



New South Wales

Legislative Assembly

PARLIAMENTARY DEBATES (HANSARD)

**Fifty-Seventh Parliament
First Session**

Friday, 19 November 2021

Authorised by the Parliament of New South Wales

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LEGISLATIVE ASSEMBLY

Friday, 19 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 CANTERBURY

MEMBER FOR CLARENCE

The SPEAKER: I wish the member for Canterbury a happy birthday. Members can pass on their well wishes when they see her. I also note that today marks 10 years of service as a member of this House for the member for Clarence. His staff look after him well, and I hope the member reciprocates.

Announcements

LEGISLATIVE ASSEMBLY CHAMBER BROADCAST

The SPEAKER: I understand that while the Chamber audio is working well, it is not being broadcast to our wider audience. Hansard is receiving a feed, which is the most important detail. Those in the Chamber are able to hear, so I will proceed. I apologise to the public; they will have to read in *Hansard* this part of today's proceedings, rather than listen to it live.

Bills

VOLUNTARY ASSISTED DYING BILL 2021

Second Reading Debate

Debate resumed from 12 November 2021.

Mr DAVID HARRIS (Wyang) (09:33): I will finish my speech that I started last week on the Voluntary Assisted Dying Bill 2021. I note that people do listen to the proceedings in Parliament because I received an email from Mr Mark Gilmour after my contribution last week to outline his experiences. He said:

Yesterday Afternoon I arrived home a little late from work though I tuned into the live stream of the statements being made on the Voluntary Assisted Dying Bill.

...

Please read my story & you will understand why I'm a very staunch supporter of voluntary assisted dying.

Below one of the few photos I possess of my Mother with her four children. Mum had a very rare dominant form of Ataxia which claimed her life aged 37 after twelve years of suffering in a nursing home. As dealt by fate I was the only one of Mum's four children not to contract this insidious condition. I was the second eldest & am now 60.

I watched my Mother fade away and then have my older Brother take his life aged 32 as he Never wanted to see the inside of a Nursing home as his youngest brother was already in care. My younger Brother Passed age 37 after 10 years in an aged care home. When he passed he weighed 33kg.

My Sister passed age 43 after 7 years in the same aged care home as Her Older Brother.

My younger Siblings both had 1 child each & both these children contracted the condition & both passed in their early twenties.

I also have very explicit & disturbing stories of dealing with my sibling's battles as they faced the many challenges life dealt them.

As you can understand I've witnessed a fair share of suffering & why I hold the beliefs I do.

After reading that email I contacted Mr Gilmour and told him that during my speech today I would read it onto the record. We have a responsibility to represent our constituents, unlike members in the upper House. There are 50,000 voters who are clearly telling me, in a majority, that they want the bill to pass. It is time to get it done and move into line with other States around Australia. It is time for us to do the right thing. Members hold deep-held beliefs on this issue, as they do on all issues of conscience. But as I said last week, as elected members we are responsible for representing our constituents.

Whilst members may hold personal views, we are elected in this place to represent the majority view of our electorates. I uphold my electorate's views. Overwhelmingly, over 90 per cent are in favour of the assisted

dying bill. Other polls conducted in my electorate overwhelmingly show that the community supports passing the bill. There will be amendments to the bill and members will seek to insert safeguards, but at the end of the day we are elected to represent the people who live in our local communities. That is why I support the bill. Stories like Mr Gilmour's reinforce the importance of getting this bill passed.

Ms GABRIELLE UPTON (Vaucluse) (09:37): I contribute to debate on the Voluntary Assisted Dying Bill 2021. We bring to this debate in the Parliament our own life experiences and perspectives. The issues of death and how we reconcile with death provoke deep passion and emotion, as they have throughout civilisation. Euthanasia and voluntary assisted suicide or death goes to the heart of our view of the nature of human life and our hopes and beliefs. Despite the range of views put forward in this debate, it has been the most respectful of all debates I have seen during my 10 years in Parliament. I sincerely thank my colleagues.

I have listened to the feedback on the bill received by my electorate office. There have been lots of standard campaign emails, and there has been a relative balance of views in the original correspondence that has come through. For me, a conscience vote in this House on the bill means that I can vote according to my own conscience. It is a rare and precious opportunity, and pays respect to the deeply personal and ethical issues raised by the bill. I do not support the bill. For me, it is not so much about the detail of the bill, the safeguards or the long and complex provisions. Life is the most precious thing of all. By making it legal to assist a terminally ill person to end their life, the bill crosses a line and devalues life. It takes away hope and puts the lives of vulnerable people at risk. The bill also goes against so much of what we do to preserve life in our community and through the Parliament's work, including the actions we took during COVID to protect our elderly and vulnerable and the important assistance we offer people who attempt suicide. So much of what we do in our everyday lives and what we do in this very House helps to preserve lives and provide hope.

