, those who follow the Islamic religion—again, women in particular—are also subject to appalling treatment, again while travelling on public transport,

due solely to their religion. One act of vilification is covered by the Act; the other is not. The only amendment that the member for Liverpool is making is to insert religious vilification alongside racial vilification.

We have spent a lot of time this week talking about consent laws, sexual assault and how important it is to protect women. The most important people who will benefit from this piece of legislation are women. It is beholden on us in this Parliament to do everything we can to protect women who seem to be singled out in this community often by men, but sometimes by other women, who think they can treat them as being less than anyone else. There is a strong dynamic that is dangerous, and that is the dialogue of the other. It is the "us and them" dynamic. In my community it is most dangerous when people are separated out based on their religion or race. It means they have fewer employment opportunities. That is evident in my electorate because the unemployment rate in South Granville in the March quarter, before the COVID outbreak, was 19.8 per cent. In Auburn, before the COVID outbreak and the downturn in the jobs and wages index, it was 13 per cent. We see it in the casualisation of the workforce, where women are exploited. The bill offers a simple protection that should be in the Act.

Government members who spoke about the importance of protecting women need to consider those women who are being attacked solely because of their religion—solely because they are very visible and can be singled out. At the end of the day, there is not one religious organisation that those opposite can point to that says, "We don't want this simple amendment to the Anti-Discrimination Act." Those organisations are saying, "We don't want you to go and have conversations. We don't want you to go and have more committees. We just don't want our people attacked when they're walking the streets, when they're on public transport or when something happens in another country and people decide that our mosques, temples and churches should be attacked." The protection in the bill stops that. We do not let people use race and sexuality to discriminate so we should not let them use religion. It is a very dangerous dynamic that we know has severe consequences.

We have seen the "us and them" and the "others" dynamic used across the world to devastating effect. Here is the opportunity in this country to say, "We will not stand for that because we stand for a country that is united and unified. A country where everybody has the right to travel in safety, to not be vilified or have racial abuse thrown at them or be harangued on public transport because of their religion." The legislation is crucial for women in particular. I urge members on the other side of the House to consider what they have said. They have said they will drag their feet for the religious communities that say, "We need this protection and we have a right to it." They do have a right to it.

In his second reading speech then Attorney General Jim Hannaford said in relation to the 1994 amendment, "The effect of the amendment is to clarify the ethno-religious groups such as Jewish people, Muslims and Sikhs have access to the racial vilification and discrimination provisions of the Act." How long ago was that? The Premier talks about things in the Chamber that happened when he was a 13-year-old, as if it was a government that was yesterday. That was Jim Hannaford. It has been an issue for decades. It is time for the Parliament to act. For my community in Auburn, it is imperative the legislation passes.

**Ms TAMARA SMITH (Ballina) (09:40):** I contribute to the debate on the Anti-Discrimination Amendment (Religious Vilification) Bill 2021. I will keep my comments briefer than I would have liked because there is such important work still to come today in the House. The object of the bill is to amend the Anti-Discrimination Act 1977, to make it unlawful to vilify a person or group of persons on the ground of specific religious belief or affiliation. It seems obvious that that should be against the law but, unfortunately, the anti-discrimination bill is not fit for purpose. There are gaps all through it. The recent inquiry by the Parliamentary Friends of Religious Freedoms was unfortunately designed to give legitimacy to One Nation's dangerous proposed bill. In many ways, the bill pre-empts the Government acting on that report by providing much-needed protections against discrimination on the basis of religious belief or affiliation.

However, The Greens share the concerns of experts in this space that the Anti-Discrimination Act has already suffered from a piecemeal approach to reform, and this is yet another area. The whole thing must be overhauled to be in line with community expectations. For the remainder of my speech I will talk about the protections that are not adequately afforded to many members of the LGBTQI+ community, particularly trans, gender-diverse and bisexual people, and those with diverse sex characteristics. We support the bill, but it is our strong view that the Anti-Discrimination Act needs to be majorly overhauled. Discrimination on the basis of sexual orientation, gender identity and intersex status remains pervasive in Australia. Successful national and local studies have documented the burden that is placed on LGBTQI+ people, and I will not belabour that.

Having recourse to redress through anti-discrimination protections is recognised as a key pathway for the exercise of agency and resistance in the face of pervasive and often persistent discrimination experienced by members of the community. Although protections from discrimination on the basis of homosexuality and transgender identity have existed in the law for decades, there is still a general lack of awareness around those protections and how to put them into practice. It is worth noting that intersex and bisexual public servants in

New South Wales are still not afforded protection under State-based anti-discrimination law. In relation to bisexual people, the extant international literature has framed that as "bisexual erasure", denoting the active exclusion of bisexual people from history, the law and society as a result. The juridical effects of bisexual erasure are pervasive and carry specific legal consequences for people who identify as bisexual, as I do, or can be described as bisexual.

We need legislative reform to recognise that discrimination is experienced on multiple grounds. We need to shift the burden of proof in anti-discrimination law, to improve access to justice for those who experience discrimination directly. We need to amend the Anti-Discrimination Act to include sexual orientation and gender identity as a protected attribute to allow for the inclusion of bisexual and non-binary people. We need to make complaints processes more accessible and legislative protections more widely known amongst specific sectors of our community, particularly young people, people from migrant and diverse cultural backgrounds, and bisexual, trans and intersex people. As I said earlier, The Greens support the bill, but it is our strong view that the Anti-Discrimination Act needs to be majorly overhauled. There are many people in our community who are not recognised or protected by the bill.

**Mr EDMOND ATALLA (Mount Druitt) (09:45):** I make a contribution to debate on the Anti-Discrimination Amendment (Religious Vilification) Bill 2021, introduced by the former shadow Attorney General Mr Paul Lynch and member for Liverpool. The Anti-Discrimination Amendment (Religious Vilification) Bill 2021 makes a minor amendment to the Anti-Discrimination Act 1977 through the insertion of proposed part 2AA. That amendment will make it unlawful to vilify a person or group of persons on the ground of a specific religious belief or affiliation. The amendment to the bill will make religious vilification of individuals, or a group of people, unlawful in this State. The current anti-discrimination bill already contains a list of attributes of individuals for which vilification is unlawful. The minor amendment will add religion to those existing attributes.

I commend the member for Liverpool for bringing the private member's bill to the House. It is an important issue that many in our society deal with daily. I cannot imagine how awful it must be to be publicly humiliated for your religious beliefs whilst simply going about your day. The electorate of Mount Druitt, which I represent, is one of the most diverse communities in the nation. In fact, the Blacktown local government area is represented by 188 nationalities, with 182 languages spoken at home. There are numerous religious denominations within the Mount Druitt electorate. The 2016 census named the top 10 religions in the Mount Druitt electorate as Roman Catholic, Anglican, Islam, Hinduism, Christians with no associated denomination, Presbyterian, Uniting Church, Protestant and Sikhism.

Religious vilification is often the result of hatred that exists between various religions because of belief differences. That hatred is found in many overseas countries. Unfortunately, many migrants who escape their home country due to the religious vilification and violence they experience, often find themselves confronted with the same vilifications here in Australia. Criminal laws in Australia minimise the violence they are subjected to in their homeland, but religious vilification still exists due to the absence of laws that directly address the issue.

Vilification is a detestable form of conduct that encourages or incites hatred, severe ridicule, disdain, disgust or contempt because of a person's religion or religious affiliation. Vilification comes in many forms—for example, communicating statements that could encourage contempt of a person or group based on their religion, or broadcasting online communications that could make other people hate or ridicule a person based on their religious beliefs. Under the proposed amendment the writing of graffiti, slogans or imagery that is observable to the public and encourages people to hate a person of a certain religion or religious affiliation will be an offence. The joint select committee inquiry into this issue has had many contributions from members and community leaders of faith, and many identified incidences of harassment and vilification due to their religion or religious affiliation.

Worryingly, as the member for Liverpool pointed out in his second reading speech, it is often women and their children who are the greatest victims of this unacceptable hatred. In part, this is due to the wearing of a religious clothing, which makes them more identifiable as a person of a religious belief. Publicly threatening or inciting violence is an offence under section 93Z of the current Crimes Act 1900. The joint standing committee indicated that there needs to be a clear definition of religious vilification so that enforcement and accountability can occur. As a civilised society, we simply cannot continue to ignore discriminatory behaviour. Statistics have shown that most perpetrators of such detestable behaviour are male and that most victims of religious vilification are female. Often victims of vilification will not bother to report the incident to the authorities as they have no confidence that much will be done.

In the absence of an Act that specifically defines religious vilification, law enforcement will have no basis to rely on when prosecuting offences of vilification acts. That is why it is so important to pass this amendment bill. Being on the receiving end of this type of hatred can have debilitating consequences for the victims. It can affect their self-esteem and dignity. This, in turn, can have the effect of diminishing their ability to feel included



in their communities and it can prevent them from being able to contribute to or function properly within our society. If passed, the bill will give courage to those victims to come forward and hold their perpetrators to account. It will give them security and confidence to know that they live in a society that will not accept such hateful behaviour.

There is also general consensus and concern that, if left unaddressed, such behaviour can escalate to eventually become physically violent. Therefore, a swift approach to dealing with perpetrators of such conduct is needed to deter any further escalation. The amending bill is a step in the right direction to ending this horrid blight on our society. The New South Wales Government could do a lot more to stamp out discriminatory vilification in all its forms. Early education programs and programs that are designed to teach a message of inclusion, racial and religious tolerance and anti-discrimination should be taught to our children and reinforced to them throughout their school years, not just a one-off lesson. I believe that reinforcement of this message would play a huge role in reducing incidence of vilification going into the future.

Furthermore, where is our Federal Government's leadership on the issue? It is leaving it to each State to handle these matters. Where is its unity and compassion for the victims of such type of hate crime? Why is it always put in the too-hard basket rather than taking a leadership stance to stamp out this intolerance? The current Act does not provide enough protections for religious vilification or harassment of an individual. It is our responsibility to support the changes in the bill and to send a clear message to those in our community who choose to participate in this revolting conduct that there are and will be consequences for their actions. It is our responsibility to show that we are a society of acceptance who look after each other and will not allow such conduct within our community. Our faith groups need to feel protected and proud of the faith that they uphold, knowing full well they are protected from vilification under the law. I commend the bill to the House.

**Mr JAMIE PARKER (Balmain) (09:53):** The Anti-Discrimination Amendment (Religious Vilification) Bill 2021 is an important bill. It was introduced by the then shadow Attorney General Paul Lynch, who, in my view, would make a fantastic Attorney General.

**Mr Paul Lynch:** That's a kiss of death.

**Mr JAMIE PARKER:** Thank you for the support, member for Liverpool. It was in response to the inquiry held by the Joint Select Committee on the Anti-Discrimination Amendment (Religious Freedoms and Equality) Bill 2020 and the publication of a very problematic report following that inquiry. I will not go through and outline our concerns about that report, but suffice to say that the report erased significant evidence given to the inquiry that raised genuine and serious concerns about the Anti-Discrimination Amendment (Religious Freedoms and Equality) Bill 2020, and it presented an extremely biased account of the whole process. The Anti-Discrimination Amendment (Religious Vilification) Bill reflects the important necessity to ensure that it is unlawful to vilify a person or group of persons on the grounds of specific religious belief or affiliation.

In principle, The Greens strongly support the objectives of the bill. It is clear that people of faith should be protected against vilification on the same basis as other groups already protected under the Anti-Discrimination Act, including race, homosexuality, transgender and HIV/AIDS status. The bill seeks to address the gap that currently allows some religious groups to be potentially protected against discrimination because they happen to fall within the "ethno-religious" part of the definition of "race" in the section 4 of the Act, while others such as Muslims, Hindus, Christians and atheists are not.

I will not speak on this bill for a long time because I know we want to debate other matters in the Chamber today. The Greens share the concerns of experts in this space that the Anti-Discrimination Act has had such a piecemeal approach that there needs to be a broader review of the Act. While The Greens do not oppose the bill, we strongly support a full and comprehensive review of the Act, something that has been talked about for too long, and one that seeks to meet the principles that we raise about protecting people with specific religious beliefs or affiliations. I thank the member for Liverpool for bringing forward the bill. I commend the bill to the House.

**Ms JENNY LEONG (Newtown) (09:56):** I speak in debate on the Anti-Discrimination Amendment (Religious Vilification) Bill 2021. As my Greens colleagues have made very clear in this place, we are absolutely supportive of the idea of including religious vilification as one of the protected attributes within the Anti-Discrimination Act. That said, it is important to recognise the context in which the member for Liverpool and then shadow Attorney General introduced the private member's bill to the Chamber. It was in response to what could be described as nothing short of a horrendous inquiry process into One Nation's so-called religious freedoms bill. The bill before the House clearly shows that the member for Liverpool understands the significant shift of the consensus view across experts to recognise the gap in our current anti-discrimination legislation and the need to protect people from discrimination on the grounds of their religion. That significant opportunity was seen in the expert evidence given to that inquiry.

While it is important to recognise the context of the bill being introduced, it is clear that One Nation is running an agenda in the other place—let's be clear, Christian Porter started it in the Federal Parliament—to try to equate the protection of people from discrimination with the protection of people to be able to use their religious beliefs as a way of discriminating against others. The Greens absolutely reject that as a model, but The Greens support the idea that people of faith should be protected from religious vilification. We are supportive in principle of the idea of that being a protected attribute in the Anti-Discrimination Act. In addition to that, having spoken with Alastair Lawrie from the Public Interest Advocacy Centre, and Liam Elphick, who is part of an anti-discrimination expert academic group, The Greens strongly believe the bill will fill a gap in the protection of religious groups from discrimination.

That said, it is important to recognise the broader concerns about how Anti-Discrimination Act has suffered from a very piecemeal approach to reform. This bill is yet another example, and I appreciate the member for Liverpool knows that it would be better to be conducting a whole-scale review of the Anti-Discrimination Act. Sadly, we have been given that commitment for a very long time but no-one is actually conducting the review. Before I became a member of Parliament I remember sitting at a forum organised by ACON and other LGBTI groups in 2014. All the political parties gave an election platform commitment to a wholesale review of the Anti-Discrimination Act. I have now been a member for six years—coming up to seven years—and we still have not seen the review of that Act. The Greens are very much supportive of that wholesale review and we hope we will see action on it in 2022, but for now we recognise that there are gaps and we need to address the issue.

The legislation as it currently stands allows for some religious groups to be potentially protected against discrimination because they fall within the ethno-religious part of the definition of race in section 4, while others, such as Muslims, Hindus, Christians and atheists, are not necessarily protected. Current protections under the Act do not adequately protect many members of the LGBTIQI community, particularly trans and gender-diverse people, those with diverse sex characteristics and bisexual people. There are also significant gaps for sex workers, which my colleague Abigail Boyd has been working to resolve through a private member's bill in the other place. It is difficult to justify prioritising this proposed reform when the prohibition of vilification against bisexuals, non-binary people, intersex people and sex workers is also currently missing from the Act.

However, if everyone wants to keep addressing the issue in a piecemeal way, then I recognise that is the best we have—in the absence of the Government conducting a wholesale review, which is absolutely what we need. Let me be clear, The Greens absolutely reject exemptions in the current New South Wales Anti-Discrimination Act that allow religious organisations to discriminate. In short, the Anti-Discrimination Act in New South Wales is not fit for purpose. It leaves large gaps in protections against discrimination and vilification for many people it aims to protect, and includes exemptions that foster discrimination in workplaces and schools. The Greens absolutely support the right of people to live free from discrimination—and that includes protecting people who hold religious beliefs from being discriminated against.

But that is not the same as the One Nation or Christian Porter version of "religious freedom", which seeks to provide protections to people so that they can discriminate—to protect people and organisations so that they continue to be homophobic, transphobic, sexist or bigoted under the guise of their religious beliefs. It is a disgrace. It is crucial that we are loud and strong in our support of the trans and gender-diverse communities, particularly for trans and gender-diverse young people who are bullied by the likes of One Nation's Mark Latham and the conservative press. The Greens absolutely encourage this bill and support its principles. However, we strongly support a full and comprehensive review of the whole of the New South Wales Anti-Discrimination Act, which is something we have been talking about for far too long and which we need to finally action.

**Mr PAUL LYNCH (Liverpool) (10:02):** In reply: I acknowledge the contributions of the members for the electorates of Holsworthy, Strathfield, Prospect, Riverstone, Vacluse, Lakemba, Mulgoa, Wagga Wagga, Albury, Fairfield, Hawkesbury, Granville, Wollondilly, Bankstown, Auburn, Ballina, Mount Druitt, Balmain and Newtown. As a preliminary point, I note that debate on the Anti-Discrimination Amendment (Religious Vilification) Bill 2021 came on yesterday at the time it did because of a suspension of standing orders moved by the Government and seemingly accepted by the Opposition on Wednesday. For the record, that was done without warning to or consultation with me. One would have thought common courtesy might have merited at least forewarning the member with carriage of the bill of the proposed suspension. It reveals, no doubt, the contempt some members have for the issues in the bill or, perhaps, the contempt they have for the rights and the position of individual members of the House.

The bill amends the Anti-Discrimination Act 1977 to insert a new part 2AA into the Act. The amendment makes it unlawful for anyone, by a public act, to incite hatred towards or serious contempt for, or severe ridicule of, a person or group of persons on the grounds of their religious belief or affiliation. The short version is that it bans religious vilification. The need for this bill was established by the evidence I referred to in my second reading speech introducing the bill. That included evidence from the NSW Jewish Board of Deputies, the Islamophobia

Register, the Lebanese Muslim Association [LMA] and the Australian National Imams Council [ANIC]. It is simply not credible—not believable—to argue that there is no need for legislative protection to prohibit religious vilification. I note there are also government programs referred to by the member for Holsworthy that are designed to prevent religious vilification. The existence of those programs confirms the need for something to be done. If there were no need to deal with religious vilification, the Government would not be running the programs that it proclaimed in this debate.

Indeed, as I argued previously, there was a bona fide attempt in 1994 by the then Coalition Government to outlaw religious vilification in relation to Islam, Judaism and Sikhism. In relation to Islam, that attempt was ineffective. That at least establishes that the then Coalition Government believed in the need for legislation to outlaw religious vilification in 1994. Nothing has happened since then that would lessen the need for such legislation. Frankly, if anything, it has got worse. Of course, the end result of the 1994 legislation is that religious vilification for Judaism and Sikhism is prohibited by the Anti-Discrimination Act but applies to no other religion. That is at the very least illogical. It is also a serious gap in our law. Other legislative provisions, such as section 20D of the Anti-Discrimination Act and section 93Z of the Crimes Act, have proven themselves to be notoriously ineffective.

The precise change proposed by this bill is actually an incremental one. There are already anti-vilification provisions in the legislation relating to various attributes, including Sikhism and Judaism. This extends those attributes to include religious belief or affiliation. It is an incremental expansion of existing provisions rather than an entirely novel conception, and because it builds on existing provisions it is able to take advantage of an existing jurisprudence. I note the positive response to this bill in a number of quarters. Ramia Abdo Sultan from ANIC stated:

This is a much-needed and positive move towards protecting the rights of those who are targeted and vilified due to their religious faith.

She also made what should be an obvious point: "Australia has a responsibility to ensure that the rights of minorities are protected". The Australian Federation of Islamic Councils [AFIC] described this as "a long overdue bill" It also stated:

The religious vilification bill will accord diverse Australian communities much-needed protection and better access. It protects the fundamental rights of people to maintain their faith affiliation and practice without the risk of suffering hatred or abuse.

ANIC as an organisation stated:

The bill addresses a glaring and fundamental absence in the protective laws relating to vilification in NSW. In NSW there is no legislative protection against vilification directed at a person based on their religious identity and belief. This is despite that protections are provided against vilification based on other protected attributes.

It is worth emphasising a point I made in the second reading speech—and I note that, pleasingly, it was emphasised by the member for Auburn. It is overwhelmingly the case that reported incidents of religious vilification involve threats by men against women. There is clearly a gendered aspect to religious vilification as it is perpetrated in our society. I turn to the contributions to the debate made by other members. I thank those who have expressed support for the bill: my party colleagues, obviously, together with the three members of The Greens and the member for Wagga Wagga. I point out to the member for Prospect that the jurisdiction of the principal Act and the amendment in the bill before the House do not extend to Sri Lanka, the Middle East or anywhere outside our domestic jurisdiction.

In relation to the comments of the members representing the electorates of Newtown and Balmain, I too support a full review of the Anti-Discrimination Act. The Labor Party went to the last two State elections committed to a full review of that legislation. If nothing else, it is an antiquated Act that uses out-of-date language. It has grown like Topsy. It desperately needs to be rewritten to say something in a much clearer way than it currently does. I also mention the contribution of the member for Strathfield and acknowledge her enthusiastic support for this bill at an early stage. I specifically agree with her comments about Rana El Asmar. I note that some other members, including the member for Granville, referred to Ms El Asmar in their contributions. The member for Strathfield was absolutely correct when she said Ms El Asmar's story is very powerful. I have also heard Ms El Asmar speak and she displays very great courage. In the interest of full disclosure, I also state that I have known Ms El Asmar's father-in-law for about three decades. He lives a couple of blocks from my house in Liverpool.

The Government has of course expressed its opposition to the bill. This reflects what I have on previous occasions described as the "iron law" of New South Wales politics: The Government will never support an Opposition bill, no matter how meritorious it may be. So we get a string of self-proclaimed socially conservative, pro-religious Government MPs coming into this Chamber to vote down a bill that outlaws religious vilification.

The hypocrisy is just overwhelming. The arguments against the bill are fig leaves to give the Government a basis to oppose an Opposition bill. Let us turn to those fig leaves.

The first, advanced by the Parliamentary Secretary, who led for the Government, is that we cannot do this yet because the Government wants to do a broader bit of the work reviewing the entire principal Act. Of course, that argument was reflected in the contributions of most Government MPs who spoke in the debate. But, of course, that further bit of work that the Government wants to do can only be done after the Commonwealth Parliament has passed legislation, whenever that may be. Put another way, "Don't hold your breath." The Government would like to do something, but not quite yet. It reminds me of the often quoted line from St Augustine, "O Lord, make me chaste, but not yet!" This leg of opposition to the bill argues for delay, procrastination and deferral. Frankly, it is not a worthy response to the significance of and the issues in this bill.

The second reason proposed by the Government to oppose the bill is its default position towards Opposition bills generally—that there has not been enough community consultation. That is almost always a nonsense. In this instance it goes beyond being a nonsense and it is actually offensive. Community consultation has been going on in relation to this issue for 30 years. The Coalition Government did this for Sikhism and Judaism in 1993 and tried to do it, unsuccessfully, for Islam. For the member for Holsworthy and the member for Hawkesbury, in particular, to come into this place and hyperventilate about the lack of community consultation is intellectually offensive. It is an absolute nonsense.

The bill does what the Government tried to do 30 years ago, and people have been talking about for 30 years. This Government says there has been inadequate community consultation. It has been going on for 30 years. Frankly, pull the other one; it has bells on. The member for Holsworthy and the member for Hawkesbury dismissed the claim that this is a comparatively minor amendment and, by inference, suggested that it is quite radical. Frankly, I am almost embarrassed to be introducing a bill that is so moderate and so conservative. Perhaps the member for Holsworthy and the member for Hawkesbury should compare notes with their parliamentary colleague the member for Riverstone, who trenchantly criticised the bill for being far too narrowly focused and not broad enough. They cannot all be correct. The contradictions between the various positions amongst the Government speakers reflects the difficulty the Government has, when the only real reason they want to oppose the bill is that the Opposition proposed it.

The Government also argued that there are already protections in place in legislation, and specifically referred to section 93Z of the Crimes Act and the extensive consultation process that it undertook for that. It is at this stage that the Government position descended into high farce. There are three problems with its argument. The first is that community consultation had nothing to do with section 93Z. The issue was that there was a dispute within Cabinet about whether or not to introduce a provision to replace the then section 20D of the Anti-Discrimination Act. They were going to, then they decided not to—a fight within Cabinet between the various factions. The second problem with its argument about section 93Z is that the Government only backflipped and introduced it after I had introduced two private member's bills and after a large number of community groups had attacked it for failing to take any action. There was no consultation; there was simply a tidal wave of criticism of the Government from a whole range of community groups. That is why it was introduced.

The third problem, of course, about relying upon section 93Z is, to quote a community activist, who is also a member of the bar, "Section 93Z is about as useful as an ashtray on a motorbike." There are only two publicly reported prosecutions under section 93Z, and they were both annulled because the prosecuting police did not manage to get the Director of Public Prosecution's consent before proceeding to prosecute. That, at least in part, stemmed from the Government's disinterest in the provision. It was so disinterested in the provision that it did not explain its use to the police, and it did nothing to publicise the provision in the community until the Opposition put some pressure on it in budget estimates hearings. One of the reasons that this bill is necessary is the inadequacies of section 93Z, and the fact that the Government speakers relied upon that is a reminder of why Government members reading speeches prepared by staffers can be so difficult for them.

A contribution was also made by the member for Vacluse. Granted her inglorious involvement with section 20D and section 93Z and the criticism she received over that issue during her tenure as Attorney General, I am surprised she had the temerity to participate in the debate. I should correct a false assertion that she made in her speech. She said that I said certain submissions to the committee she chaired supported a civil protection for religious vilification being moved in the House. She went on to say, "This is simply not the case." That assertion by her is entirely untrue. I specifically cited some of the submissions in my speech, as indeed did the member for Holsworthy in this debate, which proved that the claim by the member for Vacluse is entirely untrue. The member for Vacluse should have read both my speech on this bill and the submission to the committee she chaired before making such inaccurate claims.

The committee concerned was the Joint Select Committee on the Anti-Discrimination Amendment (Religious Freedom and Equality) Bill 2020. Undoubtedly it was the worst committee experience of my lengthy

parliamentary career. Witnesses were abused by some committee members, and the final decision meeting was a disgrace and a complete travesty of proper democratic procedure. The Chair's contribution to the committee frankly was of little assistance. I will not deal individually with the other speakers who spoke against the bill as it would just become repetitive because in large part they used the arguments to which I have already referred. This is an important and socially useful bill which delivers on something the Coalition Government tried to do 30 years ago, but which did not work then. This fixes that, and does a good thing. I commend the bill to the House.

**TEMPORARY SPEAKER (Mr Gurmeh Singh):** The question is that this bill be now read a second time.

**The House divided.**

Ayes .....17  
Noes .....21  
Majority.....4

**AYES**

Atalla, E  
Butler, R  
Dalton, H  
Donato, P  
Harris, D  
Harrison, J

Leong, J  
Lynch, P  
McGirr, J  
Mehan, D (teller)  
Mihailuk, T  
Parker, J

Piper, G  
Smith, T  
Voltz, L  
Watson, A (teller)  
Zangari, G

**NOES**

Conolly, K  
Cooke, S (teller)  
Coure, M  
Crouch, A (teller)  
Davies, T  
Gibbons, M  
Greenwich, A

Gulaptis, C  
Lee, G  
Lindsay, W  
O'Dea, J  
Preston, R  
Provest, G  
Sidgreaves, P

Sidoti, J  
Smith, N  
Speakman, M  
Taylor, M  
Tuckerman, W  
Upton, G  
Wilson, F

**PAIRS**

Aitchison, J  
Bali, S  
Barr, C  
Car, P  
Catley, Y  
Chanthivong, A  
Cotsis, S  
Crakanthorp, T  
Daley, M  
Dib, J  
Doyle, T  
Finn, J  
Haylen, J  
Hoenig, R  
Hornery, S  
Kamper, S  
Lalich, N  
McDermott, H  
McKay, J  
Minns, C  
O'Neill, M  
Park, R  
Saffin, J  
Scully, P  
Tesch, L

Williams, R  
Berejiklian, G  
Barilaro, J  
Ayres, S  
Hancock, S  
Saunders, D  
Kean, M  
Toole, P  
Pavey, M  
Anderson, K  
Hazzard, B  
Marshall, A  
Perrottet, D  
Stokes, R  
Dominello, V  
Elliott, D  
Evans, L  
Roberts, A  
Henskens, A  
Layzell, D  
Bromhead, S  
Petinos, E  
Clancy, J  
Griffin, J  
Constance, A

PAIRS

Washington, K

Williams, L

**Motion negatived.****PLASTIC REDUCTION AND CIRCULAR ECONOMY BILL 2021****Returned**

**The SPEAKER:** I report receipt of a message from the Legislative Council returning the bill with amendments. I order that consideration of the Legislative Council's amendments be set down as an order of the day for tomorrow.

**VOLUNTARY ASSISTED DYING BILL 2021****Second Reading Debate****Debate resumed from 14 October 2021.**

**Mr DOMINIC PERROTTET (Epping—Premier) (10:27):** I oppose the Voluntary Assisted Dying Bill 2021. This time last week I was in the last place that many of us would want to be: in a hospital, next to a bed, visiting a patient with a terminal illness. That patient is my grandmother. She is over 90 years old and now she is dying of pancreatic cancer. As I sat next to her, holding her hand, I could tell that she was in great pain and that she wanted it to be over. I got a sense, as much as anyone can, of why those in such pain would want to end it quickly. I completely understand what motivates those who have to sit powerless and watch their loved ones suffer. In some ways, that can be the most unbearable pain of all.

This debate is not abstract for me. It is very real and very personal, just like it is for many of us in this place. People will come to this issue from their different experiences, their perspectives and their backgrounds. We will all tell our stories, but we will all speak from the heart. When it comes to suffering, it is to our hearts that we must turn because the answer to suffering is to not offer death but care, comfort and compassion. A strong society protects and cherishes its most fragile members.

This debate today is not about the details of the bill that is in front of us. It is not about the strengths or weaknesses of the safeguards, or the rights of medical practitioners, or the technicalities of who qualifies and who does not. It is so much bigger than all of that. This debate is fundamentally about how we treat that precious thing called human life. Our answer to that question defines what kind of society we will be. This bill at its heart enshrines a new principle—that we can intentionally help to terminate the lives of certain people to end their suffering.

Make no mistake, this is a culture-changing decision. Once we accept the principle of this bill, we cross a line and nothing will be the same, as we will have started to define the value of life. It turns on its head a bedrock of our ethics—that we help, not hurt; that we offer hope, not harm. That is why every single member of this place needs to think very carefully about the ramifications of this bill because no safeguard can stand in the way of the fundamental shift we are contemplating here. Paul Keating called this our threshold moment "an unacceptable departure in our approach to human existence".

If we cross this threshold, this Parliament should be under no illusions as to what we would have done. All we have to do is look at the places that have taken this journey before us. In Canada, assisted dying was first legalised in 2016. It was restricted to terminally ill patients, just like the bill we are debating today. But this year, Canada's Parliament passed an amendment. On who is eligible for medical assistance in dying, the Government of Canada's website states:

You do not need to have a fatal or terminal condition to be eligible for medical assistance in dying.

Now, terminal illness is no longer a requirement for those seeking euthanasia. In Belgium, euthanasia has been legal for nearly 20 years. It too started with those who were terminally ill or had incurable diseases. But in recent years, many cases of euthanasia involved people whose deaths were not imminent. It is the same story in the Netherlands. Assisted dying laws were initially limited to those suffering incurable physical pain. Then people suffering psychiatric disorders and dementia were made eligible. Then certain disabled newborns could be given drugs to end their lives. Last year the Dutch Government approved plans to allow euthanasia for terminally ill children aged between one and 12. Professor Theo Boer, a member of one of the Netherlands' euthanasia review boards, told *The Guardian* in 2019:

The process of bringing in euthanasia legislation began with a desire to deal with the most heartbreaking cases ... But there have been important changes in the way the law is applied. We have put in motion something that we have now discovered has more consequences than we ever imagined.

We cannot say that we in New South Wales were not warned. The health Minister responsible for the Netherlands 2001 law has said it came in far too early and that medical care for the terminally ill declined after that law came into effect. But recently the idea of voluntary death has gone even further. In 2016 the Dutch health and justice Ministers proposed a law to allow assisted suicide for healthy adults over 70 years of age who simply consider their life complete—no terminal illness, no incurable pain, no psychiatric conditions. It has not been allowed yet, but it is only a matter of time, with a similar bill put to the Dutch Parliament last year. This is also voluntary assisted dying—the same concept we are debating today—just with fewer restrictions attached.

The point is, wherever assisted dying is allowed, the same assurances are always given, but the same path is also followed. The bill we are voting on today sets out pages and pages of limits, safeguards and restrictions, just like the ones in other countries did as well. But as history demonstrates, none of those elements is set in stone. If we pass this bill, the legacy of this Parliament will be to open a door that no-one can close. That is not the future we should want for New South Wales. But that is the future we will get by voting for this bill.

This proposed law does not just impact those who may choose assisted death; its consequences are far more wide reaching. Supporters of the bill say it is necessary to relieve pain and suffering. But the evidence shows something quite different. In Oregon, in the United States, assisted dying has been legal since 1997. Every year patients are asked their reasons behind their decision. Last year, for more than two-thirds of those people, uncontrolled pain was not even mentioned. More than nine in 10 said they wanted to end their lives because they feared a loss of autonomy.

We are failing as a society if we accept that loss of autonomy is a legitimate reason for a person to end their own life. But that is exactly what a law like this does. It accepts the premise that our dignity is determined by our autonomy, but that is not the case. Perhaps this problem is unique to Western culture with our focus on individualism, rather than to Eastern cultures which have a greater focus on family and community. This focus on autonomy has also concerned disability groups. The late advocate, comedian and journalist Stella Young once wrote:

As a disabled person, I'm accustomed to conversations about quality of life and dignity. Specifically, I'm accustomed to assuring people that my life is worth living. I'm short statured, a wheelchair user, and I frequently have bone fractures. ... I've lost count of the number of times I've been told, 'I just don't think I could live like you,' or 'I wouldn't have the courage in your situation'.

Assisted dying helps legitimise the idea that life is not worth living if you have to live like Stella Young. The reality is that our dignity is not diminished by disability or any suffering we endure. Our dignity is in our humanity. But it is not just the disabled who are worried; other vulnerable groups also have concerns. Speaking on behalf of First Nations people, Labor Senator Pat Dodson has said:

Where First Nations people are already over represented at every stage of our health system, it is irresponsible to vote in favour of another avenue to death. Paving the way for euthanasia and assisted suicide leaves First Nations people even more vulnerable, when our focus should be on working collectively to create laws that help prolong life and restore their right to enjoy a healthy life.

Then there are those who are sick but already feel like a burden to those around them and the pressure—intentional or not—that may arise. As Joe Hildebrand once wrote:

More important than any individual's 'right to die' is the right of all of us to be free from any pressure to die ... If you legalise euthanasia, if you institutionalise the concept that people should be weighing up the pros and cons of their own existence, that pressure is inevitably going to follow.

People battling vicious diseases or just the onset of time may start to feel selfish for doing so, when in fact the will to live is the most fundamental and decent desire within all of us.

The bill also sends the wrong message to those among us who have lost hope, regardless of whether they are terminally ill or not. We all have family members, friends, colleagues—people we try desperately to rescue from despair. We create support networks, counselling and means of intervention. The RU OK? initiative compels us all to look around at the people in our lives and ask if they are okay. The whole point is that we expect some of them to answer, "No, no I'm not." Our response then is to help someone suffering to cope with what they are experiencing, to make sure the help and care they need is available to them, to reassure them and pull them back from the brink, to tell them to keep going. But the bill undermines that, because its central, but unspoken, message is that sometimes our suffering means it is not worth going on.

The answer to the problem of suffering does not lie in this bill, but it does lie with this Parliament. In his second reading speech, the member for Sydney praised the palliative care system in New South Wales. He said we have one of the best in the world. I am here to say we do not, and we are here today debating this bill because we do not. Yes, we have increased funding but not as much as we should have. That is clear from the tragic stories of end-of-life suffering that we have heard. In the community, many supporters of the bill are not yet dying or in pain themselves, but they are afraid of what their later years may hold. They do not have confidence that they will have adequate care and relief; they should have confidence, and the buck stops here. We owe it to every member of our community to put that care in place—adequate pain relief; better access, especially in regional New South

Wales; care options that are close to home and family; and the right care options for everyone, especially First Nations communities and people from diverse cultural backgrounds.

We know what we have to do because our Government has done the research. We have consulted widely since 2017 and we even published the framework, but we have failed to deliver that care, and as the former Treasurer, I take responsibility for that. Let me be clear: I failed in my former capacity as Treasurer to address this issue but as Premier I will fix it. We have made a start, but clearly there is more to do. We will have the best palliative care, not just in the nation but in the world. I want every person in New South Wales, whoever they are and wherever they are, to be afforded the care and support they need to have a dignified end of life. Everyone in our State must have the right not just to die with dignity but to live with dignity to the very end.

Let me end my contribution to this debate where I began. A strong society cherishes and protects its most fragile members. I stand against this bill because it will not help but harm. It will not bring hope but hopelessness. This debate is not about who we are today but about who we want to be tomorrow. A society is judged by how it treats its most vulnerable, the sick, the frail, the elderly, the disabled. It sees them as a blessing and not as a burden. It stands in solidarity with those who suffer and it accompanies the sick and dying on their journey, not offering death but care, comfort and compassion. We should not just look at what a handful of countries have done and simply follow. Instead, we should light a path to a better way and take the lead. Let this State be a place where we never say to anyone among us, "Your life is not worth living." Above all, let this State be a beacon of hope. A few weeks ago, we lost a great Australian—Eddie Jaku. We united in this Chamber to applaud his extraordinary life and mourn his passing. He knew pain and sorrow that none of us could imagine. In his book, Eddie wrote:

I have a belief that if you have good morale, if you can hang onto hope, your body can do miraculous things. Tomorrow will come. When you're dead, you're dead, but where there is life, there is hope. Why not give hope a chance?

Eddie was right, and I urge all members of this place, let us give hope a chance.

**The SPEAKER:** Before I call the member for Summer Hill to commence her contribution to the debate, I make it clear that the member for Summer Hill specifically requested that I allow a photographer into the Chamber for the duration of her contribution and I have given that permission. However, I have not given permission for photographs to be taken in the Chamber generally.

**Ms JO HAYLEN (Summer Hill) (10:43):** I am pleased to contribute to this incredibly important debate on the Voluntary Assisted Dying Bill 2021. I acknowledge the many people from the Summer Hill electorate who have written to me about this issue. I have received emails and calls from people in support of this legislation and from those who are opposed. No matter the view, all those emails and calls have been respectful, have spoken from the heart and have been rooted in firmly held beliefs and rich lived experience. I assure everyone who has contacted me opposing the bill that I have read their emails, listened to their views and considered them intently. I understand the reasoning behind their views and I appreciate the conviction with which they hold them.

Similarly, I thank and acknowledge my colleagues both in the Labor Party and across the Parliament for the respect and rigour brought to this debate. Matters of conscience allow us to interrogate long-held ideas and to gain a better and deeper understanding of the fundamental beliefs that bring us here. No matter which side of the debate we sit on, I have appreciated the long discussions, the spirited debate and the shared sense that we are working on something important—something that will make a real difference for people across New South Wales. This is not an easy conversation but one that is long overdue, and I thank the member for Sydney for his dedication to this issue and for bringing this bill forward. I thank the 28 colleagues who I am proud to join in co-sponsoring this bill in the New South Wales Parliament.

My views on this issue are formed by my deeply held belief that policy must be based on evidence and that all of us have a fundamental right to make choices about our lives and about our deaths. The Voluntary Assisted Dying Bill seeks to give options to people living with terminal illness. New South Wales is the only State in the country where people are not able to exercise choice around their death in the circumstances detailed in the bill. As the member for Sydney has outlined, the bill establishes a safe and cautious framework for people in the final stages of terminal illness. This is a compassionate bill. It is a considered bill. It offers choice without compromising the safeguards the community would expect. The member for Sydney has expertly detailed how the scheme is legislated by this bill and how it would work.

I touch on a few key facts to give my community certainty about the safeguards in the bill. Eligibility for voluntary assisted dying will be strictly limited to those aged 18 and over who have been diagnosed with a terminal illness that will cause death within six months or 12 months in the case of neurodegenerative conditions. A person must be suffering in a way that cannot be tolerably managed. There are clear and firm rules to ensure a person has the capacity to make a decision around voluntary assisted dying and is not making a decision under duress. Concerns that people may feel pressured to take their own life have been raised with me by a number of



constituents and by those opposed to the bill. I note that the Council on the Ageing NSW has put the record straight in a recent letter to all members of Parliament. It said:

Unfortunately, much of the discourse on these issues has been highly emotive and unconstructive, including false claims that older people will be vulnerable to unscrupulous relatives encouraging the use of VAD for financial gain.

There is simply no merit to this argument.

The proposed Bill builds on work done in other jurisdictions and contains robust safeguards to ensure that people seeking voluntary assisted dying are protected from any coercion or malpractice.

Two highly experienced doctors will independently assess applicants and determine that they are making decisions free of duress, and the bill sets out offences for placing duress on or inducing a person to apply for assisted dying. They will also work to ensure the person applying to access support is eligible and has the capacity to do so. Having the capacity to make a decision on voluntary assisted dying is defined as having the ability to understand the consequences of the decision being made, comprehending and retaining information, processing advice and being able to weigh up the decision. In addition to consulting with two medical practitioners, the applicant must sign a declaration countersigned by two independent witnesses to confirm that they wish to proceed. Witnesses must certify that the applicant appeared to sign the declaration of their own free will and without coercion.

The process of consulting with two medical practitioners is also designed to provide further time for a person to contemplate and consider their decision, as is the five-day cooling-off period between the first and final request. Medical practitioners involved in the process of accepting requests, referring for consulting assessments or acting as the administering practitioner must have undergone extensive mandatory training and meet strict statutory qualifications. That training specifically includes how to identify the signs of pressure or duress. Coordinating and consulting practitioners must be specialists with at least one year of specialist training or have general registration with at least 10 years service. Administering practitioners must be a doctor with specialist registration with at least five years general registration, or be a nurse practitioner or a registered nurse with at least five years experience. Medical professionals can refuse to participate in this process due to conscientious objection or for any other reason. The principle that this bill is voluntary extends to doctors and health professionals. No-one is compelled to participate in this voluntary scheme.

Under the provisions of the bill the Secretary of NSW Health will determine a list of substances for the purpose of assisted dying. A person who is eligible may choose to administer the substance themselves or by a medical practitioner who meets the statutory eligibility to administer the substance, including having undertaken specific training, and must have relevant experience. There are strict safeguards and rules around the storage and transportation of substances, which must be in a stored and sturdy locked box. The substance will only be available to select health facilities that are authorised by the Secretary of NSW Health. It must be provided directly to the patient, the contact person or the agent of the patient by the authorised supplier only after the coordinating practitioner provides the prescription directly to the supplier, and any unused substance must be provided to an authorised disposer by an appointed contact person. This ensures that the substance remains strictly controlled. These are some of the safeguards to ensure that the bill offers choice to those who wish to have access to voluntary assisted dying without causing harm to any vulnerable persons.

The bill seeks to create a framework for the small number of people for whom palliative care is no longer an option. There are some who would like to pit palliative care and voluntary dying against one another, as if one cannot operate without reference to another. Both operate with the same goal: to afford people with a terminal illness compassion and dignity. Professor Ian Maddocks, who is often described as the father of palliative care in our country, has said:

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

Voluntary assisted dying is a further end-of-life option. It does not seek to replace or take priority over palliative care. It is unsurprising that the uptake of palliative care in jurisdictions where voluntary assisted dying is in effect is high. In Victoria 84 per cent of patients requesting voluntary assisted dying were assessed in palliative care. In Oregon the figure stands at 95 per cent. Perhaps the reason is because voluntary assisted dying requires patients to discuss end-of-life options with their doctor. They are also able to access additional information about palliative care. It is critical that we continue to grow funding for palliative care in New South Wales to meet increasing demand. The Premier has reported that the New South Wales Government spends \$22 million on palliative care and support each year, with an additional \$82.8 million committed over the next four years in the current State budget. I note and welcome the Premier's commitment for more money because more money for palliative care is a good thing. It is clear that the system is underfunded and requires additional support.

One issue that has been raised in the course of the debate is that patients in regional areas do not have access to palliative care. While increased funding for palliative care should absolutely seek to increase palliative

care in all communities across the State, GPs and nurses currently provide end-of-life palliative care across New South Wales and specialists provide palliative care when it is required due to the complexity of a case. Medical practitioners providing palliative care in regional settings link up to services in the city via telehealth. Whether in the city or the bush, I acknowledge and thank the extraordinary work palliative care workers across New South Wales undertake. They have a difficult and sometimes heartbreaking job, but their care, diligence and empathy has eased the pain and suffering of so many.

It is simply wrong, however, to suggest that palliative care and voluntary assisted dying are at opposite ends of the spectrum. Palliative care is focused squarely on quality of life and treats stress and symptoms of terminal illness. What it cannot do is address an underlying illness. As the member for Sydney has noted, Palliative Care Australia reports that palliative care may not be able to address between 10 per cent and 20 per cent of end-of-life symptoms. It is critically important that we remember that these are not statistics; they are people. Over the past few months and years we have heard residents' stories of what can only be described as horrific and cruel deaths in cases where palliative care is no longer an option. I will put some of those stories on the public record. Kathleen from Marrickville said:

My 90 yr old mother has this year been diagnosed with metastatic melanoma. She survived surgery and is now on immunotherapy and we all hope that this be successful. We have talked about end of life issues as a whole family. She is not afraid of dying but she is extremely concerned about how she might die, whether from this or some other illness. She wants the option of voluntary assisted dying as do I for her if this was the only way to relieve her suffering. I am a social worker with over 30 years experience and have worked in palliative care since 2012. I have enormous respect for the effectiveness of palliative management with terminally ill patients, both for the patient and their families and friends. In my experience it is relatively uncommon for patients to express that they would wish for an assisted death due to unrelievable suffering. But when I do see that degree of suffering and be unable to offer no hope of easing it is absolutely heartbreaking for all concerned. Research tells us having the option of voluntary assisted dying brings peace of mind to those facing death. We also know the take up rate of this option is very low. Us workers in palliative care (and especially social workers) are acutely aware of the need to protect the rights of vulnerable people and to ensure they are making decisions free of pressure or influence. We welcome the work that has gone into this bill to ensure individual rights are maintained.

Natasha from Ashfield wrote to me to say:

Two weeks ago my mother passed away from a terminal brain tumour. Prior to my mother's rapid deterioration, she had expressed her fears and concerns that she would experience unnecessary pain and suffering as her terminal condition declined. As my mother's condition rapidly declined, she lost her ability to move, swallow and speak. She was put onto a continuous morphine pump, however as with many people on morphine, she developed tolerance and the morphine dosage provided limited pain relief. My mother's last 5 days involved extreme suffering, the morphine dosage was not high enough to completely relieve pain, and as she was unable to communicate her suffering, we had to urge doctors to increase her morphine to attempt to alleviate her pain. We did our best to manage my mother's pain, through breakthrough morphine administration, however she still continued to experience extreme pain. My mother's suffering was both traumatic for my family, but also for my beautiful mother who did not deserve to spend the last few days on this earth in such extreme pain. Everyday, my family and I watched my mother suffer unnecessarily because she did not have the choice to have assisted dying. The memory of my mother's last days alive will always ignite feelings of anger, desperation, and trauma that my mother could not pass away in peace. I strongly believe that no other terminally ill people or their families should experience what we endured, it is inhumane.

Emma from Lewisham wrote to me to say:

A few decades ago, my aunty Barbara had a terminal illness. She got to the point where she was as thin as a rail, couldn't keep down any food, and was essentially slowly starving to death. She was in so much pain. She decided to book into a motel room and take her own life. She was forced to do this to escape her extreme suffering, and she was forced to do this in secrecy. I feel so sorry for the poor person who must have found her body, who will carry the memory of this moment with them forever. This all could have been avoided, and she could have died with her family by her side. She could have died safely ("safely" may seem a counter-intuitive way of phrasing it, but suicide attempts are very dangerous, as one can instead incur permanent neurological and physical damage and disability, if one survives their attempt). She could have died with dignity.

Barbara's family notes that she was a talented artist and jewellery maker, and she will be dearly missed. I am grateful to each of those women for writing to me and giving me permission to share their stories with the Parliament today. They are just three of many. As I noted earlier, the momentum for this reform is undeniable; it is propelled by a wave of popular will and evidence. New South Wales is the only State not to have legislated the reform. In other States where voluntary assisted dying is law, the sky has not fallen in. In fact, in Victoria between 19 June 2019 and 31 December 2020, 697 people were assessed as eligible at first assessment; 583 were assessed as eligible at consulting assessment; 486 permits were issued; and 276 people were administered medication.

Polls consistently show that 80 per cent of New South Wales residents support reform. The Council on the Ageing [COTA] notes that research conducted earlier this year as part of the COTA federation *State of the (Older) Nation* report found that 72 per cent of people aged 50 and over in New South Wales support the legislation. The research also shows that more than half of older people in New South Wales consider voluntary assisted dying for themselves. Voluntary assisted dying is supported by the Older Persons Advocacy Network, COTA NSW, the Older Women's Network, the Health Services Union [HSU], the NSW Nurses and Midwives' Association, the Australian Paramedics Association and the Police Association.

It is commonsense reform with strong, broad-based support across the community. It is a considered, cautious and balanced bill. I acknowledge the important work of Go Gentle, Dying with Dignity and all those advocates who have brought personal experience, professional expertise and passion to the issue. For many, advocating on this issue can bring up trauma, pain and profound sadness. Please know that every email, every letter and every retelling of a story makes a difference. Those stories do not fall on deaf ears and are part of the change that is long overdue in New South Wales.

I strongly believe that in dying each of us should be afforded the same dignity, respect and compassion with which we live. Legislating voluntary assisted dying is about providing end-of-life options and agency for people who are suffering, often unspeakably. I can only speak for myself when I say that this is a choice I would like available to me if I were terminally ill. When it is my time to go and if I am suffering and unable to benefit from further care, I want to say goodbye on my own terms, surrounded by my family, with the same respect and dignity that I try to live my life. Frankly, those who do not wish to take up the option for voluntary assisted dying need not do it.

The bill treads a challenging path deftly, and with the level of consideration and care our community expects on an issue this important. Its principles are sound, offering choice to those dying, whilst protecting the rights and beliefs of those who oppose it. Its safeguards are robust, ensuring that agency is afforded to vulnerable people in death, whilst remaining resolute against abuse and coercion. It acknowledges the difficult complexities at end of life and remains simple enough for those who will benefit from it to understand and access it. I am proud to co-sponsor the bill, and commend it to the House.

**Mr ALISTER HENSKENS (Ku-ring-gai—Minister for Families, Communities and Disability Services) (11:03):** Today we debate the highly emotional topic of the circumstances, if any, that people in the future should be able to lawfully terminate their life with the authority of the State of New South Wales. Like many members of the House, I supported and voted in favour of legalising abortion, but today I raise serious concerns about the proposed piece of legislation—the Voluntary Assisted Dying Bill 2021. Today we are engaged in a debate about competing views on how to best manage the pain of terminally ill patients. If a majority of the House is in favour of euthanasia instead of palliative care, we must, in my opinion, come to grips with an important challenge: How can we protect the vulnerable patients covered by the legislation?

Despite the labels that will be put by commentators on each side of the debate, many speakers, like me, will not bring a religious objection to the bill. For the purpose of speaking on the bill today, I randomly consulted, individually, a large number of local medical specialists and doctors who were not associated with either side of the debate. Those included a medical oncologist, a clinical haematologist, two palliative care specialists, a neurological specialist, two psychiatrists, a pain specialist, a joint palliative care and pain management physician treating cancer patients and a general practitioner with a large cohort of elderly patients. With the assistance of the Australian Embassy in the Netherlands, I spoke with a former senator and architect of that country's euthanasia legislation introduced in 2001, a doctor who performs the termination of patients in that country as well as doctors and representatives in New South Wales associated with the voluntary assisted dying group.

I have listened to my constituents and I have met constituents for and against the legislation. I have heard their sometimes very emotional stories about the loss of a loved one, and I have read the emails sent to my office. The communicated views of people in my electorate is evenly divided between those who support and oppose the bill. My reservations about the bill are entirely pragmatic and are based on the expert medical advice that I received and my 27 years of legal experience as a practising barrister and solicitor, prior to entering the Parliament. The bill is the first piece of legislation since the abolition of capital punishment that will allow a person to intentionally end the life of another human being without any legal punishment or sanction. Any legislation that results in the lawful ending of a person's life must be well drafted and carefully scrutinised because any weakness in the legislation can result in new and unintended consequences.

I begin with a consideration of the coordinating and consulting medical practitioners under the legislation. The coordinating and consulting medical practitioners do not have to be the treating doctors of a patient. They do not need to know the patient. They do not even need to speak to the patient's treating doctors, and they do not need any special knowledge whatsoever of the disease that the patient is suffering. An immediate cause for concern is that the second consulting doctor is appointed by the first consulting doctor. Every pretence to an independent review is destroyed by the manner of the second doctor's appointment under the legislation. Unlike in Victoria, neither of the two doctors needs to be a specialist in a relevant area. The doctors under the bill may choose to consult a third doctor who is a specialist in a particular area. However, strangely, there is no obligation for the coordinating and consulting practitioners to follow the specialist advice.

In discussions with a broad range of medical practitioners, the advice I received is that in almost all cases, excluding perhaps motor neurone disease, it is impossible to accurately predict a terminal patient's likely date of death until about two or three weeks from the patient's actual death, when the patient starts to exhibit certain

changes physically, emotionally and physiologically that point to an impending death. The central plank of the bill, the idea that a person can be accurately assessed to have six or 12 months to live, is a medical fallacy in almost all cases.

People with serious terminal medical conditions by definition are vulnerable. When a vulnerable person is tricked, coerced or misled into signing a contract, there are various legal mechanisms to overturn or change the contract. However, as with capital punishment, euthanasia is not like signing a contract. Errors with euthanasia process are irreversible, so the process has to be robust. The Ageing and Disability Commission Annual Report 2020-2021 revealed that of the more than 4,000 allegations of elder abuse across the State, 68.3 per cent were for financial or psychological abuse, mainly to prevent or restrict access to families and prevent or restrict access to support and services.

Since becoming an MP, I have spoken to people working with seniors in my electorate who have told me about elderly people eating cat or dog food while living in their own home because of coercive family control over their finances or an absence of family financial support. It may be uncomfortable to confront, but, taking into account credible accounts of elder abuse in our community, this bill could motivate greedy relatives to put pressure on family members to end their life earlier than the patient wants. According to the Royal Commission into Aged Care Quality and Safety, in 2019-20 alone there were 5,718 reported allegations of assault in aged-care settings across Australia. KPMG estimated up to 39,000 other such instances were unreported. As a society, we do not always treat our senior citizens well. Proposed section 16 (1) (g) purports to exclude from eligibility any persons acting "because of pressure or duress". But these forces are often imperceptible to the point of being impossible to identify.

As a consequence, the patient may be legally assisted to die by the coordinating and consulting medical practitioners without the rigorous assessment of any third party. Many of the people with terminal illnesses whom this legislation concerns can have assets that are valuable. This gives a motivation for people to encourage them to end their lives against their will. One of the great challenges of legislation like this is how can vulnerable people be protected from the manipulation or the greed of those around them or implied pressure or an expectation that they should go early to provide money to their family through an inheritance. It is very important to understand that there is no obligation under this bill on anybody to consult with close family members about their patient's decision-making capacity, whether they are under duress or acting voluntarily, before the doctor's decision to allow a person to be killed.

That means the first time that you may find out that your mother, for example, was considering dying under this proposed law is when you get the phone call to tell you that she is dead. Close family members should know in advance that there is a proposal to lawfully kill their loved ones and be given the opportunity to assess the voluntary nature of the decision and the reasons behind it. My wonderful 90-year-old mother was recently hospitalised. She still lives independently, with the support of my sisters and brothers. She was recently taken to the hospital with an apparently serious medical condition and, because of COVID-19 restrictions, no family member could attend the hospital to be her advocate with the doctors and to understand the medical advice that was being given to her. It was quite clear that the doctors who were treating my mother had no idea of my mother's cognitive abilities.

My mother was understandably, given her age, only able to pass on to our family limited details of the medical advice she was receiving directly from the doctors. This is a good example of the limitations of unfamiliar doctors making assessments about an unfamiliar patient. No real harm was done in my mother's case because it occurred in a context where all of my family were trying to keep my mother alive and well, and to ensure she was receiving the best medical treatment possible. But imagine this same situation in circumstances where there was a manipulative family member controlling the flow of information who was keen on an early inheritance. Greater scrutiny is required for those kinds of decisions that can give rise to family disagreement. Under this bill, none of the family needs to be informed or involved.

The bill has completely inadequate processes to protect vulnerable, terminally ill patients from being exploited or coerced in order to receive an inheritance or for other reasons. It goes against all life experience that proposed section 6 (2) of the bill presumes, as it does, that all terminally ill patients have the capacity to understand all the information and advice given to them about assisted dying, and it presumes that the patient has decision-making capacity. [*Extension of time*]

It is very easy to understand that a patient may be bamboozled under this legislation when the whole process can occur as quickly as within five days. In certain circumstances, the process can even be fewer than five days under proposed section 49 (1). This is particularly of concern when people who are given a diagnosis of a terminal medical condition go through five stages of grief and will be more likely to want to die after the initial diagnosis than later on. Yesterday a Victorian specialist told me of how one of his patients was coerced to end

their life by a child who lived overseas and wanted the death of their parent to coincide with the child's visit to Australia. This caused incredible grief for the spouse of the patient, who felt that valuable and painless months with their partner had been taken away. If this can happen under the similar Victorian legislation, then it will happen under this legislation.

As I have said already, a legal criterion for eligibility under the bill is that a person must be diagnosed with at least one illness that will, on the balance of probabilities, cause death within six months or 12 months for a neurodegenerative condition. It is very difficult to support a law, which at its heart, is based on a criterion that is only a guess by doctors without any scientific basis as to the length of a patient's life. Opinions based on guesswork are incredibly dangerous, especially when the consequence is that a person will die and may be robbed of time with their loved ones. Under the Dutch model, every euthanasia death is investigated by an assessment committee, which is constituted by a lawyer, a doctor and an ethicist. Oversight is critical to compliance with process, and more and better oversight is needed within this bill.

In his second reading speech, the member for Sydney argued that legislation of this kind is beneficial for and will reduce suicide rates because people are currently suiciding who could have used the processes under this bill. But the evidence actually shows the opposite. Suicide rates go up in jurisdictions after legalising euthanasia, not down. People may suicide as a consequence of psychological pain. The legalising of death under this bill for people because of subjective psychological pain is unwelcome. Former Prime Minister Paul Keating alluded to this by saying that with euthanasia a line is crossed that should not be crossed.

Medical journal articles reviewing relevant jurisdictions have found that when societies legalise euthanasia, rates of non-euthanasia suicides go up, not down. That is what has happened in the United States, the Netherlands and Canada, and the early data from Victoria is consistent with an increase. The normalisation of ending a life because of pain through euthanasia will undo some of the good work we have been doing to deal with mental ill health in our community. It is a major concern that legalising euthanasia will lead to an increase in non-euthanasia suicide.

The member for Sydney in his speech cited a Palliative Care Australia estimate, which he said suggested that 4 per cent of patients are beyond the help of palliative care. Those figures are based upon a single university study. The report actually states that only between 0.5 per cent and 2 per cent of palliative care patients report severe distress after starting palliative care but just before death. A medical oncologist in my electorate, who treats over 2,000 cancer patients a year together with other specialists, has told me that nobody needs to be in pain if they receive proper palliative care, including, in some cases, treatment for psychological pain. They have told me that there have been enormous advances in palliative medicine in the past 20 years.

In conclusion, if it is the will of this Parliament to pass this legislation, it should do so with amendments to deal with the issues that I have raised. This legislation has a central role for doctors, but many members of the medical profession do not want this law. If this bill is passed, there will almost certainly be an increase in the number of suicides in our community. This legislation will lead to a slippery slope of normalising euthanasia—like in the Netherlands, where 20 years after the introduction of euthanasia, one in 25 of all deaths for any reason is by euthanasia. I find it hard to accept that in each and every case assisted dying will be truly voluntary when I have spent over 25 years appearing in legal cases where people have complained about being misled, deceived or coerced into doing something they have regretted. The supporters of this legislation put the word "voluntary" to their name but they cannot guarantee that dying will be voluntary in every case. I fear we are about to commence a history in our State of coerced or involuntary dying. If that happens in just one case, it is one case too many.

**Mr RYAN PARK (Keira) (11:20):** I wholeheartedly support the Voluntary Assisted Dying Bill 2021. In doing so I will make some comments about the challenging nature of the issue before the House today, as other members have noted in their contributions to this debate. I know that people on both sides of this debate have strong feelings about their viewpoint. I have taken the time to read and engage with people from a variety of perspectives on this challenging issue. I respect that there are differences of opinion on this issue, even within my own political party. However, I hope that this debate will be conducted in a respectful way. The people of New South Wales will be looking to this Chamber over the next few weeks, hoping that no matter what side of the debate members are on they approach it with compassion which will lead to greater respect as they focus on the issues before us.

Many people in my community will not agree with my position. They may be members of my own political party, my neighbours, my family members or my friends. Some may even be disappointed that I will be voting in favour of this legislation. I understand and respect that. Members of Parliament approach conscience votes like this in a variety of ways. Some seek their community's input to help them shape a view. Others prefer to be guided by experts to come to a conclusion. Others still prefer only to vote rather than engage in the debate. All of these ways are completely acceptable. My approach is simple: I take the view that the community has elected me to this

place to make decisions, even when they are challenging, and to be up-front with why and how I have made a decision. This is the approach I have again taken with this bill.

I am of the strong belief that this legislation is long overdue. It is a belief I have held for a long time. What I want to see is that a person with a terminal illness who is experiencing pain and distress has the right to request assistance from a medical practitioner to end their life with dignity. Voluntary assisted dying is a major legal, ethical and social policy issue that we must face. Laws such as this have been passed in five of Australia's six States. Voluntary assisted dying laws have commenced operation in Victoria and Western Australia. Such laws will commence in Tasmania on 23 October 2022, South Australia in early 2023 and Queensland on 1 January 2023. New South Wales is the last State to introduce these laws. I am disappointed about that. I believe we are the premier State and I would have liked us to lead on this issue.

Over the past few years I have taken the time to review extensive material on this matter. I have listened to, engaged with and actively sought out family members and experts from across my electorate and others who have experienced watching a loved one die from a terminal illness with no options available to them. By ensuring we have the correct safeguards in place and that a person's individual situation is carefully assessed, we can proceed down a path that enables someone to seek assistance to end ongoing pain and suffering. Like many others, I have watched someone who I was very close to have to endure years of pain, discomfort and suffering in the last stage of their life. It is one of the most distressing times that those close to them will go through. For me, the lady was my nanna. The way that we have to watch someone go from being lively, energetic and full of life to withering away before our eyes in the most extreme discomfort is nothing short of cruel. To see the degradation of someone you love is something you never recover from.

I know there are many vocal opponents of this legislation. They argue that the laws are going to encourage families to wrongfully intervene to end someone's life. They have raised their concerns about vulnerable people being taken advantage of. I hear those concerns, and as part of reviewing this bill I have sought my own assurances that this legislation will not do that. I feel that sufficient safeguards are in place within this legislation to protect things such as this from happening. There are safeguards against undue coercion. Under this legislation, only adults diagnosed with a terminal illness that will cause death within six months, or 12 months for a neurodegenerative condition, and who as a result of a condition are experiencing suffering that cannot be tolerably relieved will have access to voluntary assisted dying. That is not an easy process.

In addition, there are strict provisions to ensure the person has the capacity to make and understand the consequences of a voluntary assisted dying decision, and that they are acting voluntarily and without pressure or duress. Two experienced doctors will need to independently assess a person seeking assistance and independently come to the conclusion that they are acting voluntarily and without any form of pressure and duress. All doctors will be trained in recognising the signs of pressure or duress. If they are unsure, they must refer a patient to someone who has the skills and training to make a determination, such as a psychiatrist, psychologist or social worker.

I am pleased that part 7 of the bill puts in place a number of new offences for pressuring someone into making an application for assisted dying, with strong penalties, including seven years' imprisonment, for inducing another person to request access to voluntary assisted dying. It deals with offences relating to inducing self-administration of the prescribed substance, offences relating to false or misleading information and offences relating to the schedule 4 or schedule 8 poison as a voluntary assisted dying substance. It deals with offences relating to ensuring that people are fully aware of all of their options to go through with it—but also to not go through with it at any time within that process. These are offences that I believe are an important part of the robustness of this bill. I acknowledge the member for Sydney, who has led the process for many years to bring forward the bill that is before us today. It is a robust bill, including the offences laid out in part 7. On top of that, there is also provision within the bill to make an appeal to the Supreme Court if there is concern that someone is not acting voluntarily or that pressure or duress is playing a role.

I understand that this is a decision that should not be taken lightly. That is why I am pleased the legislation is designed in a way to give people control over the timing of their death at a time when their death is imminent and they feel they have suffered enough. The eligibility criteria include a need for the person's request to be enduring, which will be assessed by two independent medical practitioners. The process itself is designed to give the person time to think about their decision. The person must repeat their request on three separate occasions, including in a written declaration signed by two witnesses independent of the voluntary assisted dying doctors, and there is a mandatory five-day cooling off period between the first and final requests.

People whose views differ from mine have said that the safeguards in the bill show that as legislators we should be concerned about its passage. I could not disagree more with this view. My community has elected me to this place to make difficult decisions and to debate challenging legislation that aims to improve the society in which we live. That is my job. It is our job as legislators. We do not get to pass the buck on difficult and challenging

legislation, the same way that people in our community do not get to pass the buck on issues that are challenging within their occupation.

There are safeguards in much of our legislation: One only need look at the counterterrorism legislation or the Crimes Act, or legislation relating to how the high-powered agencies like the Crime Commission are able to operate to know that. All of this legislation has checks, balances and safeguards, because legislators who have gone before us have been smart and wise enough to put them in place, just like this Parliament has put safeguards in the legislation that we have debated. There was an issue around the Asia-Pacific Economic Cooperation [APEC] forum. The legislation around APEC was some of the most challenging that a Parliament has ever confronted. *[Extension of time]*

Having checks and balances in the legislation we debate is something that those who came before us introduced and we will continue to do it. For some people, this debate is about seeing voluntary assisted dying as a substitute for quality palliative care. I do not take that view at all. Quality palliative care is a right that everyone in this country should have, but palliative care and voluntary assisted dying are two very distinct processes. Many people access palliative care before they seek voluntary assisted dying, aiming to maximise their quality of life and reduce their pain and suffering. Voluntary assisted dying needs to be available in New South Wales when palliative care and treatment can no longer relieve suffering in a way that is tolerable to the person. Many in this debate will refer to the need to be considerate of vulnerable people at that time. I accept and understand that palliative care in New South Wales must be improved.

I sincerely acknowledge the Premier's remarks today. But I say this to him: The burden of pain and the degree of discomfort that all of us are going through when we are reviewing this bill should not be put on one particular government or Premier. I believe palliative care is an issue that all members have not addressed for a long time. It is an issue that I have not focused on. One thing I commend the member for Sydney for in bringing this bill to the Parliament is that it has put a sharp focus on palliative care across New South Wales and the way that all members, particularly someone like me in the shadow Health portfolio, need to work on with the government of the day. I would like to do so in a bipartisan way to make sure that New South Wales has a first-class and world-class palliative care system.

I acknowledge the people who have been tireless advocates for this legislation for many years. Each of them has been through the trauma of watching relatives die in pain or is facing their own traumatic death. I say this to them: I see you, I have listened to you and I stand with you. I strongly believe in a human's right to make decisions about their own life, free from the interference or judgement of those not in their shoes. Not one person will die because of this legislation. That person's fate has already been determined by an illness that cannot be cured. This is about a person having some control over how long they will suffer. Andrew Denton was right when he said, "Why should we prolong suffering simply because we are holding out some form of hope for that person?" That disease has taken hope away from that individual.

This legislation brought forward by the member for Sydney will not change that, but I hope it will lead to more people being able to die with some form of dignity. I finish with a quote from Lidia in my electorate. I will read part of it but I have read it all multiple times during preparation for this debate. Lidia says:

I am a 60-year-old female and I have two children in their twenties that are living with me. Before I was diagnosed with motor neurone disease, I supported assisted dying because I think we have the right to die with dignity if we choose it. Now, it particularly affects me as I will be paralysed and unable to move or hardly breathe, knowing that there is no way back. If I knew that when I am in a very advanced state of my illness, if I could ask to help me go peacefully, I will not be as scared as I am because I will have some control of my fate.

That is a powerful message. It is a powerful story and one that we all should focus on during this debate. This is a challenging issue but, as legislators, we are in this place to make challenging decisions. I hope the debate is conducted respectfully. I hope people understand the reason I have come to this conclusion. I hope the bill is passed so that people in New South Wales who are suffering terminal illness can truly die with dignity.

**The SPEAKER:** Before I give the member for Tweed the call, I thank members for the high degree of respect with which this debate is being conducted.

**Mr GEOFF PROVEST (Tweed) (11:35):** I speak in debate on the Voluntary Assisted Dying Bill 2021. We have heard, and will hear, from a lot of members about the bill. In my time in this place there has been a number of free votes, and the process creates a great deal of concern and angst and at times worries me. All members come to this place with opinions about life. Some have strong opinions about religion, football or the weather. I often sit back and wonder whether that is why we stood to be elected as members of Parliament. All members were elected to this place to represent the majority of their communities. For nearly 15 years now, I have listened to various debates. Sometimes I find that my colleagues on both sides of the House have difficulty separating their personal view from that of their wider community. I think that is a shame. Members need to sit

back and say, "Why am I here?" I am here because I put forward various policies and I got the majority of people in my electorate to vote for me. I use that as a template for what we are about to do here.

I will be up-front. I will be voting in favour of the bill, following careful consideration. I believe it has all the key safeguards that are obviously needed for this type of legislation. It will see New South Wales follow every State in the country in legalising voluntary assisted dying for people with incurable medical conditions who have only a short time to live. In the end, it is all about giving people choice. Some people have said it is all about dignity, but I am not sure there can be dignity in death. It was Martin Luther King who said:

Every man must do two things alone; he must do his own believing and his own dying.

The residents in my electorate have more experience with this issue than most others in the State, being, on average, older and wiser. Dying comes up in conversation, and so does euthanasia. Some people who support the idea say they do not really care whether it is legal. They tell me, with a nod and a wink, "It happens all the time, Geoffrey." Others say they do not want the last thing they do on this earth to be a crime. They certainly do not want their loved ones, who may have helped them with their choice, fall foul of the law. That is why, on balance, this bill is the right thing to do.

I am more interested in what happens in the lead-up. We have fantastic palliative care organisations in Tweed, and this is the perfect opportunity to place in *Hansard* the Tweed's appreciation for their wonderful work. Tweed Palliative Support has a magnificent Wedgetail Retreat community hospice nestled in the Tweed subtropical rainforest. Its proud patron is the widow of Nationals legend, Doug Anthony, and, legend in her own right, Margot Anthony, AM. I have been privileged to have an association with Tweed Palliative Support [TPS] throughout my 14 years representing the Tweed in this place.

Tweed Palliative Support Inc. is a multi-award-winning charity that was founded in 1998. It is a well-established community-run organisation that provides free and donation-based support services for people living with life-limiting illnesses. The hospice-at-home service is designed to keep people in their homes for as long as possible by providing help with shopping, personal care, transport to medical appointments, as well as respite for their primary carer. If it is not feasible to remain at home, people are offered the opportunity to come to Wedgetail Retreat. They also loan medical equipment such as beds, wheelchairs, et cetera. Each year the hospice trains up to 20 volunteers, who then take on various roles within the charity: home respite, transport, office work, fundraising, et cetera.

Wedgetail Retreat community began with a dream and now offers 24/7 specialised palliative care in our region. Clients with life-limiting illnesses and their families are welcomed into a modern home environment with friendly registered nurses and trained volunteer palliative carers. Meredith Dennis, OAM, is the president. Meredith has been an inspiring palliative care innovator for nearly two decades, as well as a volunteer. As president and volunteer coordinator, Meredith is involved in all aspects of running the organisation. Meredith understands firsthand what it is like to have a significant family member moving towards the end of their life. Her father was one of the first people to spend his last days in beautiful surroundings.

I wish to quickly refer to Queensland. On 23 September 2021, the Queensland Voluntary Assisted Dying Act received assent, which brings Queensland into line and provides many safeguards. One of the interesting features of the legislation is eligibility. As all members of this House know, New South Wales shares a border with Queensland which has been highlighted recently with border closures, et cetera. Section 12 (2) (a) of the Act states that "a person who is a long term resident of a place close to the Queensland border and who works in Queensland and received medical treatment in Queensland" can be granted exemptions to satisfy their concern. The Act becomes effective in January 2023. One of the main requirements is that a person must live in Queensland for 12 months before accessing the provisions of the Act. In some ways my residents may qualify to receive voluntary assisted dying in Queensland.

I have had personal experience and only wish that this legislation was available when my father was ill. After my father had been suffering for some time, in 1999 I watched him endure a very slow and painful death. My father was a teacher and a principal. He was a hardworking and extremely intelligent man—a man who was robbed of everything that was important to him; his mind. He had no quality of life and he did not want to be here. I watched as my father, who was a powerful man in his own right, came in and out of consciousness, soiled himself in bed, and with catheters inserted. It was dreadful. There was no quality of life. He spent the last 10 months of his life in the Wauchope hospital. That had a dire consequence for my mother. I could see that her health was rapidly deteriorating because of having made daily trips to the hospital. When my father was out of consciousness could become abusive.

As I had enduring power of attorney, I had to make a decision. I have gone through this experience twice, the most recent being three years ago in relation to my mother, who was 94. When the surgeons and the doctors—experts who are far more qualified than I—came to me and said, "There is nothing more we can do—absolutely



nothing. All we can do is try to assist with their pain", referring to each of my parents. Having the right to make the decision, I said, in relation to my mother and my father, "I really don't want them to suffer anymore." At that stage my mother was conscious sometimes and she would say to me, "I don't want to be here, son. I am suffering so much pain. I just don't want to be here." I authorised the doctors to alleviate that pain. At that point the doctors advised me that if they gave to each of my parents more and more morphine, their organs would eventually shut down. My father died within two days and my mother died within a day and a half. I will always remember that my mother actually thanked me. She said, "Thank you." I said, "It's all right to go, Mum. It's all right to go."

That is why I have a great deal of feeling about this legislation. I congratulate the member for Sydney, who has never been one to go backwards: He is always going forwards. I think this is really important legislation. I am sure this legislation will be passed. I encourage everyone to do so. I respect views, both for and against the legislation, but at the end of the day I think we have an onus on us to represent the people of New South Wales in this place and do the best we can to make our community strong. Having said that, I commend the bill to the House.

**Mr GREG PIPER (Lake Macquarie) (11:45):** I acknowledge the member for Tweed and thank him for his heartfelt contribution to this debate. I come to this debate in support of, and as a co-sponsor of, the Voluntary Assisted Dying Bill 2021. I thank the Premier, Dominic Perrottet, and the Leader of the Opposition, Chris Minns, for facilitating this debate. I have been involved in this very important matter for a long time now, though I know my involvement pales by comparison with many in the community who have experienced the grief and additional anguish of seeing a loved one die a painful and ignominious death: a death without dignity.

Some things change and some things do not. Community support for reform has certainly changed and has continued to grow considerably over recent decades. In recent years, all other Australian States passed similar legislation, leaving this State sadly lacking. Yet there are many things which have not changed. People are still dying horrifically painful deaths, which could be managed in a far more humane or gentle way. People are still taking their own lives in the most awful of ways because of intolerable pain and suffering from their terminal illness, which simply cannot be alleviated by even the best of palliative care services. We still have the same opponents of voluntary assisted dying wheeling out the same old myths and lies. Predictably, we still have religious and faith-based hierarchies opposing this important reform, showing they are demonstrably out of touch with the majority of their congregation.

Sadly, we still have members of this House who ignore the wishes of their own communities and who will seek to obstruct debate and ignore the cruel and horrific circumstances that some people with a terminal illness endure. I believe that the people of New South Wales are tired of it. They are tired of politicians ignoring their views on this issue and they are sick and tired of being denied their human right to choose a dignified death in circumstances where palliative care cannot deliver on that promise. That is why a vote on this bill needs to happen this year.

Before I go into the details of the bill, I would like to say this: Members have had a draft copy of this bill for four months. An intention to table it was flagged almost a year ago by the member for Sydney. Debate on this issue has dragged on for decades. Our constituents have been raising this with members for years. This is not a rushed debate in any sense whatsoever; indeed, it is one of the most consulted issues and bills that the New South Wales Parliament has dealt with. Yet we have opposition in this place from members who have the temerity to make the claim that this is being rushed, and they do so with no sense of irony or shame!

It is time that we confronted the issue and dealt with it in the way the people of this State expect us to deal with it—and in the way people like Judith Daley need us to. Judith sat out the back of this place again recently, some 20 years after she was first diagnosed with chronic lung disease and later lung cancer, which so far has been treated with 30 rounds of chemotherapy. She is now 77 and certainly does not want to die. She does not want to choose to die now. In her words, "At the end of my life I'm going to suffocate. I'm going to be drowning because my lungs simply won't be working anymore. I'm the only one who'll know when the pain truly becomes intolerable. That's why I have to have the choice, the choice to go voluntarily when I need to."

We all know there are those who will seek to delay the bill. They will attempt to filibuster and amend it into a useless and impotent measure, like it is a political game. I ask those members to show compassion and respect for those who are truly suffering. Unless you can look people like Judith Daley in the eye and feel comfortable about what you are doing to delay this debate or deny them a choice and a dignified death, then do not make their end of life any crueller than it already is. We have a bill that I believe is the most robust and safest of any we have seen in Australia. It truly has been designed to protect all interests, including those who would object to any involvement at all. But mostly, it has been crafted with respect and sensitivity to the circumstance of those who face a painful and undignified death that cannot be mitigated by palliative care.

It provides a framework for a process that is entirely voluntary at every stage and can only be accessed by someone of sound mind. It includes safeguards that ensure that a person is acting voluntarily and not under pressure or duress from another person. For those who are concerned about coercion, it includes penalties that include life imprisonment for the unauthorised administration of the substance and up to seven years in prison for someone who induces another to apply for voluntary assisted dying. The bill includes protections for doctors, health workers and others who have a conscientious or religious objection to voluntary assisted dying. These protections are extended to faith-based entities such as a nursing home with religious affiliations. The bill provides that that can only be accessed by a terminally ill person who has gone through a rigorous assessment process by experienced medical professionals and a board led by senior judicial officers, and appeals before the Supreme Court.

Something else that seems to be forgotten by the opponents of this reform is that voluntary assisted dying is not mandatory. It is not compulsory: It is voluntary. It is a personal choice or an option for those who truly need it. Those with a conscientious objection due to faith or other reason simply do not have to participate in any way and I support them in that choice. Supporters of voluntary assisted dying do not want to force opponents to use it, they just want those opponents to reciprocate by not denying them the right to manage their end of life under such circumstances.

Having mentioned faith, I believe the idea that people of a religious faith are broadly opposed to that is an absolute myth. In 2019 Vote Compass carried out the most extensive survey ever undertaken on this issue in Australia for the ABC. It surveyed the views of more than 450,000 people, and while it showed that support for voluntary assisted dying was 87 per cent with a further 6 per cent neutral in the broader community, 77 per cent of Catholics actually supported it and only 13 per cent opposed it; 76 per cent of Protestants supported it, while 71 per cent of other faiths supported voluntary assisted dying, with an additional 10 per cent neutral. [*Extension of time*]

Whether you support voluntary assisted dying or not, the undeniable truth is that many people who are intent on avoiding their suffering or having their loved ones watch their suffering, will take matters into their own hands. In 2019, 20 per cent of all suicides among people aged over 40 in this State were by people diagnosed with a terminal illness. They take things into their own hands. They stop eating and drinking; and you will hear that from paramedics who are called out to assist those who find far more horrific ways of ending their life. Another reality check for those who say that pumping more money into palliative care is all that is needed. It is not. Yes, let us have more investment in palliative care. We welcome that, we welcome the Premier's commitment. But there will always be some who will not benefit from that palliative care.

There is a big lie around the end of life for so many as well and that big lie is the wilful ignorance to the fact that end of life is very often accelerated within palliative care with a nod and a wink. At some stage hydration is withdrawn, food is withdrawn and analgesia, usually morphine, is increased to manage the pain and sedate the person. It is a conscious decision to hasten death, but not the conscious decision of the person dying. It is not when they choose. It is not on their terms. How on earth can that be okay, when it takes away that person's opportunity to end their own life with dignity when the pain becomes intolerable, and deny them the opportunity to say a proper goodbye to their loved ones in their very final moments?

Palliative care is excellent in most instances but it is not magic—it is just not magic—and it cannot manage the pain for everyone. It is simply not magic, and we have to stop pretending otherwise. Some people die in horrific, unbearable and prolonged pain. That is what the bill is about. It is about providing compassion to those who cannot be helped by palliative care. Palliative care does not always provide the lovely, peaceful ending that some seem to think. For many it is the appropriate and compassionate way, but for some it is not. There are many of us who have held the hand and stroked the brow of a loved one in their final moments. I have no doubt that everyone has had their own experiences that they draw on in this debate. Some of them differ considerably and some have had more than others. My views and resolve on this have been developed from my life experience, which I think might have seen more death than some in this debate, though definitely less than others. I look to you Madam Deputy Speaker. It is personal, and I would not want to dismiss anyone's experience and how it affected them.

For me, a big part of what informed my views was my time working as a psychiatric nurse at Morisset hospital. I knew many people who passed during that time—not that any of those people would or should qualify for voluntary assisted dying, do not get me wrong—but the experience did have that effect on me: I started to consider this issue. I was at the bedside of my brother Colin when he died of brain cancer at age 31—he actually had cancer everywhere; my father, Keith, many years later; my mother, Hazel, four years after that; and my dear friend Vicki who died with horrible pain but amazing personal strength and dignity. Vicki was helped wonderfully with home-based palliative care, but even to the end she managed her own death. Vicki, I know, would very much

have supported access to assisted dying and would not have appreciated even well-intended paternalism denying her that choice.

I acknowledge and thank the many thousands in my community who have contacted me on this issue and urged me to support this reform. I also acknowledge and thank my colleague the member for Sydney, Alex Greenwich, for the bill, his staff who have worked and consulted tirelessly to produce it and the other co-sponsors of the bill. I also acknowledge everyone else who has worked hard for many years towards this much-needed reform, both inside this place and out, in particular the likes of Penny Hackett and Shayne Higson at Dying With Dignity New South Wales, and Andrew Denton of Go Gentle Australia. It is time we acted like the mature and educated society we are and realise that palliative care, as good as it can be, does not deliver a Disney fairytale ending for anyone. It certainly does not provide a pain-free and dignified passing for everyone. It is time we did something for the many good people who have very bad deaths unnecessarily. It is time for us to listen to the significant majority of people who put us here.

There may be beliefs other than faith-based ones that lead people to oppose voluntary assisted dying, but they are relatively rare. Opposition is clearly overwhelmingly informed—I should say inspired, not informed—by religious beliefs and yet the scriptures are silent on the matter. If we want to rely on articles of religious faith, particularly Christian faith, then I think a guiding principle should be that God gave people free will, so that they could make their own choices. I interpret that to mean that as long as you are doing no harm to others, you should be allowed to make that ultimate decision for yourself. I know I have been critical of opponents of the bill, and while I do not resile from most of that criticism, I know that much of the opposition comes from a place of goodwill, even though I believe it is misguided.

Voluntary assisted dying, when passed, will not see one extra person die, but it will see some facing painful and undignified death pass a little sooner, a lot more gently and on their own terms. Importantly, and often ignored by opponents, it will see many not use or attempt suicide in a lonely and wretched way due to the anxiety they feel about a pending ugly and painful death where they will be denied control of their end of life by the State. In my opinion, the bill will see a reduction in suicide under these circumstances. Opposition to the bill may come from heartfelt beliefs, but please apply your beliefs to your lives. Unless you have walked in the shoes of someone facing a painful and undignified death, do not be so cruel as to stand in the way of this legislation. Yes, it is time we respected the rights of a terminally ill person to self-determine one of the most important parts of their life—their death. It is time we allowed them a choice to die with dignity. I commend the bill to the House.

**Ms FELICITY WILSON (North Shore) (12:00):** I contribute to the second reading debate on the Voluntary Assisted Dying Bill 2021.

Death comes to us all. Being dead does not matter. It is a consequence of being born. It is a final universal experience.

But getting there, how we die, does matter, and many of us do not find the gentle or sudden death for which we hope. Many of us here will find only wild deaths at the end of the road. We may wish that it was otherwise, but it is not.

Those words were spoken on the floor of this Chamber 25 years ago, not by a member of this place but by former longstanding Liberal Senator and advocate for voluntary assisted dying Professor Peter Baume, AC, who is a member of my community. I commence my contribution on the Voluntary Assisted Dying Bill 2021 by putting those words on the record because they convey an enduring and undeterred intergenerational push for reform, a journey that has been underpinned by liberal values. I am in this place as a staunch advocate of liberalism. It is the right of the individual to make decisions for themselves. That liberty should be unfettered by the views and values of others, no matter how deeply felt or well meant, if the action does not harm others.

That liberal philosophy of John Stuart Mill underpins our democracy, our laws and our decision-making. It enshrines our rights and liberties, and it empowers our autonomy and choice. For too long, people at end of life have endured extreme suffering. For those small few whose pain cannot be alleviated sufficiently by palliative care, there has either been the requirement to continue suffering or the potential for an assisted suicide or hastened death in a murky, unregulated, likely illegal and hidden manner. That is not choice; that is not liberty. Today we take the steps to right that wrong, to return choice to individuals and to empower people to exercise autonomy over their own lives. Supporting legislative reform that enables a person to end their life is not an easy action to take, even if it is a clear decision.

I recall quite clearly a conversation I had with my grandfather well before I was in this place about the euthanasia debate, as it was then known. I had quite wrongly assumed that this conservative man would be in fierce opposition. I had not taken a view; I was young and healthy and was not thinking about end of life. He floored me with his observation. He said to me that it was the young and the healthy who make the laws but it is the sick and the old who have to live with it, even if they cannot bear to live anymore. To think that all these years later I would be in a position to make our laws and to make them in recognition of his advocacy for the continuing

liberty of those individuals afflicted with a suffering that I have never experienced, I can only say that it is bittersweet that I get to make this decision.

It is not an unusual experience to have to legislate on matters that we have never experienced personally—and we hope not to—which is why the values that we bring to this place and the ideals of our communities must guide us at every step. Since I was first elected as the member for North Shore, I have listened to the views of my community on this important matter. I have held community forums, hosted speakers for and against the issue, and executed surveys of my community. I have had many thousands of contributions from constituents, and the overwhelming majority of them have urged me to support the bill. I thank each and every person who has reached out to me, particularly those who have shared their deeply personal experiences whether in support or opposition. I share some of those testimonies today.

Paul from Mosman shared with me his story about both of his parents. His parents both lived in Victoria until their death. His father passed away through the Victorian Voluntary Assisted Dying [VAD] program in July last year, and then in April this year his mother chose the same course. Paul's father had been diagnosed with inoperable brain cancer and Paul said that "he did not hesitate in going down the VAD route". During around the COVID-19 restrictions last year, Paul took a few opportunities to visit his father in his last few months. The day his father was given permission to proceed he told Paul that he would take the medication the following day.