I can deeply understand the concern of those who have watched their loved ones suffer and their ardent wish for there to be another way to take that suffering away. My first experience of that was when my parents took me as a five-year-old to visit my paternal grandmother in her hospital bed. She had suffered a long illness and she was very close to death. In her suffering, my grandmother was unrecognisable. That experience has profoundly affected me and continues to. We all want to relieve the suffering of those who are terminally ill, but there is another way to assist them than by helping them take their own lives. I profoundly welcome the Premier's commitment to build a world-class palliative care system. It is one we must, as a government, build rapidly. We must ensure that people in our regional and remote areas have equitable access to those facilities and services. We must provide that pathway to honour and act on the fact that life is the most precious thing of all. I thank the House.

Mr GUY ZANGARI (Fairfield) (09:40): I speak on the Voluntary Assisted Dying Bill 2021. This bill has been introduced by the member for Sydney, and I acknowledge his work on this issue. However, I must say that the bill was sent to me when my electorate was in the throes of battling the Delta strain of COVID-19 and in strict lockdown. My priorities at that time—and, indeed, those of all the people of New South Wales—was to do everything we could to stop the spread of the virus and save lives. During that time, I supported the State Government's public health orders, along with my parliamentary colleagues, and encouraged vaccination in a bid to stop people dying. Indeed, both the Federal and State governments spent a good deal of money to supply vaccinations for people of New South Wales to stop them from being hospitalised or dying. I, therefore, found the receiving of this bill at that time quite a contradiction.

Furthermore, it was impossible to meet with my constituents to discuss this bill properly with face-to-face meetings. And although I had formerly had discussions with various stakeholders regarding the issue, it would have been preferable to have more. A time when Parliament could not sit, effectively shutting down democracy, was not the best time to introduce a bill of this nature, and the simple fact that we do not have members of the public in the gallery is testament to that. Based on the correspondence I have received and discussions I have had with the majority of my constituents, and based on my own personal views on this topic, I cannot support the introduction of this bill. I also point out the many issues which may arise as a consequence of the legislation, which have been clearly overlooked in the drafting of the bill.

One of the issues most prevalent in any discussion I have had on the issue is the sanctity of human life, which I feel has been marginalised by the bill. I have spoken to people of all faiths and, indeed, those who do not practise any religion at all. The overwhelming majority all agreed that all human life is precious and that any law that seeks to enable voluntary assisted dying is abhorrent and must be opposed. It is true that the end of a person's life, particularly in cases involving long and protracted illnesses, is a heartbreaking experience. Nobody wants to see a loved one suffer the pain, the despair, the indignities that the end-of-life process can bring. I am sure many of us have experienced this with a loved one or a relative—it is heart-wrenching and extremely difficult. Yet, in consultation with members of my community, I have also heard of stories of great enlightenment and beautiful

spiritual experiences amidst the pain and loss—stories of acceptance, peace and consolation with dying loved ones, supported by family and by their faith community as they pass from this life to the eternal.

The Fairfield community has been an integral part of any discussion on this issue, and they also oppose the bill. I have had meetings previously and some Zoom online meetings with stakeholders in the community, including religious groups, healthcare groups and community groups, with the majority opposing any legislation to introduce voluntary assisted dying. While some of my constituents have been in favour of the bill—and I respect their viewpoints—the overwhelming majority are not in favour of this bill. I must, therefore, also take the views and feelings of the various community groups in the Fairfield electorate whilst casting my vote. This bill is aimed at assisting the voluntary death of those who are terminally ill and those whose extreme suffering cannot be alleviated. It also proposes limiting access to people whose terminal disease will cause death within six months or 12 months for a neurodegenerative condition and who are experiencing suffering that cannot tolerably be relieved.

The bill also promises a regulated decision-making process with multiple assessments to ensure the patient is not acting under pressure or duress. Two doctors with mandatory training and experience will oversee the assessment, and no health practitioner will be forced to participate in voluntary assisted dying should they conscientiously object to it. While promising safeguards aplenty, the bill has failed to consider many issues which may arise. Firstly, after a patient has made three requests for voluntary assisted dying and been assessed by two doctors, a doctor must apply to the Voluntary Assisted Dying Board for authority. While this may seem like an added safeguard, it is in reality merely a delaying measure providing no further safeguard at all. It is also worth noting that the period between the first and the final request by a patient is only five days—a short period of time which fails to reasonably provide an adequate amount of time for the patient to change their mind.

There are, of course, also moral, ethical and social arguments against the introduction of voluntary assisted dying legislation. First, without comprehensive safeguards in place, there is a risk of a "slippery slope" situation where voluntary assisted dying could lead to involuntary assisted dying or assisted dying for non-terminal or other conditions which do, nonetheless, involve extreme suffering, such as depression or trauma. Second, while the bill intends to assist with the dignified death of a terminally ill person as a matter of choice, consideration must be given to the fact that the world is not always an honest place. Covert coercion by family members or other individuals must be taken into consideration as a possibility, particularly where life insurance policies, inheritance and financial gain is concerned. Third, if this legislation is enacted, it could place pressure on terminally ill people to end their own lives, even if they are not ready, to alleviate the worry and burden on family members who may be exhausted from caring for them over a long period of their illness.

Fourth, if voluntary assisted dying is legislated, there is the possibility of an impact on resources allocated to palliative care treatment. There is a real risk that palliative care may be undermined in favour of voluntary assisted dying, which could be seen as more cost-effective than palliative care, which is expensive. Fifth, resources for palliative care may also be affected moving into the future. There is a risk here that there may be a decreasing emphasis on improving palliative care in terms of pain relief or managing side effects. This would dramatically impact those who choose palliative care rather than voluntary assisted dying.

It is important to note that not everyone will choose voluntary assisted dying and those people must be taken into consideration as a moral obligation. Sixth, the question of what constitutes "unacceptable suffering" will inevitably arise and will become less defined as time goes on. In the future, what will constitute "unacceptable suffering"? Will this include those who are comatose, depressed people, the elderly, the chronically ill and the mentally handicapped? Seventh, the impact on doctors must also be considered. The very essence of this profession is to preserve life, not to take it.

It is safe to say that this legislation will impact on the doctor-patient relationship, as well as polarising the profession into those doctors who will participate and those who will not. What the drafting of this bill fails to address are the alternatives to voluntary assisted dying. Voluntary assisted dying is not the only answer. There are various alternatives that may be considered. It is the responsibility of the State Government to increase funding in real terms for palliative care in New South Wales, which at the moment is woefully underfunded. [*Extension of time*]

In the Fairfield electorate, the Braeside Hospital Palliative Care Specialist Unit has become increasingly reliant on community groups to support terminally ill patients and their families. The Government needs to step in and provide quality, accessible palliative care for terminally ill patients in order to make them as comfortable as possible as they approach the end of their life. The Government must also increase education and awareness about existing end-of-life options such as advance care planning, which must take place at the beginning of a terminal diagnosis. Sometimes terminally ill patients fear they will lose control over any decisions relating to their care at the end of their life and may therefore misguidedly consider voluntary assisted dying as the only means of retaining this control. The reassurance of having a dedicated advance care plan for the end of their life will

decrease the need for choosing to end their life prematurely, while still ensuring they die with dignity—which is the ultimate purpose of the bill.

The Government must make palliative care more financially accessible to people with terminal illnesses. The exorbitant cost of palliative care leaves many terminally ill patients feeling that they are a financial drain on society and on their families, and may lead them to strongly consider voluntary assisted dying as the best alternative. The Government needs to step in and provide funding to eliminate this possibility. Terminally ill patients should feel cared for and supported towards the end of their life, not be encouraged to consider death as the only solution to the financial drain on their families. In conclusion, the sanctity of human life is one of the driving forces behind my opposition to this bill. As members of the wider community, we are given a clear message from a variety of different sources that life is a precious gift. Much Government funding is allocated to organisations that seek to preserve life and prevent suicide such as Beyond Blue, Lifeline and Kids Helpline. This bill is a contradiction of that message because it is effectively seeking to legalise suicide, albeit for the terminally ill.

As patron of the Australian Man Cave Support Group, I am passionate about raising awareness and doing everything I can to reduce the rate of male suicide. It is my fear that enacting this bill will send the wrong message to the wider community—the message that some forms of suicide are okay. There is a real risk that the vulnerable members of our society who have considered or attempted suicide at some point may, in the depths of their despair, justify their desire to die. This will happen because legislation sanctioning this will already exist for other vulnerable members of society—that is, the terminally ill. It is our responsibility as leaders of our communities and as members of Parliament to never allow this possibility. Based on this premise, I cannot support the bill.