Paul's mother had emphysema for more than 20 years, but when the illness really took its toll on her and she was at a weight of just 26 kilograms, she also decided to enter the VAD program. While Paul's visits were limited, he made the most of them. He was also there when the specialist met with his mother to assess her for VAD, and he noted that he could not participate in the discussion due to the very strict laws to mitigate the risk of family influencing a patient's decision. While his mother took a few months once she had approval for the medication and before she took it, he said that once she had that approval, the sense of control gave her relief in her final weeks.

Kate from Mosman shared her recent experience of the death of her husband. Kate's husband was diagnosed with terminal cancer and she described the traumatic final days of her husband's life to me. The experience is still very raw and it continues to cause distress for her and her son, who was just a young adult. The doctors sent him home to die and Kate cared for him and loved him and helped to clean him up when he lost control of his bodily functions, even though he was mortified about it. Kate said that she had no choice and he had no choice but for him to suffer and the family to watch him suffer and just help him in any way they could. She knows that her husband was a dignified man who died without the dignity that he sought.

I have heard from many other constituents and community representatives describing their experience of watching the slow and painful deaths of their nearest and dearest or the distress of coping with a degenerative or terminal illness. I have also heard from doctors, nurses, health workers and carers who have witnessed many patients at the end of their life and can recount the distress and suffering of those patients. The scope of the bill shows that we are not taking this matter lightly. The requirements to voluntarily end one's life will be restricted to people who are terminally ill and whose extreme suffering cannot be alleviated. It requires an enduring request from a competent person. The bill contains strong safeguards. There will be multiple assessments for decision-making capacity and to determine whether the patient is acting voluntarily and without pressure or duress.

Two doctors with prescribed experience and mandatory training will be required to assess and approve the patient's request and can seek further assessment where appropriate. Before any doctor can participate in the scheme, they must have conducted training approved by the Secretary of NSW Health, which will include how to identify signs of coercion. The legislation also includes a number of new offences with high penalties, including life imprisonment, for unauthorised administration of substance and seven years imprisonment for inducing someone to apply for VAD. The bill considers our healthcare professionals and the role they may play in voluntary assisted dying. It acknowledges that they will not be forced to take part in voluntary assisted dying and can conscientiously object or not participate for any reason. The bill respects the rights of medical practitioners and medical institutions that may hold religious or other objections. Provisions in the bill enshrine the ability for hospitals and residential facilities to have a policy to not provide VAD services.

We have heard, and will hear, from those who oppose the bill very well-meaning and considered contributions, from those who fear the slippery slope or dire consequences for the vulnerable in our community. But we must vote on the bill before us—a bill that is constrained, detailed, robust and reflects the evidence and experience across the globe and across every State in Australia. For those who have concerns about quality of and access to palliative care, I agree that we must do more. For those who have concerns about people with disabilities, I agree that we must do more. For those who have concerns about our First Nations people, I agree that we must do more. But none of those actions is mutually exclusive with acting on voluntary assisted dying.

New South Wales must have one of the best palliative care systems in the world, and I welcome the Premier's personal commitment to achieve that goal. But what about those whose suffering cannot be alleviated by palliative care regardless of funding, training, capability and accessibility? Global and local evidence shows that palliative care can relieve all suffering in about 80 per cent of people. For a further 15 per cent of people, palliative care makes a sufficient difference to tolerate pain. But what about the 5 per cent of people whose suffering can never be alleviated by palliative care? With the best funding and support for palliative care, the moral problem remains, even if one person cannot be helped. The bill addresses that moral obligation.

Lastly, we must acknowledge that forms of assisted dying already occur each and every day across this State. Studies over many decades have shown that this occurs behind closed doors and is unregulated, and takes place without protections for the vulnerable, the ability to include family members, medical practitioners working together for the patient and a robust model of consent—essentially, without ensuring that it is voluntary. Quite rightly, we should all be wary of the risk of abuse or coercion, but the status quo already enables this to occur. Any efforts to address this should be undertaken with or without a voluntary assisted dying regime. I seek an extension of time. [*Extension of time*]

Perhaps worse than this hushed-up hastening of deaths are the horrific and lonely suicides that occur in the absence of this reform. Coroners in a number of States have shared graphic and powerful testimony about the problem. The Victorian coroner revealed that suicides are occurring at a rate of one person per week. A safe framework for voluntary assisted dying can help to reduce the incidents of patients resorting to that option. For those who oppose the bill, I ask of them: What action will you take to end these practices? Fundamental to the bill is its voluntary nature, with a framework to ensure that choice rests with the individual to the exclusion of other interests.

I thank the member for Sydney for bringing the bill to the Parliament and for the detailed and lengthy work that he has undertaken to ensure that we can vote on this reform for the people of New South Wales. I thank the organisations that have played a part in the creation of the bill. I particularly note Penny Hackett and Shayne Higson from Dying with Dignity NSW, whose steadfast and indefatigable efforts over many years I have had the privilege of observing. I thank the Council on the Ageing NSW, the NSW Nurses and Midwives' Association, Go Gentle Australia, Christians Supporting Choice for Voluntary Assisted Dying, Doctors for Assisted Dying Choice, the AIDS Council of NSW, Cancer Voices NSW, the Australian Lawyers Alliance and Palliative Care NSW, as well as other members of the NSW Voluntary Assisted Dying Alliance. I also thank my fellow co-sponsors of the bill from both Houses across the parties.

I support the bill not because I am a Liberal, but the values that make me a Liberal are the same values that compel me to support a bill that empowers individual choice in the absence of harm to others. I support the bill not because I am a Christian, but the compassionate faith with which I was raised is entirely consistent with the goal and outcome of a bill that frees a person from intolerable suffering. I know not all Liberals nor all people of faith will support the bill, but I know the vast majority of people in New South Wales and in my own community of North Shore want to see this reform. More importantly, those who seek autonomy to end unbearable pain are crying out for this change. My vote will not decide what a person does at the end of their life; it merely ensures that they will be able to make that decision. That is a right that should be inalienable for all of us. I commend the bill to the House.

**Dr HUGH McDERMOTT (Prospect) (12:12):** The Voluntary Assisted Dying Bill 2021 is the most heinous piece of legislation ever introduced to this Parliament. The proponents of the bill have attempted to define the debate as one of progressive and compassionate ideas. However, the truth is that this legislation and the arguments for its introduction are regressive and move the priority from care to death. Supporters of voluntary assisted dying explain their reasoning based on personal experience and define, with good intentions, decency and perceived compassion. However, to base the debate solely on emotional and personal experience serves as a disservice to the legislative process and evidence-based policymaking, and to members of our community.

Legislating voluntary assisted dying in New South Wales will have far-reaching consequences, in particular for our community's most vulnerable people and for public policy more broadly. It is important to acknowledge that there have been many attempts to frame this debate around matters of religious faith. However, there are religious and non-religious people on all sides of the debate. To frame the debate solely as a religious issue simplifies and degrades what it is: a highly complex and technical public policy matter. The debate must be framed for what it truly involves: a failure of public policy and human rights, and a desperate attempt to resolve this failure through what seems to be the only viable alternative to suffering. We need to leave emotional stories outside the Chamber and discuss the bill's major implications for the criminal law's general prohibition against killing the innocent.

By enabling eligible patients to access assisted suicide, the Voluntary Assisted Dying Bill 2021 will essentially devalue the sanctity of human life and destroy the immensely important bond between a doctor and a

patient. Currently, the law in New South Wales does not permit the killing of any person, regardless of the circumstances. Arguments of self-defence and necessity in such matters must be tested before a court of law, and the law does not permit a person to consent to having harm done to them by another. Human life is important and is protected by our State. When we abolished the death penalty our society moved away from draconian legal responses. We removed the prosecution of persons who attempted suicide and understood that mental health support must play a critical role in suicide prevention. Our society now champions human rights and the rights of individuals to live with dignity and respect. Any exception to the law banning the killing of the innocent or assisting their suicide contradicts the duty of the State to protect the lives of its citizens, especially the weakest and most vulnerable members of society. Introducing voluntary assisted dying changes this approach.

To legislate the legal means to kill another person breaks the progress of our society in valuing human life over death. It is a regression of the human rights that we have worked so hard to achieve. It places value on each person's life and transfers that value judgement to medical practitioners who are supporters of voluntary assisted dying or, when a patient's consent is not available, patients' deemed carers. It makes death an alternative to proper support and care. The bill is 81 pages long. I understand it is no easy feat to draft a bill with this level of detail, and I appreciate the commitment of the Parliamentary Counsel's Office and others in drafting it. However, with all due respect, we must be concerned that a bill of this length, which requires such a level of explanation, is confusing and provides a lack of understanding of the key issues involved.

As I am limited to a maximum of 15 minutes of speaking time, I am unable to analyse the bill section by section. However, I will attempt to discuss some of its major concerns and how its introduction will lead to abuses in New South Wales. The lack of involvement of specialised palliative care and end-of-life medical professionals within the operation of the bill is one of the largest problems with this legislation. Part 2 sets out the requirements that a patient must meet to access voluntary assisted dying. Part 3, division 1 explains that a patient must make a first request to a medical practitioner to begin the process. That medical practitioner can be a general practitioner, as there are no provisions in the bill that stipulate that the medical practitioner must have any specialisations or qualifications in palliative care.

The medical practitioner, referred to in the bill as the "coordinating practitioner", must determine whether the patient meets the eligibly criteria to access voluntary assisted dying. The coordinating practitioner must then notify the Voluntary Assisted Dying Board and refer the patient to a second medical practitioner, named in the bill as the "consulting practitioner". The second medical practitioner, who also does not need to be a specialist in palliative care, will then determine whether the patient is eligible to access voluntary assisted dying. The patient must make a written declaration and then make a final request to the coordinating medical practitioner. The process between the first and final request by a patient can occur in as little as five days. No provisions in the bill require either the coordinating or consulting practitioner to consult with any health professionals who specialise in palliative care or end-of-life treatment, or a medical professional who has a history of medical care with the patient.

In addition to not being a specialist, a doctor does not need to be in the same room as a patient to receive their request for euthanasia. First and final requests for lethal drugs are permitted to be made and accepted via telehealth. That paves the way for a doctor to approve the death of a person they have never physically examined or in fact had an ongoing professional relationship with. I ask the Chamber how we can expect the coordinating and consulting practitioner to adequately and professionally determine whether a patient has been given all the possible options for treatment to help manage their terminal illness, or be given the best chance of living a longer life with suffering, if there are no end-of-life experts consulted throughout the process.

Part 10, division 9, proposed section (176) (1) of the bill explains the requirements of the Voluntary Assisted Dying Board. According to the bill, the board is only required to record statistical information about patients and if they live in regional New South Wales. No provisions in the bill establish that any member of the board must be a specialist in palliative care. In fact, the bill does not require that any medical expert to be on the review board. It only mandates the presence of an experienced lawyer. Unlike the Victorian bill on euthanasia where doctors and healthcare practitioners are prohibited from raising the issue of euthanasia with their patients, that protection is not provided in the New South Wales bill. That means a doctor can suggest it as part of a consultation. Part 1, division 4, proposed section (10) (2) stipulates that a doctor may suggest voluntary assisted dying if the medical practitioner informs the person about treatment options and palliative care services. I am deeply concerned about that subsection as palliative care services are not widely available or understood across the State.

When a person is terminally ill, they require a significant level of care. As much as we wish our loved ones will have a long and healthy life, many sick family members may see voluntary assisted dying as the only way to lift the burden from their families. Worse yet, for those terminally ill and elderly persons who do not have a solid

unit of loved ones, voluntary assisted dying can lead to a means of elder abuse. I seek an extension of time to conclude my comments. [*Extension of time*]

The Royal Commission into Aged Care Quality and Safety showed horrific abuse of the elderly in care homes, and by staff and family members. We see countless cases before the courts of family jealousy, greed and dysfunction, especially involving inheritance. This legislation will allow perpetrators of that abuse to take the issue further than ever before. To say that by legislation we will stop similar abuse towards vulnerable people facing the end of life is simply false. In countries that have introduced voluntary assisted dying laws we have seen legislative expansion, despite the original legislation being clear in its intent and safeguards. In Belgium and the Netherlands, voluntary assisted dying was extended to newborn children, the mentally ill, dementia patients and those with mental and intellectual disabilities, including autism.

The bill does not disqualify a person from accessing euthanasia if they have a mental illness, including a diagnosis of clinical depression. There is no way that the current voluntary assisted dying advocates can guarantee that this will not happen in New South Wales. It is already happening in other jurisdictions. Voluntary assisted dying will open the way for the euthanasia of the mentally ill, the depressed, individuals who feel as if they are a burden to their families, the vulnerable, the abused and those who cannot afford top level health care. In society we deplore suicide, yet this bill will normalise suicide in New South Wales. Members must pause and reflect on their responsibilities as a parliamentarian. We must be aware that our actions today will cause consequences for lives in the future.

I will reflect on a number of policies that parliamentarians such as ourselves have voted for in the past with good intentions, but they resulted in barbaric laws—the forced assimilation of our First Nations people, the Stolen Generations; racial discriminatory immigration laws; the sterilisation of the mentally ill and disabled; and the criminalisation of homosexuality. Those were all policies supported by the Parliament and government of the day which later generations, including our own, now condemn. In the future, voluntary assisted dying will fall into that category. History will not judge its advocates and supporters kindly. It will be found to be a barbaric law that undermines the value of human rights and the care of the vulnerable. We must pass legislation that secures the right to life for all citizens and vote down any legislation that weakens the capacity of the State to protect its citizens.

To legislate voluntary assisted dying would be a step in the wrong direction; it would take the focus off providing dedicated and well-resourced palliative care to all who need it. Well-resourced palliative care is the real solution to alleviate suffering. However, we are confronted with a palliative care crisis in New South Wales. The recent Royal Commission into Aged Care Quality and Safety reported that residential aged-care staff tend to be under skilled or under qualified to manage palliative care adequately. The commission recommended that palliative care should be considered a core business for aged-care providers; however, currently it is not. In many parts of remote and regional Australia palliative care is non-existent. Rural and regional MPs should lobby for significant palliative care funding and strategies, not using voluntary assisting dying as an alternative option. Currently, access to palliative care depends on a person's postcode. That should not be the case. With the introduction of voluntary assisted dying, we are valuing human life according to social class—a class that can afford dedicated palliative care services and a class that has no choice but to choose suicide.

The bill has received limited support from a number of doctors in New South Wales. However, it is my understanding that none of those doctors are specialists in palliative care. In fact, Palliative Care NSW opposes the bill. If we were to consult with the medical specialists—those with the highest order of understanding about what is required for patients at the end of their life—we would find there is little support for voluntary assisted dying. This Parliament must support the vulnerable in our society—the marginalised, the sick, the elderly and the disabled—and vote against a law that opens opportunities for those people to be abused and ultimately killed. We must vote against legislation that favours the lives of those who can afford health care, but encourages the death of those who cannot. I oppose the bill, and I encourage my parliamentary colleagues to do the same.

**Mr KEVIN CONOLLY (Riverstone) (12:27):** I contribute to debate on the Voluntary Assisted Dying Bill 2021. Like the Premier, I oppose the bill in principle. But I also take on board the points made by the member for Ku-ring-gai and the member for North Shore that as parliamentarians we are being asked to vote on a particular bill, not just on a principle. And we should pay close attention to what is in that particular bill. This bill would permit one person to kill another and it would permit a person to provide the means for another to kill him or herself. The proponents are squeamish about that language, yet there is no doubt the bill would legalise killing, in the form of euthanasia, and assisted suicide. Those are the facts. If it were not so, we would not be having this debate. A change to a fundamental principle of our law is being proposed. I make no reflection on the motivations of those who take a different view. I recognise sincerity, genuine concern and strongly-held passionate views in people on both sides of the issue. Yet, in my view, it is simply not safe to change the law in this way. I believe

that inevitably it would leave vulnerable, voiceless people at risk of premature involuntary death. For that basic reason, I oppose the bill.

The military have a term for the unintended deaths that occur as a result of military action. They call these deaths "collateral damage". I believe it inevitable that this kind of legislation will also bring about collateral damage if it were to pass in New South Wales, just as we have heard about collateral damage in other jurisdictions that have had laws like this for longer periods of time. One way in which that would occur is simply to recognise that doctors are not infallible. Diagnoses and prognoses not only can be wrong but are wrong a certain proportion of the time. If a person is told incorrect information and makes a decision around accessing voluntary assisted dying [VAD] on the basis of that incorrect information, that person would be denied a properly informed choice. That would not be fully voluntary.

We have also heard from many speakers, and we know from our own experience, that elder abuse is real. Subtle pressure applied over an extended period can lead to vulnerable people doing things they ordinarily would not choose to do. You do not need to be an MP for too many years before you get cases through your office showing the ugly side of family dynamics when wills, inheritances and properties are involved. In this situation, that subtle pressure, that exertion of pressure on somebody who is vulnerable to being persuaded, cajoled, manipulated can lead to fatal consequences.

In this bill there is a presumption of decision-making capacity. I ask: Why a presumption rather than a standard or a test to satisfy, given the gravity of the decision involved? Why is there no psychological assessment required? Obviously the possibility of depression is quite high in circumstances where a terminal illness has been diagnosed. This bill sets the bar dangerously low. That too is one potential path to that collateral damage because there is no test, no criteria, no standard and no process stipulated to determine whether a person has capacity to make this very grave decision. If there are no specific rules stipulated to be followed, there are no rules that can be deemed to have been broken. Any enforcement action relating to decision-making capacity will be simply impossible.

Beyond all of that, there is the reality of noncompliance with the law—people cutting corners; sadly, some people knowing best for others; conniving with those who have improper motives in the family, as we have considered; things that are the ugly side of human nature that we should not be opening a door to. All of these can lead to the collateral damage of involuntary deaths. I believe they are inevitable if we pass legislation of this kind. So the question becomes: If we pass such a law, what level of this collateral damage is acceptable to this Parliament? Can we vote in good conscience, knowing that would be a concomitant outcome? That might sound like a rhetorical question, but, unfortunately, in this debate it is a matter of life and death, so it is a very real and very serious question.

We have been told that this proposal will provide dignity. The debate has been framed in a way that is presented as a choice between suffering and indignity in a small number of cases on the one hand and, on the other hand, dignity and the absence of suffering. We have heard much said about the reality of those small number of very difficult deaths. Yet how much do we really know about the alternative that is being proposed? We have been told the bill will enable death with dignity, but that is all we have been told. What kind of death will actually occur if this bill passes? How do you and I, the MPs who have to vote on it, know? We cannot know because that level of information is not in the bill.

Just what is it that we are being asked to legalise? Where in the bill does it explain what substance is being legalised or what form of administration is to be permitted? Where can MPs look to find out what will actually be done to people if this bill is passed? Why is it that key information is not in the bill? Why are we being asked to legalise something as drastic, as irretrievable as killing another person without all the information being in front of us? You would not buy a car if the salesperson would not let you look at it first, give it a test drive or answer specific questions about its design and features and so on.

Yet we, as elected representatives of the people of New South Wales, are being asked to buy the proposition that we should legalise a means of delivering death without knowing what that means is. We do not know what substance or what method of delivery will be used. We do not know the effects that this substance and administration will have on different people, how long it will take different people to die, or what they would experience during the process. We cannot know any of that because, under this bill, we are effectively going to outsource all of that detail to a bureaucrat. Members, this is a life and death decision for us. Few of the matters we debate in here ever reach that threshold. It is unthinkable that we should pass a bill that crosses this threshold without ourselves knowing exactly what we are permitting.

If the rationale offered for taking this momentous leap is to provide the option for a more dignified, less painful death, should we not at least satisfy ourselves that we explicitly know what would be done to achieve that end and that it will, in fact, have the outcome that is intended? This bill has many flaws. I have heard members



say it is the most robust and most well-prepared bill in the country. To that, I will give one simple response: five days. That is less than for other bills around the country between the first and last step in this process. So this cannot be the most robust, most safeguarded, strongest, best protected system on offer. It is far from that. If I had unlimited time, I would talk about many other flaws in the supposed safeguards.

The bill does not contain the safeguards for vulnerable people that it should. It does not sufficiently respect the right of those who in good conscience want to have no part of this. They are, in fact, obligated in the case of an aged care facility to allow it to occur on those premises, in the residential home of people who have chosen to be in a context where they would not expect that to occur. It does not give the DPP or the Coroner or the police sufficient capacity to maintain oversight on behalf of the community because it restricts the right to prosecute to the Health Secretary. It does not even contain the protections that previous bills presented to the New South Wales Parliament contained. It is weaker in many respects, many protections than the 2017 Khan bill that was defeated in the Legislative Council. [*Extension of time*]

I have been told that those behind this bill have said to some members, "Well, it is what it is. It won't be changed." If that is the case and you know that it is not the best law available, even if you were inclined to accept the principle, then you should not support it. This is too grave a matter to accept something that you know as a member of this place with a responsibility to vote for the future of the people of New South Wales; if you do not believe it is the very best to suit the purposes being offered, you should not support that. Disturbingly, given the life and death nature of this issue, the bill proposes to take decisions for a prosecution for an offence under the Act out of the hands of the independent prosecuting authority of the DPP and place it in the hands of a bureaucrat, the Health Secretary—and this is in the proposed section 134.

The Health Secretary has no expertise in the business of prosecution, nor any investigative capacity. Disturbingly, nor is the Health Secretary at arm's-length from the agency involved in administration of VAD. Surely the business of putting people to death should be the very last activity you would consider appropriate for self-regulation. It is essential, if we go down this path, that that should be independent of, separate from and at arm's-length from those involved in administering the process. There is no mandatory reporting to the Coroner, whose access to records about the whole process is restricted by proposed section 130.

Worst of all, the bill imposes a two-year time limit on the commencement of any prosecution. This is an extraordinary proposition when the stakes are so high. There is no coming back from a decision that involves death. In effect, the combination of these provisions works to prevent prosecutions from ever being likely, regardless of whether wrongdoing occurs. In fact, the strongest protection in this bill is for the doctors involved because they are deemed to not be liable if they believed they were acting in accordance with the law, not if they actually were. The protection for them is greater than it is for the vulnerable people for whom this bill really matters. I turn to one other specific example before I finish my contribution, namely proposed section 28. It appears to impose some obligations on the coordinating practitioner. The first three of those state:

... the coordinating practitioner must inform the patient about the following matters—

- (a) the patient's diagnosis and prognosis,
- (b) the treatment options available to the patient that would be considered standard care for the disease, illness or medical condition with which the patient has been diagnosed and the likely outcomes of treatment,
- (c) the palliative care and treatment options available to the patient and the likely outcomes of the care and treatment ...

However, under this bill the coordinating practitioner does not need to have expertise in any of the areas that would allow that person to give that information. They are not qualified to do so—or, at least, not necessarily; it is not a requirement of the bill. Here we have the first three fundamental obligations of the coordinating practitioner, which could be carried out by a person unqualified to carry them out. It is a nonsense in terms of protections. At the very least, if somebody is going to be able to do those things they must have the requisite expertise or they have to undertake the consultations to acquire that relevant information.

But the bill does not provide for that. The bill does not require that either of the doctors involved in this decision have any relevant expertise in the condition the patient is suffering from. The bill does not require that either of the doctors involved in making the decision has to consult the treating practitioner. The bill does not require that either of the doctors involved in making the decision has expertise in palliative care in order to be able to provide the information required in proposed section 28. The bill is incoherent even in itself. It does not set up a structure that would allow compliance with proposed section 28, at the same time as the requirement is placed on who can be the coordinating practitioner. In fact, I think what looks like a whole lot of detail, protections and structure is an edifice designed to confuse, to hide the weaknesses in the bill and the fact that it is really about facilitating the process of voluntary assisted dying, not about protecting those who may unwittingly, involuntarily be caught up in this process. That is the fundamental problem here. I finish with the words of the Archbishop of Canterbury, Justin Welby, in a debate on this issue in the United Kingdom not so long ago. He stated:

... no amount of regulation can make a relative kinder or a doctor infallible. No amount of reassurance can make a vulnerable or disabled person feel equally safe, equally valued, if the law is changed in this way.

...

But it does not serve compassion if by granting the wishes of one closest to me, I expose others to danger.

And it does not serve dignity if in granting the wishes of one closest to me I devalue the status and safety of others.

I oppose the bill.

**Ms SONIA HORNER (Wallsend) (12:43):** The Voluntary Assisted Dying Bill 2021 is supported by 90 per cent of the Wallsend electorate and so I am supporting them. I am proud to be one of the many MPs co-sponsoring this important, overdue and vital bill. We members of Parliament make legislative decisions that have an enduring impact upon the lives of people in our communities, thus our role as listeners and reflectors of community sentiment is vital. I thank the member for Sydney for the incredible amount of time and effort he has put into shaping this overdue bill. I thank Dying with Dignity New South Wales, all the rest of the volunteers and the Go Gentle Australia mob for all of their hard work too. The bill gives terminally ill patients the choice to end their severe pain, suffering and incapacity on their own terms. Those are the operative words: choice about leaving on a person's own terms.

Outdated New South Wales laws put patients and health practitioners at risk. Some doctors have acknowledged that people are being assisted to die right now. But this practice is hidden, unregulated and potentially unsafe. With no law to help them and racked with excruciating pain, the terminally ill may feel that the only way to end their pain is by using violent methods to take their own lives, alone. The best palliative care does not relieve pain and suffering for many—the 5 per cent of terminally ill patients for whom no amount of opioids will stop the excruciating pain that the member for North Shore referred to in her contribution to this debate. Making matters worse, friends and family are powerless to help them. They witness the horror of their loved one not gently fading away but, rather, dying overwhelmed by pain. I say to members that we are talking about dignity here.

The bill offers a safe framework for patients whose death is imminent and whose pain and suffering has become unbearable to end that suffering at a time of their choosing. It follows the same eligibility, process and safeguards as bills passed in all other States of Australia. New South Wales is the laggard of twenty-first century reforms. The bill has a number of important safeguards against coercion, addressing the concerns that a small number of constituents have raised with me. I will discuss the Victorian model. The most recent report from Victorian Health shows that since that State's Act commenced in June 2019 some 581 people have been assessed for eligibility to access voluntary assisted dying. Some 465 permit applications have been made, 405 permits have been issued and 224 people have died from taking the prescribed medications.

The report provides details about who is accessing voluntary assisted dying. Applicants were aged between 20 and 100 years and the average age was 71. Some 47 per cent of applicants were female. Some 87 per cent were living in their own home at the time of the application. Some 67 per cent administered the medication themselves. Some 77 per cent had a malignancy diagnosis, such as lung, breast or gastrointestinal cancer. Finally, 23 per cent had a non-malignant diagnosis, with 62 per cent of those having a neurodegenerative disease. We all know someone who has been in this impossible, agonising position. I spoke with Stanley, a Lambton constituent. Diagnosed with brain cancer in November 2014, it has now progressed to terminal status. He told me:

I've always known my life was time limited. Two to five years was the original prognosis, but when the cancer spread to multiple locations, inoperable and deep in my brain, it was likely "weeks to months".

I've been lucky, I keep on ticking. However, despite my luck, I know at some point my luck will stop.

If I'm "lucky" I'll have a massive stroke and die instantly.

If not, I face the possibility of becoming bed-bound but still knowing and understanding everything going on around me, but helpless to do anything or care for myself. Knowing what I want to say but unable to say it.

Right now, I've already started this path of pain and immobility.

Speaking of pain—most pains are pretty easy to treat more or less, you just fill your body full of opioids. However, brain nerve pain is tricky. You can't do that because you might cause a seizure and kill the patient. So you can find times when you are very limited in pain relief options.

This all comes back to the voluntary assisted dying question. I prefer to think about the question in a different way.

If you are in horrific suffering, be it pain or otherwise AND the best of science has done everything they can, surely then voluntary assisted dying must be an option for those that choose it?

I know it's not for everyone, I understand that. Whether it be religion, ethics, or just a very strong "will to live", some people will be against voluntary assisted dying and I can understand that, and feel for them.

But when the time comes and I am in pain, suffering, immobile, no quality of life and, importantly, only getting worse—what are the benefits in prolonging my suffering?

I know that this bill will not help me as it will not be in place in time for when I leave this world, but I want my thoughts, my hopes for voluntary assisted dying reform on the record.

I want this issue to be more than just a passing thought. I have been an advocate for some time.

Voluntary assisted dying is a liberal choice for the dying, for whom death is inevitable and imminent and who deserve the right to exercise the autonomy that is at the heart of what it means to be human: the exercise of free will. Can we be part of a compassionate community, affording freedom of choice to people at their end of life, and respecting their choice for a peaceful death? Yes, please. This bill strikes the right balance and offers the appropriate safeguards. It is time. I commend the bill to the House.

**Ms TAMARA SMITH (Ballina) (12:52):** I speak in support of the Voluntary Assisted Dying Bill 2021. As a co-sponsor of the bill I proudly stand with the other 27 co-sponsors in bringing this important and long overdue change in the law. I thank the member for Sydney for initiating this legislation and for the open and transparent way in which he has engaged with all members and the broader community about the details and the intention of this law. I thank all of the constituents in the Ballina electorate and beyond who have written to me to express their views. Overwhelmingly, people in my area have expressed strong support for this important law reform. People have shared with me heartbreaking stories of personal experience of watching loved ones with terminal illnesses at the end of life, for whom palliative care could not alleviate their suffering. It is important to reiterate that the bill enables people with a terminal illness at the end of life to make that decision.

I am grateful to Dying with Dignity New South Wales and Go Gentle Australia for their ongoing and tireless work and their incredible resources, including State of Suffering NSW: Testimonies of the damage done in the absence of a voluntary assisted dying law. I thank everyone who contributed their testimonies, particularly my own constituent, Cathy Barry, who wrote about the terrible suffering of her brother, Tom. It is not easy to talk about the pain of watching a loved one who is suffering die, and for whom palliative care as it stands in New South Wales cannot assist. I thank Cathy for her courage in sharing those stories. I thank the 100 doctors, the Aids Council of New South Wales, Cancer Voices NSW, Australian Lawyers Alliance, Humanists Australia, Christians Supporting Choice for Voluntary Assisted Dying, the Rationalist Society of Australia, the National Secular Lobby, Marque Lawyers, and Nicholas Cowdery, AO, QC, for their submissions. I note that I rely on their work in my speech.

The Greens NSW have a long history of supporting a terminally ill person's right to voluntary assisted dying and to die with dignity at the end of life with important safeguards to protect them from abuses. As we know, most States in Australia have voluntary assisted dying laws, and many democratic countries around the world have had these laws for many years. I do not support the argument made here today that those laws open up extreme euthanasia laws or that it sends a signal to people that if they are suffering they should take their own life. As someone who has experienced a close, loved person taking their own life, and experiencing loved ones at end of life who would have benefitted tremendously from this law, I see the conflation of those as archaic and false. The Voluntary Assisted Dying Bill 2021 is named as such because of fundamental reasons that challenge some of the arguments. It is voluntary because it is the freely formed choice of the person involved. It is assisted because medical professional assistance is required to carry it out with dignity. It is dying because it is at the end of life that it is contemplated.

Just this week in this place we passed landmark reforms around consent laws founded on the principle of bodily autonomy and a fundamental element of legal equality before the law: the principle of agency and the right of self-determination in respect of one's own self. While I understand that this principle at times comes into conflict with a person's religious or moral convictions, it is important to remember that we live in a secular, legal democracy and that, as Michael Bradley notes:

To insist on subsuming the universally accepted principle of personal agency below a religious or moral conviction which is not universal, is to depart radically from the practice of making laws on a strictly secular basis to doing so on the basis of personal and controversial beliefs.

I resist the urge to compare what that looks like around the world where religious dogma informs laws. The main opposition to voluntary assisted dying is being driven by religious clerics and highly motivated religious lobby groups that represent a tiny proportion of the population. As was revealed in Neil Francis' deep research, *Religiosity in Australia: Part 1: Personal faith according to the numbers*, religious clerics are completely out of touch with their congregations. One statistic mentioned today, and one that I echo, is that in 2019, 76 per cent of Catholics said that they support voluntary assisted dying laws.

The Greens NSW reject demands for special carve-outs for faith-based institutions. While we support conscientious objection for individual health practitioners, such conscientious objections should not be extended to institutions, especially those that receive large sums of taxpayer money. To correct the record, I note that the

member for Prospect claimed in his speech that Palliative Care NSW was against the voluntary assisted dying bill. I have been informed by them, through the member for Sydney, that "additional and ongoing funding for palliative care and voluntary assisted dying can coexist." Religious hospitals and aged-care homes should have to provide access to legal healthcare services, which would include voluntary assisted dying once enacted into law, if they wished to qualify for government funding.

I understand that some people will not choose voluntary assisted dying due to their religious and moral beliefs. That is why I am proud to live in a democratic society. But we must not prevent the overwhelming majority of people in our community, who wish to have the option of voluntary assisted dying with important safeguards, to be denied this because of the religious beliefs of a few, particularly in this secular place. Suffering at the end of life with a terminal illness without the capacity to choose assisted dying is not meaningful. Suffering is not meaningful.

Throughout my time as the member for Ballina, I have received countless emails and phone calls from constituents who have endured the miserable passing of a loved one, painfully watching them at the end of life, terminally ill, and palliative care not relieving their suffering. Listening to those stories is gut-wrenching and makes me wonder why we, as a civilised State, allow it to continue. I want to share briefly a story from one of my constituents, Cathy Barry, about the wretched end of her brother's life. In 2019, at the age of 69, Cathy's brother Tom was diagnosed with untreatable metastatic facial cancer. His doctor gave him six months to live and Tom died six months and two weeks later in Ballina. When Tom asked his doctor about how he would likely die, he was told that his demise would involve choking, pneumonia, skin eruptions, strokes and bleeding.

After his diagnosis, Tom twice asked his siblings to help him end his life to prevent the suffering he was enduring and he told them the worst was yet to come. Unfortunately, Cathy and her siblings had to tell Tom that there was nothing that they could do to help him because he lived in New South Wales. Tom received excellent end-of-life care from his doctors and nursing staff. Nevertheless, he still suffered terribly in the last weeks of his life. Specialist palliative care for his severe pain and anxiety gradually stopped working in the month before he died. Tom started to experience loss of consciousness, incontinence and difficulty swallowing. Sadly, Tom passed away in Ballina District Hospital after enduring several weeks of unimaginable pain, which was severe and unrelenting pain and could no longer be relieved. [*Extension of time*]

Tom was denied the chance to die with dignity instead of spending his last days in agony. His family sat beside him in hospital as he moaned, screamed, clenched his hands and cried over days and nights. In his final week of life, Tom could barely speak, uttering only two words during that week: "Inhumane!" and "Help!" I share that story with Cathy's permission and her family's permission because I do not believe in using people's suffering for political gain. But the reality is that pain management does not alleviate the suffering of everyone and many live and die with unacceptable levels of pain and suffering from terminal illnesses at end of life. As Dr Catherine Fraser put it:

Witnessing a dying relative linger in the final stages of life, having decided to deny medical treatment and refuse food, is hell. When a practitioner's ability to act with compassion is limited by the law, they are in effect acting against their primary goal to relieve suffering.

With voluntary assisted dying, death can be painless and peaceful. Dr Fraser articulated it very well for me when she said, "I think of euthanasia as choosing to die prematurely. I see voluntary assisted dying as choosing how to die when death is imminent." That is a very sharp distinction. Many safeguards are built into this legislation. I will refrain from going through them, but I want to assure my constituents and everyone who has reached out to me that I am very confident that those built-in safeguards and checks and balances do ensure that the scheme is not abused for improper motives. I pledge that I will be monitoring this legislation, as will all members of this place. We know that at any stage these laws can be reviewed; indeed, they will be reviewed. I hope that before the end of this month I can say to my community that voluntary assisted dying palliative care is now available in the State of New South Wales.

**Mr JUSTIN CLANCY (Albury) (13:03):** At the outset, we should be clear that this is a Rubicon moment for our State and our society. The Voluntary Assisted Dying Bill 2021 provides State sanction for those involved in the intentional taking of a life. Personally, I have sought to be informed—to read, to research and to listen—to give this matter my full discernment. I acknowledge the diversity of views and have absolute respect for people's experiences of family and friends passing through their end-of-life experience.

I acknowledge our complex human experience and our unending but valuable struggle to seek balance in lawmaking that honours all people as of equal value, all lived experience as meaningful and for our core principles to be worthy pointers to a fairer and safer society. I have met with and spoken with people of faith, and people not of faith, on both sides of this debate. It is not appropriate to deny any person the opportunity to contribute their views, their experience of life, simply because you place a higher value on your position rather than on their

position. You can preach from a pulpit or preach from a television program. Influence is everywhere. I adopt the sentiment of Edmund Burke:

Your representative owes you, not his industry only, but his judgement; and he betrays you instead of serving you if he sacrifices it to your opinion.

What is it that has changed in our society in this generation that steers our course in a different direction on a core principle to the generations that preceded us? After all, the mechanisms for effecting the ending of a life have long been available to us. Down the ages, the experiences at end of life are a bond that we share in. We should be under no illusion that an individual's actions do not impact more broadly on society: "No man is an island ...". What is the impact on the individual's first circle of contacts: their family and the medical practitioners around them? How does this reverberate through broader society? We are in an age where we are endowed with a sense of control. Yet we are constantly reminded by nature that there is much outside of our control. I have seen it proposed that this bill will bring relief, that it will establish a process to assist a person affected by a disease, illness or medical condition that causes suffering to the patient in a way that cannot be totally relieved. A constituent wrote:

The endless suffering must stop not only for the patient but for the loved ones that sit by their side day after day, weeks turning into months and for some of us years.

It is one thing to manage pain; another to manage suffering. Palliative care workers tell me the family member watching a loved one will experience their own personal set of feelings and distress, distinct from the experience of the dying person. They are not the same thing. What is profoundly evident is that individual experiences of family and friends approaching death are compelling and cry out for compassion. Practitioners and professional visitors to palliative care centres are quick to identify where more can be done. For instance, staffing levels may affect the quality of care. One regular hospice visitor said:

The grim almost unspoken reality is that due to staffing levels people are not always surrounded by the appropriate support.

Weak points of current palliative care processes are known. Where it may be redressed through science and funding, we should be seeking to remedy palliative care and make it better. As we explore issues of choice and consent, we should also turn and examine Advanced Care Directives. The document might mention resuscitation, or medications or treatment—broad directions—but then the document might be silent about what should be the steps taken right at the very end of life. Health practitioners tell me they are uncertain about whether those documents are legally enforceable. In an emergency, who has the document? Where can it be found? What does it say? Who bears the risk? One person argues that there is only one person who should be in control. No-one else has the right to impose their views and to this the doctor responds: Is this truly a matter of free choice? Do they have the mental capacity to make that decision? Is there any sense of outside pressure or coercion involved or from within? For some, like another medical practitioner who contacted me, the bill takes our society across a critical threshold. The doctor wrote:

I would like to... discuss my concern, and opposition, to any legislative move to permit physician assisted euthanasia or voluntary assisted dying. It is contrary to the oath I swore when I became a doctor, and is simply bad medical practice. It is not good for patients nor of benefit to our society.

Most of our contemporary debates in Western societies turn on rights and responsibilities. If a government and a society, through its elected representatives for leadership, determines that a situation is to be ruled by principle, then what is to become of a society that abandons that principle when it is faced with a physical or ethical crisis? Are you drawn to supporting your principles as your foundation or to placing them secondary to the individual case of need? If there is one who must be accommodated despite breaching the principle, why not a second example, a third, and so on. Once there is no principle of placing ultimate value on life, there is precious little barrier to it being extended. In response to Victoria's debate on its voluntary assisted dying bill in 2017, Paul Keating talked of the danger of crossing the threshold we are considering today. He said:

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

I now turn to the bill. I welcome the consideration in the bill for the need to make provision for any health professional or health facility that has a conscientious objection to VAD. But the bill is written from a perspective that does not understand or wish to accommodate conscientious objection as it is understood by those who oppose VAD. Part 5 proposed section 89 states:

- (1) A residential facility or health care establishment may decide that it will not provide services relating to voluntary assisted dying at the facility or establishment.

Nevertheless, despite its objection to involvement, the establishment or facility must, if asked, allow reasonable access by others who will supply information or, it states:

... if the requested medical practitioner is not available to attend, the relevant entity must take reasonable steps to facilitate the transfer of the person to and from a place where the person's relevant request may be made ...

Proposed section 97 applies when a permanent resident at a residential facility which does not provide voluntary assisted dying services wants to access that service. Under subsection 97 (2) that facility must allow reasonable access to the person at the facility by the person's administering practitioner for the practitioner to administer a voluntary assisted dying substance to the person or to allow reasonable access to a person lawfully participating as a witness or allow access to a person lawfully delivering a voluntary assisted dying substance to the person. In practical terms, there will need to be a degree of facilitation by people who hold a conscientious objection. I seek an extension of time. [*Extension of time*]

Perhaps because of having previous attempts at drafting a bill and through researching different versions of this type of existing legislation, this bill has become cumbersome when it sets out to be prescriptive. For example, part 4, which covers accessing voluntary assisted dying and death, takes us through six divisions and well over 100 proposed sections and subsections. It carries the hallmarks of trying to balance the need for precision with an abundance of what are ultimately subjective assessments dressed up to appear more objective and clinical than they are.

Then we move from parts of the bill that are highly prescriptive to others that are troublingly vague, yet remarkably crucial. Proposed section 27 provides the process to be followed when the coordinating practitioner is unable to decide whether the patient has decision-making capacity, or whether the patient is acting voluntarily and not because of pressure or duress. Under proposed section 27 (2), in either of those situations the coordinating practitioner must refer the patient to a psychiatrist, another registered health practitioner or a person who has appropriate skills and training to make a decision about the matter. Proposed section 27 (3) states:

If the coordinating practitioner makes a referral under this section, the coordinating practitioner may adopt the decision of the psychiatrist, other registered health practitioner or other person about the matter in relation to which the referral was made.

Let me impress upon members that this is the precise point where we find two of the foremost concerns about this legislation: capacity and consent, and whether that consent is made voluntarily. This is one proposed section that will enable the process to proceed to its conclusion more readily in a rural or regional area where alternative experts might be hard to find or unwilling to become involved. But it also means adopting a second tier standard for rural and regional residents. Who chooses this person who has appropriate skills and training? It is the coordinating practitioner. This keeps the process close to home, which can be a good thing. Alternatively, it introduces a fundamental risk.

I have heard a number of problems that people have expressed about the Victorian legislation—that is, there is a lack of specialist doctors in regional Victoria which can lead to a streaming of regional patients to Melbourne for assessment, bringing with it the expected discomfort, stress and delay. The New South Wales bill will, if passed into law, be different in material aspects from the Victorian Act, which differs from the Queensland Act and so on. We are already seeing significant expansion of the reach of VAD in our nation. The general period for availability of VAD has doubled in Queensland's law compared to this bill's proposed section 16 (1) (d) (ii) and pushes out the general period from six months to 12 months life expectancy.

This bill has some conditions for which a 12-month period is specified, but the general period is six months life expectancy. That answers one question for us all—these laws expand their reach and we have not even truly begun to properly accommodate those who live in regional and rural areas for secure and equal processes. For over a year now I have been meeting with palliative care nurses, doctors, pastors, farming families and university students. Correspondence directed to my office in the form of letters, emails and phone calls measures in the hundreds. People took time to do this, so they have clearly placed a high value on expressing their opinions to their local member, which I value. For them, it was not just a tick-the-box exercise. By whatever means it was created or delivered, I interpret all input from my electorate as indicating strongly held but irreconcilable opinions.

Correspondence has not delivered a right answer for my electorate. Respectfully, as a matter of principle, I am not a supporter of voluntary assisted dying legislation and this bill. My view will bring disappointment to many that I serve in my electorate, but relief to many others. If my decision had been the reverse, there would also be people who would be disappointed or relieved. So we stand at this Rubicon. As a society, we should not cross the threshold of the value of life. Living in a multicultural society, I believe this is not so much about living in the past but looking to our future. That is a future where palliative care failings are researched and solved; where cultural differences find an understanding home; where fundamental principles stand, guide and sustain us rather than bend, diminish and ultimately fail us. I do not support the bill.

**Debate interrupted.**

**CRIMES LEGISLATION AMENDMENT BILL 2021****Returned**

**TEMPORARY SPEAKER (Mr Lee Evans):** I report receipt of a message from the Legislative Council returning the bill with an amendment. I set down consideration of the amendment as an order of the day for tomorrow.

I shall now leave the chair. The House will resume at 2.00 p.m.

*Committees***COMMITTEE ON THE INDEPENDENT COMMISSION AGAINST CORRUPTION****Government Response**

**The CLERK:** I announce receipt of the Government's response to report No. 3/57 of the Committee on the Independent Commission Against Corruption entitled *Review of the 2019-2020 annual reports of the ICAC and the Inspector of the ICAC*, dated 11 November 2021, received on 11 November 2021.

*Petitions***PETITIONS RECEIVED**

**The CLERK:** I announce that the following paper petitions signed by fewer than 500 persons have been lodged for presentation:

**Industrial Wind Turbines**

Petition requesting the Legislative Assembly require industrial wind turbines not be built within the sight or hearing of residential dwellings or businesses at Nundle, Hanging Rock, Head of Peel or Crawney Mountain district, received from **Mr Kevin Anderson**.

**Assisted Dying Legislation**

Petition requesting the Legislative Assembly decline to pass any bill to permit assisted suicide or assisted dying in the current term of the Parliament, received from **Mr Kevin Anderson**.

*Bills***VOLUNTARY ASSISTED DYING BILL 2021****Second Reading Debate****Debate resumed from an earlier hour.**

**Mr LEE EVANS (Heathcote) (14:01):** I support the Voluntary Assisted Dying Bill. Why? This is one of the most important bills that has been presented to the House. The bill will allow members of our communities to elect to take up voluntary assisted dying. Will this procedure be for everyone? The answer is categorically no. Let there be no mistake that this is not a euthanasia bill where authorities can at a whim end someone's life. Decisions are entirely made by the patients in consultation with professional practitioners. The bill will be a humane end of life for those who choose it and who are suffering intolerable pain and mental anguish. This is a compassionate bill for those caught in a situation where their terminal disease or condition will end their lives within 12 months. Although palliative care is excellent in New South Wales and the Government has invested heavily in resourcing the sector, for some, the prospect of ending their lives either unconscious or racked with pain that cannot be relieved does not give them comfort.

The bill will give peace of mind to those who can apply for voluntary assisted dying. Evidence has shown that in jurisdictions where an assisted dying bill has been adopted, the applicants do not necessarily go through to the conclusion. This is for those who would like options for their end-of-life plan. The bill will give those people an insurance policy—a fallback position, if you like—that will not necessarily be taken up but will provide the comfort that if they need it, it is there. I understand and respect those who oppose the bill. My decision to co-sponsor and support the bill comes from a place of love for those facing their mortality face on, taking control of their limited lives, and making their future care plan in a clear and concise way by opting in and having the option if required and of their choosing.

Most parliamentarians across Australia understand that our communities are ready for voluntary assisted dying, which is evidenced in New South Wales being the only State in the country yet to join with all other States to pass a bill for the benefit of those in the community suffering intolerable pain due to their incurable conditions. As previously stated, the bill is for those who have a terminal illness with a prognosis of a projected life span of

12 months or less. I have heard many stories about those who want a bill passed, but alas, in the time since the last assisted dying bill was defeated by one vote in the Legislative Council in 2017, many have left us in circumstances they were frankly terrified of enduring.

The member for Sydney has introduced a bill that is compassionate and well researched, with safeguards built in so there can be no accusations of inducement or bullying by others. It will be the decision of the patient whether to proceed or not. I congratulate the medical practitioners who support the bill 2021. More and more doctors and medical professionals are comfortable with the bill's intentions after reading it. The bill is made up of the best parts of similar bills that have been passed around Australia. The consideration of the safeguards contained within the bill makes me comfortable that it has landed in a well measured and humane space. Again, I remind people that this will not be mandatory; it will be for those in our society who are faced with their own battles with health and the decision will be theirs. This bill will give them the comfort that if the medical care is not sufficiently making their lives bearable, they have a pathway. The amount of crosschecking, with the patient being asked, "Is this what you want and do you agree to it?" through the entire process happens practically every time a medico speaks to the patient.

To be eligible to access voluntary assisted dying in New South Wales a person must be an adult; an Australian citizen, permanent resident or living in Australia for at least three continuous years; living in New South Wales for 12 months or more, with provisions to exempt people in border communities; diagnosed with at least one terminal illness that will cause death within 12 months for a neurodegenerative condition or six months for other conditions; experiencing intolerable pain and suffering that cannot be relieved; has decision-making capacity; and is acting voluntarily and without pressure or duress. To be eligible to act as a coordinating or consulting practitioner a person must be a specialist, an overseas trained specialist, a GP with 10 years of experience or have conducted training approved by the Secretary of Health. To be eligible to be an administering practitioner a person must be eligible to be a coordinating practitioner, a GP with five years of experience, a nurse practitioner or a registered nurse with five years of experience.

This legislation is significant for the community of New South Wales. It is a large leap forward, but that is not a reason to recoil from our responsibilities to the people of New South Wales to do due diligence on this legislation, and I believe the safeguards contained in the bill cover those concerns. Let me be clear, this is for those who are facing their mortality head on and want a choice on how their lives will end. When I have conversations with people who are looking to take advantage of this legislation, all of them are terrified of what their end of life will look like. Some want a serene end to their lives not only for themselves but also for their loved ones. As a representative in this place, I have put myself in their shoes and that is why I support the assisted dying bill 2021. I commend the bill to the House.

**Mr EDMOND ATALLA (Mount Druitt) (14:07):** I make a contribution in opposition to the Voluntary Assisted Dying Bill 2021. The bill would give individuals with a terminal illness the opportunity to end their lives prematurely, despite medical advances over the past decade which have made a big difference to cause a rethink about voluntary assisted dying. The bill as it currently stands removes more of the protections that were present in the 2017 bill, which was rejected by the New South Wales Parliament in 2017. I give examples of the protections that have been removed. In the 2017 bill two doctors independent of each other needed to sign off on a patient's death; the 2021 bill removes the independence previously required. In the 2017 bill at least one doctor needed to be a specialist in the illness the patient is suffering from; the 2021 bill removes the specialist requirement. In the 2017 bill, doctors needed to meet and examine a patient in person. The 2021 bill allows a doctor to sign off on a patient's death via telehealth. The 2017 bill required a mandatory psychological assessment of a patient. The 2021 bill does not require any mental health assessment. The 2017 bill required mandatory reporting to the Coroner. The 2021 bill removes that requirement.

Given that the New South Wales Parliament rejected a much stricter bill in 2017, it is unthinkable that just four years later MPs would consider passing a much more dangerous bill. Our focus should be on resourcing rather than looking for a shortcut to end people's lives because of the shortfall in palliative care, particularly in regional New South Wales. The State currently has 91 full-time equivalent palliative care specialists, equivalent to 1.1 palliative medicine specialists per 100,000 people. To meet Palliative Care Australia's benchmark of two full-time specialist palliative medicine physicians, New South Wales needs to double its current number of palliative care doctors. The shortfall of available palliative care significantly affects regional New South Wales. However, there is also a lack of palliative care in major hubs.

For example, Westmead Hospital, which serves a population of 1.85 million and has almost 1,000 beds, has no dedicated palliative care unit, and nor does Nepean Hospital. Despite strong lobbying from my colleagues in this place and from the residents of the area, Westmead Hospital remains without any palliative care services. Former Deputy Premier of New South Wales the Hon. John Watkins made the following comments in relation to the Voluntary Assisted Dying Bill 2021:



The idea that supporting euthanasia is progressive, and opposing it is conservative, is obsolete. In fact, any thoughtful progressive should be worried about where the rush towards voluntary assisted dying is taking us. The critical factor that's changed over the past decade is medical science, primarily in the field of palliative care. New treatments like intrathecal care and nerve blocking are enabling people with life-ending conditions to achieve a quality of life inaccessible last century.

One reason people resort to voluntary assisted dying is the level of pain endured, leaving them with the idea of voluntary assisted dying rather than living with pain. Recent medical advancements in medical procedures by trained pain specialists can block the pain signal and alleviate the pain experienced by the patient. However, these procedures are expensive and only a tiny fraction of the population have access to modern palliative care. If someone is among the privileged few who is very wealthy, lives in the right area or has great health insurance, they can get access to life-extending, modern palliative treatments. Mr Watkins continued:

But if you are poor, live in the wrong area and have no health insurance, your chances of accessing modern palliative care is close to nil. If you are offered any end-of-life care—and there's no guarantee you will be—it will look far more like the 20th century model than the modern possibilities. Surely any compassionate government in 2021 should be pushing for the average person to get modern palliative care long before they get access to death.

Effective palliative care is the alternative to voluntary assisted dying. Persons die in pain only when palliative care services are not adequately funded. Funding palliative care in the regions is more important than funding suicide for persons who are unable to receive palliative care. The majority of doctors do not support assisted suicide. Health Professionals Say No, a group of over 1,000 doctors—many of whom practise in New South Wales—believe euthanasia can never be made safe. In recent years it has become apparent that elder abuse and the risk of elder abuse are increasing threats in Australia. If an individual is unable to take care of themselves or has reduced decision-making capabilities and/or financial management issues, their vulnerability to being pressured into euthanasia by family members or others responsible for their care increases. The 2015 parliamentary inquiry into elder abuse in New South Wales revealed shocking accounts of abuse. The committee chair, the Hon. Greg Donnelly, MLC, wrote:

Within the context of the many priorities that governments juggle, abuse of older people can be overlooked, perhaps because elder abuse tends to be hidden away. Perhaps it is because of the ageism that exists in our culture, that allows us to disrespect our elders and tacitly accept disempowerment as an inevitable outcome of frailty. Perhaps it is too threatening for many of us – because we ourselves will one day be old and frail – to see this abuse for what it is: exploitation of and in some cases violence towards people who are vulnerable, people who in many cases are the least able to protect and defend themselves.

Elder abuse can take many forms, from subtle emotional pressure to direct coercion. In the case of a vulnerable person experiencing a terminal illness, the interests of the suffering person and the beneficiaries of their estate are in direct conflict. The beneficiaries, who are usually family members, have a strong financial incentive to expedite the release of assets that might flow from a will. The interests of the suffering persons are protected when they are relieved of any emotional pressure or sense of guilt for still being alive and holding up the financial benefit that they will provide when they die to the people they love. It is a complex, emotional situation that is very difficult to manage through a regulatory regime.

It would be recklessly negligent of the New South Wales Parliament to legalise euthanasia and assisted dying in the State before putting in place a system to effectively address the scourge of elder abuse. If we cannot tackle elder abuse, there is no reason to believe we can adequately safeguard against the abuse of our vulnerable elderly when it comes to euthanasia and assisted dying. The last attempt to legislate euthanasia in New South Wales excluded people with mental illness; this bill does not. I seek an extension of time. [*Extension of time*]

There is a strong risk that dying people with mental illness will activate the assisted dying process as a result of their mental infirmity rather than a decision solely relating to their primary medical condition. The evidence from overseas jurisdictions shows that the demand for access to euthanasia for those with mental illness has increased dramatically. This bill does not offer any protections to vulnerable Indigenous people. Indigenous people do not support assisted dying because it goes against their spirituality and they feel threatened by it. That was a key reason the euthanasia legislation in the Northern Territory was overturned. Former Prime Minister Paul Keating made the following comments regarding the Victorian legislation that this bill is modelled on, as reported in *The Sydney Morning Herald* on 19 October 2017:

There is probably no more important issue in contemporary bioethics or a more serious ethical decision for our parliaments than that raised by the Voluntary Assisted Dying Bill 2017 being debated this week in the Victorian Parliament. Under this bill, conditions and safeguards are outlined that will allow physicians to terminate the life of patients and to assist patients to take their own life. This is a threshold moment for the country. No matter what justifications are offered for the bill, it constitutes an unacceptable departure in our approach to human existence and the irrevocable sanctity that should govern our understanding of what it means to be human.

I believe if we work to lower the cost of quality-of-life medication and palliative care assistance, fewer individuals will feel that they are a burden on their family and will not feel the necessity to end their lives. I stand in solidarity with the Australian and New Zealand Society of Palliative Medicine in its recommendations to not introduce assisted dying. Instead, it makes recommendations to direct more funding and resources into palliative care and carer support workforces, to increase funding for the generalist health workforce and to support initiatives that

provide high quality of life palliative care. I share its concerns that the bill, and the resulting legislation, will turn attention away from the larger problem of service gaps, and therefore less funding will be given to the much-needed network for quality-of-life care. Proponents of the New South Wales VAD bill are nothing more than political Pharisees if they support saving lives under COVID-19 and suicide prevention, but not under the proposed VAD bill. I call on my colleagues to vote against the bill, and better fund quality palliative care instead.

**Mr STEPHEN BROMHEAD (Myall Lakes) (14:21):** I contribute to debate on the Voluntary Assisted Dying Bill 2021. I start by relating a personal experience. That does not mean my personal experience is any better than anyone else's; it is simply my experience. I was a registered psychiatric and geriatric nurse, studying general nursing. My father died in 2002 after a long battle with skin cancer. He died about six months after the doctor pointed the bone at him—in his words. He was with my brother in my eldest brother's home, where he received palliative care and they looked after him. Dad died a loved, caring and comfortable death with palliative care. They really looked after him.

My second experience was with my mother. She passed away in March this year. Mum battled skin cancer for probably five years. In mid-2019 the specialist said there was nothing more we could do and she would not have long to live because the melanoma was in her throat, and she had thyroid cancer and metastases in the lung and pelvis. They told us, "You probably have six months, max. We'll get the palliative care team to introduce themselves." But mum said, "I'm not ready for that. No way in the world." So she was not introduced to palliative care. That was mid-2019 and she lived and enjoyed every moment she had left. She went over to Western Australia where my eldest brother and his family lived, and spent some time with them. She stayed at the retirement village where she was looking after herself and in charge of the bridge club and other things and was in control of the retirement village, as she had always been.

Mum was like that until earlier this year. Her demise was fairly rapid, but I was able to arrange for mum to be introduced to palliative care and transfer her to a nursing home in Forster, close to where I lived. I will say that Kularoo Gardens nursing home did a wonderful job, as well as the palliative care and doctors. Sue and I would go around and rub mum's legs and do all those sorts of things. But she lived. For about 18 months or more she had a wonderful time. In the end, it was relatively pain free. In the last bit of time, the care and love was there. My nieces and nephews came to visit and her face would light up at how wonderful it was. Other members of the family would also come and see her. It was not a horrible death; it was an emotional death. Dying is a terrible thing, but we are all going to do it.

I have spoken to palliative care specialists, nurses, other doctors, GPs and all sorts of people about this and how the medicine and science behind palliative care have improved. Each individual member will have a conscience vote on the bill before us. It is not a vote that your party makes; there is no party vote. A number of my party members will vote for it and a number will vote against it. It is a free vote and it is a vote not on your morals necessarily, because it could be that you consider the views of your electorate and that sort of thing. To give some background, we heard the member for Mount Druitt refer to the Voluntary Assisted Dying Bill 2017. That bill came about because a bipartisan working party came together and formulated legislation. That bill was one I could support, so I arranged for the Hon. Trevor Khan from the other place and the current member for Auburn, who was then in the other place, to attend a public meeting and address people at Tuncurry. We conducted a survey online so I could gauge the views of my electorate. As I said, I have consulted widely.

We should look at the 2017 legislation and look at the 2021 legislation and compare the pair. The first thing I note in the 2017 legislation is that the person must be over the age of 25. The bipartisan group recommended the age of 25 because they believed it is not until a person is 25 that the brain is fully formed and they are able to make constructive, properly formulated decisions. In the 2021 bill, on the other hand, the age is 18. That is probably fair. If you can send a person to war at age 18 and they can vote to decide who will govern them, then 18 is fair enough for this purpose. The next thing I note in the 2017 bill is that the person must be suffering from a terminal illness and, as a consequence, experiencing severe pain and suffering physical incapacity to an extent that is unacceptable to the person. That is pretty much the same in the 2021 bill.

The next part of the 2017 bill is that the patient makes a request for assistance—and it has to be a request—to a registered medical practitioner who is able to conduct an examination of the person. That is pretty much the same as the 2021 bill. The 2017 bill said that the person must then go to a specialist for that particular illness, like oncology, and they should examine the patient and then certify. That is not in the 2021 bill, and it is a glaring omission. The next thing in the 2017 bill is that the person must be referred to a psychiatrist or a psychologist to ensure that they are making the decision freely and voluntarily, without any overbearing or undue influence. That is not in the 2021 bill. The 2021 bills says that if one of those medical practitioners, who may or may not have even examined the patient, thinks that it might be necessary, then they may refer them on. That is another glaring mistake in this bill. It should be compulsory because what we know is that there are family disputes.

In my past life as a lawyer and as a detective, I was involved in many family disputes many times over wills and whether the wills were given freely and voluntarily, and whether or not powers of attorney and enduring guardianships were done freely and voluntarily. It is interesting when you look at enduring guardianship, the person who is appointing a guardian must sign it in the presence of a lawyer, who must certify that that person is doing it freely and voluntarily. Then the person who is going to be the guardian must also sign it in the presence of a lawyer, who must certify that that person is doing so and understands their fiduciary duty. We go to all that trouble of the guardians having to sign it in front of lawyers to ensure that there is no undue influence and that they understand what they are doing. [*Extension of time*]

When you see the worst of human nature because of the various roles I have had, there are family members out there who treat their parents or grandparents appallingly. For example, I recall a case where a son convinced his mother to transfer the house to him. He would then provide a roof over her head and maintain the house for the rest of her life. Two years later, he wanted to evict her from the home. That is just a simple one. There are other ones where mothers who have dementia were convinced by her daughters to change their will to leave everything to them, make them the power of attorney, then use the power of attorney to sell properties and other things to defeat other beneficiaries. A long list of things can happen. We all know about elder abuse. The member for Mount Druitt spoke about elder abuse and about financial abuse of older people.

I know there are some safeguards in the 2021 bill, but I do not believe it has the same sufficient safeguards as were in the 2017 bill, which provided that a psychiatrist or a psychologist must meet with and assess the person and provide a certificate to that effect. I do not believe the safeguards in the 2021 bill are sufficient. I know that the majority of people want—and I believe that the majority of people do want—a voluntary assisted dying bill. But this is not that bill. This is an assisted dying bill, but the last thing you want is an assisted dying bill that some members of our community will take advantage of and will abuse their family through it. If we get one person being abused, then this bill is not the right bill. It either needs to be amended or we vote it down and we do it properly. The safeguards are not robust—I heard speakers talking about robust—they are not robust.

How can it be robust if the second doctor does not even have to talk to the person or meet with them and just looks at the file? How can it be robust if there is no psychologist, psychiatrist, lawyer or some person ensuring that the person has signed it freely and voluntarily without family members or others convincing them that this is what they should do? There are people out who, when they are told, "You have cancer and you're going to die", think, "This is the end of it. I better do away with it" when they could have a beautiful 12 or 18 months, two years. In my mother's case it was probably five years or more that she was living the good life with cancer. It was 18 months before she died and she was told, "You haven't got long to live." I ask my colleagues on both sides of the House to really think about this issue. This is open to abuse, and the last thing we want is a bill that we pass that opens up abuse. I was supportive of the 2017 bill, but I just cannot support this bill because it does not have the safeguards of the previous bill.

**Ms JENNY LEONG (Newtown) (14:35):** I speak on the important Voluntary Assisted Dying Bill 2021 as one of the many co-sponsors of the bill and as a long-time supporter and advocate for voluntary assisted dying. I also offer my support and confirm The Greens' support as a party to this reform. I am very pleased to be a member of a party that has a clear policy position to support the right for people to die with dignity. This is, indeed, a very personal choice. As we have heard from many in the Chamber and as we will continue to hear, these are very personal reasons and very personal choices. That personal choice, that feeling of looking to your own conscience as to whether or not you wish to choose to die, needs to sit with the person who is terminally ill.

I appreciate that in this place members exercise a conscience vote, but I always feel very uncomfortable about that idea. On one hand, we recognise the inherently personal nature of the decision but, on the other hand, members come into this place and believe that their conscience should determine whether or not a person is able to make that choice. I fundamentally disagree with the concept of conscience votes for the people in this Chamber because we should make decisions based on the idea that we are passing this reform to allow the conscience of the person who is terminally ill to make that choice. But here we are, and the reality is that on these reforms and on other reforms in this space, conscience votes are the way that we potentially get reforms through. It is very clear and it is very good to see, on the other hand, for our democracy members from all sides of this Chamber expressing their views and engaging directly with these issues themselves rather than necessarily following a briefing paper that has been provided to them and a direction of how they need to vote.

In the four years since a voluntary assisted dying bill was last debated in the upper House when one single member, unfortunately and disappointingly—tragically, even—thwarted its passage, all the other States have passed bills to legalise the right to die in peace and with dignity. During this period, in New South Wales many thousands of people have died in great pain and distress when that should not have been the case. I acknowledge the work of my Greens colleagues Mehreen Faruqi and Cate Faehrmann, who have done a lot of work over many years advocating for this reform. I acknowledge the work of Alex Greenwich and Greg Piper, who are steering

the way for this important reform now in 2021. They are just two of many co-sponsors to this bill and, as we have heard so far in this debate, of many supporters of this bill in this Chamber.

I acknowledge the outstanding work done by community members, peak bodies and many in the community, as well as politicians, including my State and Federal Greens colleagues, past and current, who have campaigned and advocated for this legislation long before it was on the top of everybody's agenda. In particular, I acknowledge the work of Dying with Dignity NSW, which has worked since 1983 to achieve what we hope will soon pass into law in New South Wales. I also acknowledge Go Gentle Australia, which has advocated nationally since 2016, and provided comprehensive resources and information on voluntary assisted dying. Additionally, I acknowledge the 29 Voluntary Assisted Dying Alliance member organisations, which include key national healthcare and professional bodies. I personally thank Christians Supporting Choice for Voluntary Assisted Dying, the Council on the Ageing and Doctors for Assisted Dying Choice for writing to me directly to express their support for the bill.

There is overwhelming support for this reform in the community. In the electorate of Newtown, over 80 per cent of people supported voluntary assisted dying legislation. I know how strongly people feel about this because I have been contacted by hundreds of locals in the electorate of Newtown who have shared their views on this bill, with the overwhelming majority voicing their support and sharing very personal individual stories of seeing their loved ones suffer, often horrifically, in the last stages of their lives. I have been given permission to share a few of those stories on the record today to demonstrate why it is such a personal choice for people to make and why that choice needs to sit with those who are terminally ill and to be made by those who are terminally ill—something this bill would provide. Julie from Newtown watched her brother suffer for seven years of slow decline with cancer and a week-long, agonising end-of-life scenario that she describes as inhumane, undignified and torturous. She wrote:

How awful to have a man so larger than life, wonderful, compassionate, loving—a father, son and brother—be reduced to such horror when at the end of his life he should have been able to have control over the way in which he took his last breath.

Val from Enmore wrote:

My darling mother died in my arms a few weeks ago. She was in her 70s. She had progressive supranuclear palsy, for which there is no treatment. She died in Stanmore of dehydration and starvation when she finally couldn't swallow any longer. For months she was cramping and contracted and in great pain, curled up like a foetus. She faded away to a skeletal state, unable to see or move. Her eyes were yellow and pleading. She begged for a drink every hour of every day but knew it was of no use. She had full capacity up until her last breath when blood trickled out of her mouth. For the last two weeks of immense suffering I asked the nurse in charge and the GP to give her intravenous morphine at a dose incompatible with life. My mother nodded her wish for this every time I asked. She was a big believer in euthanasia. The professionals wanted to let her slip away, but it was against the law.

Michael, a doctor from Surry Hills, wrote to me:

I believe that a person should be able to die with dignity when facing a potentially painful, undignified death. I was at the bedside of both of my parents, who died of cancer. I genuinely would have ended their suffering weeks earlier had such been allowed. Frankly, on a number of occasions my father asked me to "end it" for him. My mother just kept saying "I want it to be over, just let me go to sleep and not wake up". Of course, I was powerless to help either of them in their last wishes. The last months of their lives were an unending journey of waiting to die interspersed with pain, unpleasant medical procedures, and sometimes, less than humane treatment. Where terminal illness is concerned, an individual should have the right to select the time of his/her/their death. Given genetic probability, I too will face a similar future as my parents' unless action is taken; taken by individuals such as you. I urge you to support a person's right to choose.

I cannot add more to the powerful stories of these individuals who have shared their very personal tragedies with me and allowed me to put them on the record today. I could not say anything to members who would make it clearer as to why we need this reform. We know this legislation is long overdue and more must be done. We know there must be no more delays. It is time to allow people in New South Wales to be able to die with dignity. I will address comments made by the member for Mount Druitt in his contribution to the debate. I think they were very unfortunate in the context of this debate.

The member made the broad statement that Indigenous people do not support voluntary assisted dying. I do not know how any member in this place, or indeed any person, can make a statement attempting to define what the entirety of the First Nations community in New South Wales do or do not support or think about any legislation, or indeed any view. It is important in these debates to not make broad statements that seek to put on the record as fact something that is clearly false. It is impossible for the member for Mount Druitt to know whether or not all First Nations people in New South Wales do or do not support voluntary assisted dying laws. I also address the concerns raised by the member for Myall Lakes in his contribution. I think all members could witness the difficulty for him of talking about personal situations and I acknowledge that he has raised serious concerns about this bill.

To delay the passing of voluntary assisted dying laws any longer will mean that many, many people will suffer. I appreciate that it might mean we have some really heavy lifting to do in this place to consider amendments

that ensure this bill satisfies as many people as we can—and is as good as it can be—for it to work for the people of New South Wales. But we know that these things have been tried before and we know the effort it takes to get to a point where members are debating a bill like this. I urge those members who may think this bill needs to be changed in some way to earn their support to work constructively with all of us so we can find ways to strengthen it. I worry there will not be another time for us to do this and that, in the gap where we are unable to act, more and more people will suffer in pain as a result of them being unable to choose to die with dignity.

**Mr JAMES GRIFFIN (Manly) (14:45):** Clearly the gravity of the Voluntary Assisted Dying Bill 2021 is not lost on any member in this place. I acknowledge the considerable comments and analysis in detail of the bill by my colleagues and so will not repeat them. However, I offer this perspective: Time is the most precious commodity that we have. It is free to all and can be bought by none. We can work as hard as we like, but it will not give us more time. We can choose to make the most of our days and live a life of meaning, one of love—but again, it will not give us more time. All of us, no matter our station in life, are equal in the knowledge that there is nothing we can do to reverse or pause the clock that has started counting down our time. To change the law of this State to allow for someone to be presented with a legal mechanism to potentially cut short their time on this earth is a decision of immense magnitude and one that deserves careful consideration. When the commodity of time is the most precious thing you have, we all must truly wonder what type of unbearable pain or anguish someone must be going through to call short their time on this earth.

I thank the many members of my community who have contacted me to share their views on this important legislation—both those for and against. It is worth respectfully acknowledging that there are some valid concerns about the details of the legislation. At a high level, I do share some of those concerns. What I fear the most is that the scope of this bill could be broadened over time. But we must remember that this legislation seeks to do one thing and one thing only, and that is provide dignity and relief of insufferable pain for someone who has determined that in the knowledge their end is inescapable, and does not wish to be in insufferable pain any longer; not someone who has a fleeting feeling of despair. Additionally, as my colleague the member for Ku-ring-gai outlined, there would appear to be some valid concerns regarding consulting doctors and the notification process of close family members or carers. I trust these will be dealt with expeditiously.

There has been much discussion on the role of palliative care. I offer this observation to other members in this place who may not have had the opportunity to have visited a palliative care centre or a hospice and perhaps wonder what they are like. I have the enormous privilege of representing an electorate that is home to the only children's hospice in New South Wales and one of only three in the nation. That figure demonstrates the problem and the challenge in and of itself. Bear Cottage, as it is known, provides support, respite and end-of-life care for children with life-limiting conditions and their families. It serves young people up until around the age of 18. I have come to know the team at Bear Cottage, and some of the families and children, very well over the past couple of years. In the lead-up to my first visit to Bear Cottage some five years ago I was anxious, uncomfortable and unsure of what I was about to encounter. Being a place for young people—some only infants—to receive end-of-life care, I thought this place would be one of tragedy and indignity, and yet it is quite the opposite. It is filled with laughter. It is filled with smiles. It is filled with hope, optimism, gratefulness and love.

For the families and their children who have life-limiting conditions, some who have only a short time to live and some who are alive for many more years, it is a place to celebrate. It is a place to learn from and be replicated across New South Wales. The palliative care provided at Bear Cottage is a demonstration of the outstanding medical care and love from the staff and volunteers that can be provided as one nears the end of their life. It demonstrates that yes, palliative care does work. This morning I was heartened to hear the Premier's candid and frank assessment of the Government's efforts to fund palliative care as admirable but that more can and will be done. I am equally proud of the fact that Australia's first hospice for young adults is being built as we speak a stone's throw from Bear Cottage.

One would naturally think if palliative care works so well, then why the need for voluntary assisted dying. Why would you provide an option like that in the face of wonderful palliative care options? Yes, palliative care does work, and the success of Bear Cottage gives one every reason to say that voluntary assisted dying is not needed. But we cannot stop people taking action into their own hands when they are faced with insufferable pain and a degenerative life-limiting illness. The stories recounted by members today have clearly demonstrated that. In addition, I am aware that in some circumstances the following is already occurring to circumvent the fact that we have no legislation in place: medical practitioners either discontinue or do not start a medical procedure at the patient's request, which leads to a shortened life; or the practitioner relieves a patient's distress by administering increasingly strong medication with the aim to alleviate suffering, with the known side effect being a shortening of a patient's life. Continuing not to legislate in this space simply allows the aforementioned practices to continue with no oversight, no governance and is not acceptable to either supporters or opponents of voluntary assisted dying.

This moment, precipitated by this legislation, provides us with an opportunity to shine a bright light and then lead the way as a State on how we treat our most vulnerable. We do this by going even further in our delivery of world-class palliative care. In parallel with this legislation we can provide a means by which people can control their own destiny and their final moments are not robbed by unbearable anguish and pain. They decide whether they would like to do this—not a board, not a doctor, no-one but themselves as the captain of their own fate. I was elected to represent my community to the best of my ability. For those reasons, I support the bill.

**Mr DAVID MEHAN (The Entrance) (14:52):** I support the Voluntary Assisted Dying Bill 2021. I acknowledge the many community organisations that have worked for several years on this bill. I also acknowledge the community groups that have argued against the bill. The interplay of those organisations and the different views in the community are important in working out this issue in our democracy. I particularly acknowledge the work of the member for Sydney, who has largely been responsible for the bill before us today. As one of the sponsors of the bill I also thank my co-sponsors—who are members of all political parties in this House—for their work on the project. I thank the many people who contacted my electoral office with their views on the issue. Of those people, 225 supported the bill and 115 opposed it. I note also that information provided by Dying with Dignity NSW indicated that in a poll of 1,378 voters in The Entrance electorate, 79 per cent agreed with the proposition that "terminally ill patients should be able to end their own life with medical assistance". That is what the bill does. The objects of the bill are to:

- (a) enable eligible persons with a terminal illness to access voluntary assisted dying, and
- (b) establish a procedure for, and regulate access to, voluntary assisted dying,
- (c) establish the Voluntary Assisted Dying Board and provide for the appointment of members and functions of that board.

The Act will commence 18 months after assent and, by operation of proposed sections 9 and 89, health practitioners and facilities, including hospitals, can decide not to provide a voluntary assisted dying service. I also note that, by operation of proposed section 10, healthcare workers are not to initiate discussions about voluntary assisted dying and, by operation of proposed section 12, voluntary assisted dying is not suicide for the purposes of other laws in this State. Part 2, proposed section 15 states:

A person may access voluntary assisted dying if:

- (a) the person has made a first request, and
- (b) the person has been assessed as eligible for access to voluntary assisted dying by—
  - (i) the person's coordinating practitioner, and
  - (ii) the person's consulting practitioner, and
- (c) the person has made a written declaration, and
- (d) the person has made a final request to the person's coordinating practitioner, and
- (e) the person's coordinating practitioner has certified in a final review form that—
  - (i) the request and assessment process has been completed in accordance with this Act, and
  - (ii) the practitioner is satisfied of each of the matters referred to in section 52(3)(f)—

which are—

- (i) the patient has decision-making capacity in relation to voluntary assisted dying, and
- (ii) the patient, in requesting access to voluntary assisted dying, is acting voluntarily, and
- (iii) the patient, in requesting access to voluntary assisted dying, is not acting because of pressure or duress, and ...
- (iv) the patient's request to access voluntary assisted dying is enduring,

Proposed section 15 continues:

- (f) the person has made an administration decision, and
- (g) if the person has made a self-administration decision—the person has appointed a contact person, and
- (h) a voluntary assisted dying substance authority has been issued by the Board in relation to the person

Section 16 provides for eligibility. The person must be an adult; they must be diagnosed with at least one disease, illness or medical condition that is advanced, progressive and will cause death, and will, on the balance of probabilities, cause death; is causing suffering to the person that cannot be relieved in a way the person considers tolerable; the person has decision-making capacity; and the person is acting voluntarily. Part 10 establishes a board to oversee the operation of the Act, and the other details of the process are provided in the body of the legislation.

The bill enables a terminally ill individual to decide the time of his or her death. This is a powerful new right to be granted to an individual. In granting any new right to an individual we must always balance the right of the individual and the freedom of the individual against the common good. In my view, the common good must always be the overriding consideration in any matter before this place because the common good underpins what it is to have a good society. On balance I will always come down on the side of the common good. However, a good society will always allow individual freedom and much of our work in this place concerns itself with limiting individual freedom in the interests of society at large and the common good. Our response to the COVID-19 virus is a recent illustration of this. In the interests of the common good we restricted work, commerce and mandated vaccination of many members of our society. It was the right thing to do.

In my view when it comes to end-of-life decisions, the common good will be better served if we allow individuals suffering a terminal illness the ability to decide the time of their death. In this regard we already allow a degree of individual autonomy in end-of-life decisions with the regulation around advanced care directives, which modify the conventional application of palliative care doctrine and procedures in our public health system. The bill will allow those suffering a terminal illness to decide the timing of their death before the progress of their illness reaches the point at which they can no longer communicate and their death becomes not their decision but the decision of someone else. I commend the bill to the House.

**Mrs TANYA DAVIES (Mulgoa) (14:59):** I speak in debate on the Voluntary Assisted Dying Bill 2021. Like many in this place, I too have personal experience of the death and dying of my loved ones. However, I take this time to speak on the details of the bill, which I believe are alarming, ill-thought through and problematic. The member for Sydney has claimed that his bill is very conservative and is aimed at a very small number of people in the last six months of their lives who are in intolerable pain and who know they are going to die in a horrific way. The member for Sydney circulated a frequently asked question document on the bill, which states that the provisions of the bill are for people who are "suffering beyond any meaningful medical help and who are in the end stage of a terminal illness".

However, neither of those things is an eligibility criterion for access to the provisions of the bill. In relation to suffering, the bill requires the assessing medical practitioners to decide whether a person has a disease, illness or medical condition that is causing suffering to the person that cannot be relieved in a way the person considers tolerable. That is a very different meaning to concluding that the suffering is beyond any meaningful medical help. Suffering is not defined in the bill. Evidence from jurisdictions such as Oregon, Washington State and Victoria, where similar laws also have an eligibility criterion that the person be suffering, indicates that the most common forms of suffering cited by applicants relate to existential concerns rather than pain and other physical symptoms. For example, of the 1,905 cases of assisted suicide in Oregon over the 23 years from 1998 to 2020, 90.6 per cent of requests related to a steady loss of autonomy; 89.9 per cent to being less able to engage in activities making life enjoyable; 73.6 per cent to a loss of dignity; and 47.5 per cent to concerns about being a physical or emotional burden on family, friends or caregivers. These are not matters which medical help can resolve.

The suggestion that we should be authorising people in New South Wales to commit suicide or authorising a doctor to actively end the life of a person because the person is concerned about being an emotional burden on family, friends and caregivers is profoundly disturbing. However, it is important to understand the legal effect of the bill and the mechanics of its operative provisions. Clause 7 of the bill provides for the Health secretary to approve a schedule 4 poison or a schedule 8 poison for use under this Act for the purpose of causing a patient's death. Clause 59 of the bill provides for a medical practitioner to prescribe such a poison in a sufficient dose to cause the death of a person by self-administration. Clause 60 of the bill provides for a medical practitioner to prescribe such a poison in a sufficient dose to cause the death of a person and for that medical practitioner, or another medical practitioner, or nurse practitioner, or registered nurse to administer the poison to the person to cause their death.

I now turn to the key legal effects of the bill. The bill would create two significant exceptions to what would otherwise be offences under the Crimes Act 1900—the offence of murder and the offence of aiding, abetting, inciting or counselling another person to commit suicide. The key action authorised by clause 60 of the bill, enabling the administration of a poison to a person for the purpose of causing the person's death, clearly fits within the legal definition of murder in section 18 of the Crimes Act. It is the act of administering a poison in sufficient dose to cause the death of a person that, provided it succeeds, will cause the death of that person, and it is clearly the intent of the medical practitioner, nurse practitioner or registered nurse in administering the poison to cause the death of the person—that is, to kill the person. In the event that the administration of the poison failed to cause the death of a person, as has happened sometimes in the Netherlands and on at least eight occasions in Oregon, the medical practitioner, nurse practitioner or registered nurse in administering the poison to cause the death of a person would then be guilty of an offence against section 27 of the Crimes Act 1900; namely, doing an act to a person with intent to murder that person. That section reads, in part:

Whosoever—

administers to, or causes to be taken by, any person any poison ...

with intent in any such case to commit murder, shall be liable to imprisonment for 25 years.

However, clause 138 of the bill would provide complete immunity from prosecution for murder or attempted murder and from prosecution for aiding murder for the medical practitioner, nurse practitioner or registered nurse who administers the poison, the witness to an act of practitioner administration, the medical practitioner who prescribes the poison, the pharmacist who provides the poison and the public servant who issues an authority for the prescription of the poison for the purpose of being administered to the person in order to cause that person's death. We should think very, very carefully before creating exceptions to the law on murder.

I turn now to a consideration of the second mechanism for causing a person's death that would be authorised by the bill, namely, the self-administration of a prescribed poison in a sufficient dose to cause the death of the person. Section 31C of the Crimes Act prohibits aiding, abetting, inciting or counselling another person to commit suicide. The bill would provide immunity from prosecution for those offences. Clauses 124 and 125 would create new offences of inducing a person to make a request for, or to self-administer, a poison in order to cause a person's death but limits the offence to instances where the inducement is done by dishonesty, pressure or duress. Pressure or distress is defined in the dictionary of the bill to mean abuse, coercion, intimidation, threats and undue influence. That still leaves a wide scope for making suggestions, including planting the idea in the head of a person who otherwise would never have considered the course of action.

I turn now to the immunity given to persons whose actions would otherwise be considered as offences of aiding or abetting suicide. Carving out such significant and broad exceptions as have been described for the person who is preparing the poison, the contact person, the agent, the medical practitioner and others is a very, very serious matter. The onus is on those proposing these carve-outs to establish that this change to the law will not facilitate a single wrongful death. It is certain that the bill will ensure that only a very small number of people who would otherwise die a horrible death and in terrible pain that cannot be relieved, who could not be helped in any other way and who, with full decision-making capacity, fully informed consent and full voluntariness request to have their death caused by either self- or practitioner-administered poison, will be the only people to have their death caused by a poison prescribed under the provisions of the bill. Is that something that we all in this place can absolutely guarantee? I do not believe that we can. The proponents of the bill need to establish this beyond a reasonable doubt and that has not been done.

I turn to some of the comments about the concerns of the bill. In Oregon a number of people indicated that they chose to go down this pathway of taking the poison to facilitate their speedy demise. However, they found that many people have lived well beyond the estimated six months cut-off time. We know that the law in Oregon has been in operation for 23 years. What is evidenced by data is beyond a reasonable doubt, and not merely a balance of probabilities as to whether the doctors are prescribing someone this poison to end their life, and is actually full of significant errors. [*Extension of time*]

Oregon's Death with Dignity Act provides that before prescribing a lethal substance, a doctor must first determine whether a person has a terminal disease and it is defined as a disease that will produce death in six months. That is a more stringent test to pass than the one in the bill we are debating today. Oregon, unlike most other jurisdictions, provides a range of data. That data shows that in 2018 one person ingested lethal medication for 807 days. That is two years and two and a half months after the initial request for the lethal prescription was made. That means this person lived four and a half times longer than the doctors predicted. The longest duration recorded between initial request and ingestion is 1,009 days, which is two years and nine months, or more than five and a half times longer than predicted. Evidently the prognosis in those cases was widely inaccurate.

Washington State's Death with Dignity Act, which was based on Oregon's act, came into operation in March 2009. However, the reports from Washington show that in each year between 5 per cent and 17 per cent of those who die after requesting a lethal dose do so more than 28 weeks later. In 2012 one person lived for 150 weeks, nearly three years after the initial request. These examples show that we are relying on doctors to determine, on their best ability, whether a person will die within six months. But evidence from other jurisdictions demonstrates that there are plenty of occasions where people have lived well beyond that date. If someone in this State or another State accesses poison to accelerate the death of a loved one and succeeds, we do not know whether that person could have lived well beyond six months. Jeanette Hall voted for this legislation in 2000. Once she was diagnosed with a terminal illness she wanted to take advantage of voluntary assisted dying but her doctor dissuaded her, gave her hope through other solutions such as care and effective treatment and 21 years later she is still alive.



The question is: How many wrongful deaths from assisted suicide following a mistaken prognosis are too many? How many years of life will be needlessly thrown away under the reckless provisions of this death-facilitating bill? Imagine a law on capital punishment that allowed a person to be executed based on a balance of probabilities that the person was guilty. This bill allows a person to have their life ended by a lethal poison on the authorisation of a State-appointed bureaucrat based on the view of two medical practitioners, neither of whom is required to have any experience or qualification in the specified disease, illness or medical condition that supposedly on the balance of probabilities—51 to 49—will cause the death of the person within six months. That, as well as many other issues associated with this bill, demonstrates that it is fatally flawed and it is a bill that I cannot support.

On that note, I would like to make some personal reflections. This is an emotionally charged, difficult and sensitive issue that communities, politicians and leaders must face, debate, pay attention to and listen to. As a member of Parliament I have not actively gone out in my electorate to seek feedback from my community. On the contrary, I have remained silent about this matter. I wanted to test the waters by obtaining feedback from my electorate. Overwhelmingly, the unsolicited feedback that I received has been for me to oppose this legislation. A lot of the feedback was based on people's religious views, which is a fair and reasonable reason to reject this bill. As an individual representing my community I must also consider future citizens—young people and older people in this State.

In my role as Minister for Ageing under the former Liberal-Nationals Government I engaged with stakeholders and older people—not representatives of advocacy groups—and was frequently told that their children and family members were inheritance hungry. They were eager to get the inheritance so they could get on with their lives, buy their homes, et cetera—something that we cannot ignore. We cannot pretend that that will not be a factor if this legislation is passed. A number of other concerns and worrying features about this bill that cannot be adequately resolved include: that no-one will be unfairly influenced; that no-one will be coerced; and that doctors will be able to make perfect assessments and thereby ensure that the system will be without error, fault or problems.

If this bill becomes law it will put at risk the lives of people. As has been evidenced in Oregon, people are choosing this course of action because they are fearful of the loss of autonomy, loss of life, loss of enjoyment of life and pressures from family. Those are not sound reasons for them to opt for voluntary assisted dying. Oregon has had this law in place for decades and no doubt it began with an altruistic view, which is what we have today. If this bill is passed we will go down the slippery slope. For that reason I oppose the bill.