Mrs WENDY TUCKERMAN (Goulburn) (09:53): The Voluntary Assisted Dying Bill 2021 is an emotive and contentious issue, one that evokes strong feelings on both sides of the argument, and for good reason. New South Wales is currently the only State that does not allow terminally ill people to seek medical assistance to end their own lives. We know that in 2017, when this issue was last debated in the New South Wales Parliament, it was defeated in the upper House by a single vote. It is time we have this discussion again. I have researched, spoken with many people and spent countless hours studying this regulation, learning about what other States and countries have in place. We are in a unique position where we can learn from their outcomes. One of the biggest arguments against voluntary assisted dying in any form is that with the correct palliative care processes and systems in place, voluntary assisted dying is not required.

Voluntary assisted dying and palliative care are two distinct processes. Most people access palliative care before they seek voluntary assisted dying, aiming to maximise their quality of life and reduce pain and suffering. Voluntary assisted dying is available when palliative care and treatment can no longer relieve suffering in a way that is tolerable to the person. It has been suggested that in States where voluntary assisted dying has been implemented, the palliative care resources have increased due to sharing of resources and services. Not everyone who has a terminal illness will be interested in assisted dying. This is all about choice—the choice to end suffering and die with dignity, which may not otherwise be possible. Palliative Care Australia estimates that 4 per cent of patients are beyond its realm of assistance. It is this gap we are potentially closing through this legislation. Palliative care must be strengthened, particularly in regional areas, and I welcome the commitment by the Premier to this end.

One thing I noticed in my reflection on this legislation being implemented in other States is the number of participants accessing this service. The most recent report from the Victorian health service 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. As the figures suggest, not all those who applied and were eligible to administer their end of life did so. This resonated with me; even though they were eligible some did not proceed. They knew it was their safeguard, their peace of mind, but ultimately it was not the choice they made. As the member for Goulburn, I have reached out to communities in the Goulburn electorate and I have received over 1,400 contributions from constituents. The overwhelming majority, some 88 per cent of those contributions, 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—many 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 relay some thoughts and experiences conveyed to me on the matter of voluntary assisted dying by a close friend about her husband's journey of a diagnosis of stage 4 secondary liver cancer to his death. John's case is simply an anecdote of one person, but it provides insights that are worth noting. Julia told me:

Journeying with John through his last six months gave me a close up view of how an individual comes to terms with the knowledge that their life is ending. It took time for John to accept his fate and to be at peace with that acceptance. When he did accept his fate

his physical suffering was agonising for him and agonising for his sons and I to watch. Had he had the choice for assisted dying when he knew he had limited time left he would have chosen that path. We considered going to Switzerland. We considered all options. There is a terrible point in this end of life journey when the person and their family know clearly that there is no coming back from this point. Prior to that point there is always a glimmer of hope and a preparedness to try different treatments to see if meaningful life can be prolonged. But when you reach the point of no return all that both the patient and the family can see is an unknown period of suffering. The emotional and psychological suffering is hard enough on its own. Adding physical pain to the mix, and not knowing how long the suffering will continue, is cruel beyond belief. And to what avail?

The decision is essentially a personal moral, philosophical decision and should rest with an individual not the government of the day. I thank Julia for taking the time to share her story; I know how hard it must have been to do so. The task and/or responsibility of the government of the day is to ensure that processes, procedures and regulations are in place to ensure the rights of the individual are safeguarded. I will share just one of the responses to my electorate survey. The respondent wrote:

After watching my father suffer, I fully support this Bill. I am a cancer survivor and lost my sister to the same cancer in 2019. I not only cared for her until she passed, but also juggled chemotherapy, radiation and radical surgery also. I was lucky, I was at an earlier stage than my sister. Because of our experiences, and nursing our father and mother, one with prostate and bone cancer, and the other with pancreatic cancer, we feel we can speak firsthand. We both supported assisted dying when sufferers were palliative and nearing the end, and are in terrible pain and suffering. We know, that even the strongest of medications don't always work and enabling to ease someone's suffering at the end is a blessing not a curse.

It is hard to disagree with these types of comments, and they both particularly stuck with me as I have struggled with my decision on this bill. The constraints and regulations of this critical piece of legislation are worth noting here today, particularly the eligibility criteria. Proposed section 16 of the bill states the person must be a minimum 18 years of age, a permanent Australian citizen, and be diagnosed with at least one disease or medical condition that is advanced, progressive and will cause death most likely within six months, or 12 months in the case of a neurodegenerative disease. The most crucial criterion, in my view, is that they must also have decision-making capacity. They must be acting voluntarily and without pressure or duress and the request must be enduring.