**Mr JAMIE PARKER (Balmain) (15:14):** I support the Voluntary Assisted Dying Bill 2021, which I am also proud to be co-sponsoring. I strongly believe that people who are terminally ill and who are experiencing intolerable pain and suffering should be able to die with dignity if they so choose. I have considered this very carefully. I have listened to all sides. I have decided to co-sponsor this bill because it presents an historic opportunity to ensure that people who are at the end of their life have a humane, legal option to make a decision about their own death. New South Wales has world-class palliative care, but even the best palliative care cannot alleviate the suffering that some people experience at the end of their lives. Palliative Care Australia estimates that 4 per cent of patients are beyond its help, and there is evidence that palliative care cannot effectively control between 10 and 20 per cent of end-of-life symptoms. These symptoms can include severe pain and other severe impacts. That is not to mention the fear and the mental anguish that is suffered by those who are terminally ill and at the end of their life.

In his second reading speech, the member for Sydney described the high rate of suicide, often by truly cruel, painful and distressing methods amongst people who are terminally ill. That has no place in an advanced country with a modern and well-equipped medical system. The issue is not a new one and it is not the first time we have been here discussing this type of legislation. Around the country my colleagues The Greens MPs have led the movement to implement voluntary assisted dying laws. Back in 2001 The Greens MLC Ian Cohen moved the Rights of the Terminally Ill Bill, which was eventually defeated nine to 26 in the Legislative Council. In 2003 Ian Cohen then introduced another bill to allow a referendum on the issue of voluntary euthanasia, which was also defeated.

Then in 2010 The Greens MLC Cate Faehrmann introduced another bill to provide for voluntary euthanasia which, after years of consultation, was then defeated 23 votes to 13. In 2017 The Nationals MLC Trevor Khan proposed a voluntary assisted dying bill, co-sponsored by my former colleague MLC Dr Mehreen Faruqi. Members of Parliament were given a conscience vote and The Greens voted to support changing that law. Disappointingly, that vote failed by one—six Labor and 10 Coalition MPs voted against it, so it failed to pass the upper House. Sadly, a one vote margin has not been unusual. In November 2013 Tasmania came very close to legislating voluntary euthanasia when The Greens-initiated voluntary euthanasia bill was narrowly defeated in the House of Assembly by a vote of 13 to 12.

After all these years of pressing the issue, every other State has acted and New South Wales has been left behind. New South Wales is the only State without a voluntary assisted dying law. These changes have been on the horizon for many years. This bill has been on the agenda for well over 12 months. Every MP in this place and in the other place has all the information they need now to vote and decide on this bill. We cannot drag this out any longer because it prolongs suffering and uncertainty. The bill in the upper House has been delayed—it will go to a parliamentary inquiry—but that does not reflect the view of most people in New South Wales and it certainly does not reflect the views of people in my community.

According to a survey by the Australia Institute, three in four Australians—76 per cent—agree with the principle that a person experiencing unrelenting suffering who asks to die should be able to be assisted by a doctor to do so. Vote Compass data collected in 2019 shows that in my electorate of Balmain 79 per cent of people agree that terminally ill patients should be able, with medical assistance, to end their own lives. Those numbers communicate overwhelming support from the public for this legislation. Behind this overwhelmingly positive attitude towards this legislation, there are so many personal stories coloured by pain, suffering and disease.

People who advocate for voluntary assisted dying often do not do so because they have a staunch political belief. They do it because they have carried the trauma of watching a loved one face a painful and drawn-out death. They do it because they also fear facing that kind of death themselves. They want to reduce suffering, and that is what is at the heart of the bill. I thank the close to 500 residents who individually emailed my office. Many of them told me their stories and the stories of their loved ones. I will mention a few of them. Maggie from Annandale wrote to me to share her experience in caring for her husband, Gerry, who was diagnosed with terminal pancreatic cancer in 2014. She told me:

In the five months between diagnosis and death he experienced great physical suffering and mental anguish. Within six months he went from a full and active working and community life where he was in full control of decisions about his life and the financial health of his employer's Inner West business to a lingering death over four weeks when he ate nothing, could not rise from his bed, and was sedated on morphine to try and control his pain.

I know from his personal beliefs and values that if voluntary assisted dying had been available, he would have grasped the last decision he had about his life with both hands.

I ask that you consider Gerry's experience and the future of all of us who may get a terminal diagnosis and want to make our own decision about the moment when we choose to die.

John from Leichhardt said that he supports the legislation because:

... as a person living with chronic hepatocellular cancer and other morbidities, I need the reassurance that in the future when the quality of my life becomes unbearable to live, I'll be able to choose a peaceful end to my life.

Aphra from Forest Lodge said that they:

... have worked as a doctor at Calvary Healthcare in Kogarah, which is dedicated to palliative care. I looked after patients who had palliative care as their only option. Some died with dignity, some did not. I think it would be humane to be able to offer this option to them and so many others, and – ultimately – me.

Finally, Lyndal from Leichhardt shared her experience caring for her partner who:

... has cancer which has metastasised into the spine, ribs, hips, legs et cetera. Some of the symptoms and treatments create burning bone pain, heavy sweating for hours, exhaustion, aching joints, cold sweats, pain treatment every eight hours and 27 tablets a day for treatment and symptoms. This is 'early stages'. We both know it is going to get worse. We also both know that drugs do not necessarily stop pain. My partner does not want to end up a drugged out, skeletal body in a bed somewhere, as a friend did last year. This person wants to die with dignity.

It is not just public opinion that guides our work in this place. We have to consider the views of experts and advocacy groups and organisations representing medical practitioners, many of whom unfortunately do oppose changing the law to legalise voluntary assisted dying with some notable exceptions, including groups like the Nurses and Midwives' Association. We also have to be led by the evidence. There is a huge weight of reliable evidence on voluntary assisted dying internationally, and now in Australia, that shows that voluntary assisted dying can be regulated safely.

There are so many safeguards in the bill. There are complexities and risks associated with any type of legislation. The bill has been developed in close partnership with health professionals, patients and community organisations, and there are four robust safeguards in place. Two experienced doctors are required to independently assess a person seeking assistance and independently come to the conclusion that they are acting voluntarily and without any form of pressure or duress. The bill contains a comprehensive definition of duress covering coercion, intimidation, threats and undue influence. The bill creates new offences for pressuring someone into making an application for assisted dying, with strong penalties including seven years' imprisonment for inducing another person to request access to voluntary assisted dying. Voluntary assisted dying will only be available to someone who is at the end stage of a terminal illness whose suffering is beyond any meaningful medical help.

It is time that the laws in our State reflect the views of the community and are brought into line with the rest of the country. I commend and thank all the individuals and organisations who have worked tirelessly to push for this reform. That includes Dying with Dignity NSW and Go Gentle Australia. I thank the member for Sydney, Alex Greenwich, and his team, Tammy, Leanne and Roy. I thank the Premier and the Leader of the Opposition for agreeing to a conscience vote on the bill, even though neither of them intend to support it. I acknowledge those people standing against the bill. As a member of The Greens, I know how important it is to fight for something you believe in, even if it is not popular and even if you are subjected to abuse or ridicule. I acknowledge all of those people.

I do not begrudge those who have a differing opinion. I simply ask them to consider the evidence and the facts upon which I base this decision. I again thank the hundreds of people who have written to me about the bill to both support and oppose it. I have read their emails, I have considered them closely and I appreciate every opportunity to engage with people in a respectful and robust way. Finally, I acknowledge my Greens colleagues, the member for Newtown, the member for Ballina, Cate Faehrmann, Abigail Boyd and David Shoebridge; all of us are co-sponsoring the bill. This is our chance to finally legalise voluntary assisted dying. Let us get it done.

**Mr ANDREW CONSTANCE (Bega) (15:24):** You test the heart of your nation and State on the basis of the way in which you treat in a compassionate way those who are most vulnerable and those who are suffering. In many ways, the legislation before the Parliament is not about death. It is actually about living and how we, as a compassionate society—particularly in a progressive State like New South Wales—ensure we are able to support those at a time of need, terrible trauma and suffering and ensure that they are in control of their body and their life. I have heard a lot of discussion in recent times about the rights of an individual not to have a COVID vaccine on the basis of "your body, your choice".

When you look at voluntary assisted dying and you apply it in the context of what a person might be facing when they have been diagnosed with a terminal illness or a neurodegenerative illness, what sort of choice and control do they have in terms of their wellbeing and their body? I do see a situation arise where, fundamentally at heart, it is that principle. We are all God's creatures. We have all been given this blessed opportunity in life to experience this wonderful world. Nobody in this House can walk in the shoes of someone who has been diagnosed with a terminal illness. When I look back on my time as disability services Minister, it is with enormous regard and fondness for that sector—especially knowing that for those who were suffering, particularly from a neurodegenerative illness, all too often the wonders of medicine cannot necessarily provide the pain relief we would all want to see.

The debate is not about palliative care; it is not about advanced care directives. They remain in place. It is about our ability when someone is diagnosed with a terminal illness and facing death to ensure that they can have their loved ones with them holding their hand in a conscious state, knowing that they are together in love and support and are not going to potentially suffer what is around the corner in terms of an horrendous death. As an Anglican, I put my hand on my heart and say that this is one of the most compassionate conscience votes I have seen in the past 20 years in this place. As someone who is religious, albeit quietly, this goes to the very heart of what my beliefs and faith are all about.

I wish this was Government legislation, but I acknowledge Alex Greenwich and others including all the co-sponsors—Greg Piper, whom I have been a great mate with over the years—because I have seen Government bills around the countryside but ultimately in New South Wales we have done it this way. That might result in a far better outcome in terms of the ability to have a conscience vote. If you look at this legislation and see how it is modelled on the various government bills around the countryside, it makes absolute sense.

Like everyone who has told stories today, I have a mate who said in his dying days, "Why is the Government punishing me?" There is no doubt that when you have suffered for years at the hands of an illness that is ultimately going to take your life, the ability to choose the way in which you finally go to sleep is very important. The emphasis on the Government punishing that soul brought home to me the need for something to happen. The protections in the bill are about ensuring that all lives are treated with absolute dignity. We need to release those angels who are issuing morphine in very difficult circumstances, turning up the dose so that people can go to sleep.

Ultimately, the bill gives better protections but it also enables those who are terminally ill to find their pathway forward. Regarding the degree of suicide in the cohort of the terminally ill, for our emergency services personnel and those in the profession who know what can happen, there is no doubt that nobody in this country should be dying alone of suicide because they are terminally ill—not one soul. An aunt of another great friend of mine took her own life but left a suicide note to her family that indicated she had died of shame. She apologised for taking her life while staring down an horrendous form of cancer. That goes to the heart of what this should be all about. The safeguards in the bill are there. The alignment of all the stakeholders and the community is very telling.

In the next couple of months there will be a by-election in Bega. I conducted a survey and, of the 805 respondents, 97 per cent were in support of the bill. I think that says it all. The community believe in the direction of the support that the bill provides. It is incumbent on members of Parliament to make sure that safeguards are in place, which is what this legislation clearly does. Of the bills that have been debated previously in the Parliament, this is the most conservative of the lot. I support the bill. We have to reflect on our humanity through this process and bring closure to the debate on what has been a longstanding issue. Both Houses should pass the bill this year. There is the opportunity for the Legislative Council to continue to sit and get this bill through. Do not let people suffer any longer, particularly those who have a diagnosis of a terminal illness who need the bill to become law to continue a quality of life while they are still here.

**Dr MARJORIE O'NEILL (Coogee) (15:32):** I make a contribution to debate on the Voluntary Assisted Dying Bill 2021, which is likely to be one of the most significant pieces of legislation that I will speak on in my time in this place. When I entered Parliament I made a commitment to my community that I would listen to them. More than 800 years ago St Francis returned from the Middle East. After meeting with Sultan Al-Malik al-Kamil, his message to his follows was to listen more and talk less—wise advice that I made a commitment to follow. For this reason I sought the opinions of my constituents on this topic and legislation in a manner unlike with any other piece of legislation. Due to the gravity of the bill, I believed consultation was more important than ever.

More than 12 months ago, when whispers of this legislation were first heard, I began to seek the opinions of my constituents. I created a community consultation page on my website and I ensured that my community newsletter, which goes to each and every household—regardless of whether a constituent is on the electoral roll—gave people the opportunity to express their opinions on voluntary assisted dying. In addition to the newsletter, on multiple occasions I sought the feedback of my community by advertising in *The Beast* magazine and *Eastern Suburbs Life*. I also included a call for community consultation in my regular community e-newsletter. I received over 1,000 responses to a survey on the issue, the results of which revealed that 87.8 per cent of respondents from the Coogee electorate support the introduction of voluntary assisted dying legislation in New South Wales—911 in support and 127 opposed. In addition to my survey, I received 111 emails regarding this legislation, of which 19 were opposed and 92 were in support. That means that 83 per cent of the correspondence that I received on this legislation is in support while 17 per cent is opposed.

I have also sought research and data from other reputable sources. An analysis of Vote Compass 2019 shows that voters in every electorate across New South Wales support the introduction of voluntary assisted dying legislation. The levels of support in individual electorates ranged from 64 per cent to 83 per cent. The overall support for voluntary assisted dying in New South Wales was 77 per cent, with only 11 per cent opposed. In the electorate of Coogee, 8 per cent of people polled agreed that terminally ill patients should be able to end their own lives with medical assistance. This polling also shows people's responses based on their religious affiliations. In the Coogee electorate, 78 per cent of Catholics, 80 per cent of Anglicans, 72 per cent of other Christians and 85 per cent of non-Christians agree that terminally ill patients should be able to end their own lives with medical assistance.

I support the bill because my constituents in the electorate of Coogee elected me to represent them in this place, and they have overwhelmingly told me that they expect me to support this legislation. After making a commitment to listen to my community when I entered the Parliament, I cannot, in good conscience, vote against a piece of legislation that they overwhelming support. I made a commitment that I would listen, and that is what I am doing today. I foreshadow that I will move an amendment to improve the bill. Through my consultation, doctors and medical practitioners have highlighted their concerns that doctors who conscientiously object must provide information about voluntary assisted dying services. This concern has also been flagged by the Australian Medical Association. As such, I will move an amendment to the bill to remove the requirement for a doctor who conscientiously objects to provide information approved by the Secretary of NSW Health to the person seeking voluntary assisted dying services. Medical practitioners from across the State have told me that they want this amendment. I commend the bill to the House.

**Mr CHRISTOPHER GULAPTIS (Clarence) (15:37):** I make a contribution to debate on the Voluntary Assisted Dying Bill 2021 knowing that it is contentious, emotional and polarising. However, it is important to speak up about it. Members cannot hide in the shadows thinking someone else will deal with the problem. It is our responsibility and we have an obligation to have a respectful debate. There is no better time than now to deal with the issue, given that we have seen legislation that is working in accordance with the good intentions that have framed this bill adopted in other jurisdictions. I thank the member for Sydney, Mr Alex Greenwich, for his courage and tenacity in bringing this bill forward. I acknowledge the respectful way that he has handled this controversial debate. It is a sensitive topic and he has treated it that way—always engaging with everyone, not just members of this House. He has always been courteous, has listened to opposing viewpoints and, more importantly, has shared information. I thank Alex, the other co-sponsors of the bill and everyone else who has had the resolve to bring the bill to the House.

Life is precious; that is not in doubt. We know how precious life is when it is snuffed out suddenly or is hanging by a thread, and when a loved one is snatched away from us for no good reason and we grieve for our loss. We mourn, we think of all the good times we have had and how we will miss the conversation, the laughter, the tears, the dependency and the companionship. We miss spending our tomorrows with them and mourn a future that they will not be a part of. Life is precious, but the people whom the bill is aimed at do not live a life as most of us do.

They do not wake up in the morning thinking, "What a great day this is going to be. What a joy it is to be alive." They are not thinking about coffee or beer with mates, they are not excited about connecting with family or friends and they are not interested in work or a hobby—quite the contrary. They wake up every day in pain that is so intense even the strongest of painkillers fails to dull the pain. The side effects rob them of their appetite. It makes them drowsy, fogs their mind, slows their reflexes and constipates them. That is how they feel every day, and they have to be bombed out on sleeping pills to make them sleep so that they can wake up the next day and go through the same thing, day in and day out.

That is not life. That is a torturous form of death, with no chance of reprieve. To add to their pain, they have to watch their family visit them every day through love and obligation, and feel their pain and suffering as well as their physical pain. That emotional pain is just as painful as the physical pain they experience every day of their life, whatever remains of their life. I repeat: That is not life. For some of those terminally ill people who exist like that, the bill provides the opportunity to end their torture to allow them to die with dignity. That is not ending life because they have no life. They have a painful existence, and the bill provides relief.

I have waxed and waned about supporting voluntary assisted dying. I have always believed that no person, no government has the right to take a life. But when confronted directly with the situation on two occasions, I formed a different perspective. The first instance was on a visit to Grafton Base Hospital at the request of the brother whose sister was terminal. I confess I had a change of heart seeing his sister lying in bed, bombed out on pain-killing drugs, out of it and not engaging; seeing the love, torment, anguish and look of helplessness in the family as they sat by the bed. I sensed the feeling of love and obligation to visit daily and the impact it was having on them. I realised that voluntary assisted dying was not sanctioned murder because she was not alive. She did not have the spark that is life. It was not going to take anything from her, but give her merciful relief. It was in fact a blessing.

The second instance was when a family asked me to visit their dying father in their home at Ulmarra. He was in his 80s, and was dying of mesothelioma. He told me he was always a strong physical man, but now he was confined to his upstairs bed, terminal and suffering. He could not go into his backyard, could not in fact get out of bed. He was relying on his family to cater for his most basic human needs. He had no hope of recovery. He had limited time left and his condition was deteriorating. All his future held for him was more physical pain and emotional pain, knowing his family loved him and doted on him. As much as his family loved him, it was not enough to ease the mental anguish that intensified the overall pain he was feeling. He wanted to die, and as much as his family loved him, they believed deep down that was his only respite. They begged me to support any legislation that would give him the opportunity to die with dignity, to finally rest in peace. Then I received a letter from Mrs Chris Kelly on 27 March 2016. She wrote to me, the Prime Minister of the day, the Premier of the day and other people of influence. She succinctly encapsulated the mood of the family and their dying loved one, which was the genesis of the bill. She wrote:

#### **To Whom it May Concern**

We are writing to you as a family in the hope that our dad's death (suicide) was not in vain and someone will listen regarding the Euthanasia debate.

Our father/husband Kenneth Stanley Dickson aged 81 was suffering, terribly with his third bout of cancer. Fifteen months ago dad was diagnosed with terminal Oesophagus cancer and wasn't expected to live past 3 months, but instead he suffered another 12 months. This cancer is a slow and painful death sentence. Although Dad was on a lot of medication some days it just wasn't enough and the side effects of the medications was almost unbearable. Dad got down to a weight of just 45 kgs. Dad was a true gentleman loved and respected by everyone that knew him. It hurt Dad's dignity and pride that his daughters and wife had to shower him and change his dirty pants, but we would do it all again for him tomorrow.

Our beautiful Dad took his own life on Friday 9 October 2015 at home which he shared with his wife, Joan and Downs Syndrome son, Jason. Dad left behind a note (a copy is attached) expressing his desperation to the end. All he wanted was for someone to help end his suffering so that he could die in peace with dignity which is what he deserved. If an animal is suffering to this extent you would "put them down" surely we can do this for the terminally ill humans. Dad would want us to follow up on his note and keep the Euthanasia debate going until hopefully one day it will be legalised so that people that have suffered and will suffer with a terminal illness in the future can leave this life With the dignity that they also deserve.

Dad was a devoted Christian man. Towards the end he became a strong supporter for Euthanasia to be legalised in Australia. This is where we are hoping you can help spread the word and advocate for change. It was tearing dad apart to watch his family trying to keep him as comfortable as possible, he didn't want to be a burden. That was the kind of man he was.

What dad went through, especially in the end, was horrific. He made the heartbreaking decision to take his own life outside the family home. Jason, who is Downs Syndrome, was the one to find dad and that made the situation even worse, if that was possible. Jason is still saying that dad is coming home soon, he just doesn't understand.

We all realise that there would need to be very strict guidelines if Euthanasia was to be legalised in Australia, but surely people that have a terminal illness with no chance of a cure and suffered like our Dad did would fit into this category.

It really makes us wonder that if the people that make these decisions to not legalise Euthanasia in Australia had a family member in the same situation, I am sure they would agree with it as being the most peaceful and humane way to end peoples suffering.

We have sent this letter to the people below in the hope you can all help this worthy cause together.

Thank you in advance for reading our letter.

Regards,

Joan, Julie, Mark, Jo-Anne, Christine, Bradley and Jason

Chris Kelly agreed to my reading the letter in the House when I asked her. I thought it described exactly what a family, what a person went through when he was terminal. It highlighted the fact that it was only himself that he could rely on, nobody else. There was no bill to provide him with that respite, that relief and that support he needed to end his life. [*Extension of time*]

If we do not support the bill, how do we answer the Kelly family? How do we answer any family who is going through the same thing? What do we say to those people who are terminal, who are in pain, who are tortured every day and who do not live life? Can we put ourselves in their shoes and honestly say, "We know better than you"? Someone is dying a horrible death, and we know what is good for them. I do not believe we do, and I do not believe we have the right to deny them the right to die when they are in so much pain, with no chance of recovery.

We know that palliative care provides some relief to terminal patients, and some may find comfort in their last days, weeks or months. But it will not provide the answer for many others and that is where the bill provides a compassionate choice for someone to end their life. We have to do better than what we are currently doing. We know that some terminal patients resort to suicide to end their misery. Quite frankly, that is cruel, archaic and inhumane in this twenty-first century woke society, where we are so deeply entrenched in social justice that we forget about basic human rights. There is nothing more basic than this.

I will not speak about the details of the bill or the safeguards, as many before me have described them well. This is not sanctioned murder. It is not the thin edge of the wedge. The bill has strict, narrow eligibility criteria. It is not for everyone and you cannot bump off Uncle Charlie to get your hands on the inheritance. There are checks and balances within the bill to protect those who are eligible and choose to go down this path. It is a choice. There are checks and balances to ensure that medical practitioners behave ethically and that it is not sanctioned murder. Earlier in my speech I said I waxed and waned about supporting the bill, and I know it is divisive. I know there are those with an opposing opinion. I have received many calls and correspondence from many constituents both for and against the bill. Whilst it is a conscience vote, I believe most in my electorate would support the bill because it is the right thing to do. I support the bill, and commend it to the House.

**Mrs HELEN DALTON (Murray) (15:49):** I speak in support of the Voluntary Assisted Dying Bill 2021. I thank the member for Sydney for not only his passionate advocacy on the bill but also his careful and conscientious work, listening to voices from across New South Wales. I also thank him for inviting me to co-sponsor this bill, of which I am proud to offer my support. Today we heard the Premier speak strongly against the bill. Mr Perrottet said, "The answer to suffering is to not offer death, but care, comfort and compassion". That is just rank hypocrisy.

Tell me, when has the Perrottet Government ever offered care, comfort and compassion to those suffering in our society? Just this week, I have been told Griffith cancer patients are having to wait up to eight weeks for lifesaving cancer treatment. The reason? The New South Wales Government has refused to fund extra cancer clinics at Griffith Base Hospital. Doctors and nurses begged for this funding; the Government said no. As a result, suffering cancer patients have to get in their car and drive three hours to Albury for treatment. The Government is putting their lives at risk to save a few bucks.

If only this Premier fought as hard for those sick people trying to stay alive as he does to stop voluntary assisted dying. The idea that voluntary assisted dying is a slippery slope that leads us to devaluing of life is just plain wrong, because the Government has been sliding us down that slope for years. Just look at the treatment of those in aged care, of children in State Government foster care, and of Indigenous people in Far West New South Wales, where life expectancy is as low as 37 in some towns. That is a disgrace. The sanctity of life of those groups does not seem to matter to the Government. The suicide rate in the Murrumbidgee region has gone up 59 per cent since the Government was elected in 2011. I have appealed consistently for more funding and mental health services to reverse that trend. But the New South Wales Government says it cannot afford it. People in hospitals

across rural New South Wales are begging the Government for care and compassion. The Government is refusing to listen. But, for some reason, the Premier wants to fight to force people who are terminally ill to stay alive.

Despite the hypocrisy, I do not pretend that voluntary assisted dying is an easy decision. I am sure all of my fellow members have received as many passionate letters and phone calls, as I have, in favour and against this bill. I acknowledge that both sides of the debate and the members who present them here are well reasoned and legitimate. On the one hand, legalising assisted dying will put us in line with other Australian States and with the forward-moving jurisdictions across the world in offering terminally ill people the freedom to die on their own terms and to minimise unbearable, incurable suffering. On the other hand, I understand that the very concept of assisted dying goes against some of our culture's most deeply held instincts to preserve life at all costs. For many months now, I have listened closely to the arguments from both sides. I have spoken to the people from all age groups and backgrounds across my electorate. I see both the merit and the concerns on both sides, but ultimately two things have convinced me that supporting the bill is the right thing to do.

Firstly, it is clear that well over three-quarters of my constituents support voluntary assisted dying. As their elected representative, it is my first duty to express their will in this place. Secondly, I have assured the minority of my constituents who are against voluntary assisted dying that I would not support any bill that did not contain the strongest possible safeguards. I am confident that the bill before us today does just that. Many have worried that this bill is about "giving up" on people. We have often heard the phrase, "Where there is life, there is hope." But the safeguards in the bill are designed to ensure that it will never be used where there is still hope of a cure. It is a hard thing to admit that sometimes there is no hope. We are an optimistic people. The passions aroused by the bill, I believe, come because it confronts us with our own mortality. It is hard to accept that despite the best care, despite the strongest will in the world, sometimes there is nothing more that can be done. But if it is hard for us to admit that here, and in the abstract, I cannot imagine how hard it must be to hear it as a patient. And in those cases, I believe we owe it to the patient to give them the freedom to choose their final days.

The most legitimate worry I have heard about voluntary assisted dying, expressed by many of my rural constituents, is that it will be seen as a replacement for palliative care; that, like so many other services we lack in the bush, we will not really have a choice; that dying will be seen as the cheaper or easier option. But high-quality palliative care and voluntary assisted dying are not mutually exclusive. Many of those opposed to the bill also have the power to properly fund and improve palliative care across our State. However this House votes and whatever it resolves, I ask all members here to commit to closing the gap on rural health services, especially in palliative care. If those improvements are made in conjunction with the bill, then all people of this State will have the right and the ability to live and die on their own terms. I commend the bill to the House.

**Mr ROB STOKES (Pittwater—Minister for Planning and Public Spaces, and Minister for Transport and Roads) (15:56):** I contribute to this debate to express my support of the Voluntary Assisting Dying Bill 2021 and to explain to my community the reasons for this decision. As eighteenth-century playwright Christopher Bullock observed in *The Cobbler of Preston*:

'Tis impossible to be sure of anything but Death and Taxes.

Our shared mortality rules us. Everything we plan, every decision we make, every relationship we form, every thought we have is ultimately shaped by the inescapable reality of death. It is ironic, then, that we spend so little of our limited time preparing ourselves for the inevitable journey we must all take. In this place we debate every aspect of life, every nuance of our civic rights and freedoms, our economic progress and challenges, our relationships with nature and with one another. Yet, we rarely debate end-of-life issues. I, therefore, thank the authors of the bill—and the member for Sydney, in particular—for requiring the Parliament to engage with an issue of fundamental and shared importance to each of us and the communities we represent.

The bill reinforces the importance of preparing for death. I urge every one of us to inform our communities and our families of the choice provided through living wills, advanced life directions, enduring powers of attorney, updated wills and codicils, organ donation directions and life insurance. Using those tools to prepare for death can demonstrate practical love for families and loved ones. I mention our shared unpreparedness for death. In a previous role as a lawyer administering wills and estates, I observed that for most families, death comes as a tremendous shock. Even when death is close and expected, the cold and crushing finality of irreversible separation can be numbing, disorienting and desolating.

In a modern society like Australia, we are isolated from death. It is rarely something that any of us see. While it is everywhere, we have become adept at keeping death hidden. The emotions that death evokes are so raw, disempowering and awful that we protect ourselves from confronting them. In the Fordist production line of modernism, we compartmentalise our lives from birth to death, enabling efficient resource allocation to best meet our needs as we progress through the conveyor belt of existence. Yet death, when it comes to take us or those close to us, does so with an irresistible and absolute power.

Death has been variously described as glorious, ignominious, peaceful, ignoble. One thing death is not is good. This is not a debate about a good death. Death can bring pain, fear, hopelessness, grief and separation to families. Death can leave things left unsaid. Death can disable resolution of broken or difficult relationships. Death involves loss of experience, memory and wisdom. Life brings hope and death is its antonym. Life brings freedom while death is a prison. While death must be recognised and prepared for, it must not be lauded. It is our enemy, and it is right that the motivation of a civilised world is to fight it, resist it and condemn it.

But what, then, is the obligation of a civilised world when it comes to protecting and promoting the rights and freedoms of those in the immediate face of death? The social contract requires each of us to abdicate some of our freedoms in order to preserve others. That is the bedrock of a free society. But a civilised society also requires more. It requires each of us to think upon not just our own freedoms but those of our fellow citizens. We aspire to make a great civilisation, which means we must think first about how we can promote the interests of the most vulnerable among us. As Mohandas Karamchand Gandhi once said:

I will give you a talisman. Whenever you are in doubt, or when the self becomes too much with you, apply the following test. Recall the face of the poorest and the weakest man whom you may have seen, and ask yourself, if the step you contemplate is going to be of any use to him.

There is no-one more vulnerable or weaker or more exposed in our society than those in the shadow of imminent death. Rich or poor, young or old, black or white, male or female, death is a great leveller. All are equally vulnerable, and to each I believe we owe a shared obligation to display compassion, to respect choice and to provide support—to love them. Yet here there is a paradox: To some people, the best way we can show love to a person with advanced terminal illness is to preserve life at all costs, alleviating pain and providing emotional, personal and spiritual support; to others, love is best displayed by empowering a person with advanced terminal illness with the means to bring forward the inevitability of their own demise. To me, the point here is clear: We have an obligation to display love. Love cannot be legislated. Genuine, self-sacrificial agape love is uncomfortable. Love does not allow me to prefer my view. Love requires me to put the other person first, even where it hurts and even where their choice might be different to mine.

At the heart of love is free will. That is why I must support this bill and the freedoms it enshrines. It is the freedom of a person facing imminent death to seek support in their decision. It is the freedom of a medical practitioner to refrain from offering that support and the freedom of institutions, now and into the future, to refuse to provide assistance for assisted dying. The bill also illuminates the need to strengthen human freedoms to choose life, even when death is inevitable, and to pour more resources into palliation of symptoms where cure is impossible. More than ever, this bill screams to us that we as parliamentarians have a shared obligation to increase funding for palliative care. I do not like the choice of death but I recognise it is not my right to deprive this choice to those who seek it. What I can do, and what I believe all members in this place must do, is to make it as easy as possible for those with advanced terminal illness to choose life. We must recognise that health care is not merely about curing the sick. It is about using all our resources—medical, emotional, social and spiritual—to heal the things we can: pain, loneliness, fear, and relationships with families and friends. As Dietrich Bonhoeffer observed:

We cannot ignore the fact that the supposedly worthless life of the incurable evokes from the healthy the very highest measure of self-sacrifice and even genuine heroism; this devoted service which is rendered by sound life to sick life has given rise to real values which are of the highest utility to the community.

I seek a brief extension of time. [*Extension of time*]

A healthy society is one that fights death and all its allies: poverty, illness, discord, fear and loneliness. But it is also a society that protects freedom, even when it hurts. Supporting this bill has not been an easy decision for me and nor should it be. Three generations of my immediate family have been medical specialists in the developing world. They have all worked to provide medical care to the vulnerable: my dad in Cambodia, my great-uncle in China and my great-grandfather in Palestine. I know each of them would be deeply troubled by this legislation. They would support greater emphasis on palliation, counselling and family support.

I also have a misgiving with the legislative process for assessing eligibility for voluntary assisted dying—that is, the absence of a requirement for a mental health assessment by an appropriately qualified independent expert before determining a patient's eligibility. In my view, the bill would be enhanced by an amendment that would require such an assessment to be made. Such an amendment would answer concerns raised by my community and by members of this place that the legislation could place the terminally ill under undue pressure to submit to assisted dying, with the risk that the processes prescribed by the bill could be misused to facilitate elder abuse. I would be pleased to work with members to advance or support such an amendment. I understand that many amendments are being advanced. I will closely examine those amendments to see if they might help to make this bill work as effectively, safely and practically as possible.

Much has been said of the community's feelings on the bill. My community is split. I have received 93 letters in support of the legislation and 64 against. Those in support of the legislation raise issues of personal



choice and freedom; those against it raise concerns about undue influence, coercion and risks of elder abuse. Yet, all of my correspondents are focused on the need for compassion and alleviation of suffering. They are all motivated by love. Particularly, I thank Patricia Jackson and Sandy Powell from the RSL war veterans' village at Narrabeen, who took the time to share with me their heartfelt support for this bill, and Shayne Higson, for the empathetic way in which she described the views of Dying with Dignity. I also share a vignette of searing homespun wisdom I received from a gentleman in Mona Vale. He wrote:

Passing this bill will not impinge on the rights of those that don't want to choose this pathway, however, not supporting this bill will deny this option for those that do.

As I said earlier, at the heart of love is freedom, and at the heart of freedom is choice. I hate death and the pain it wreaks. But love is greater than death. While none can escape death, we can demonstrate love to those who want to die and to those who want to live by empowering them with genuine support for the choice they take. But we must remember that enabling indirect coercion for a patient to submit to assisted dying is even more objectionable to the existing direct coercion to prohibit assisted dying. The better the provision of palliative care, the more likely that all choose life. Incentivising a choice to live is, in my view, preferable to denying a choice to die. That is love.

**Ms ANNA WATSON (Shellharbour) (16:07):** I support the Voluntary Assisted Dying Bill 2021 and I thank the member for Sydney for the drafting of this legislation. I understand that voluntary assisted dying is a complex issue that attracts broad opinions across the community, regardless of political persuasions. However, I speak in support of the bill because I think it is the right time for people suffering from terminal illness in New South Wales to finally have a say about their future. This is a choice. It is not compulsory, nor is it coercive. No-one ever wants to face the decision of whether they should request assistance to voluntarily end their life. But the fact of the matter is that we have all seen loved ones, whether they be family or friends, suffer terribly from terminal illness and not have the option about how their life should end. They often die in excruciating pain and may not have the opportunity for their loved ones to say one last goodbye. I support the bill because people suffering from terminal illness should have the option to end their life with dignity and on their terms, surrounded by family and friends in a loving environment and not one of pain and solitude.

It is time for New South Wales to reflect the reform we have witnessed across the country and the rest of the world. Similar laws have now passed in Victoria, Western Australia, Tasmania and New Zealand. New South Wales is the only State that is yet to pass voluntary assisted dying laws. I urge all members of both Houses, regardless of their political affiliation, to stand together in solidarity and hear the voices of the most vulnerable in our society. As it stands in New South Wales, people in this situation cannot legally end their lives. What we have seen happen is that some people suffering from a terminal illness are ending their own lives, but they die alone because they cannot tell their friends or family for fear of legally implicating them in the circumstances of their death. That must be a horrible way to die and it upsets me to see families go through that due to lack of legislation allowing them to seek assistance in ending their life. The bill seeks to change that.

In supporting the bill, I acknowledge the fantastic work that those working in palliative care do. There is no doubt that palliative care services in this State need greater funding. I commend the Health Services Union [HSU], which always supports its members. It is a strong union, led by Gerard Hayes. It must be a very difficult time for the union, with differing opinions about this legislation. Regardless of that, HSU members know their union is always there to support them, just as we are in this place today turning our minds to terminally ill people across New South Wales.

The bill is not intended to be an alternative to well-funded palliative care services in this State, and anyone who argues that that is the case should do more research in the area. The bill is for those people who need other options when palliative care cannot meet their needs. Palliative care is not always the right option for everyone. Sometimes people just have too much pain and too much suffering, and therefore seek something more. The bill will allow them to end their life in a safe, controlled environment under the circumstances they choose. I say to those who see it as one or the other that we need both: greater funding for palliative care and voluntary assisted dying for those who are eligible and who seek it. We can have both because the bill is about choice. Choice is at the root of this argument.

The debate surrounding voluntary assisted dying is not new. Much of the concern expressed in the debate stems from people doubting whether the appropriate safeguards will be put in place so that people are not taken advantage of or pressured by their families with adverse motives. The bill ensures that a person must have decision-making capacity and be acting voluntarily and without coercion. To prove this, the person must undergo two independent eligibility assessments by two separate doctors. Doctors and nurses must undergo voluntary assisted dying training and will be able to conscientiously object. These processes will have proper oversight, each step taken must be documented, and all appropriate avenues that can be undertaken by a patient will be offered.

Every time we have this debate some people set out to fearmonger and scare the public into thinking voluntary assisted dying is the end of society as we know it. I respect the different opinions people have, but when discussing such a sensitive topic I believe we should rely on facts rather than speculation. So let us set the record straight. The bill will not force people to end their lives, nor will it allow their families to pressure them into ending their lives. The bill is about terminally ill patients making a conscious decision of their own free will to start a process to end their lives painlessly. Public polling has shown consistently that the community supports having the option of voluntary assisted dying. It is about time that this is enacted in legislation.

The bill allows patients who are suffering from a terminal illness with no hope of recovery to make an informed, careful decision to seek assistance in ending their life. They are then given 48 hours to think over that decision, once all the requisite assessments have been met. There are strong safeguards in place to ensure the bill is not misused. We cannot ignore the needs of the terminally ill in New South Wales any longer. I am proud to stand here today to speak in support of the Voluntary Assisted Dying Bill 2021 on behalf of the people of Shellharbour and the rest of New South Wales. I commend the bill to the House.

**Mr VICTOR DOMINELLO (Ryde—Minister for Customer Service, and Minister for Digital) (16:13):** It has been said that death is not the end of life; it is simply the opposite of birth. Life is eternal. I vote in favour of giving people the power to exercise informed choice on voluntary assisted dying. I support the Voluntary Assisted Dying Bill 2021.

**Dr JOE McGIRR (Wagga Wagga) (16:14):** I begin my speech in debate on the Voluntary Assisted Dying Bill 2021 by acknowledging the enormous amount of feedback I have received from my electorate. I thank all those who wrote to or messaged me, especially those who gave their time to speak and meet with me. I also acknowledge the genuine passion and commitment of advocates on this issue and those who have worked on the bill, particularly the Independent members for Sydney and for Lake Macquarie. I have always tried to make clear the views and experience I bring to this issue. In representations to my office—and there have been many—there has been a relatively even split between people who are in favour of the legislation and those who oppose it. I have considered the views of all the constituents who have made contact with me. I have also considered a range of expert opinions and information for and against this issue. I thank those organisations that provided that information to me.

My concerns about the bill fall into several categories: the issue of palliative care, the access to proper care for rural people, the message we send around the taking of one's own life, and the processes in the bill itself around assessment and protection for the vulnerable. The issue at hand is about how we care for the dying. We all want those we love to die in the best way possible. In my view, the debate has been framed around only two options: voluntary assisted dying or suffering. But there is an alternative—palliative care, and I believe that must be considered. Palliative care provides relief from pain and other distressing symptoms; integrates the psychosocial spiritual aspects of patient care; offers a support system to help patients live as actively as possible until death; applies early in the course of illness in conjunction with other therapies; neither hastens nor postpones death; and offers a support system for helping the family and loved ones.

Palliative care is not about prolonged or unnecessary treatment. Palliative care can come early on in a life-limiting illness and it includes emotional and spiritual support. It steps in when other medicine says there is no more we can do. In his second reading speech the member for Sydney went straight to this issue. He stated at the outset that we had a world-class palliative care system, but it could not help everyone. He then cited a number of statistics in support. I checked with Palliative Care Australia on this information. It indicated that the data related to old and out-of-date Australian Medical Association [AMA] and Palliative Care Outcomes Collaboration [PCOC] information. Specifically, it stated that in relation to the statement about Palliative Care Australia estimating 4 per cent of patients are beyond its help, the member's office did not provide reference information and it was unable to find the source of information. Information was not sought from the office of Palliative Care Australia. Palliative Care Australia is concerned that information in this instance is being presented that is not current or accurate.

Palliative care reduces pain in greater than 98 per cent of cases, with the 2 per cent remaining including those who decline treatment in order to end their lives with family at home or for religious reasons. The option of palliative sedation is also available, which permits full autonomy of an individual to ensure that painful suffering is eliminated. Medical advances have revolutionised end-of-life care, especially with advances such as ketamine, methadone, coeliac and splanchnic blocks, and intrathecal drug therapy. Palliative care physicians and geriatricians, who have so much to do with dying patients, oppose voluntary assisted dying. It is not supported by the medical profession at large. In a 2017 article in the *Medical Journal of Australia* Emmanuel noted the evidence actually is:

Patients who request and receive euthanasia or physician-assisted suicide infrequently experience pain; similarly, few patients in pain actually want euthanasia or PAS.

He goes on to say:

If not pain, then what motivates patients to request euthanasia and PAS? Depression, hopelessness, being tired of life, loss of control and loss of dignity. These reasons are psychological—they are clearly not physical pain—and are not relieved by increasing the dose of morphine, but by antidepressants and therapy.

Later he goes on to state:

The importance of psychological suffering as patients' rationale for requesting euthanasia ... indicates that these interventions are less like palliative care and more like traditional suicide condoned and assisted by the medical community.

In fact, pain is not the main reason people consider voluntary assisted dying; rather, it is loss of meaning, purpose and value to life. Is it good enough that society's response to this is simply to allow the taking of a life? Palliative care is not about prolonging life or having unnecessary treatment. Nothing legal needs to be done for people to choose not to continue to have treatment and allow the natural process of dying to continue. There is no need for a change to the law to allow this.

Palliative care in fact provides the autonomy people seek. It is in fact the best way to guarantee that autonomy. We should protect and support the right of everyone to access high-quality palliative care. This is supported by the results of a survey question asked by the PM Glynn Institute in 2018 as part of its survey on Australian attitudes to hope, trust and belonging. Respondents were asked where they stood on a number of issues, including access to palliative care in preference to assisted suicide. The question asked was:

Where do you stand on the following ... issue? Protecting the rights of terminally ill people to receive high quality palliative care and pain control, in preference to legalising assisted suicide or a "right to die"?

Asking about one or the other—right to die or access to palliative care—would be expected to bring a high level of support. This question placed one against the other to explore the issue in more depth. The survey was conducted in December 2018 by an independent social and market research company of a nationally representative sample of 3,000 respondents aged 16 years or over, selected at random. The results showed that 59 per cent expressed some or strong support for the proposal—that is, for the palliative care option—21 per cent were neutral and 17 per cent were opposed.

The right to ensure that everyone has access to high-quality palliative care, and the strong support I believe this has, brings me to a very critical issue. I am concerned that the impact of this bill will further the divide between rural and metropolitan people. The fact is that in rural areas access to palliative care is not the equivalent to that in metropolitan areas. If voluntary assisted dying becomes legal, all New South Wales citizens will have access to it; yet not all citizens have access to quality palliative care. I am worried that what we have here will be seen as a cheaper and more efficient alternative to proper care. Indeed, this has been suggested to me. As the Premier said, we do not have a world-class palliative care system. We do not have a system that is good enough. I welcome the Premier's commitment today to making palliative care in New South Wales the best in the world and I look forward to seeing the details of this. I especially implore him to ensure that the best palliative care is available in rural areas.

I am also concerned that we are sending a mixed message on the issue of suicide. Our society devotes a great deal of time and effort to ensuring that people do not take their own lives. This is especially an issue for rural areas, and I have spoken about it many times, yet here I believe we have a bill that sends the opposite message. It does not matter how stringent or limited the conditions are. We are crossing a threshold in the way we regard human life. This is not about letting someone die; this is about allowing people to take their own lives. As I noted earlier, research shows that people who choose to use voluntary assisted dying do so often because they have a sense of futility about their life and a lack of purpose.