Part 6 of the bill also allows the Supreme Court to review certain administrative decisions, including a decision that a person does not have decision-making capacity, is not acting voluntarily, or is acting because of pressure or duress. People who lack decision-making capacity, such as people suffering from dementia or who lose decision-making capacity during the process, are not eligible for voluntary assisted dying. The question here is: Are we satisfied these criteria are adequate and protect our most vulnerable members of society? Members have heard, and will hear, very well-meaning and considered contributions from those who oppose the bill and fear the dire consequences for the vulnerable in our society. I have also struggled with this very question.

I reserve the right to consider any amendments to the bill that strengthen these criteria. I will closely examine those amendments to see if they might help to make this bill work as effectively, safely and practically as possible. However, we must acknowledge that forms of assisted dying already occur each and every day across the State. This occurs behind closed doors and is unregulated. It takes place without protections for the vulnerable, without protections for the medical practitioners, without ensuring that it is voluntary and without ensuring against the very risk of abuse or coercion.

I also briefly mention the provision for the conscientious objection of health practitioners contained in the bill. Voluntary assisted dying is a voluntary process for all participants at all stages. There is no obligation on health practitioners to provide assistance and the bill includes express provisions to confirm that all health practitioners are able to refuse to provide assistance due to conscientious objection or any other reason. They can refuse to participate in any part of the process, including the request and assessment process; prescribing, supplying or administering the substance; or being present at the administration of the substance. Under this bill, health practitioners have the ability to refuse or not provide services relating to voluntary assisted dying. I believe this to be critical. After all, we are debating personal choice here. In many forms, the choice to end one's life when terminally ill is an individual's right. The passing of this bill will not impinge on the rights of those who do not want to choose this pathway. However, not supporting this bill will deny this option for those who do. It is with the majority of my electorate that I make my decision. I support the bill.

Announcements

CHAMBER BROADCAST

TEMPORARY SPEAKER (Mr Gurmesh Singh): I apologise for the audio difficulties in the Chamber. I advise the House that we are still facing technical difficulties with the broadcast. The Speaker has indicated that after consultation with both sides of the House, the House will momentarily adjourn. I will now leave the Chair. The House will resume on the ringing of a long bell.

[The Temporary Speaker (Mr Gurmesh Singh) left the chair at 10:05. The House resumed at 11:38.]

The SPEAKER: We are experiencing another historic first. To my knowledge, this is the first time, certainly in any of our lifetimes, that the Parliament of New South Wales will meet outside the Chamber. I advise that the House has been experiencing technical difficulties with the broadcast and also with the feed to Hansard. I have consulted with the Government, the Opposition, crossbench representatives and relevant officeholders, and the decision has been made to resume proceedings in the Jubilee Room of the New South Wales Parliament on the ringing of one long bell. The bell has rung, which will enable the House to proceed with debate as soon as possible with the capacity to broadcast and for Hansard.

For the benefit of members, I confirm that there is no difficulty in conducting proceedings outside of the Chamber, in that the proclamation by which the Governor calls the House to meet at the opening of the session calls the Legislative Assembly and the Legislative Council together to assemble for the dispatch of business within the premises known as Parliament House. Relocating proceedings within the Parliament building is a decision that the House can authorise. Accordingly, I call the Leader of the House.

Business of the House

SUSPENSION OF STANDING AND SESSIONAL ORDERS: RELOCATION OF SITTING TO THE JUBILEE ROOM

Mr MARK SPEAKMAN: I move:

That due to the technical difficulties being experienced with the audiovisual facilities to the broadcast and to Hansard that standing and sessional orders be suspended to enable the House to conduct proceedings in the Jubilee Room from which the proceedings will be recorded and broadcast, and that proceedings in the Jubilee Room will continue until the technical difficulties are resolved, upon which the House will resume proceedings in the Chamber at a time to be advised by the Speaker.

Motion agreed to.

Announcements

CONDUCT OF PROCEEDINGS

The SPEAKER: Before I call on the Leader of the House to move a further motion, I will make a few things clear: The same conventions, the same standing orders and the same arrangements that apply in the Chamber will apply in this place. There is a maximum limit of 30 people for this room. I ask the Clerks to keep an eye on that. We do not want to exceed 30 people, and not be consistent with social distancing rules and the COVID-safe plan of management. Based on the best advice I have received, I anticipate that we will be back in the Chamber this afternoon.

However, there has been a significant delay and I do not want to hold up proceedings further. There is a risk that we may be here for the rest of the day. I have authorised videos to be taken by a pool photographer, albeit with a modern-day camera, as well as a videographer, who has been authorised through the office of the member for Lake Macquarie. This is quite timely because we have a major project underway on the audiovisual system for the Parliament, which will be implemented over the Christmas break. I will say more about that on Tuesday.

Business of the House

SUSPENSION OF STANDING AND SESSIONAL ORDERS: ROUTINE OF BUSINESS

Mr MARK SPEAKMAN: I move:

That standing and sessional orders be suspended at this sitting to permit:

- (1) Consideration of the Voluntary Assisted Dying Bill 2021 to continue until 1.30 p.m.
- (2) After petitions, consideration of the Voluntary Assisted Dying Bill 2021 to continue until 6.00 p.m.
- (3) The commencement of private members' statements at 6.00 p.m.
- (4) The House to adjourn without motion at 7.00 p.m. until the next sitting day.

Motion agreed to.

Bills

VOLUNTARY ASSISTED DYING BILL 2021

Second Reading Debate

Debate resumed from an earlier hour.

The SPEAKER: I will clarify that we have a manual timing arrangement and a bell. I feel as though I am back to my high school debating days. Members will be given a warning bell at three minutes and the usual time limits will apply.

Mr JOHN SIDOTI (Drummoynne) (11:42): I thank the House for the opportunity to speak in debate on the Voluntary Assisted Dying Bill 2021. I recognise that there are strong views on both sides of the debate and I respect the right for all views to be heard and considered. I start by sincerely thanking the constituents of my electorate of Drummoynne who have contacted me and put forward their views in a very respectful way. Like many others in this Chamber I understand the emotional toll on individuals and their families that comes with illness, and that comes with suffering and death. For some people such experiences have compelled their stance. I recognise that having this topic brought up again in the public arena has sparked an emotional response for many people who have lived through the trauma and the certainty of the death of a loved one. I appreciate that this debate is not a simple "yes" or "no" to the bill. It is a complex topic, reflecting diverse experiences and perspectives.

I am not a supporter of the bill for three main reasons. First, I have legitimate concerns regarding the provisions and safeguards in the bill. Secondly, I have grave concerns that, as a society, we are disregarding well-resourced palliative care as a better and a more respectful way to comfort and care for people at the end of their lives. Finally, I hold concerns for the way in which the bill will impact society, and the values and protections that we hold for vulnerable people. I will discuss a number of provisions of concern first. I note that a previous bill in 2017 was not supported in the Legislative Council Chamber, and that version contained a number of safeguards that are no longer applicable in the bill currently before the House.

For example, in the 2017 version of the bill an individual had to be at least 25 years of age to access the assisted dying services. This has now been lowered to 18 years of age. This change seems at odds with the information and feedback that I have received that, by and large, deal with the older sections of our community. There has not been an adequate assessment of the ramifications of the bill on the younger cohort. How do we reconcile reducing the age limit in this bill for a group with the highest suicide rate in our community? What kind of mixed messaging is this? I cannot support this change.

The bill also contains a number of provisions for coordinating and consulting medical practitioners with reference to a patient. Most notably, coordinating and consulting medical practitioners do not have to be the treating doctors of the patient, nor do they need to be a specialist in the relevant area of illness. There is no obligation for the medical practitioners to have any special knowledge of the illness of that particular patient. This leads me to another question: How can a medical practitioner have an accurate understanding about the way in which a condition will affect the patient in six to 12 months' time if they have limited knowledge of the patient, the illness or its impacts? I cannot in good conscience support a bill that, in many ways, goes even further than its predecessor to erode safeguards for the patient.

In the previous 2017 bill it was proposed to make it mandatory for one of the two medical practitioners conducting an eligibility assessment to be a specialist in the illness suffered by that patient. This is no longer the case. The 2017 bill also mandated that an assessment of a patient's mental health would be needed in every case. However, the new 2021 version of the bill only allows for a mental health assessment if a medical practitioner believes it is appropriate. What does that mean? Surely a patient wanting to end their life is worthy of a mental health check. I am concerned that this watering down of a previous safeguard will bring about unintended consequences. This provision reduces the holistic physical, and psychological treatment and care that a patient needs at the very time it is needed the most.