There is evidence that where voluntary assisted dying operates, unassisted suicide may increase—for example, in US states where it operates compared with other US states. The suicide rate in the Netherlands has increased and in Belgium it has remained the same, and they both have euthanasia, while at the same time rates in France and Germany have declined. By legalising voluntary assisted dying are we not setting off on a path of normalising suicide as a response to despair? Are we not sending a mixed message to our community? I am also concerned that this legislation will see the increasing liberalisation of euthanasia. Once it is passed, there will be pressure for a further watering down of protections, as has been seen overseas. This is not surprising. [*Extension of time*]

To me, many people who argued in favour of the bill clearly had in mind that this would apply to them when at some future point they did not want to live or be a burden to others. Of course, the bill in its current form does not provide this but, for them, it will in the future and it represents a critical step forward. It is the first step in allowing more liberal criteria to take place. I have some concerns about the bill itself. I am concerned that the bill will lead to the development of specialist euthanasia doctors. While the bill requires that someone must consult two doctors, neither has to be a specialist in the patient's illness and assessment does not have to be in person.

These doctors are not required to be independent of each other. As the member for Ku-ring-gai highlighted earlier today, the procedure does not guarantee independence of the assessment. They are not required to consult with the treating doctors. They are not required to consult with their family, so how can they realistically assess possible coercion?

We have had much debate in this place about the issue of coercive control, and rightly so. We have also become aware of the issue of elder abuse in our community. The New South Wales Government has appointed a Commissioner for Ageing and Disability to, in part, address this issue. We have listened to the evidence of the Royal Commission into Aged Care Quality and Safety. How will two doctors, who have limited knowledge of the person's circumstances, assess the presence of coercion? It is my view that it will not take long before issues such as financial pressures, healthcare costs and the expectations of family lead people to feel that they are a burden and they need to take their own lives. There is no requirement for a mental health assessment or reference to a palliative care specialist. Indeed, the process as described is a technical process, a procedure, and when medicine is reduced to simply a "procedure" and our health professionals become technicians, we know we will have problems.

We must not let this happen when we are dealing with life and death. The medical technicians will have a strong preference for what should happen. In my view, there is a high risk that they will take a patient down the path to euthanasia without adequate consideration of other options. I am also concerned that the bill does not support a proper bereavement process. A constituent spoke to me of her experience in this regard. Several years ago this constituent's husband utilised services available overseas to end his own life. He had been previously diagnosed with a terminal illness. His family did not know what he intended to do "until his hand was on the back doorknob". During the entire preparation of the assisted dying process, including several GPs, specialists and psychological consultations, no-one knew this man had a family. They were not included in any of the processes. They were not with him when he ended his life. A week later, they received a text message saying, "He's gone".

My constituent's concern with this bill is that there is no ongoing support for immediate family members who are left behind and there needs to be safeguards to ensure family members are aware of, and involved in, the voluntary assisted dying process. I ask the movers of the bill to please consider that issue. We need a careful and diligent appraisal of the person, an impeccable approach to managing pain and distress—physical, mental, emotional—and of looking after the family and loved ones. Instead, I am worried that we just have a technical process—and, worse still, it is a technical process that relies on an estimate of the length of life that studies have shown can be inaccurate by an amount of up to five times. So six months or one year can be two to five years. We would not accept this level of uncertainty in a parcel delivery, but we are planning to accept it in a fatal, irrevocable decision. Many people have contacted me about the bill. Many members of Parliament have recounted stories and I wish to recount one as well from one of the many constituents who contacted me. She said:

I have sat with my parents and aunt as they died. They had great suffering but fought for life until the end with the greatest dignity and love dedicated to them. That does not mean it was easy for them or their family. If this bill is passed, our society will see humanity as a liability only worth preserving and caring for if the materialistic benefits outweigh the cost of medical care. People who are suffering, mentally and physically, are not free to choose what makes their lives valuable—their lives are precious and need to be treated as such with adequate compassion, medically and socially.

This law changes how we care for others. It challenges the foundational ethics of the caring professions but, more than that, it changes society. We do cross a line here. This is not about letting someone die; this is about actively taking steps to end life. It goes against the sanctity of human life. That no-one has the right to take the life of an innocent person is a foundational principle of our society. What problem was ever solved by killing someone? We have an alternative in palliative care to ensure that people die in dignity, are cared for, and receive the love and care they deserve. That is where our focus should be. After many months of careful thought and reflection, I will not be supporting the Voluntary Assisted Dying Bill 2021.

**Ms ROBYN PRESTON (Hawkesbury) (16:30):** I acknowledge the wise counsel of Dr McGirr, the member for Wagga Wagga, and thank him for his speech. I oppose the Voluntary Assisted Dying Bill 2021. I particularly focus on one of the real advances in modern medicine in our lifetime, which has been in palliative care. The Australian and New Zealand Society of Palliative Medicine [ANZSPM] in its November 2021 position statement on the practice of euthanasia and physician-assisted suicide makes a number of observations that are very pertinent to our consideration of this bill. The statement notes that:

Palliative Medicine is the study and management of patients with active, progressive, far advanced disease for whom the prognosis is limited and the focus of care is the quality of life.

This means that this society is made up of experts in the care of those for whom this bill proposes the intentional ending of life by administration of a lethal poison as an appropriate response. The statement declares:

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.

In accordance with best practice guidelines internationally, the discipline of palliative medicine does not include the practices of euthanasia and physician-assisted suicide. The Australian and New Zealand Society of Palliative Medicine does not support the legislation of euthanasia and physician-assisted suicide. ANZSPM's position, based on the expertise and experience of its members, is that good quality care for the dying does not include the practice of euthanasia or physician-assisted suicide. Helpfully, the statement that clarifies that certain good medical practices in end-of-life care are not euthanasia or physician-assisted suicide, because they do not, unlike the measures to be authorised by this bill, involve acts done for the purpose of intentionally ending a person's life.

These good medical practices—which are not euthanasia or physician-assisted suicide, and would not be covered by this bill's definition of voluntary assisted dying—include the refusal of life-sustaining treatments by the patient, withholding or withdrawing treatments that are not benefitting the patient, treatment that is appropriately administered to relieve symptoms, and has a secondary and unintended consequence of hastening death and palliative sedation for the management of refractory symptoms. I note that all these end-of-life practices are already lawful in New South Wales and this bill has no effect one way or the other on their legality. The ANZSPM statement also comments on an appropriate response when a patient requests euthanasia or physician-assisted suicide. The requests for euthanasia or physician-assisted suicide should be acknowledged with respect and be extensively explored to understand and be appropriately addressed and, if possible, remedy the underlying difficulties that gave rise to the request. Appropriate ongoing care, consistent with the goals of palliative medicine, should be continued to be offered.

When requests for euthanasia or physician-assisted suicide arise, particular attention should be given to gaining good symptom control, especially for those symptoms that research has highlighted may commonly be associated with a serious and sustained desire for death; for example, depressive disorders and poorly controlled pain. In such situations, early referral to an appropriate specialist should be considered. This is what the experts in end-of-life care recommend. If this bill is passed, this wise, caring approach will be overridden by a clumsy, ill-thought-out approach that will put a person expression of a desire to help and a desire for help to end their life, on a conveyor belt towards death by lethal poison.

When a palliative medicine specialist who, in accordance with this statement and with the views of his profession on what is not good medical practice to end-of-life care, will not participate in providing euthanasia or physician-assisted suicide or has a patient who requests euthanasia or physician-assisted suicide, he or she will be legally required by clause 21 of the bill to give the patient the information approved by the Health Secretary by gazette notice for the purposes of this section. If the palliative medicine specialist considers his or her objection to prescribing a lethal poison for a patient to be a matter of conscience required by his professional obligation to engage in good medical practice, then he or she must hand over this information as soon as the request is made by the patient. In any case, if he or she decides to refuse the request to prescribe and perhaps administer a lethal poison to the patient, the patient must be given the information within two business days.

The gazetted information, under the corresponding law in Western Australia, is a 16-page booklet or a 17-minute audio file outlining the legal processes. It prominently features contact details for the Western Australian Voluntary Assisted Dying Statewide Care Navigator Service. The only care offered by these navigators is assistance to suicide or death by administration of a lethal poison. This compulsory provision of suicide facilitation information by a palliative medical specialist, indeed by medical practitioners to a patient with suicidal ideation, cuts right across the wise and compassionate measures recommended in the statement. This includes advice that particular attention should be given to gaining good symptom control, especially of those symptoms that research has highlighted may commonly be associated with a serious and sustained desire for death; for example, depressive disorders and poorly controlled pain. In such situations, early referral to an appropriate specialist definitely should be considered.

Palliative medicine specialists treat an expressed desire for death as a possible symptom of a depressive disorder that may well respond to expert treatment. The bill will require medical practitioners to treat such an expressed desire as the first step in a bureaucratic legalistic process that starts with handing the patient the official Voluntary Assisted Dying Care Navigator Service, which can be gazetted under clause 185 of this bill and ends with their death by lethal poison. The ANZSPM statement properly notes that a desire for death, driven by poorly controlled pain, should be responded to by referral to an appropriate specialist to address the pain control. The bill disturbingly undermines the important message palliative care experts are striving to instil throughout the medical and health care sector. Where pain and other symptoms associated with a life-limiting illness, whether terminal or otherwise, are not able to be adequately managed by the primary care practitioner, then a referral to a palliative care service must be made.

Clauses 10 and 28 seem to be premised on a patently false assumption that every medical practitioner is well enough informed about palliative care to be legally entrusted with the duty of informing a person expressing a desire for death, including where it is related to concern about inadequate pain control, about the palliative care and treatment options available to the person and the likely outcomes of the palliative care and treatment options. The reality is that palliative care is a specialist discipline of medicine which, like many areas of medicine, is constantly improving and about which many GPs and specialists in other areas of medicine will simply not be sufficiently up to date with. They will not be informed or experienced to convey an accurate and comprehensive account of the palliative care options and their likely outcomes to a person. *[Extension of time]*

We should be doing our utmost as quickly as possible to bridge the gap between Aboriginal and non-Aboriginal residents in New South Wales when it comes to life expectancy and access to health care. When the Queensland Parliament recently passed its Voluntary Assisted Dying Bill, respected indigenous leader Noel Pearson was not among those who cheered its passage. He cited Yawuru man and WA Senator Pat Dodson's comment that:

Where First Nations people are already overrepresented at every stage of our health system, it is irresponsible to vote in favour of another avenue to death. Paving the way for euthanasia and assisted suicide leaves First Nations people even more vulnerable, when our focus should be on working collectively to create laws that help prolong life and restore their right to enjoy a healthy life.

People losing hope should not be a reason for voluntary assisted dying. The fear of losing autonomy as one works through their illness should not be a reason for voluntary assisted dying. Many organisations exist to prevent people from dying, to give them hope, to give them dignity and to give them a sense of independence. Those organisations assist the elderly, work towards suicide prevention and protect people's mental health. Organisations such as Lifeline, Salvation Army, Beyond Blue, Lifeline Harbour to Hawkesbury, Way Ahead, Wesley Mission, Everymind, Reach Out Australia, Mission Australia, Suicide Prevention Australia and churches of all denominations all conduct a vitally important role in protecting human life over death. Numerous other organisations, including religious organisations and individuals outside the scope of organisations, work tirelessly to assist people to overcome anything adverse in their life; they defend their life, not assist their death.

Events like RUOK and movements such as Hope4U are there solely to keep people existing. These good organisations and individuals in our community prioritise life over death. How can we legislate in support of death over life? We must not encourage an early death and assist anyone with dying. Rather, we must assist them with living. In every disastrous situation we face, whether it be times of war, pandemic, natural disaster or other catastrophic events, we put everything on the line to save lives. We invest in the safety, dignity and health of the person in need, regardless of their physical or mental situation, pain or quality of life. It is our responsibility as a Government to protect life, not to extinguish it. Protecting the right to life and the vulnerable should be the first and central priority of all governments and all people.

Our State went to extreme measures, some of which were considered undignified, to save people from dying from the COVID-19 virus. It cost this State \$1 billion per week to protect lives, small businesses, to support our students, staff and those with mental health issues. We shut down businesses, schools, nursing homes and elective surgery. Our freedoms were stripped. We could not visit our loved ones, travel, dine, attend funerals or visit places of worship. It was all to protect people from succumbing to the virus and dying. How is it that we have members in this place who would dismiss that approach and support a bill that would make it legal to extinguish a life? It does not make sense to me.

The argument that New South Wales needs to fall into line with other States could not be further from the truth. We should be the standout State. We do not need a copycat approach to something as important as this issue. There is nothing dignified about committing suicide, nor is there anything undignified about not deciding the time and circumstances of your death to circumvent the realities and adversities of life, which can be dealt with by advancements in the medical field and palliative care. I conclude by reiterating the opinion of Premier Dominic Perrottet that if the bill is passed, it will open a door that no-one will close.

**Mr CHRIS MINNS (Kogarah) (16:43):** I acknowledge the historic nature of this debate. It is historic because matters of conscience rarely come before the Parliament, and when they do, public engagement on the issue is always high. The Voluntary Assisted Dying Bill 2021 is no different. Many people hold strong views about the bill, both in favour and in opposition. I acknowledge that the views on both sides of the debate are genuinely held and authentic. For many, their conviction comes from their personal struggle and experience with illness. For some, their views are formed during the tragic loss of a loved one. For others, it is a tenet of faith. Members will take some or all of those personal experiences and professional judgements on board when determining their view on the bill. My judgement is based on whether the legislation achieves what it sets out to do and whether it is good law. Each of us must make our own decision and explain our own choices to our constituents. For the record, NSW Labor has given all its MPs the right to a conscience vote on this important legislation.

I will be voting against the bill. Let me explain why. I am not convinced that any legislation can prevent an individual choosing to die in response to pressure, coercion or duress caused by others. No legislation, even one crafted with the best of intentions like this bill, can prescribe against the conduct of people with bad intentions. Once we provide access to a voluntary assisted death, it is inevitable that some people will act to pressure another to end their life. That pressure may be overt. It may be the demand of an estranged child or a plea for respite from a dearly loved partner. It may be subtle—a suggestion, a hint, an overheard conversation—or it may be deduced without a word being spoken by a vulnerable person watching the impact their illness is having on others who they love. The risk of those situations occurring is not far-fetched or exaggerated. In fact, that risk is acknowledged in the bill on the very first page.

The bill states that one of its principle objectives is to protect persons who may be subject to pressure or duress. The coercion, the duress and the pressure to end a life will inevitably be directed at sick and vulnerable people. The legislation acknowledges that but it cannot prevent it. All the legislation can do is deny a person access to an assisted death if a third party detects and concludes that pressure exists. My decision to vote against the bill is an acknowledgement that we as legislators are fallible. We make mistakes. We cannot claim that the consequences of this legislation will be unexpected. On this occasion, we clearly know the risk to the vulnerable in our society if we pass this bill into law. That is why I will be casting my vote against the bill.

I accept that my view is among the minority in the NSW Labor Party. Regardless of whether this legislation does or does not pass the Parliament, I believe it is the start of a discussion and not the end of it. We need to talk about our approach to palliative care, how we fund it and how we ensure that access to that care is equitable. If the bill passes, we must ensure that the inability to access quality palliative care does not become another form of pressure on an individual to hasten their own death. We should never accept a situation where a desire to end a life is driven by a financial imperative or need.

In conclusion, I thank all members of the House for the respectful way the debate is being approached. Our conduct reflects the maturity that the people of this State are showing on this issue. In a time of polarisation, and ideological and cultural tribalism, we must show the people of New South Wales that we can discuss the divisive issues without descending to name-calling and personal attacks. I commend all members who have spoken thus far in the respectful and understanding contributions to this House.

**Mr DAVID HARRIS (Wyong) (16:48):** I contribute to the second reading debate of the Voluntary Assisted Dying Bill 2021 on behalf of my electorate. I am very pleased that this issue has finally come to the Legislative Assembly, the people's assembly, because we have previously seen a bill like this debated several times in the upper House—sometimes with a very close vote—that has not made it to this Chamber. I acknowledge the member for Sydney and all the co-sponsors of the bill. On behalf of our constituents, the voters of New South Wales, we can finally debate the issue.

I have listened to the speeches so far and I have also read what has occurred in other States. I have looked extensively at the polling. I have read all the emails and letters that I have received from constituents. I acknowledge the constituents on both sides of the argument and I value their opinions and contributions. In listening to the debate so far, I must say honestly—with my hand on my heart—that the motivation of all members is the welfare of the people. It is a really important message back to the community that whichever side of the debate members are on, they are talking about what they think is the best approach for the welfare of the people.

Based on what people in my electorate have overwhelmingly told me, I have made the choice to support the bill. I received the largest response that I have ever had to a survey on this issue. Of the people who voted, 93.36 per cent said they supported voluntary assisted dying, 5.91 per cent said they did not support it and 2.73 per cent said they were unsure. People overwhelmingly supported having a choice when it comes to end of life with an incurable disease. I have seen what three family members went through at the end of their lives, which formed my view on the issue. As legislators I believe we are not here for ourselves; we are here for our constituents. It would be wrong for me to vote based on my personal opinion. It should be about what the people in my electorate—the people who voted for me—think, which is a very important tenet.

I will relate a recent personal experience, which was the death of my father in June 2019. My dad had had several cases of melanoma. At one stage he got the all clear that it had left his system, but it came back in his lungs. He went through a terrible time because it very much affected his breathing. He was someone who was quite fit but he faded away to a very low weight and ended up being hospitalised, finding it very difficult to breathe. He was scared of hospitals. He did not like them and stayed away from them as much as possible, which is probably part of the reason he received a fairly late diagnosis. He also put off going back, which is probably a male thing. Unfortunately, he got to the stage where he was not going to recover. Prior to this, I had been in Parliament. On the Friday afternoon he phoned me up and said, "Mate, I just want to let you know I've had enough of this—I'm over this—so I just wanted to say goodbye." For anyone, that is a pretty hard call to take but I knew he had reached his decision.

Unfortunately, because of current laws he had to resort to telling the doctors to end any further treatment and to up his painkillers so that he would go peacefully in his sleep. That is not what he wanted because he thought that was putting the responsibility onto them, which was not the right thing to do. He wanted to make the decision himself. He said it was his decision and he should take responsibility for it. That is a really important message in all of this. Other members have mentioned that in New South Wales it is legal for a person to end their suffering by taking their own life—they can commit suicide. It is also legal to refuse all medical treatment, food and water, and to die slowly of starvation and dehydration. It is legal for a doctor to slowly drug a person into a coma while their family can wait for days or weeks for them to die. That puts a huge responsibility onto the medical staff who are part of that process. That really stuck with me.

My aunt who died many years ago of breast cancer was a strong advocate of voluntary assisted dying in the 1980s. She worked for Ros Kelly in Canberra. She contracted breast cancer and was in a similar situation to my dad. She was in so much pain that she made the choice for the doctors to up her medication, and she went in her sleep as well. I am sure that this is not their message, but some members seem to be saying it is palliative care or voluntary assisted dying. It has to be both; it has to be everything. We are talking about the 2 per cent to 5 per cent of people for whom palliative care is no longer working. It is not really a choice for them anymore. The doctors, nurses and palliative care specialists do the best they can to help them through their final days, but it gets to the stage where the treatment is no longer working.

There was nothing worse than when I went to see my father and saw the distress that he was in. He was being looked after fantastically but he could not breathe. It gets to the point where your body is about to fall over. You are in your final stages and it does not matter what the doctors do, what help they try to give you, it will not get you there in the end. It really struck me because of course I loved my father, but I did not ever see him as being a brave person because that was not the work he was in or anything like that. When he said to me that he wanted his death to be his responsibility and not on other people, I thought that was really brave. [*Extension of time*]

It is not one or the other. I have been a very strong advocate of palliative care. Like all constituents on the Central Coast, I have fought for a palliative care hospice for better palliative care services because it is absolutely essential. I do not accept that if there is voluntary assisted dying, somehow it will affect palliative care. Every member must always fight for better services for their communities. It upsets me when I hear people say, "If this goes through then it will have a detrimental effect on palliative care." If that is the case then we will call them out because that is wrong and something that we absolutely cannot accept. I will continue to fight as hard as I can for palliative care services and to make sure that people have the choice of voluntary assisted dying.

When I come back next time, maybe on Thursday, I will tell some stories from the huge amount of letters that I have received from local people. I thought I was going to be speaking on Thursday so I have not got them prepared, but I want to put those stories on the record. I want members when they are voting to put their own views aside and remember that our votes should represent the votes of all people in our electorates. That is how we should be making our decisions. If a member is told clearly that voluntary assisted dying is something that the people in their electorate want, as legislators they have a responsibility in that. I have always said that I have one vote in my electorate, not 50,000 votes. I have to listen to my electorate.

#### **Debate interrupted.**

**TEMPORARY SPEAKER (Mr Greg Piper):** I note that it has been an extraordinary day for everybody. I thank everybody for the way they have assisted in managing the day and how they have conducted themselves in their contributions.

#### *Private Members' Statements*

#### **REMEMBRANCE DAY**

**Ms FELICITY WILSON (North Shore) (16:59):** On Remembrance Day, we remember those who sacrificed their lives for our country. As we all know, Remembrance Day falls on the eleventh day of the eleventh month. On the eleventh hour of the day every year, we acknowledge a moment's silence to remember those who made the ultimate sacrifice. That date and time was the moment that the guns on the Western Front fell silent after four years of terrible conflict during World War I. On Remembrance Day, we reflect and ensure that the memory lives on of the more than 100,000 Australians who sacrificed their lives in the service of our country.

This year, for the first time in more than two decades, Australia commemorated Remembrance Day while not currently involved in active conflict. We have recognised and commemorated our service men and women for more than a century in Australia. The tradition of wearing the red poppy as a symbol of our recognition dates back to the final year of the First World War. In 1918, the secretary of the French YMCA, Madame Guerin, started selling silk poppies to help needy soldiers. The practice of selling poppies in Australia started 100 years ago in



1921. It has become a way for Australians to show they do not forget those who served in wars, conflicts and peacekeeping operations.

After another challenging year with the ongoing COVID-19 pandemic and its restrictions, it was encouraging to see that RSL sub-branches and councils across New South Wales and in my community could host Remembrance Day services, albeit with smaller numbers to follow COVID-safe rules. We often gather at a local war memorial for those services and I recognise the importance of local war memorials in our community. We recently received funding for the North Sydney War Memorial through the Community War Memorials Fund, to clean the almost 100-year-old stonework of the memorial. That important restoration work means that we can conserve that significant local landmark. I recognise the tireless work of the North Sydney RSL sub-Branch to ensure that the North Sydney War Memorial remains a place of reflection now and for future generations.

Due to inclement weather, this Remembrance Day I joined the Mosman RSL sub-Branch for its service at the Mosman Art Gallery, which is next door to the Mosman War Memorial. I thank Mosman RSL sub-Branch President Peter Watson for hosting this year's service. I acknowledge the work of the committee in preparing for the service and adapting to the conditions at short notice. I thank guest speaker Chief Petty Officer Medical John Blackstone from HMAS *Penguin*, in Mosman, for his reflective and respectful words. I further recognise Anne Powell of the Mosman RSL Sub-Branch for reading the poem *In Flanders Fields*; army chaplain Reverend Tim St Quintin from St Peter's Anglican Church for reading the prayer of the Australian Defence Force; Mosman council mayor Carolyn Corrigan; secretary of the Mosman RSL sub-Branch Chris Dunne; and Rex Vidler for their contributions to the service.

I also thank bugler Miles Bennett and singer Marianna Malenica, who is a year 12 student from Mosman High School. She is currently sitting her HSC exams but took the time out to join us for the service. The North Sydney RSL sub-Branch held a service at the North Sydney War Memorial. I thank President Alex Wilson and Vice-President Geoff Watson for hosting the small but respectful service. I acknowledge Chaplain Mark Raymond, who led the hymn and prayers; and Commander Mick Miller, the commanding officer of HMAS *Waterhen* in Waverton, who delivered the commemorative address.

I acknowledge well-known and much-loved singer Kamahl, who always delivers a moving rendition of a poem or a song at our services. He delivered the poem *The Soul of Australia* and led the singing of the Australian National Anthem. I also recognise bugler MacKenzie Anderson for playing the *Last Post* and the *Rouse*. My special thanks go to Elinor Prevost for laying a wreath on my behalf while I was at the Mosman service. The Kirribilli RSL sub-Branch held a service at the Kirribilli Club and I thank president Julian Robinson. During the service, secretary Tom Richardson led the Prayer of Remembrance and Prayer for Peace, and John Marsden read the *Ode of Remembrance*. The Kirribilli RSL Sub-Branch also recognised veterans from law enforcement agencies and emergency services. In particular I thank Barry Lloyd, who laid a wreath on my behalf while I was at Mosman. I acknowledge all members of my local sub-branches in Mosman, North Sydney and Kirribilli. I recognise the service men and women locally, across New South Wales and across the country who have served us with such honour. On this day and every day, we remember them. Lest we forget.

**Mr MARK TAYLOR (Seven Hills) (17:04):** I commend the member for North Shore for her private member's statement. Her reference to the various communities that she is involved goes to show the excellent work she does as a local member. I also draw attention to the New South Wales Community War Memorials Fund, which was mentioned by the member. The fund helps to conserve, repair and protect war memorials across New South Wales. As the member mentioned, grants and funds are available for that restoration. I inform the House that applications for funding opened on 11 November and close on 11 February 2022. I encourage the community to take up that opportunity to apply for funding.

### EARLY CHILDHOOD EDUCATION

**Ms LIESL TESCH (Gosford) (17:05):** Via video link: Early childhood education [ECE] is a crucial building block foundation for our community on the Central Coast, New South Wales and Australia. Supporting early childhood education to build strong foundations is a crucial role of government. I thank the representatives from early childhood education who met with me and Dr Gordon Reid last week. They had collected and connected concerns from centre owners, teachers and workers from a range of centres up and down the Central Coast. [Inaudible] concerns and their joy in working in early childhood education. As a Parliament, we neglected to recognise their role as frontline workers throughout the pandemic. They did not have PPE or time off and they were not listed or recognised or given any applause, so I give them applause right now. They were up-front every day. The centres did not shut down as they looked after the kids of essential workers and the kids that needed to be educated and cared for throughout that time.

There are many teacher educators with the same qualifications as primary and high school teachers who are not paid the same remuneration, yet their work is equally as important. Even before the pandemic, the work

they do is incredible. It is not 40 weeks a year; it is the whole year that this service is supplied to our communities. There is a high level of burnout in the sector that has been further exacerbated by COVID. As a result of that, even prior to COVID, teachers were leaving to work for the NDIS to earn more money. Now, post-COVID and as a result of burnout, more teachers and qualified people are looking to get more money in other sectors. That is frightening because we are facing a shortage not only in high school and primary school but also in the early childhood education sector, which is equally as important. There is still no remuneration equity that other teachers across our communities receive.

Already this year we have fewer applications for traineeships than last year and the year before. That might have to do with the pay expectations and the availability of less stressful one-on-one work with kids outside the early childhood education sector. There is possibly an influx of kids but there is also a lack of support for kids with special needs and face-to-face time availability. A lot of the time they are pushed from the private sector into the fantastic public care in early childhood education, which [inaudible] additional value because a lot of those kids do not come with additional support.

This Government needs to do more to attract skilled talent to the sector. We need additional investment to support trainees and to attract early childhood teachers. We need to make sure this incredibly important sector attracts and maintains a skilled, passionate and qualified workforce. Our early childhood educators are absolutely amazing. They are great, caring people who do incredible work, so we cannot just expect them to do it without reasonable remuneration. Many of them are mums in our community who do an incredible job. In Parliament we must also note that the differentiation in pay between private and public centres poses a problem in the equity of education. The Government must be very careful not to be lobbied by those who want to cut the qualifications that are necessary for early childhood education. That will result in less quality education and less equitable access to quality education, especially the separation between private and public facilities. I also note my concern for the lack of access to professional development for educators in this sector.

Most of all, on behalf of us in Parliament, I express my gratitude, respect and appreciation for the amazing work of those in the early childhood education sector. I also thank Tim Selwyn and all the [inaudible] who work in the sector who do an incredible job to embed Aboriginal education. It is such an important education. In closing, I will repeat the story of a very young girl who came home and told her parents [inaudible] how to acknowledge country:

We care about the animals and the plants that are around us. The sunshine that shines down upon us, the air that we breathe, the water that we drink and we say thank you to the Darkinjung People, past and present, for sharing this land with us.

### TRIBUTE TO CINDY BERWICK

**Mr DAVID HARRIS (Wyong) (17:10):** I read on the record tonight a press release from the NSW Aboriginal Land Council regarding the sad passing of Cindy Berwick:

Cindy grew up in the inner city of Sydney and was a Ngunnawal woman descending from the Bell family in Yass.

Cindy was a fearless leader in education and dedicated her life to supporting Aboriginal students' access to quality education so they too can achieve their educational aspirations.

She commenced her teaching career in 1984 in secondary mathematics, held various executive positions within schools and across the NSW Department of Education and lectured at Sydney University and the University of Western Sydney.

Cindy led the NSW Aboriginal Education Consultative Group Inc (NSW AECG) as its President for 14 years.

Under her leadership, Cindy was instrumental in strengthening and growing the organisation, and in doing so building opportunity for Aboriginal community viewpoints on education to be heard and responded to across NSW.

During her leadership, the NSW AECG strengthened their excellency in service delivery, providing professional and cultural immersion learning for teachers across NSW, and providing advice to the NSW Government on improving NAPLAN results for Aboriginal students.

Cindy led the way with highly successful Aboriginal education programs and initiatives including: the Pirru Thangkuray (Dream Strong) Cultural Engagement and Goal Setting program; Aboriginal Culture and Literacy programs; Science, Technology, Engineering and Mathematics (STEM) Camps, and Opportunities and Wellbeing (SHOW) Camps.

She also oversaw the planning and implementation of an Aboriginal languages framework and delivery across NSW schools and TAFE Colleges.

Cindy was recently the Co -Chair of the NSW Coalition of Aboriginal Peak Organisations (NSW CAPO). As Co -Chair Cindy played a prominent role in developing the Partnership Agreement and National Agreement on Closing the Gap.

The NSWALC Chairperson and North Western Region Councillor Anne Dennis says that Cindy was a passionate advocate for educational equality and a dear friend.

"Cindy steadfastly believed that Aboriginal people should determine their own futures. She consistently showed her commitment to the power of education, by listening to the voices of her Elders and knowledge holders and Aboriginal students of all ages.

She was integral to the development of the Healthy Culture, Healthy Country program which advances the importance of maintaining local Aboriginal languages and cultures through education.

Through her work, the program emphasises the synthesis between the health of Culture, the health of Country, and the health and wellbeing of Aboriginal people," Cr Dennis said.

The NSWALC Deputy Chair, NSW CAPO Co -Chair and Northern Region Councillor Charles Lynch said that Cindy was a true example of using her extensive knowledge to lead from the heart.

"Cindy's legacy will not only benefit the young people of today, but it will advance the lives of young people for decades to come. Cindy was inspirational with her fearless and steady influence, her dedication to equality and excellence, and her steadfast commitment to our young people and indeed all Aboriginal people's right to quality and accessible education.

She was influential in advocating for a Premiers Priority for Aboriginal Education. Working with the NSW Department of Education and the Premiers Implementation Unit, Cindy was key in partnering on six new initiatives to increase the proportion of Aboriginal students attaining year 12, while maintaining their cultural identity.

Cr Dennis says she is immensely grateful to have worked with Cindy Berwick for many years and is proud of her legacy.

"I will miss Cindy's passion, her friendship and her steadfast commitment to Aboriginal communities.

I would like to pass on from NSWALC and the Land Rights network, our deepest condolences to Cindy's family and her extended NSW AECG family at this very sad time," Cr Dennis said.

I also pass on my condolences. I knew Cindy very well. She was an extremely forthright person. After meeting with Cindy I was left with no uncertainty where she stood on issues. I travelled to western New South Wales and saw the initiatives that Cindy had put in place. She was deeply respected across schools in the Aboriginal education consultative network across New South Wales. She is going to be a huge loss. Sadly, she contracted cancer and left us quite quickly. When Councillor Dennis phoned me yesterday, I was deeply upset to hear of the very tragic news because warriors like Cindy, who have fought to bring to prominence the rights and aspirations of Aboriginal people, will be truly missed. On behalf of Parliament, vale, Cindy Berwick.

#### SEVEN HILLS ELECTORATE PUBLIC SCHOOLS

**Mr MARK TAYLOR (Seven Hills) (17:16):** It is a pleasure to update the House on what is happening in the schools around the Seven Hills electorate. As our schools begin to return to face-to-face learning, it brings a great opportunity to update the House on the various upgrades that have been committed to, commenced or completed in recent times. It makes me proud to be delivering on the 2019 election commitments the New South Wales Government made to the Seven Hills electorate. Seven Hills High School now goes to years 11 and 12, giving locals a Higher School Certificate much closer to home. The first HSC cohort began their journey at the beginning of this term. Seven Hills High School is set to open a new VET facility, and School Infrastructure NSW has applied for a development application to the Blacktown City Council earlier this month. The site will enhance VET opportunities for all students across Seven Hills, Lalor Park and Kings Langley who attend Seven Hills High School.

It has been fantastic to see the upgrades of Pendle Hill High evolve in recent times. The planned upgrade consists of 14 modern, flexible learning spaces, along with a range of new core facilities and student amenities, a lecture learning unit, a new library unit and staff development space. The project also includes the construction of a three-storey building and a new pedestrian entry. The Pendle Hill High upgrades will provide terrific facilities for students from Constitution Hill, Girraween, Old Toongabbie, Pendle Hill, Toongabbie, Wentworthville and the suburb of Westmead. I was pleased to meet again with the school's principal, Judy Sims, and the construction company on site for a sod turn with School Infrastructure NSW representatives this week. I look forward to seeing the construction being completed. More than \$12 million was allocated for the project in this financial year's budget, with more than \$1 million in the 2019-20 budget.

Another election commitment that was made to the community in Wentworthville was the upgrades to Darcy Road Public School. Over \$4.4 million was allocated for the development in this financial year's budget. The sum of all funds going towards schools in the electorate of Seven Hills amounts to over \$11 million, which is much greater than the Resource Allocation Model funding. The Hills Sport High School, Pendle Hill High School, Northmead Creative and Performing Arts High School, and Darcy Road Public School have all seen a large increase in funds. They are schools attended by such terrific communities.

It has been terrific to see more funds come to local public schools via the new Metro Renewal project upgrades. Kings Langley Public School replaced its shade structure and resurfaced their basketball court. Toongabbie Public School added trip hazards around their schools staircases. Seven Hills North Public School added a new covered walkway to help during this storm season and into the future. Toongabbie East Public School added a soft fall playground and secured fencing around the area. Toongabbie West Public School upgraded its administration building with new equipment and surfaces. Northmead High is in the process of constructing a synthetic grass playing field, along with more shaded areas throughout its playground.

Other upgrades that students of the Seven Hills electorate will benefit from include upgraded science labs at Crestwood High School and the recent upgrades to the kitchens at Blacktown Girls High School. Glenwood High School also had a reconfiguration of block D and its administration block. Caddies Creek Public School is upgrading its shade structure over the sporting courts. I look forward to seeing our school communities come back to the classrooms and cannot wait to hear from them about the recent upgrades that have taken place. I thank all the teachers from the schools throughout the Seven Hills electorate for their commitment and dedication over the last few months while students were learning from home. I also acknowledge the school principals for leading each of their school communities through what has been a very difficult time.

### **NARRANDERA CONNECTED LEARNING CENTRE**

**Ms STEPH COOKE (Cootamundra) (17:20):** Today I speak about the great success achieved by the TAFE NSW Connected Learning Centre [CLC] in Narrandera. In 2018 I was proud to officially open the \$4.67 million TAFE NSW Narrandera Connected Learning Centre. This centre is one in a series of digitally enabled facilities that provide students and employers across regional New South Wales with access to new courses and world-class learning opportunities. In the Cootamundra electorate we also have CLCs in West Wyalong and Grenfell.

Since opening, the Narrandera CLC has seen continued strong enrolments. The Narrandera Connected Learning Centre has more than doubled the number of courses available to local students, with many more to come in the future. Because of this centre, students no longer have to travel vast distances to their local campus to access a range of learning and course opportunities. Qualifications such as Ageing Support and Youth Work have been offered for the first time at both Certificate IV and Diploma level, as well as a Diploma of Leadership and Management and a range of other new qualifications.

I relate to the House just a couple of the numerous success stories I have heard over the past three years from the Narrandera CLC. A student who studied the Introduction to Aged Care taster course went on to complete the full Certificate III in Individual Support. The student is a young mother and she gained employment at a local residential aged care facility prior to completing her course. A student who completed the Certificate IV in Youth Work has received an offer from Charles Sturt University to study a Bachelor of Health Science (Mental Health) as a result of her TAFE NSW course. Furthermore, TAFE NSW has approved the application for Foundation Skills for Your Future to be delivered to Narrandera Shire Council in February 2022. This program is funded through the Department of Education, Skills and Employment and is designed to cater for students' individual needs, rates of learning, employer requirements and learning styles.

Some of our best and brightest young people leave their communities to study elsewhere and never return. This is a serious issue. If we can offer those young people education and training pathways in their home town they are far more likely to stay. The Narrandera CLC enables the community to grow its own leaders of tomorrow. It helps the community to better retain and train senior staff while also helping stem the tide of young people leaving the community to seek education and training elsewhere. Our region offers enormous advantages over larger centres in terms of lifestyle and affordability, but that must be supported by great opportunities to further your career.

I am proud to be a former TAFE NSW student. I have spoken in this place many, many times about the impact TAFE had on my life. But for all of the upside, the downside was that I had to endure a 10-hour round trip for nearly two years to obtain my higher educational qualification. I therefore support any initiative that reduces the barriers to accessing further education. CLCs in small communities do exactly that. Anything we can do to encourage students of all ages and stages to stay in their local community—where they can live, work and establish a successful business like I did—is worthy of support.

The New South Wales Government recognises how critically important access to quality education and training is, especially in regional areas. That is why it has made a significant investment in the state-of-the-art Connected Learning Centres right across regional New South Wales, including Narrandera. Part of the old TAFE Narrandera site, which shares the same block as the brand-new CLC, has not been used for classes and service delivery since the opening of the CLC in 2018. The reason is simple: There is no need to conduct classes in old, outdated and no longer fit-for-purpose classrooms when right next door is this amazing new facility. Contrary to what some people have been saying, the site that houses the older, unused buildings is not for sale. TAFE has confirmed there are no plans to sell the TAFE Narrandera site. In fact, today the Government announced it is further investing in this site and the other sites right across my electorate, including Temora, Young, Cowra and Cootamundra, with the rollout of 155 new computers. In closing, I thank our teachers for all that they do. Here's to a bright future for TAFE in regional New South Wales.

**Mr GEOFF PROVEST (Tweed) (17:25):** I feel obligated to endorse the comments of member for Cootamundra in her contribution. She has a deep passion. She is a product of TAFE and has been very successful.

The \$4.6 million Connected Learning Centre in Narrandera is another example of her commitment, her dedication and her belief in the people of her electorate. She is a fine person to lead those young people, particularly in rural areas where there are difficulties. The 10-hour round trip for her to learn her floristry was a major effort. She understands it and she conveys that compassion, dedication and commitment to all in her community. The Cootamundra electorate is very blessed to have somebody of such high quality as Steph Cooke as its MP. I endorse her actions totally.

### ROSE BAY WATER QUALITY

**Ms GABRIELLE UPTON (Vaucluse) (17:26):** Since October 2017 I have been working with local residents, Woollahra Municipal Council and State government agencies to improve the water quality at Rose Bay Beach. I am proud of the significant wins we have had toward that objective and inform the House of how far we have come. This month was extra special because, for the first time in many years, Rose Bay Beach was reported as having "Good" water quality in the New South Wales Government's *State of the beaches 2020-21* report. The report rates the water quality at 210 New South Wales swimming locations and our beach had been rated "Poor" for four consecutive years since the 2016-17 report. Not only that, but the good news was that all of the swimming spots in the Vaucluse electorate were graded as being "Good" or "Very Good" this year. Nielsen Park and Camp Cove in Sydney Harbour continued to be graded as "Very Good", as they have in previous years, while Watsons Bay, Parsley Bay, Bondi Beach and Murray Rose Pool were also graded as "Good".

Rose Bay Beach is a place loved by my local community. It is where residents kayak, swim, sunbathe and walk their dogs. We are really lucky to have so many amazing beaches and ocean pools in the Vaucluse electorate, including the world-famous Bondi Beach. Unfortunately, Rose Bay Beach always stood out for its "Poor" water quality rating in the *State of the beaches* reports. My motivation for setting up the Rose Bay Beach Working Group in October 2017 was so we could identify solutions to improve the water quality at the beach. We first came together as a working group on 13 December 2017. The event was hosted by Woollahra council and we have met regularly since that date.

We knew that achieving a "Good" result would take some time given Rose Bay Beach is an inner harbour beach with very little tidal flushing. We also knew there were several factors impacting the poor water quality and that therefore we would have to work together as a community—and across government—to achieve a better outcome. However, gratifyingly, in February 2019 I secured a \$150,000 grant from the New South Wales Government to undertake a detailed scientific analysis of the microbial water pollution sources. The results of that survey were published in September 2020. The research was conducted by the Government and the University of Technology Sydney. They used state-of-the-art scientific techniques and identified that microbial pollution at the beach was largely the result of human faecal matter contaminating stormwater during wet weather. This led to Woollahra council and Sydney Water prioritising remediation works to fix the leaks in the local stormwater system.

Another achievement has been stopping sewer discharge from entering Rose Bay Beach through damaged stormwater channels and fixing the Ian Street Weir in Rose Bay. That came to fruition with a \$100,000 New South Wales Government grant that ensured stormwater was discharged properly and overflow onto the beach minimised. Through our work, the beach cleaning schedules have been improved by NSW Maritime and Woollahra Municipal Council so that the beach is cleaned more frequently. NSW Maritime has also made contact with harbour party boat operators to help address the issue of bottles and other waste being thrown overboard, which ends up littering Rose Bay Beach. Woollahra Municipal Council has replaced the gross pollutant trap in the Caledonian Road stormwater outlet that leads to the beach. The new trap collects bigger litter and natural pollutants, such as leaves, which means less of that litter ends up on the beach and in the water.

I am very proud of what we have been able to achieve so far, and I know the working group members want to continue this good work despite achieving the "Good" water quality rating in this year's *State of the beaches* report. Of course, it has always been a team effort and I sincerely thank all the Rose Bay Beach Working Group members, including Rose Bay Residents' Association Vice-President Bruce Bland, OAM; Sarah Colquhoun; Charlotte Evans; Maria Judd; Ann Kirkjian; Andromeda and Sean Neale; David "Taffy" Thomas; and Joe Tweg. From Woollahra Municipal Council, we have been joined by former mayor Peter Cavanagh, Claudia Cullen, Mary-Lou Jarvis, Lucinda Regan and Susan Wynne, and council staff undertook important work, including technical director Tom O'Hanlon, and environment and sustainability team leader Micaela Hopkins.

I also thank officers from NSW Maritime, the State Office of Environment and Heritage, and Sydney Water for their ongoing contributions. This work has taken over three years. It takes a lot of patience, a lot of team resident and cross-government work to bring this improvement to fruition. It has been a massive effort to make sure that we all work together. We have had a reward for water quality improvement with this hard work, but there is more to do because it is a complex problem that will require ongoing work by my community. I commend my private member's statement to the House.