Another provision of concern in the 2021 bill relates to online videoconferencing to review patients and to conduct eligibility assessments via platforms such as Zoom. I struggle to see how this provision is appropriate for such a serious matter. Given that this is a life-changing and, ultimately, a life-ending decision, these important appointments should be conducted face to face. Whilst telehealth and videoconferencing options are available and have been extremely useful for patients during the pandemic crisis, they should be treated as a very last resort for patients seeking to access assisted dying services. This bill has sought to make it easier for patients to access assisted dying services, but that process should not make convenience more important than safety. This is not an Uber Eats style of medical treatment that can be ordered over the web and home delivered at a moment's notice. The bill has removed some very important safeguards and I cannot support it. Ultimately, what is being proposed in this House is to offer legislated justifications to remove life. This is not something that can be fixed later with amendments, nor is there a returns policy for a poor decision.

The second issue I wish to raise is the importance of palliative care. It is by all means the best and most respectful way to care for and comfort those at the end of their life's journey. Our Premier has spoken recently of how the Government will ensure that these services are the best they can possibly be, ensuring that those affected by life-ending illness and their loved ones are provided with a caring, pain-alleviating and respectful environment.

During the pandemic crisis we placed our faith in our medical professionals and our leaders, and we are emerging from those dark days thanks to an effective vaccine. We must rely on that same faith in modern medicine now. Modern medicine can support, assist and take away pain and suffering in almost all cases. We can channel more resources into this medical area to develop better and more accessible pain relief that allows our terminally ill community members to live out their days comfortably surrounded by their loved ones. To live and love, that is their right: a right that needs protection. I seek an extension of time. [*Extension of time*]

Palliative care has, and will always have, an important role to play in end-of-life care. It has been instrumental in improving patient outcomes, and supporting patients and their families, not just physically through pain-relieving medication but also from an emotional perspective. Since becoming an MP I have spoken in this Chamber about a number of issues of conscience. I have always resolved that the values of our religious and our Christian community members are not to be dismissed as quaint or dogmatic. Our society is built on the Western Judeo-Christian values. While I personally adhere to my own Christian foundations, I appeal to this House from a perspective of reason. We must respect all human life and respect its intrinsic value, which means rejecting the message of hopelessness and negative judgement associated with this bill and avoiding the slippery slope that comes with this legislation.

The bill is asking us to determine what we value as a society. I do not believe that euthanasia or assisted dying is a binary question of choice versus suffering. I see the issue as resignation versus viable options, of hope versus despair and of respect for all versus respect for some. It is an uncomfortable truth that death is inevitable. I believe that all life is sacred. I could not support legislation that effectively values one life over another or reduces that value because the person is sick, infirm, disabled or requires a high level of care. The fragility and uncertainty of life for those with a terminal illness should bring into stark focus why we treasure every last second on this planet. Who are we to make a judgement that because a person has limited time left and they are in pain that their existence is not worth continuing? If the pain is addressed, and the respect and value is left untouched, is their existence not worth preserving?

Ultimately the bill brings about questions in relation to the core values we hold in our society. The term "voluntary assisted dying" has sterilised an enormous issue. We are in effect saying that, with the bill, in some sections of our population it is acceptable to help them die. Implied in that statement is their lives have some sort of lesser value. All governments across Australia have invested huge amounts of resources in managing mental health in our community. The main message is: Life is precious and worth living. This bill says the opposite and cannot be reconciled with an anti-suicide stance. Some people have advocated that it is their right to choose when to end their life. This is not a question of personal rights. There is no right to have someone help another person die; that flies in the face of our criminal law and our anti-suicide messaging.

When we are sick and in need of treatment, we surrender ourselves to the medical professionals in the hope that they can cure what ails us. Anyone, at any time, can refuse treatment. That right is untouchable. But it is a whole other issue to try to extend that right to have or to not have treatment to include a right to have State-assisted suicide. While we would all prefer to be able to pick when and how we leave this mortal coil, we cannot. This bill erodes the values of the medical Hippocratic oath that we hold so dear. There is no dressing up or packaging that can make State-assisted suicide acceptable. I hold serious concerns about the ramifications of the bill, and how assisted dying could leave elderly and infirm constituents vulnerable.

In overseas jurisdictions with similar legislation the main reason given for accessing assisted dying services is not to relieve unbearable pain but to actually hasten death to relieve the emotional and financial burdens on families. That is unacceptable. Ultimately we must understand the context of a patient with a terminal illness and the roller-coaster of emotions that they will experience. I worry that some patients will not be in the right frame of mind or may worry about being a burden on their family. They are in a position to be coerced and pressured to end their life for the sake of others. This legislation should not be misused in that way. What kind of society will we be living in if we do not protect people from ending their lives because they feel as though their medical condition has compromised their value?