**Mr GEOFF PROVEST (Tweed) (17:31):** I speak in support of the member for Vacluse. Her leadership in her local area is second to none. Establishing a working group for Rose Bay Beach brings the community together. It is part of what we do here. The member for Vacluse has brought together community groups to work towards a positive outcome that can be seen every day by the residents who enjoy Rose Bay Beach. It is a cleaner beach according to the *State of the beaches* report. It is very concerning when the quality of one of your local beaches is considered poor; it reflects on the whole of the community. The member brought the community together and improved the beach from "Good" to "Great". That is a great achievement. I endorse her actions and look forward to taking a dip in the "Good" to "Great" water in Rose Bay. Well done to the member for Vacluse.

### SOCIAL AND AFFORDABLE HOUSING

**Ms TRISH DOYLE (Blue Mountains) (17:32):** Via video link: I speak about the housing crisis. Tonight in the Blue Mountains there will be members of my community—single mothers and their children, young men, teenagers and older women—who do not have a safe place to sleep or, if they do manage to end up on the couch of a friend, will be there for a couple of days only and then they will be again in a desperate search for secure, affordable housing. This search for shelter—a basic human right—should not be the nightmare it has become, a search that leaves people feeling traumatised and hopeless because of limited options with prices that are out of reach.

My electorate, like most of the State, is experiencing a prolonged critical housing crisis. It is an emergency that needs an urgent and dedicated whole-of-government response. Every week my office hears tragic stories from individuals and families being notified out of the blue that their lease is up. They have received no-grounds termination notices for homes they may have lived in for over a decade. The search for another home in the same neighbourhood at a similar price is futile. Local rates have skyrocketed due to limited supply as landlords cash in on record house prices or the lure of short-term holiday income rental. This means that families have been forced to leave communities they love, where they have settled and put down roots. They are withdrawing their children from schools, leaving friends and family, and moving to other towns that might be more affordable. Others move into overcrowded share accommodation, backyard caravans, tents and bush campsites or they live in their car, kids in tow.

None of this is new, as members know. We have been dealing with these issues in our electorate for years, but the housing crisis that has emerged on this Government's watch is getting worse by the day. It is a crisis that our public housing system is not coping with. There are more than 50,000 people on the public housing waiting list. Almost 10,000 of those with priority needs are women and children escaping domestic violence and elderly women at risk of homelessness. The sector is saying that our State will need 5,000 new homes every year for the next decade to keep pace with demand. A couple of days ago the Government released the long-awaited recommendations of the Regional Housing Taskforce. The task force report confirmed what we already know: Housing and rental affordability in regional New South Wales is a profound problem and action is needed immediately. Urgent action was needed years ago.

The report makes clear that land is available and the Government just needs to use it. One way to use available land to ease housing stress is currently being investigated by Parliament's Committee on Community Services, of which I am a member. Our inquiry is hearing about options to better support meanwhile use, land for temporary supportive accommodation, as well as the current planning barriers to use "meanwhile use" land and property. I am proud to report that an innovative proposal for meanwhile use has come out of my Blue Mountains electorate. The Blue Mountains Rotary clubs have put together a solid proposal, which is supported by the relevant departments, that will see tiny homes built on vacant sites close to facilities and support services. This project has the potential to transform the lives of people at risk of homelessness. Rotary volunteers have liaised with social housing providers and the local council and raised funds to kickstart the project.

It is an excellent example of how the community and government can work together to reduce homelessness. But for this project and others like it to go ahead we need the Government to play its part, cut red tape and introduce planning instruments to encourage an increased uptake of meanwhile use for temporary and transitional housing. I am aware that temporary accommodation, supported or not, is just that—temporary. Significant investment and long-term, permanent, social and affordable housing is required. The Government's failure to invest in new social housing has resulted in today's crisis. I urge the Government to take action on the recommendations of the Regional Housing Taskforce and not leave the report to gather dust. Too many people require government to take urgent and serious action to increase housing supply in our regions. Do it now.

### WOLLONDILLY ELECTORATE STORM

**Mr NATHANIEL SMITH (Wollondilly) (17:37):** Thirlmere, Tahmoor and parts of Picton in my electorate of Wollondilly were battered by hailstones the size of golf balls during an unexpected and aggressive storm two weeks ago on the evening of 23 October. The villages were devastated by this weather event. What

were once sleepy villages were quickly transformed by the freakish storm. It wreaked havoc on trees, cars and powerlines, and tore roofs off buildings. The local newspaper, the *Wollondilly Advertiser*, reported that Thirlmere resident Julie Prestridge was shocked to find a water tank on its side in her backyard following the storm. Even more shocking was the fact that she did not actually own a water tank. Ms Prestridge is reported to have said:

We worked out that it flew through the air as it did not touch any of the fences between our properties. I wasn't home, but I'm sure the goat had a front row seat for a strange sight.

I understand that the water tank was later reunited with and plumbed up by its owner. Fellow Thirlmere residents Marnie and Justin Cheung also had a backyard item go AWOL—their 14-foot trampoline—which is reported to have travelled more than 100 metres during winds that were clocked at more than 200 kilometres per hour. These stories do not surprise me. I saw the devastation firsthand the next day as I drove around the area for most of the day, talking to residents and victims of this shocking storm activity. I also witnessed the swift response of the wonderful NSW State Emergency Service volunteers and supporting emergency service agencies. The scene of destruction prompted me to convey the seriousness of the storm to the Premier and the emergency services Minister, David Elliott. I also impressed upon them the need to declare a natural disaster for the area. Within days a natural disaster declaration had been signed off by Minister Elliott and his Federal counterpart, Minister Bridget McKenzie. I thank them for their swift reaction. This declaration has released funds to cover the costs associated with the operational response and repairing damaged essential public assets.

Residents hit hard by the storm can now have access to a jointly funded Commonwealth-State Disaster Recovery Funding Arrangement [DRFA]. This support will ensure a range of practical assistance measures are now available to help families and individuals in Thirlmere, Tahmoor and Picton to get back on their feet. This includes grants to replace essential household contents or repair structural damage to homes. Assistance also available under the DRFA includes: help for eligible people whose homes or belongings have been damaged; support for affected local councils to help with the costs of cleaning up and restoring damaged essential public assets; concessional interest rate loans for small businesses, primary producers and not-for-profit organisations; freight subsidies for primary producers; and grants to eligible non-profit organisations. Hundreds of homes were damaged by the storm, more than 285 calls for assistance were made and 10 families were temporarily displaced, so the assistance is much needed and much appreciated.

As I mentioned earlier, the local emergency services did a sterling job in responding to this disaster, busily securing homes and clearing storm debris in the days after the storm. The emergency response from SES, Fire and Rescue NSW, the Rural Fire Service, the NSW Police Force, and the Wollondilly council was incredible. They had 40 teams in the field and responded to 285 requests for assistance. The following people were instrumental in the swift response and have my gratitude: Inspector Dylan Whitelaw, who I believe is somewhere in this building, was the incident controller inspector; Heather Rowe was the operations officer; Ngaire McCarthy was the sector commander; Valerie Couch is the deputy sector commander for Wollondilly; Ben Taylor is the NSW RFS duty officer; Michael Malone is the local emergency management officer, Wollondilly Shire Council; and Superintendent Paul Fuller is the Local Emergency Operations Controller [LEOCON] for the NSW Police Force. But finally I must mention the generosity I witnessed from the Wollondilly community. Just like I saw during the floods and the bushfires, they came out the next day with their chainsaws and trucks and helped their neighbours get back on their feet. I am so proud of them.

#### PUBLIC SECTOR WAGES

**Ms ANNA WATSON (Shellharbour) (17:42):** We have all praised the dedication of our frontline workers in what have been very dark days through the drought, the bushfires, the floods and the pandemic, but for the New South Wales Government the praise came when it did not mean anything material. As soon as it came to the Government putting its hands in its pocket, it became the veritable shrinking violet: It did not want to know. Healthcare workers and other public servants have continually put themselves front and centre during this pandemic, putting themselves second and putting the welfare of the general public first. Going to jobs where many were consistently exposed to the risk of contracting COVID-19, or worse, taking it home to their families, but this was a risk that they accepted. It was part of their job and so should be fair pay.

If not for their dedication and resilience in so many areas of the economy we would be in a much worse situation with this COVID pandemic. To give these workers a pay increase of 0.3 per cent was outrageous. It was an insult to the enormous efforts that many put their lives at risk to do. It also does not make good economic sense. Last year there were approximately 400,000 people in New South Wales that effectively had their wages cut. These are people who live and spend in our cities and towns and who support their local economies spending their wages by purchasing goods and services in the cities and towns of New South Wales. This Government's plan was to cut the pay of public servants and then spend more money on capital works, which will likely lead to a reduction of 1,100 jobs, according to a new analysis by the Australia Institute. Dr Richard Denniss, Chief Economist at the Australia Institute stated:

While spending money on new construction projects will likely create some jobs in some parts of New South Wales, cutting spending on public servant salaries will simultaneously lead to a reduction in employment in other parts of the State.

The people who we are talking about are the people who care for our aged; who work in the nursing homes, hospitals, fire stations, police stations, schools; and who keep our cities and towns clean. They are the very people who kept us ticking over during the worst of times. Still this Government finds itself compelled by its ideology to offer what amounts to nothing in return. A great example of the Government's "largesse" is the current negotiation between Illawarra nurses and midwives, who took to streets a few weeks ago as part of their fight for fair pay and conditions. The meeting was being held after a disappointing start to award negotiations with the New South Wales Government over a wage increase. The Government's offer was 1.04 per cent increase, which was based on the increase the workers received last year of 0.3 per cent, so 1.07 per cent over two years is fair. Really?

This offer of 1.07 per cent is well below the recognised CPI benchmarks, including the current the Wage Price Index of 2.4 per cent and when the Federal Government's budget papers forecast a Wage Price Index of 3.5 per cent. The Reserve Bank has been advocating for a wage increase of more than 3 per cent. There are many other examples of tribunals and commissions awarding as high as 3.5 per cent up to 4 per cent, and none below 2 per cent. This Government either has not recognised that or has recognised it and just turns its head away. The Government needs to rethink the economics of taking money and spending confidence out of an already struggling economy. In fact, according to the Australian Bureau of Statistics, every million dollars spent by public servants in their local shops creates many more jobs than one million dollars spent on capital works.

Now is not the time to have less money spent in our local shops and businesses. The great example of cutting middle and lower incomes is the United States of America, with the current President, Joe Biden, now desperately trying to pump money into the middle and lower income brackets of the US economy and to give a sluggish economy some impetus. We know that trickle-down economics has not worked there—it has never worked—and it is not working here. We need not forget these people. We need to value them for what they have done for us and, in particular, the extra burden that they have had to shoulder over the past more than two years. The Government are clearly not doing that at the moment. The Government needs to adjust its thinking and give these frontline workers the wage increases they have earned and that they deserve.

**The SPEAKER:** There being no further private member's statements, I want to thank Hansard, the Department of Parliamentary Services, particularly the IT support on the virtual Parliament, attendants, the Legislative Assembly Clerks team and everyone else concerned for their fantastic support this week in what has been an extended but challenging week of sittings. Thank you to all concerned.

#### *Community Recognition Notices*

#### **KATHRYN JEFFREY**

**Mr NATHANIEL SMITH (Wollondilly)**—I would like to congratulate a new Southern Highlands' author, Kathryn Jeffrey, who has recently written and illustrated a children's book entitled *Willoughby*. Her debut tells the story of an everyday garden snail called Willoughby who is seeking something special. I can't tell you anymore, you'll have to read it yourselves! Ms Jeffrey wants her book to give back in some to the Southern Highlands community in some way. She has dedicated the book to the Friends of the Botanic Gardens in Bowral and will donate a portion of every sale to the Southern Highlands Botanic Gardens. Congratulations to Ms Jeffrey on her becoming a published author and illustrator. It is a great achievement and I am sure your contributions to the Southern Highlands Botanic Gardens will be very much appreciated.

#### **MACARTHUR HOMELESSNESS STEERING COMMITTEE VIRTUAL WINTER SLEEP OUT**

**Mr NATHANIEL SMITH (Wollondilly)**—Last month I was privileged to attend the Macarthur Homelessness Steering Committee 'Virtual Winter Sleep Out' over Zoom and shared my perspective on homelessness in Wollondilly. The committee was unable to hold their annual fundraising event this year due to the impact of COVID, but instead held this free and family friendly online event to raise awareness of homelessness across the area. Even though we were unable to meet in person, it was a great event nonetheless, and I valued hearing from different voices in the community sharing their knowledge and ideas around such an important topic. The Macarthur Homelessness Steering Committee (MHSC) is a not-for-profit network of key stakeholders who bring experience from respective areas, working collaboratively to increase awareness and support practical solutions to address homelessness across the Macarthur Region. I am grateful for the support the MHSC provides to members of the Wollondilly community who are dealing with homelessness, or threatened with homelessness. Thank you to all you attended the event and a special thanks to Hill Top's Nicole Daley for her work organising and running the event.



### ZOE YOUNG

**Mr NATHANIEL SMITH (Wollondilly)**—I wish to congratulate Southern Highlands' artist Zoe Young whose exhibition *Still Life* is currently on display in the Gruin Gallery in Los Angeles. Her exhibition is born out of the lockdowns, and explores the "beautiful side of the chaos of postponement." Whilst in Australian lockdown herself, she depicted imaginary Hollywood dinner party scenes in large-scale acrylic painting. Her paintings evoke feelings of nostalgia, as she explores the intricate reality of what life is, what it was, and what it may not be again. Ms Young is a two-time Archibald Prize finalist and won the NSW Women's Leadership Rural Scholarship earlier this year. Ms Young has been supported throughout her artistic endeavours by the Bowral District Art Society (BDAS). She displayed her very first solo exhibitions at their gallery and was able to use their workshop for painting *Still Life*. I wish Ms Young every success going forward and congratulate her on the success of her current exhibition.

### BLOOMS OF BOWRAL

**Mr NATHANIEL SMITH (Wollondilly)**—It's a great day when I hear of businesses in Wollondilly that, despite the difficulties posed by the last few years including fires, floods, and lockdown, have managed to thrive and grow. Blooms of Bowral has done just that, having actually experienced a growth in business over the last 2 years. Michelle Clayton bought the business over two years ago, and despite early setbacks such as bushfires destroying flower stock, she has continued to expand her business and bring on more staff. Fortunately, during the pandemic flowers have never been more popular, with those unable to get together physically often sending their love in the form of a bouquet delivery. Of course, Blooms of Bowral's booming business is not purely circumstantial. They have a beautiful, easy-to-navigate website, and dedicated staff who work hard to create arrangements for life's important moments. Ms Clayton also supports local suppliers by encouraging her customers to ask for seasonal varieties in their orders. I commend Ms Clayton on her thriving business and wish her every success going forward.

### BRIGHTER BAY DAYS

**Ms KATE WASHINGTON (Port Stephens)**—A wonderfully generous initiative started by Anna Bay couple, Rachael and Neville McDermott has seen residents across Port Stephens benefitting from thoughtful acts of kindness. 'Brighter Bay Days' has helped bring happiness to the lives of many families in Port Stephens, with hampers delivered seven days a week, and eight boxes randomly delivered on a Friday, which has become affectionately known as 'Bright Box Day'. The gift hampers are delivered to people who are having a tough time with illness, cancer treatment, job losses, disabilities, mental health or recognising an important milestone. They are carefully tailored to include items that catering to each recipient's likes and interests. Rachael and Neville have also built on the gathering interest in their efforts, using their 'Brighter Bay Days' Facebook page to fundraise for local rescue groups and charities. I have seen first-hand the impact that Covid has had on my community, and I am so grateful that Port Stephens has caring people like Rachael and Neville who are going above and beyond to do good things for those around them. On behalf of our community, I thank Rachael and Neville for their kindness and compassion.

### HEART LETTER PEN

**Ms KATE WASHINGTON (Port Stephens)**—COVID hasn't been kind to Port Stephens' oldest residents. Not only did COVID present a significant health risk for elderly residents living in residential aged care homes, but lockdown meant months of separation from family, friends and community. Thanks to a wonderful initiative founded by November Sheehan, called "Heart Letter Pen", they knew they were always in our community's thoughts. Last year, November started the Heart Letter Pen group which encourages locals to write letters to our elderly residents, people experiencing mental health issues or loneliness. The Heart Letter Pen initiative shares kindness and creates connections with those who've struggled to stay connected during the challenges of the past two years. It's a simple initiative, spreading kindness through handwritten messages – and it's taken off. Members of the group have been busy hand-making Christmas cards and there are mail boxes around the community where messages can be left. For those who have felt alone, the Heart Letter Pen initiative has provided comfort in dark times. I ask the Parliament of NSW to recognise November Sheehan, her thoughtfulness and community spirit, and all of the Heart Letter Pen contributors, for ensuring our most vulnerable residents, know they're not alone.

### CHRISTINE BOLTON 60 YEARS WITH CWA

**Mr DAVID LAYZELL (Upper Hunter)**—I wish to congratulate Christine Bolton of Gloucester who is a proud, active, long serving member of the Country Women's Association for more than 60 years. Christine first joined the CWA at 19 years of age and currently is a member of the Gloucester CWA Evening Branch. Over the years, Christine has been involved with many community initiatives; Meals on Wheels, setting up a mother's

health centre and has had held many office bearer's positions. I congratulate Christine Bolton on her significant involvement with the Gloucester CWA Evening Branch and I thank her and the CWA for their contribution to the community.

#### **SCONE GRAMMAR SCHOOL**

**Mr DAVID LAYZELL (Upper Hunter)**—I would like to congratulate two Scone Grammar students Alyssa Mollema and Caitlyn Etheridge who will pursue elite sporting pathways in archery and rugby league respectively in 2022. Caitlyn Etheridge will relocate to train with the St. George Dragons Tarsha Gale cup side next year. Alyssa Mollema will continue to pursue her Olympic dreams after being appointed Captain of the Archery NSW Youth Team. Again, I congratulate Alyssa and Caitlyn on their wonderful sporting careers and I wish them all the best for their future endeavours.

#### **KEIRA ELECTORATE PHARMACIES AND VACCINE ROLLOUT**

**Mr RYAN PARK (Keira)**—Speaker, I would like to take this opportunity to thank the wonderful local pharmacies that have helped my community and the magnificent electorate of Keira reach over 91.9% first dose of vaccination and as at 8 November 88.8% second vaccination dose. Their tireless efforts in the COVID vaccine rollout and assisting some of our more vulnerable community members by providing easy and accessible vaccination must be recognised. The local pharmacies I would like to thank include: Figtree Plaza Chemist, Bellambi Drive Thru Pharmacy, Bulli Pharmacy, Campus Pharmacy Wollongong, Priceline Corrimal, Pharmacy Express Fairy Meadow, Priceline Pharmacy Woonona, Thirroul Central Chemist, Thirroul Pharmacy and Blooms the Chemist Figtree Plaza. Thank you once again to these amazing health professionals, whose efforts ensured vaccine was accessible and gave our community protection against COVID-19.

#### **KEIRA ELECTORATE GENERAL PRACTITIONER AND MEDICAL CLINIC VACCINE ROLLOUT**

**Mr RYAN PARK (Keira)**—Speaker, I would like to take this opportunity to thank the many wonderful local General Practitioners and Medical Clinics, that have helped my community and the magnificent electorate of Keira reach over 91.9% first dose of vaccination and as at 8 November, 88.8% second vaccination dose. Their tireless efforts in the COVID vaccine rollout, and assisting some of our more vulnerable community members by providing easy and accessible vaccination must be recognised. I would like to thank Corrimal Healthcare Centre, Balgownie Village General Practice, Village Practice Woonona, Bulli Medical Practice, Seacliff Healthcare, Thirroul Medical Practice, FMP Health Woonona, Rao's Surgery, Figtree Surgery, Crown Medical Figtree, Gwynneville Medical Practice, Illawarra Aboriginal Medical Service Aboriginal Corporation, Fairy Meadow Medical Clinic, Corrimal Family General Practice, Corrimal Medical & Dental Centre, Pioneer Health Centre Bellambi, East Corrimal Medical Centre, Russell Vale Family Medical Practice, Woonona Medical Practice, Family Medical Practice Bellambi. Thank you once again to these amazing health professionals, whose efforts ensured vaccine was accessible and gave our community protection against COVID-19.

#### **LILLI PILLI FOOTBALL CLUB**

**Mr MARK SPEAKMAN (Cronulla—Attorney General, and Minister for Prevention of Domestic and Sexual Violence)**—I commend Lilli Pilli Football Club for the role it plays in building community through sport in the Cronulla electorate. The club was established in 1961 and fielded a record number of teams in 2021 with 1,800 players. A thriving sports club is built on the efforts of its hardworking committee and volunteers and the enthusiasm of its players. I acknowledge the work of the executive committee members in 2021, David Paget, Steve Willett, Dave Gregson, Dina Osgood, Andy Read and Frank Bova who have done a wonderful job under the leadership of President Greg Storey. I also want to thank the many volunteers who turn up week after week to coach, manage, run the canteen, do ground duty and make sure balls are pumped and playing strips are ready. To all the players, young and old, your love of football and participation continues to make the Sutherland Shire competition one of the biggest and best in Australia. I commend the Lilli Pilli Football Club for continuing to engage with players and volunteers through the disappointment of the shortened football season in 2021. I look forward to seeing you all back on our grounds in 2022.

#### **DAVID WARD AND KIDZFIX**

**Mr DUGALD SAUNDERS (Dubbo)**—Speaker, I would like to acknowledge Dubbo's David Ward, Managing Director of the KidzFix Rally. The rally hasn't been held for the past two years as a result of COVID-19 and fundraising has been difficult. Today David handed over \$10,000 worth of equipment to the Hear Our Heart Project. The audiometer and laptop enable the Hear Our Heart team to continue to provide their wonderful service to children and families in rural and regional NSW. I understand that the 2022 KidzFix Rally fundraising will have a focus on delivering mental health programs for kids in rural and regional NSW. Congratulations and thank

you David and the KidzFix Rally team for all that you do for organisations and the children of rural and regional New South Wales.

#### **LYNETTE RILEY**

**Mr DUGALD SAUNDERS (Dubbo)**—Speaker, I would like to congratulate Lynette Riley, who is a nominee for the 2022 NSW Senior Australian of the Year! Dr Riley is an academic and education trailblazer, and has been pivotal in Aboriginal education policy and has changed the way Aboriginal studies is taught across the state. Lynette completed her PhD in her sixties, while battling her third episode of breast cancer. Originally from Dubbo, she has always stayed true to her Wiradjuri and Gamilaroi heritage, which has shaped her as an educator. Her groundbreaking work to incorporate Aboriginal perspectives in the study of humanities has changed many people's understanding of Aboriginal worldviews. Lynette is an expert in translating research findings to deliver practical, positive change for Aboriginal people. This includes a community profiling tool to identify needs in western NSW, and a training tool to analyse resources for cultural bias. A founding member of the NSW Department of Education's Aboriginal Education Unit, Lynette currently advises on research design and conducts data collection with Aboriginal staff and families. In 2021, Dr Riley was named as the NSW Aboriginal Woman of the Year. Congratulations Lynette, and best of luck!

#### **ANGEL FLIGHT**

**Mr DUGALD SAUNDERS (Dubbo)**—Speaker, Angel Flight Australia reached an amazing milestone recently, surpassing 20 million kilometres flown helping country people access life-saving medical care. To put that in perspective Speaker, that's the equivalent of flying around the Earth more than 500 times! The milestone was achieved with a flight transporting 2-year-old Lilly Osborne and her mum Bianca from Hervey Bay to Melbourne to attend Lilly's monthly cancer treatment. The flight stopped in at the Dubbo airport as volunteer pilot Paul Michel handed over to counterpart Eric Keys to take the Osbornes the rest of the way. Under this Government we've seen record investment in rural and regional health, and of course we know there will always be more work to do. But it's great to know that there are organisations like Angel Flight out there – and amazing volunteers like Paul and Eric – to help fill the gaps for patients like Lilly.

#### **MAYOR DR MICHELLE BYRNE**

**Mr MARK TAYLOR (Seven Hills)**—I acknowledge the outstanding contribution to The Hills Shire Council community by Mayor Dr Michelle Byrne. The Hills Shire Council takes in parts of the Seven Hills electorate, including residents of Baulkham Hills and businesses at Winston Hills and I thank Dr Byrne for her work with these communities. I note her previous service as a councillor for the West Ward which takes in parts of the Seven Hills Electorate community, particularly residents of Baulkham Hills at Astoria Park II. Dr Byrne was first elected to The Hills Shire Council in 2008. She was the first popularly elected Mayor of The Hills Shire Council in September 2017. Dr Byrne has led the charge for better roads and safety for the Astoria Park II community. In particular, I thank Dr Byrne for her recent work with City of Parramatta Council, Transport for New South Wales and myself in the recent Winston Hills M2 bus commuter car park upgrade. I thank Dr Byrne for her service to The Hills Shire and Seven Hills Electorate residents.

#### **PREMIER'S VISIT TO ENDEAVOUR FOUNDATION SEVEN HILLS**

**Mr MARK TAYLOR (Seven Hills)**—Recently I had the opportunity to introduce Premier Dom Perrottet to the amazing team at the Endeavour Foundation's Seven Hills facility. Endeavour is a terrific company that's sole purpose is to give locals with a disability meaningful employment. Endeavour also has facilities locally at Castle Hill and Mount Druitt. The Premier had a tour of the Seven Hills site where locals create and distribute key pharmaceuticals across the State. The workers at the site were thrilled to meet Premier Perrottet and we spoke with the site manager about local matters for the workers and the site. Other Premiers have visited the site with me over the years and I thank them for their support of locals in the Seven Hills electorate at greater Western Sydney engaging in disability employment. I also want to thank the Member for Castle Hill in his capacity as the former Minister for Disability Services in his efforts and work with Endeavour Foundation over the years.

#### **REMEMBRANCE DAY AT SEVEN HILLS**

**Mr MARK TAYLOR (Seven Hills)**—Yesterday I attended the Remembrance Day ceremony at Seven Hills RSL Club. I thank the Seven Hills-Toongabbie-Wentworthville RSL Sub-Branch for another moving service for not just their members, but for the wider community who were in attendance as well. I also want to acknowledge the Women's Auxiliary for their continued efforts in organising services such as this year's Remembrance Day ceremony at the Club. The staff as usual have assisted and take great pride in helping our local veterans run the service. It is always terrific to see local schools represented at commemoration events such as these and I thank student leaders from Seven Hills High School and The Hills Sports High School for their attendance. I thank the Sub-Branch, including president Graeme Quinn, senior vice-president Peter Harrington,

junior vice-president Ross Coughran, honorary secretary Chris Gammage, treasurer Peter Dwyer, minutes secretary Peter Sparrow, additional committee members Bill North, Lee Hausman, Les Wilkinson and Barry Lowe and additional trustees Warren Stickens and John Burgess. Some of the Sub-Branch are on the Board of Directors and I acknowledge the others including president Barry Wilson, vice-president Graham Black, Warren Evans, Bob Mackay and Anne Moore.

#### **LALOR PARK PRE-SCHOOL KINDERGARTEN ASSOCIATION**

**Mr MARK TAYLOR (Seven Hills)**—It was fantastic to see the Lalor Park Pre-School Kindergarten Association recently awarded with a \$5,000 grant by the New South Wales Department of Education to expand Aboriginal access to local early childhood learning. Participation in early childhood education is fundamental to ensure children have the best possible start to their education journeys. This grant will help the local Aboriginal families around Lalor Park and Seven Hills by giving them easier access to quality early learning. The grant will also provide Aboriginal children with the opportunity to participate in 600 hours of pre-school in the crucial years before school. The Lalor Park Pre-School are putting this grant to new educational resources, as well as resources that support access and participation for Aboriginal children from low income families. I look forward to meeting again with the Lalor Park Pre-School community to hear the fantastic results of this grant for local families. I note my last trip to Lalor Park Pre-School was with the Honourable Sarah Mitchell MLC when she held to Aboriginal Affairs and Early Childhood portfolios. I thank her for her continued support of Aboriginal education in the Seven Hills electorate and greater Western Sydney.

#### **PORT HACKING HIGH SCHOOL**

**Ms ELENI PETINOS (Miranda)**—I acknowledge Port Hacking High School's amazing teaching and support staff for the ways that they have supported students during COVID-19. The teachers have taken the challenges of COVID-19 in their stride and adapted to provide opportunities for students to stay connected and engaged through online initiatives. These included 'Trick-Shot-Fridays', National Science Week activities, Adopt a Healthcare Worker initiatives, virtual Book Week and a 'Humans and Port' series where students shared insights into their lives in lockdown. Additionally, the year 8 Japanese classes created posters for the Tokyo Olympic Village and for Education Week, the students recreated famous artworks, and completed geographical surveys of their backyards. I especially recognise Principal Trevor Price and Assistant Principals Karen Murphy and Casey Hadfield for their leadership throughout this difficult period. In order to support the year 12 students, the teachers invited the 2020 leadership team to a forum where they imparted their wisdom and shared their experience of the HSC during COVID-19 with the current cohort. I commend the wonderful team at Port Hacking High School for their dedication to keeping education exciting during COVID-19.

#### **SUTHERLAND FOOD SERVICES**

**Ms ELENI PETINOS (Miranda)**—I acknowledge the wonderful team at Sutherland Food Services for supporting our community through the challenges of COVID-19. For over 50 years, Sutherland Food Services have provided meals to individuals across the Sutherland Shire who are unable to cook or shop for themselves with ease. This has been especially important throughout the COVID-19 pandemic where people have been feeling anxious or socially isolated. Sutherland Food Services has seen their customer base triple in a matter of two months due to the increased challenges the pandemic has presented. During this difficult period, the incredible team at Sutherland Food Services has met the challenge of fulfilling every request. While the team ensured that everyone in our community had a meal to enjoy, the volunteers would regularly call and check in with customers for social engagement and connection. Of course, none of this would be possible without the leadership of the executive committee including Karen French, Martina Wutzke, Michael Douglas, Joanne Williams, and Service Manager Susan Green. I commend the team at Sutherland Food Services for supporting vulnerable community members through the COVID-19 pandemic, and thank them for their ongoing work in our community.

#### **DANDELION SUPPORT NETWORK**

**Ms ELENI PETINOS (Miranda)**—I acknowledge the team and volunteers at Dandelion Support Network ("Dandelion") in Caringbah for supporting families experiencing hardship. Dandelion are a grassroots not-for-profit organisation located in the Sutherland Shire who collect new and preloved children's clothes and nursery items for those in need. Dandelion works with more than 200 hospitals and community service agencies to support families, and has helped over 12,000 families in 37 local government areas over the past 10 years. This year, the organisation has assisted over 2,000 families experiencing hardship including domestic violence and homelessness. Dandelion will celebrate their 10th anniversary by encouraging businesses and individuals to host their own baby shower to provide assistance to families in need. Of course, none of this would be possible without the ongoing efforts of the Dandelion team including Kathryn Brennan, Philip White, Michael Barker, Tracey Edwards, Dominique Brown, Deepti Mishra, Craig Berger, Gabrielle Humphreys, Brenda Lavender, Rebecca

Teupa, Sheree Gough and Cathy Nisbet. I thank all involved with the Dandelion Support Network for the important work they do in our community.

#### **JANNALI PUBLIC SCHOOL**

**Ms ELENi PETINOS (Miranda)**—I acknowledge the wonderful teaching and support staff at Jannali Public School for the innovative ways they have made learning exciting during COVID-19. As their motto states, the incredible teachers continued to "inspire lifelong learners" by providing online opportunities to keep students connected and engaged. These initiatives included Zoom-discos, regular phone calls home to families and 'Wellbeing Wednesdays' with art and exercise to lift the students' spirits. Local community groups also provided their support by donating 15 food and craft hampers to the school. Incredibly, the teachers ran a virtual camp to Canberra for Stage 3 including games nights and excursions which the Parents and Citizens Association supported by delivering snacks to the students' homes. Additionally, Principal Narelle Chaplin delivered tea boxes to her colleagues so that they could enjoy a virtual morning tea together. As school returned, the students were welcomed back with balloons and music to celebrate being together again. I also acknowledge School Captains Leith Blackley and Jared Pring, and Vice Captains Piper Smith and Ciara Shiels for looking out for their peers during this challenging period. I commend the entire team at Jannali Public School for overcoming obstacles through the COVID-19 pandemic.

#### **CRONULLA SEAGULLS FOOTBALL CLUB**

**Mr MARK SPEAKMAN (Cronulla—Attorney General, and Minister for Prevention of Domestic and Sexual Violence)**—I acknowledge the committee, volunteers and players from Cronulla Seagulls Football Club for continuing to live out the club's vision of 'Positively impacting the community through football'. The club was established in 1959 and has grown to have 1600 players in 2021. I commend the efforts of its hardworking executive committee George Koulouris, Jonathan O'Hara, Liz Pavett, Jim Anthopoulos, Simon Grant and Sue O'Hara. The club has grown over the years thanks to the efforts of the many volunteers who quietly go about their job, or in many cases jobs. I acknowledge the efforts of all of the club's volunteers who make sure the grounds are ready, the canteen is open, playing gear is ready and the teams are well coached and managed. The Sutherland Shire competition is one of the biggest and best in Australia and I commend the players from the club, who range in age from five to 60 plus, for making the competition what it is through your love of playing football. Thank you to Cronulla Seagulls Football Club for your contribution to our community and look forward to seeing you enjoy a full season in 2022.

#### **CAMDEN COUNCIL 2021 YOUTH PUBLIC ART PROJECT**

**Mr PETER SIDGREAVES (Camden)**—I would like to recognise Jack Wilson in year 7 at Magdalene Catholic College on his featured display around the Camden area. Jack's mixed media self-portrait was selected for display as a banner and a street post as a part of the Camden Council 2021 Youth Public Art Project. Jack's self-portrait was featured around the main streets of Camden during July and August. I want to congratulate Jack on his successful and eye catching display and it was an honour to see youth art featured around Camden.

#### **DAMIEN BLEEKER - THE GREATER NARELLAN BUSINESS CHAMBER**

**Mr PETER SIDGREAVES (Camden)**—I would like to thank the efforts of a local constituent and Marketing Director of the Greater Narellan Business Chamber, Damien Bleeker for his tireless contributions to the Chamber. Damien oversaw all the marketing and promotion of Chamber activities over the last year as well as the general meeting presentations. Thank you again Damien for your contributions to the Greater Narellan Business Chamber.

#### **LEANNE WOLF - THE GREATER NARELLAN BUSINESS CHAMBER**

**Mr PETER SIDGREAVES (Camden)**—I acknowledge local business owner and Events Director for the Greater Narellan Business Chamber, Leanne Wolf. On top of a busy schedule of owning and managing a business, Leanne has been an outgoing member to the Chamber. For the past 5 years, Leanne has successfully run all the general meetings, Premier's breakfast and Christmas parties. I thank Leanne for her commitments and tireless contributions.

#### **LYN TOWNSEND**

**Mr PETER SIDGREAVES (Camden)**—I recognise co-founder from the organisation Shining Stars, Lyn Townsend, who through COVID worked tirelessly to provide support for the community. During the lockdown, Turning Point supported several families who were in isolation with pantry items, material and emotional support, some were individuals, some families. While Turning Point provided pantry stock, Lyn was able to provide pre-prepared meals. Most had limited cooking facilities in hotel rooms, so to receive pre-prepared meals was a relief.

For some of the Turning Point clients, Lyn went above and beyond meeting their needs that were limited in Turing Point's capacity to provide.

#### **TUMUT LIONS CLUB**

**Dr JOE McGIRR (Wagga Wagga)**—The Tumut Lions Club may not be large, but that has proved no barrier to getting things done for the community. Despite the restrictions and lockdowns from COVID-19, Lions Club members have been busy. They have recently secured grant funding of \$130,236 for an upgrade to their Driver Reviver site on the busy Snowy Mountains Highway in Tumut at the Bull Paddock rest area. Club president Bruce Brien says the whole community, and the travelling public, will benefit from the upgrade project. In the past, club members have provided Driver Reviver facilities from temporary facilities.

The club is working with Snowy Valleys Council on the upgrade, which Mr Brien says will provide a permanent off-road parking area for six vehicles, a dedicated serving area and three sheltered permanent picnic tables, which can also be used by other park users. In addition, the club will have a five-metre purpose-built food trailer to use at this site and for its fundraising activities and to support our emergency services during bushfires, floods and other emergency events when required. This is a great outcome for the Snowy Valleys and for the club and I look forward to seeing it finished.

#### **SAFE HAVEN**

**Dr JOE McGIRR (Wagga Wagga)**—Anyone in the Wagga Wagga community who is feeling rising distress or experiencing suicidal thoughts is now able to seek support at the new Safe Haven located in the city. This is one of 20 new drop-in centres being trialled across NSW. Safe Haven is a place of refuge for anyone experiencing distress, and offers an alternative to going to a busy, stressful emergency department. Safe Haven is for everyone, there is no referral required and anyone can drop in during opening hours. Safe Haven is all about creating a welcoming environment where people learn about their own response to crises and develop skills to help maintain their mental health. It can also be a place for people to just sit and have a cup of tea with a peer worker, join in an activity or sit in a quiet spot and listen to music. Inside Safe Haven, peer workers like Lauren Demaj are available to listen, talk or share their lived experiences. I am delighted that Safe Haven is now open in Wagga Wagga, and providing a welcoming place for people to seek support. I encourage those who feel they may need help to reach out.

#### **MARGARET CAREY**

**Ms STEPH COOKE (Cootamundra)**—Mr Speaker, I extend a huge congratulations to this year's Katie Walker Outstanding Service Award winner Margaret Carey. The Country Education Foundation of Australia (CEF) has more than 450 dedicated volunteers in 5 states and territories. Each year a peer-nominated award recognises the tireless efforts of their outstanding volunteers. The Katie Walker Outstanding Service Award Winner for 2021 was presented to Grenfell's own Margaret Carey. Margaret was instrumental in the establishment of CEF in Grenfell and has acted as their Secretary since its inception in 2017. Margaret is passionate and driven in all that she does to support and mentor the local youth in the Weddin Shire. The Country Education Foundation of Australia has helped more than 6000 rural and regional young Australians to further their education, training and careers. Margaret has played a vital part in ensuring that young people in Weddin that have been impacted financially in the wake of natural disasters and pandemics are still able to access ongoing education. Congratulations once again to Margaret and thank you so very much for all that you do for the Country Education Foundation in Grenfell.

#### **MATT HOLT - NSW WESTPAC PERSONAL BANKER OF THE YEAR**

**Ms STEPH COOKE (Cootamundra)**—Mr Speaker, A congratulations is in order for Stockinbingal's Matt Holt who has won Westpac's Personal Banker of the Year for NSW. Matt has been working at Westpac for 32 years and throughout this time, he has dedicated majority of his career to serving those in the bush. He has spent 25 of those years working in Cootamundra but has assisted rural communities around the region such as Tumut, Hay, Narrandera and Wagga Wagga with their banking needs. Matt's recent achievement combined with his lengthy career reinforces how much of an asset our banks are to local people in remote areas. Our small businesses and elderly in our rural communities really appreciate the practical services our banks have to offer, which over the years Matt has gained many loyal customers from. Well done Matt on his award and I wish him many more successful years in the industry.

#### **COWRA YOUTH PEACE AWARDS**

**Ms STEPH COOKE (Cootamundra)**—Mr Speaker, I wish to highlight nine young people who have been nominated as part of the 2021 Cowra Youth Peace Awards. In no particular order, I congratulate: Cameron Melton, Mikelli Garratt, Destiny Pepper, Ethan Tindall, Anna Russell, Tess Roberts, Stassi Austin, Emily

Beath-Pearce and Zeedan Cook. It is a privilege for me to have met a number of these impressive individuals in my role, whether it be for their involvement in some of our fantastic local community groups and organisations, for their voluntary work or other endeavours, each one has been a role model to their peers – even for simply getting involved. I firmly believe to have nine nominees also reflects very positively on the Cowra community more broadly. So congratulations. The Cowra Youth Peace Awards is run by Cowra Rotary in tandem with World Peace Day and is all about promoting the importance of kindness, compassion and community. I thank each of these wonderful nominees for their efforts to promote these ideals now and into their bright futures.

### **MRS JOYCE LAMB**

**Ms STEPH COOKE (Cootamundra)**—Mr Speaker, I would like to make a special mention of Mrs Joyce Lamb who turned 100 on 28 October 2021. Mrs Lamb, of Young currently resides at Southern Cross Care, where she moved only 5 years ago. Mrs Lamb married her husband Bill after the Second World War and they moved to Maimaru in 1963 raising a family and farming their property. Mrs Lamb has 5 children, 13 grandchildren, 22 great grandchildren and 1 great great grandchild! Turning 100 is such a massive milestone and I want to congratulate Mrs Lamb on her 100 birthday. What an inspiration you are to your family and the community as a whole. Happy Birthday Mrs Lamb, I wish you a wonderful year ahead.

### **WORLDSKILLS CHAMPIONS NSW**

**Ms SONIA HORNER (Wallsend)**—Recently some of our home-grown, best of the best, talented young tradespeople were on show at the WorldSkills competition. The WorldSkills competition is a high-profile event, promoting Australia's skills excellence nationally and internationally. The opportunity to compete is open to all Australian apprentices, trainees and vocational education and training students. Congratulations to the following medallists: Auto Electrical – Sean Niemeyer, Gold; Autobody Repair – Jayden Tesoriero, Gold; Automotive Refinishing – Isabella Turrise, Gold; Automotive Mechanics – Nicholas McLaren, Silver; Richard Nguyen, Bronze; Beauty Therapy – Maddison Williams, Gold; Bricklaying – Jayden Jennings, Gold; Business Services – Chanelle McGillan, Silver; Cabinetmaking – Kurt Orlanno, Bronze; Carpentry – Matthew Duffy, Silver; Cloud Computing – Brayden Jones, Silver; Construction Steel Work – Jackson Le Clerc, Silver; Mackenzie Thomson, Bronze; Cookery – Sabrina Rees, Silver; Fitting – Harrison Blatch, Bronze; Graphic Design Technology – Elijah Charet, Bronze; Hairdressing – Mary Evans, Gold; Anne Russell, Silver. Well done on these awards and all the best in your ongoing training. Good luck to those of you heading to China for the WorldSkills competition.

### **NOVASKILL NEWCASTLE - RTO 6996 AND NOVASKILL SISTAHOOD TEAM**

**Ms SONIA HORNER (Wallsend)**—I Run for Her is a fundraiser for Got Your Back Sista to help women and children rebuild their lives after fleeing domestic violence. Entrants run or walk solo, as a family or as a team to show support for people affected by domestic abuse, past or present. Well done to Novaskill Newcastle - RTO 6996 and the Novaskill SistaHood team for an absolutely incredible effort in their annual #IRunForHer charity event. During COVID-19, the team has been working remotely for months so it was so great for them to be able to come together for such a great cause. They walked an impressive 12kms to show their support for Got Your Back Sista and the great work they do in our community. Together the team raised more than \$2260 for Got Your Back Sista. Congratulations to team captain Lauren Mills and the participants, Nikola Vercoe, Morgan Vercoe, Hollie Pringle, Zyleaca Kennedy, Amanda Saunders, Eisell Gifford, Samuel McEwan, Ina Groenewald, Ann Forbes, Bianca Guillaume, Brianna Louise and Hayley Threlfo.

### **SISTER BETTY BROWN RSJ**

**Ms SONIA HORNER (Wallsend)**—Every day, all over the world, men, women and children make one of the most difficult decisions in their lives – to leave their homes in search of a safer, better life. Some might leave for employment or education, but many others are forced to leave due to persecution, torture, violence, war, hunger and extreme poverty. Penola House, which was established in 2007, offered welcome, support and education for refugees and their families. Sister Betty Brown RSJ was instrumental in establishing this dynamic outreach to refugees around the Hunter, along with her dear friend, Sister Diana Santleben.

Sister Betty was a role model to all involved in refugee resettlement. After leaving Penola House in 2015, Sister Betty assisted Sister Diana to establish Zara's House, a wonderful and unique local service for refugee women and children. Sister Betty recently celebrated her 90th Birthday, with a lifetime of dedication to the welfare of others. Through her work, Sister Betty saved lives and brought families together. Happy Birthday, Sister Betty, and thank you for all that you have done to assist refugees over many years.

### **HMRI 2021 AWARD FOR MID-CAREER RESEARCH**

**Ms SONIA HORNER (Wallsend)**—The HMRI Awards are a celebration of the outstanding efforts and achievements of individuals and teams who drive and support the opportunities that health and medical research

bring to the wellbeing of our community. This year's awards were streamed live via Zoom from the HMRI building to virtually celebrate and honour medical research excellence. Professor Vanessa McDonald was awarded the HMRI 2021 Award for Mid-Career Research: The award recognises the outstanding leadership and achievements of a researcher within 15 years of completing their PhD. The Award for Mid-Career Research is made possible by the generous support of The Sid Stephens Memorial. Professor McDonald is a research leader in HMRI's VIVA Program, co-leader of the NHMRC Centre of Research for Severe Asthma, and a practising academic clinician in the Department of Respiratory and Sleep Medicine at John Hunter Hospital. Her current research is focused on developing a new management program for severe respiratory conditions known as Treatable Traits. This new treatment paradigm aims to personalise medicine to individuals to achieve improved patient outcomes. Congratulations on your award Professor and thank you for the vital work you do.

#### **GEORGES RIVER LIFE CARE**

**Mr MARK COURE (Oatley)**—Speaker, I rise to recognise the outstanding contribution of Georges River Life Care within our local community. Throughout the COVID-19 pandemic they have been providing food packages for those in need from their office in Peakhurst. They have also continued their Artslife classes over zoom and in smaller groups to ensure that their members have stayed connected during this difficult time. I am also pleased to announce that on April 15 this year, the organisation hosted their annual Sleeping Rough event, which was my third time involved in this initiative. The event is designed to raise money for victims of family violence by getting people out of their comfortable beds to experience what it is like to sleep rough on the street. Earlier this year, I also had the opportunity to visit the organisation with NSW Attorney General, Mark Speakman, to discuss how the NSW Government will continue to support victims of domestic violence while looking towards prevention. Thank you to Glenn Power, Andrew Scipionie, and the entire team at Georges River Life Church.

#### **ST AIDAN'S ANGLICAN CHURCH, HURSTVILLE GROVE**

**Mr MARK COURE (Oatley)**—Speaker, I rise to congratulate St Aidan's Anglican Church in Hurstville Grove for receiving \$2500 for audio-visual upgrades as part of the 2020 Community Building Partnership Grant. Earlier this year, I travelled to Hurstville Grove to announce the funding with Senior Minister, Matthew Yeo and his team to discuss how much this funding means for patrons and their overall church experience. This money will fund state of the art technology to ensure that they can account for their growing list of members. It will also provide a greater user experience for guests by providing a more immersive view through improved sound, vision and connection. I have no doubt that this funding will be of a huge benefit to patrons both now and well into the future. I once again thank Matthew Yeo and his team for their ongoing commitment to guests, particularly during the difficult 18 months that we have had. I look forward to hearing many more success stories from your organisation well into the future.

#### **SHOPFRONT ARTS**

**Mr MARK COURE (Oatley)**—Speaker, I rise today to recognise Shopfront Arts in Carlton who have received \$19,500 in NSW Government funding thanks to the Create NSW's 2020/21 Arts & Cultural Funding Program. Shopfront Arts is among 97 recipients from across NSW who have shared in over \$5 million to provide greater pathways for creative students in the arts. This investment will allow Shopfront Arts to deliver extensive professional skills development and creative development to expose students to professional outcomes. It will also greatly improve the educational opportunities of these students by allowing them to access renowned teachers and mentors. I wish to thank the Minister for the Arts, Don Harwin, for joining me earlier this year to visit the team and to see how important this funding is for the organisation. I also want to thank Shopfront Arts CEO, Daniel Potter, for hosting us and for letting us explore the fantastic facilities and allowing us to see the sheer quality of their students. Well done Shopfront Arts.

#### **TARONGA ZOO WELCOMES LION CLUBS**

**Ms FELICITY WILSON (North Shore)**—Speaker, I want to congratulate the Taronga Zoo family, who recently introduced five new lion cubs into the family. With fewer than 20,000 African lions remaining in the wild, now more than ever, it is crucial that we support such iconic wildlife. I had the privilege of being at Taronga Zoo for the debut of the new cubs and watched whilst they took their first steps in the African Savannah exhibit. They kept kids and adults alike enthralled with their playfulness. The five new African lion cubs were born to experienced mum Maya and first-time dad Ato. At the time of their debut, they were 12 weeks old and confident and ready to explore. The two males are named Khari (meaning 'like a king') and Luzuko ('glory'), and the three females are called Malike ('like a queen'), Zuri ('beautiful'), and Ayanna ('beautiful flower'). I offer my congratulations to the team at Taronga Zoo, and in particular, CEO Cameron Kerr for the conservation work they do in supporting endangered animals.



**MOSMAN ROTARY DONATES FACE MASKS TO VIETNAM**

**Ms FELICITY WILSON (North Shore)**—Speaker, I wish to recognise the extraordinary work of the Mosman Rotary Club for their generous contribution of face masks to the communities struggling in Vietnam. They are a strong club operated by volunteers that formed over 60 years ago. The Mosman Rotary club is a devoted and dedicated group of people who work selflessly to help people in our local community and other communities in need internationally. Recently, the Rotary Club took on the project of providing face masks to communities in Vietnam after they emerged from a three-month lockdown. The club supplied over 300,000 K95 face masks and supported the logistics and freight costs of a 20ft container to Vietnam. The Mosman Rotary Club has a strong relationship with Rotary in Vietnam and was well-placed to assist. I commend the Mosman Rotary and the Board members for their dedication and passion for helping others, especially during this incredibly challenging time.

**BLESSED SACRAMENT CATHOLIC SCHOOL 'CHAMPIONS OF CHANGE' AWARD**

**Ms FELICITY WILSON (North Shore)**—Speaker, I want to congratulate Blessed Sacrament Catholic Primary School for winning the 2021 'Champions of Change' award. This award was part of a national competition to showcase each school's values and demonstrate how their students contribute to their community. Students at Blessed Sacrament have supported the community with food hampers, they ran a 'Vinnie's' Sleepout fundraiser, and their environment club has helped pick up rubbish on our beaches. It is fantastic to see children meaningfully contribute to our community at such a young age. In particular, I would like to acknowledge the school's environment club for teaching our young people about the importance of environmental sustainability. In partnership with Mosman Council, Blessed Sacrament is also one of the eight Mosman schools that launched the Zero Emissions Schools Network in February 2021. Congratulations to the Blessed Sacrament principal, Leanne Meehan, and all the students who truly are champions of change.

**RUTH FAERBER CELEBRATES HER 99TH BIRTHDAY**

**Ms FELICITY WILSON (North Shore)**—Speaker, I want to acknowledge the incredible milestone of Ruth Faerber, who celebrated her 99th birthday last month. Ruth was born in 1922 and was always determined to be an artist. She left school early to attend painting and drawing classes in the private studios of some of Australia's most acclaimed artists. After her first job as a commercial artist with a printing firm that specialised in the photogravure print process, Ruth became a foundation student of Joy Ewart's lithography class at the Workshop Arts Centre. In 1963 in one of the newly opened city galleries, she held the first of her subsequent 40 print exhibitions in Australia and overseas. In the 1980s, Ruth began to use freshly pressed, damp, handmade paper and used a process of bas-relief casting and hand painting. Ruth was able to create print editions inspired by her particular interest in archaeology. Ruth has had a successful career as an Australian artist in print form. Congratulations, Ruth, on reaching this incredible milestone, and I wish her and all her family the very best for the future.

**JOHN DAVIS, OAM**

**Mr PHILIP DONATO (Orange)**—Speaker, I wish to recognise John Davis OAM, of Orange. John Davis is the community patron of Western Care Western NSW, and a support of the organisation since it commenced ten years ago. On 10th anniversary of Western Care Lodge, John Davis was recognised for his dedication as patron and fundraiser and the staggering financial support he has provided to this important local organisation. Western Care Lodge was established in Orange to address the deficiencies of cancer services in regional NSW to that of metropolitan cities. Western Care Lodge is a four star self-care facility, providing comfortable for adults undergoing cancer treatment in Orange. John has previously been awarded the Order of Australia Medal for his work in supporting Cancer Care Western NSW and Western Care Lodge. John is also recognised for his involvement in establishment of the radiotherapy alliance with Orange City Council in 2006. I wish to recognise John Davis for decades of dedication and genuine care for his community, and his immense generosity. John is incredibly humble and seeks no recognition for what he has given and continues to give to the community. On behalf of the community of Orange, thank you.

**OCTEC LIMITED**

**Mr PHILIP DONATO (Orange)**—Speaker, I wish to recognise OCTEC Limited, established and based in Orange. OCTEC started in 1976 as a two-person youth service in Orange, and has now grown to be a service provider operating across large parts of NSW, the ACT and Victoria. OCTEC has delivered government-funded employment services programs since its inception including CYSS (Community Youth Support Scheme), SkillShare and Job Network. OCTEC is a leader in assisting people and their communities to provide early pathways to employment, and to help individuals adjust to changing employment conditions. OCTEC programs is on vocational education and training, disability support and employment services. A key to the success achieved by OCTEC has been tailoring training and support to individual needs and local circumstances. This has required

OCTEC to continuously evolve as an organisation over the 40 years of our existence. I congratulate Chief Executive Officer Andrew McDougall OAM and his team on their significant accomplishments and commitment to unique and customised vocational training and employment services.

#### **REMEMBRANCE DAY**

**Mr RAY WILLIAMS (Castle Hill)**—Yesterday I attended the annual Remembrance Day Service at the Castle Hill RSL Club. On the 11th of the 11th, at 11am, people right across Australia observe a minute's silence to recognise the incredible sacrifice made by our troops throughout the 1st World War and all conflicts since. Australia suffered heavy losses in the 1st World War, with more than 60,000 dead and 150,000 wounded or taken prisoner, an astounding figure for a country of under 5 million. It is worth remembering that these casualties occurred on the other side of the world, and despite Australia being at no real risk of invasion, our young men and women enlisted in combat and nursing roles, to protect distant shores. As usual, the Castle Hill RSL put on a very tasteful service, and I was joined on the day by colleagues Alex Hawke MP, David Elliott MP, Mayor Dr Michelle Byrne, Hills Shire Councillors, Local Area Commander Darrin Batchelor, and Directors of the Club and local RSL Chapter. I'd also like to recognise all of Australia's serving men and women, and all those who didn't make it home, and those who made it home but whose lives were irrevocably changed.

#### **ASSYRIAN MARTYRS' DAY**

**Mr GUY ZANGARI (Fairfield)**—August 7th 2021 marked the commemoration of the Assyrian Martyr's Day. Around the globe members of the Assyrian community come together on the 7th August to commemorate and pay their respects to the innocent lives lost in the genocide. Over the years the local Assyrian community has commemorated the memorial at the Edensor Park Assyrian Genocide Monument, local event centres and in Parliament of NSW. All gathered come together to offer support for the Assyrian community facing struggles in the modern world and prayers to the martyrs who died for their religious beliefs. Unfortunately due to the Greater Sydney lockdown this year the community was unable to gather in person to pay respects. The commemorations are solemn remembrances for those who also suffered before and after the 1933 genocide. I will always stand with the Assyrian community in their quest to bring the plight of their ancestors to the wider community. I thank the many Assyrian community groups that gather every year to mark Assyrian Martyr's Day.

#### **PAL BUDDHIST SCHOOL - SEASON OF WONDER**

**Mr GUY ZANGARI (Fairfield)**—I wish to acknowledge the efforts of Principal Panha Pal, staff and students of Pal Buddhist School for the presentation of CAPA Series, an annual exhibition of the creative talents of students. The theme of 2021 CAPA Series is "wonder". Students explored the theme of wonder via various mediums such as music, dance, drama and visual artworks. CAPA Series is a whole-school project with all students participating in not only stage roles but also behind the scenes in support roles. It has been an annual tradition for Pal Buddhist School since 2015. Due to COVID-19 restrictions CAPA Series 2021 was presented a little differently this year in series of weekly online episodes via live stream, which are now available for online viewing. I commend the students on their efforts in displaying their extraordinary creative talents and thank the teachers, staff and Principal for nurturing a sense of creativity in their students.

#### **ST JOHN AMBULANCE NSW FAIRFIELD DIVISION**

**Mr GUY ZANGARI (Fairfield)**—I take this opportunity to thank Superintendent Abnob Putros and the members of St John Ambulance NSW Fairfield Division for their assistance with the COVID-19 effort throughout the June 2021 lockdown. St John Ambulance NSW Fairfield Division members became part of the effort to curb the spread of the virus and were deployed to assist as part of the vaccination program. The Prairiewood Vaccination Clinic was in constant use throughout the lockdown period as thousands of residents came forward to be vaccinated. I extend my appreciation on behalf of the Fairfield community to Nurse Unit Managers Ms Janet Watson, Ms Clair McEntee and Ms Poumansing Gujraz who worked around the clock to service the community at the clinic throughout this time. Thanks to their dedication to service and hard work, more than sixty thousand doses were able to be administered in Fairfield. This is a tremendous achievement and I commend all volunteers for their efforts during a most challenging time, and their continuing efforts to assist the community in times of crisis.

#### **CONSTABLE FRANKIE CIRILLO**

**Mr GUY ZANGARI (Fairfield)**—I take this opportunity to commend the actions of Constable Frankie Cirillo from Fairfield City Police Area Command. Six-year-old resident Yeprad's rooster, Jackson, was the subject of many noise complaints and sadly Yeprad's family received a notice that required Jackson to be rehomed in ten days. After hearing about Jackson, Constable Frankie took it upon himself to relocate the rooster to his own home and has advised Yeprad he can visit Jackson at any time. With the assistance of Constable Kylie Hazleton, Constable Frankie transported Jackson to his new home. Yeprad is currently fighting leukaemia and knowing his

pet rooster is in safe hands and being well looked after will surely help with his recovery. Constable Frankie's heartwarming gesture is a fine example of a police officer going above and beyond the call of duty to care for the community he services. I wish Yeprad all the best for a full and speedy recovery, and I commend Constable Frankie for his dedication to the people of Fairfield.

#### **MARK INGRAM**

**Mr CHRISTOPHER GULAPTIS (Clarence)**—I offer my congratulations to Mr Mark Ingram who was recently awarded the James D Richardson Honours Award in recognition of the tireless work he has undertaken as a member of the Maclean Lions Club. Mark does a lot of the "behind the scenes" work to ensure that applications are made for a variety of grants to assist Lions with the wonderful work that they do within their local community. The community recognises the value of our volunteers for a range of work they perform and Lions are one of the leaders in this area. I wish Mark and the Maclean Lions continued success.

#### **BRADLEY PESAVENTO**

**Mr DAVID HARRIS (Wyang)**—I would like to acknowledge Wyong based Director Bradley Pesavento of O'Brien Plumbing Wyong who recently has helped those in need with O'Brien Glass's program the O'Brien's Sustainability Community Grant and structured a grant of \$5,000 which went to Coast Shelter in Gosford. With the assistance of O'Brien's Sustainability Community Grant recently one of the Coast Shelter's properties was able to complete its upgrades. These upgrades also help maintain the properties. The facility provides accommodation for those who have fled domestic and family violence rather than have them stay in hotels and motels. O'Brien Plumbing Wyong has said it's about giving back to the community. I commend O'Brien Plumbing Wyong for their work in our community. Well done.

#### **WYONG ELECTORATE HIGHER SCHOOL CERTIFICATE STUDENTS 2021**

**Mr DAVID HARRIS (Wyang)**—Many students across my electorate are starting their HSC exams. I wish them all the best in their HSC over the next few weeks. Teachers, parents and schools have been working hard to support year 12 students through this difficult period. This year has been an incredibly tough year for students throughout New South Wales. Completing the HSC is a great accomplishment in life and to all the young people out there, life is full of opportunities. I wish all the students at; Gorokan High School, Wadalba Community School, MacKillop Catholic College, Wyong High School, Lakes Grammar, Wyong Christian Community School, St Peter's Catholic College, Northlakes High School and those groups in alternate education opportunities all the best for their HSC and 2022.

#### **FRANCES DAY**

**Dr JOE McGIRR (Wagga Wagga)**—Lockhart's Frances Day is passionate about health and wellbeing. The hard work of this long-serving volunteer has seen Mrs Day presented with the Murrumbidgee Local Health District's (MLHD) highest honour, the Chief Executive's Award. Mrs Day has been a member of Lockhart Local Health Advisory Committee for 13 years and is currently the chair. She plays an active role as a consumer representative on the Murrumbidgee Clinical Governance Council and for BreastScreen NSW. Last year, during lockdown, Mrs Day helped to develop a series of promotional campaigns and mental health flyers to raise awareness and improve health outcomes. In June 2021, Mrs Day received the MLHD Board Chair Award for her contribution to the local health advisory committee and the clinical governance group. Mrs Day has made many other contributions to her community and in August 2017, she received the Order of Australia for her contribution to the community. She has also served on the Lockhart and District Progress Association and the Lockhart Arts Council. Mrs Day has been a big supporter of the Wiradjuri Yadhah Dreaming Project, which will see an art installation, created by Owen Lyons, on display in Lockhart.

#### **WAGGA WAGGA PUBLIC SCHOOL**

**Dr JOE McGIRR (Wagga Wagga)**—When it comes to choosing the right design for a new beanie, Wagga Wagga Public School was ahead of the rest. The school took out the \$4000 top prize in a national competition held by clothing company Cobrapparel. The competition asked people to vote, via social media, for their favourite design. Over a tense few weeks, Wagga Wagga Public School emerged victorious. To eventually win the top prize, the school received more than 7000 votes, with the support even extending beyond Australia's national borders. For the top prize the public school went up against the Crookwell Green Devils Football Club, ultimately beating the club with 7169 votes to 6438. The \$4000 prize money will be put to a great use by the school, which was devastated by a fire in 2019. When rebuilding gets under way, the project will impact on the students' available play space, so the prize money will be used to pay for additional buses to ferry children to some of Wagga Wagga's beautiful parks so they can play. I take my hat off to beanie campaign coordinator, teacher Alex Brentnell, and the whole Wagga Wagga Public School community on their amazing achievement.

### HOLSWORTHY CHRISTMAS CARD COMPETITION

**Ms MELANIE GIBBONS (Holsworthy)**—Mr Speaker, I would like to congratulate Alexis Wilczynska, who is in Year 4 at Wattle Grove Public School, for winning this year's Holsworthy Christmas Card Competition. Alexis drew a festive artwork which featured a koala with a Santa hat. The koala is very cute and is very fitting with the local area as we have the largest disease-free koala population in the country. It was a tough decision choosing the winner. I had a lot of entries come in featuring all different types of artworks and pictures from primary aged children. Some children entered whilst learning from home and once school returned, I received entries from whole class groups. It's good to see them back in the classroom together. I want to thank every student that sent in an entry for this year's Holsworthy Christmas Card competition and wish them all the best for the last weeks of term for this year.

### LIVERPOOL SALVATION ARMY

**Ms MELANIE GIBBONS (Holsworthy)**—Mr Speaker, I would like to recognise Liverpool Salvos as they have launched their Christmas Appeal for this year. It is the busiest time of the year for The Salvation Army, and they hope to raise \$20 million this year for Australians doing it tough. Our local area has definitely done it tough these last few months, and Liverpool Salvos will continue to support vulnerable members of the community this festive season. They are also encouraging the community to provide donations to the Salvation Army in support of those in need this Christmas time. They are after toys, non-perishable food and items and monetary donations – all of which can be dropped off to their site in Liverpool. The Salvation Army Greater Liverpool plan will also be at various local shopping centres around the local area during December to collect donations from the community. Mr Speaker, once again I thank The Salvation Army Greater Liverpool for all they do in assisting those in need this Christmas, after what has been such a challenging time.

### LUCINDA SHILCOCK

**Ms JENNY AITCHISON (Maitland)**—I rise to commend and congratulate Lucinda Shilcock of Ashtonfield on her tenacity and commitment to uncovering her own path towards her dream career as an Electrotechnology Electrician. Ms Shilcock received a diagnosis of dyslexia when she was in year four and this aspect of her life grew to be a motivator in pursuing her goals. Growing up on a small property she knew that she wanted to pursue a trade. She made a decision to pursue a career focused on electrotechnology. That focus has produced very positive outcomes. Ms Shilcock's talent was recognised and she was awarded the Bert Evans Apprentice Scholarship valued at \$15,000. Lucinda reminds us there are several pathways besides the Higher School Certificate towards a successful and rewarding career. In Lucinda's own words "You can achieve great things, you've just got to put your mind to it. It's going to come with its challenges, but you've got to unlock your brain and think and do things in a way that works for you." On November 16th Ms Shilcock will sit her final exam in her Certificate III in Electrotechnology Electrician. I wish her the very best with those exams and her future career.

### MAITLAND RSL SUB-BRANCH CERTIFICATES OF APPRECIATION

**Ms JENNY AITCHISON (Maitland)**—On Remembrance Day, Thursday, November 11th, two members of the Maitland RSL Sub-Branch had their long service recognised at an awards luncheon. Brian Boughton (CSC, OAM), President of the Hunter Valley District Council of RSLs, presented Graham Solomons and Henry Meskauskas with certificates of appreciation from RSL National. Mr Graham Solomons received a certificate of appreciation for his many years of contributions to the RSL. Mr Solomons is vice president of Maitland RSL Sub-Branch, and prior to this was president of the Zone 6 RSL Bowls team. A supporting certificate of appreciation was awarded to his wife, Maree, to recognise her contributions. Mr Henry Meskauskas, who is Deputy Mayor of Maitland, also received his award to recognise his service as secretary of Maitland RSL Sub-Branch and now as honorary treasurer. Mr Meskauskas' wife, Carolina, was awarded a supporting certificate of appreciation to recognise her contributions. I add my congratulations for these four recipients, along with my personal appreciation for the many ways they have supported both the Maitland RSL Sub-Branch and the Maitland community over many years.

### MADDIE BOTT

**Ms JENNY AITCHISON (Maitland)**—Maddie Bott's bravery in being a strong public advocate at a time of her most personal grief is inspiring and courageous. Maddie Bott's fiancé, Ethan Hunter, and Mark Fenton tragically lost their lives at a level railway crossing accident near Bribbaree on 23rd February this year. After the accident, Maddie started a campaign which has gathered a lot of momentum across Australia and her 20,000 signature petition was debated in the NSW Parliament yesterday. Unfortunately, due to COVID restrictions, visitors were unable to fill the gallery at Parliament House, but Maddie arranged for the debate to be live streamed for family and supporters at the Grenfell Bowling Club. Achieving 20,000 signatures on this petition is an

incredible achievement. I thank Maddie and everyone involved for their continued advocacy, commitment and determination to ensure level crossings in NSW are made safe and kept maintained. I am committed to working with impacted families and the relevant stakeholders to improve the safety at level crossings. As Maddie says: "It doesn't matter how long this takes, we will tackle this one track at a time, for Ethan and Mark." I refer those interested to #WhichCrossingNext.

#### **WORLD DIABETES DAY**

**Ms JENNY AITCHISON (Maitland)**—November 14th is World Diabetes Day. The theme for 2021 is 'Access to diabetes care'. Diabetes is a major cause of blindness, kidney failure, heart attack, stroke and lower limb amputation across our population. Diabetes Australia informs us that approximately 1.8 million Australians have diabetes. This includes all types of diagnosed diabetes (1.3 million known and registered) as well as silent, undiagnosed type 2 diabetes (up to 500,000 estimated). 280 Australians develop diabetes every day. That's one person every five minutes. Aboriginal and Torres Strait Islander people are almost four times more likely than non-Indigenous Australians to have diabetes or pre-diabetes. These numbers are staggering, and the impacts on our Maitland community are significant. People with diabetes require ongoing care and support to manage their condition and avoid complications. For every person diagnosed with diabetes there is usually a family member or carer who also 'lives with diabetes' every day in a support role. This effectively doubles the number of people affected by diabetes every day. I acknowledge and commend those living with diabetes, their health workers, community workers, carers and loved ones who together meet the challenges that result from this disease each day.

#### **DONALD BEST, GRIFFITH**

**Mrs HELEN DALTON (Murray)**—Madam/Mister Speaker, today I would like to recognise Donald Best of Griffith for his many decades of service to the Griffith community and surrounds. Born in Jerilderie, Donald moved to Griffith in the early 50's as a young, hardworking painter. Over many years, his business successfully serviced regional NSW and further afield into Victoria. Through his painting operation he mentored and trained many apprentices who have gone on to establish successful businesses of their own. Beyond his professional career, Donald has provided over 65 years of active service to Rotary, built schools overseas, and now, at the age of ninety, continues to help at Meals on Wheels and regularly volunteers at Griffith Pioneer Park Museum. Donald is also a well-deserving recipient of the Paul Harris Fellowship Award. Highly regarded for his sportsmanship, Donald played over 200 games of AFL with the Griffith Swans, was selected in the Jerilderie AFL team of the century, and was an A-grade squash player. Donald is a treasured member of our community, and I thank him for his services.

#### **BAPS, GRIFFITH**

**Mrs HELEN DALTON (Murray)**—Madam/Mister Speaker, today I would like to recognise and thank Bochasanwasi Shri Akshar Purushottam Swaminarayan Sanstha (BAPS) for services to their community. BAPS is a socio-spiritual and volunteer-driven Hindu organisation that works in over sixty countries to bring spiritual living, selfless humanitarian services and the celebration of culture to the forefront of life. In Griffith, members of the BAPS community have committed countless voluntary hours in local activities such as Clean Up Australia Day, Tree Plantation Days, blood donation drives and food collection for Christmas donations. During the recent bushfires, BAPS' charities and volunteers coordinated the delivery of food and transportation to displaced community members, as well as serving over one thousand hot meals to the front line workers. Most recently, members of the Griffith BAPS community have donated a large quantity of food to Meals on Wheels, delivering over two hundred hampers to those in need. I thank BAPS for the many hours of volunteer work undertaken in the Griffith community. Their generosity and selflessness service is to be commended.

#### **ELIZABETH ANN MACGREGOR, OBE**

**Ms GABRIELLE UPTON (Vaucluse)**—Today, I acknowledge Elizabeth Ann Macgregor OBE, who after 22 years of dedicated service, has stepped down as the Director of Sydney's Museum of Contemporary Art Australia (MCA). Liz Ann began at the MCA in 1999, when it was facing great challenges. One of her first major achievements was negotiating free admission for the museum which dramatically increased gallery attendances. By 2019, the MCA was the most visited contemporary art museum in the world with over a 1 million annual visitors. She also spearheaded the MCA's 2012 redevelopment which included new galleries, commissions and created space for the National Centre for Creative Learning delivering on the MCA's social impact programs. Liz Ann has received several accolades for her contribution to contemporary art in Australia. Amongst other things, from 2016 - 2019 she also served as President of the International Council of Museums of Modern and Contemporary Art (CIMAM). As the MCA this week celebrates its 30th birthday, it's a great time to celebrate the exemplary contribution of Liz Ann MacGregor who has created a thriving world-class public gallery with artists at its heart. Thank you Liz Ann.

**PAUL FRY**

**Mrs TANYA DAVIES (Mulgoa)**—I would like to acknowledge local Glenmore Park resident and Team Manager of privateer motorsport team Purple Sector, Paul Fry, on his recent endeavour to encourage local small businesses the opportunity to sponsor the team in the final NSW races in the TCR Australia series. The two remaining rounds will take place at Sydney Motorsport Park supporting the Supercars and at Bathurst as part of a 6-day event combined with the Bathurst 1000. He is looking to make special sponsorship packages relative to the businesses and wants to ensure that they receive what they need specifically. He has done drive days, driver training, race car setup theory and training, hot laps, promotional displays, VIP access to race events, logos on the car and so much more. Congratulations Paul and I look forward to hearing of your future success!

**JESSICA PAGE**

**Mrs TANYA DAVIES (Mulgoa)**—I wish to acknowledge local Glenmore Park resident, Jessica Page, on her initiative in transforming Wittama Drive into Panthers Drive, gathering the attention of adoring fans. Prior to the Penrith Panthers being crowned the 2021 NRL Premiers, it had been agreed by a group of families on the same street that if the team made it to the Grand Final then they would decorate. It was also school holidays and a great way to keep the kids occupied with a project to work on. Balloons were blown up, streamers were hung, signs painted and poles taped to decorate the eight houses in Penrith Panthers colours. The community support for Panthers Drive was phenomenal and even attracted the attention of the media including television. For the entire week there were cars honking, people waving and children taking photos on the decorated front lawns. Thank you to Jess for organising such an amazing initiative to and I congratulate her on bringing joy and celebration to the community in a time of uncertainty.

**NEPEAN DISTRICT CRICKET ASSOCIATION**

**Mrs TANYA DAVIES (Mulgoa)**—I wish to acknowledge Nepean District Cricket Association in my electorate of Mulgoa. Club President Pat Yates and his committee who continue to create a community that promotes friendship and teamwork, and providing players with a solid foundation in cricket skills. I wish to congratulate Nepean District Cricket Association on their recent success in the 2021 Community Building Partnership program where they received \$48,000 in funding for the enhancement of Cook and Banks Oval Cricket Practice Facility where the group operates from. Congratulations to Nepean District Cricket Association!

**RODNEY AND SHARYN WATSON**

**Mrs TANYA DAVIES (Mulgoa)**—Congratulations to local St Clair residents, Rodney and Sharyn Watson who celebrated their Golden 50th wedding anniversary on 30 October. Rodney and Sharyn were married in the Christ Church Cathedral of the Church of England in Darwin, Northern Territory in 1971. What an incredible achievement and milestone this anniversary is! I wish them both all the best and hope they had a wonderful day surrounded by many family and friends for this momentous occasion. Happy 50th wedding anniversary Rodney and Sharyn!

**BALLINA SCOPE CLUB**

**Ms TAMARA SMITH (Ballina)**—Today I recognise Ballina SCOPE club, a charitable community organisation with a vision for social connection, fundraising and philanthropy. An all-women's Community Service Club, SCOPE stands for Service, Community involvement, Opportunity for leadership, Purpose and Education. It offers membership to women of all ages and all walks of life, promising friendship and personal development through serving a common purpose- helping others. Through a range of fundraising activities, Ballina SCOPE club has contributed to a number of essential local charities including Hope Haven Women's Refuge, Riding for the Disabled, Rural Fire Service and the Ballina Surf Lifesaving Club. Furthermore, SCOPE has supported several community service activities such as Far North Coast Dance Festival, the Quiet Achiever Awards and Scope Scholarships for high school students. I am proud to have contributed financially towards a number of those scholarships in the past that nurtures young people to strive for and achieve excellence. I commend the commitment and dedication of our local SCOPE club members, and acknowledge the wonderful work they do in giving back to our community.

**DR HILTON KOPPE**

**Ms TAMARA SMITH (Ballina)**—Today I acknowledge the innovative and valuable work of Doctor Hilton Koppe, who, in collaboration with his colleagues, has re-imagined Dementia education into engaging and accessible podcasts. Dementia is the leading cause of death for women in Australia and the second leading cause of death overall, highlighting the need for meaningful education within this space. Dr Koppe has worked in collaboration with Dementia Training Australia for some time, and produces education resources to upskill GPs and other health professionals in caring for people with dementia. Usually presented as face-to-face seminars or

workshops, COVID-19 lockdowns required the delivery mode to be reinvented. Wanting to steer away from the Zoom-webinar format, the challenge to create engaging and enlivening education resources saw Dr Koppe and his colleagues get creative in developing the 'Dementia in Practice' podcast. The podcast is accessible not only to health professionals, but to anyone who's life has been touched by dementia. I am grateful for the work Dr Koppe is doing in the dementia space and for the support that he is providing to our community.

#### **WAYNE MORCOM**

**Ms TAMARA SMITH (Ballina)**—Today I recognise the excellent work and commitment to a healthy environment of Wayne Morcom of Alstonville. Wayne's selflessness and passion for his community are evident in his work with the charity Lids4Kids, a nationwide project which "saves" plastic bottle lids from going into landfill or the wider environment and provides them for processing into an array of useful products such as prosthetic limbs. Just this year Wayne delivered three ute loads of plastic lids to a Byron Bay company that will convert them into corrugated tap fittings for tanks and homes. Wayne led the local project, Lids4Kids North Coast, helping to assemble and inspire a team of 1000 collectors, contributors and cleaners. One young boy in the area collected 34,000 lids; a woman collected more than 100,000 and delivered them washed, sorted and labelled. We are very sad to hear that Wayne has had to slow down his work due to health concerns. A real trouper, he put his diminishing energy into a final pick-up and advice on future contributions. Fittingly, Wayne received a huge level of support from the community, to which I add my gratitude and respect.

#### **CHESTER HILL HIGH SCHOOL**

**Ms TANIA MIHAILUK (Bankstown)**—In June 2021, schools and students across the state were required to shift to online learning as a result of the recent lockdowns. I take this opportunity to recognise the efforts of Principal Mrs Maria O'Harae and her staff at Chester Hill High School for their terrific work in assisting their school community throughout the Pandemic. Despite most students learning from home, Chester Hill High School ensured its school community remained well-connected despite online learning, helping students to reach and in many cases exceed their learning targets and in devising several initiatives to keep students engaged. I also acknowledge the efforts of parents and guardians of students of Chester Hill High School who have worked tirelessly throughout the pandemic to support their children with online learning. I am delighted that all students have now resumed face-to-face learning, and are able to be reunited with their friends, peers, and teachers. Once again, I congratulate Mrs Maria O'Harae, teachers, staff, parents, students and indeed the whole Chester Hill High School community for their exceptional efforts in navigating through these most challenging times.

#### **CHESTER HILL NORTH PUBLIC SCHOOL**

**Ms TANIA MIHAILUK (Bankstown)**—In June 2021, schools and students across the state were required to shift to online learning as a result of the recent lockdowns. I take this opportunity to recognise the efforts of acting Principal Mrs Catherine Cooper and her staff at Chester Hill North Public School for their terrific work in assisting their school community throughout the Pandemic. Despite most students learning from home, Chester Hill North Public School ensured its school community remained well-connected despite online learning, helping students to reach and in many cases exceed their learning targets and in devising several initiatives to keep students engaged. I also acknowledge the efforts of parents and guardians of students of Chester Hill North Public School who have worked tirelessly throughout the pandemic to support their children with online learning. I am delighted that all students have now resumed face-to-face learning, and are able to be reunited with their friends, peers, and teachers. Once again, I congratulate Mrs Catherine Cooper, teachers, staff, parents, students and indeed the whole Chester Hill North Public School community for their exceptional efforts in navigating through these most challenging times.

#### **CHESTER HILL PUBLIC SCHOOL**

**Ms TANIA MIHAILUK (Bankstown)**—In June 2021, schools and students across the state were required to shift to online learning as a result of the recent lockdowns. I take this opportunity to recognise the efforts of Principal Mr Brent Kunkler and his staff at Chester Hill Public School for their terrific work in assisting their school community throughout the Pandemic. Despite most students learning from home, Chester Hill Public School ensured its school community remained well-connected despite online learning, helping students to reach and in many cases exceed their learning targets and in devising several initiatives to keep students engaged. I also acknowledge the efforts of parents and guardians of students of Chester Hill Public School who have worked tirelessly throughout the pandemic to support their children with online learning. I am delighted that all students have now resumed face-to-face learning, and are able to be reunited with their friends, peers, and teachers. Once again, I congratulate Mr Brent Kunkler, teachers, staff, parents, students and indeed the whole Chester Hill Public School community for their exceptional efforts in navigating through these most challenging times.

### CHRIST THE KING PRIMARY SCHOOL

**Ms TANIA MIHAILUK (Bankstown)**—In June 2021, schools and students across the state were required to shift to online learning as a result of the recent lockdowns. I take this opportunity to recognise the efforts of Principal Mrs Lee Scola and her staff at Christ the King Primary School for their terrific work in assisting their school community throughout the Pandemic. Despite most students learning from home, Christ the King Primary School ensured its school community remained well-connected despite online learning, helping students to reach and in many cases exceed their learning targets and in devising several initiatives to keep students engaged. I also acknowledge the efforts of parents and guardians of students of Christ the King Primary School who have worked tirelessly throughout the pandemic to support their children with online learning. I am delighted that all students have now resumed face-to-face learning, and are able to be reunited with their friends, peers, and teachers. Once again, I congratulate Mrs Lee Scola, teachers, staff, parents, students and indeed the whole Christ the King Primary School community for their exceptional efforts in navigating through these most challenging times.

### JASON GILL

**Mrs LESLIE WILLIAMS (Port Macquarie)**—Today I recognise Port Macquarie RSL Sub Branch Acting President Jason Gill who yesterday presided over his first Remembrance Day Service. Jason has been waiting in the wings to take over the reins of the Port Macquarie RSL Sub Branch and will become President when current long standing President Greg Laird steps down in March next year. Despite expecting a smaller than normal crowd due to COVID restrictions, yesterday's service was very well attended with people waiting to pay their respects to those men and women who served their country in all conflicts. Jason proudly served in the Australian Armed Forces for more than thirteen years with deployments to Afghanistan, Iraq, Sudan and the Solomon Islands. I know Jason will be an outstanding President and I look forward to seeing him grow into the role in the months and years ahead.

### PORT MACQUARIE VETERINARY HOSPITAL 50TH ANNIVERSARY

**Mrs LESLIE WILLIAMS (Port Macquarie)**—Today I acknowledge the 50th Anniversary of the Port Macquarie Veterinary Hospital who provide an invaluable service to our community since its inception in 1971. Leaving a longstanding legacy in the Hastings for more than half a centenary, Dr Frank Arnell has literally done it all from cattle caesareans to treating dolphins and fur seals as well as elephant and tigers callouts for the circus. It seems it's all in a day's work for this multifaceted veteran. Today the surgery has expanded now employing twenty staff and is owned by Dr Chris Livingston, Dr Tim Reed and Paula Reed who purchased the business in 2004. Services are now extended to conducting major surgeries and x-rays for the Port Macquarie Koala Hospital and until recently annual visits to Lord Howe Island. While the most common patients are backyard animals, Dr Livingston acknowledges that the relationship between owner and pet has transformed to now be more like another child of the family which shows how much we love and adore our beloved pets. Congratulations on reaching this impressive milestone of 50 years of veterinary service.

### AMANDA LORGER - BEACH TO BROTHER

**Mrs LESLIE WILLIAMS (Port Macquarie)**—I rise to recognise 39-year-old mother of three Amanda Lorger from Port Macquarie who will compete in her second Beach to Brother Trail Running Festival on Sunday 14th November in loving memory of her mother and older sibling. Amanda could best be described as an inspiration and role model as she undertakes the Beach to Brother Marathon for a second time in a row to honour her late mother and brother who both sadly passed within two years of each other. Competing in the half-marathon, Amanda is focused on a genuine chance for a top three result and is drawing strength and courage from her recent life experiences to once again conquer the heights of North Brother. The Beach to Brother Trail Running Festival is an iconic event on the annual Camden Haven calendar which attracts athletes and social pacers from all over, united in one cause to raise vital funds for the Cancer Council. Sunday's events include a 5km Walk/Run; 10km Walk/Run; Half Marathon; a Marathon and a Team Relay Marathon. I congratulate Amanda for entering into this year's Beach to Brother Festival and I applaud her tenacity and determination.

### SONYA STEEP - WORLD TEACHERS DAY

**Mrs LESLIE WILLIAMS (Port Macquarie)**—I rise to acknowledge Camden Haven school teacher Sonya Steep who was recently commended with a World Teachers' Day Award by the Teacher's Guild of NSW. Sonya has had an illustrious career spanning over thirty years, having started her career in Sydney before making the move to St Joseph's Primary School in Laurieton. During this time she has been a teacher, Deputy Principal and Director of Curriculum. Sonya now enjoys teaching Years three and four always encouraging students to take learning to the next level. Teachers are responsible for shaping our future leaders and it is wonderful to see Sonya recognised for her efforts. I commend Sonya and I'm so grateful for the difference she has made across generations of students in our local school community.



**SHOALHAVEN DISTRICT HOSPITAL**

**Mrs SHELLEY HANCOCK (South Coast—Minister for Local Government)**—I would like acknowledge and congratulate Shoalhaven District Hospital for receiving an Excellence Award at the 2021 Australian Stroke Coalition (ASC) Quality Stroke Service Awards. The awards were announced at the 30th Annual Scientific Meeting, being presented this award is a testament to the hard work and dedication displayed by all members of the Stroke Team at the Shoalhaven District Hospital. It's not the first time the Stroke Team has been recognised for its work, in September the team was awarded the prestigious World Stroke Organisation Angels Gold Status Award for meeting high standards in stroke treatment and care. Outstanding efforts made by all members of the Stroke Team, your quick response and hard work is what makes your team the best and again congratulations very well deserved.

**ROBERT PLATT, MP**

**Mrs WENDY TUCKERMAN (Goulburn)**—Mr Speaker, I rise to pay tribute to Mr Robert James Platt. A Frogmore volunteer firefighter who died in the line of duty in the early 1930s. Bob Platt was the Vice Captain of the Frogmore Volunteer Bushfire Brigade. He was killed in 1932 while fighting a fire near the Cowra-Boorowa Road, now known as the Lachlan Valley Way. The Burrowa News reported on March 4, 1932 that Mr Platt died as a result of a falling tree branch while fighting the fire. The Deputy Captain of the Frogmore Rural Fire Service, Phillip Baer, discovered the story after researching the brigade's old minute books. After learning about Mr Platt's story, Mr Baer submitted a request to the RFS. Mr Platt's name was immortalised on May 14, 2021 on the National Emergency Services Memorial in Canberra. A plaque was also unveiled earlier this year in the Frogmore Hall. Mr Platt's grandson is 'absolutely ecstatic' about the honours. I would like to pay my respects today to Mr Robert Platt who paid the supreme sacrifice protecting his community.

**BRITTANY BRYANT – 2021 LILAC QUEEN**

**Mrs WENDY TUCKERMAN (Goulburn)**—Mr Speaker, I rise to congratulate Brittany Bryant, 2021 Lilac Queen of Goulburn. 22 year old Brittany has recently been crowned the Lilac Queen of Goulburn at the 70th Lilac City Festival. This came 50 years to the day after Brittany's grandmother, Dianna Bryant, was named Lilac Queen. The Lilac City Festival is Australia's longest continuously-run community festival. It was established in 1951 and has taken place every October Long Weekend since. The event took place digitally in 2020 and 2021 due to COVID-19. Brittany raised a total of \$7030, 40 per cent of which will go to Goulburn Headspace and the remainder to the festival committee to fund the annual event. This was also the same amount her grandmother raised. Brittany was encouraged to run for the honour by her grandmother and stepmother. She is hopeful the year ahead will raise her confidence levels. Fellow candidates, Shanay Little and Jenna D'Apice, raised over \$8000 combined. Their chosen charities will also receive 40 per cent of the money raised. My congratulations to Brittany and all those involved in the 2021 Lilac City Festival.

**2CONNECT**

**Mr MARK COURE (Oatley)**—Speaker, I rise today to acknowledge 2Connect who do an outstanding job at co-ordinating specialist services to support young people across the St George area. Last year I was lucky enough to head over to their office in Brighton Le Sands to meet the wonderful team led by Valentina Angelovska to see exactly how they operate. I also had the privilege of presenting them with a Community Group Achievement Award as part of the 10th Anniversary of the St George Community Awards. These awards acknowledge individuals and groups like 2Connect who continually improve our community and cater to those in need, to assist them when they need it most. Earlier this year they were also lucky enough to share in \$200,000 of domestic violence funding to provide more intimate services to a broader range of clients. I also wish to thank NSW Attorney General, Mark Speakman, for coming along to the organisation to announce this funding and the importance of domestic violence prevention and care. Congratulations again to 2Connect on these outstanding achievements.

**The House adjourned pursuant to resolution at 17:50 until  
Tuesday 16 November 2021 at 12:00.**