There are a number of foreseeable consequences for people who are considered vulnerable. I question whether the bill has enough protections for elderly and vulnerable people. No family is immune to conflicts and we know that elder abuse occurs, sometimes within institutions and sometimes within the family unit. How can this bill put in place adequate protections to ensure that a patient is not coerced or persuaded to pursue assisted dying because it is beneficial to family members or beneficiaries? Where are the protections and what are they? Any legislation of this kind can never be robust enough to protect vulnerable people from this type of scenario. Therefore, I cannot in good conscience support a bill that would leave a person vulnerable, to compel them to think that they have no option other than to end their life.

In my nearly 11 years as a member of Parliament, from time to time I have witnessed legislation that is first introduced and passed only to be watered down as time has gone on. If this legislation passes in its current

form, it is a real possibility that societal attitudes towards assisted dying and euthanasia will keep expanding to include more categories of people eligible to access this State-sanctioned suicide. That means that unbearable pain would not be part of the eligibility criteria. This has already occurred in parts of Scandinavian Europe, where being disabled, sick or infirm, regardless of age, can allow for access to State-sanctioned suicide. Even children can be eligible for this option. The natural extension to this argument is involuntary euthanasia, where someone else makes the decision as to whether a person should keep living. Can you imagine what kind of world we are inviting that includes such judgemental foundations on human life? What will be the next change? Where will it end?

TEMPORARY SPEAKER (Mr Greg Piper): Member for Drummoyne, loath as I am to interrupt you, you have now exceeded your 15 minutes. Do you have one last sentence?

Mr JOHN SIDOTI: I am nearly there. I would love the indulgence of the House. If I had access to a proper clock, I would have been able to time it correctly and I would have finished in time. I will go as quickly as I can. I only get one chance at this in my lifetime.

TEMPORARY SPEAKER (Mr Greg Piper): Everybody is in the same situation, I am afraid.

Mr JOHN SIDOTI: But not everyone has had 15 minutes; a lot of members have had five minutes and seven minutes. I am finishing, if that is okay.

TEMPORARY SPEAKER (Mr Greg Piper): The standing orders do not allow for it, but I will indulge you, if you are very quick, if you could do that.

Mr JOHN SIDOTI: Do we want to stand on a road that bears an uncomfortable resemblance with population cleansing that has occurred and been denounced throughout human history? No amount of progressive packaging can change what the bill purports to do, which is to make a judgement on whose life has value and whose does not. The bill already lacks important provisions and safeguards, so how can it be justified or passed? In conclusion, I thank everyone who engaged with me to share their views on the bill. All views are valid and should not be dismissed. Most of all, I appreciate that others have views in stark contrast to my own. I have already maintained that I am respectful of the one thing we all have in common, and that is life.

TEMPORARY SPEAKER (Mr Greg Piper): I acknowledge problems with timing because we do not have a clock. In his contribution the member for Drummoyne was given a three-minute warning and he sought an extension, which is suitable. However, from that point on he would not have known when he was close to 15 minutes. It is my intention to have the Clerk give a one-minute warning at nine minutes if someone has not sought an extension, or at 14 minutes if they have. That will assist everybody. There is a three-minute warning at seven minutes. If members choose not to take an extension of time, there is one-minute warning at nine minutes.

Mr MARK COURE (Oatley) (12:01): I speak in support of the Voluntary Assisted Dying Bill 2021 to uphold the autonomy of individuals and their right to choose. I understand the debate has strong views on both sides. I acknowledge that the bill sets out a number of principles that focus on the values of individual liberty and autonomy under the law, including that every life has equal value; a person's autonomy should be respected; suffering is reduced; and all involved, including medical professionals and patients, should have their beliefs respected and protected from pressure or duress. In relation to personal liberty, I will speak about the beliefs of people in my electorate. Last month I gave my constituents the opportunity to share their views via an online survey. Almost 70 per cent of local residents are in favour of voluntary assisted dying, and I assure my community that I thoroughly read every response and the feedback provided.

New South Wales is the only State in Australia that has not acted on the issue of voluntary assisted dying, with Victoria, Western Australia, Tasmania, South Australia and Queensland all passing legislation in that space. The existence of voluntary assisted dying in other Australian jurisdictions has given New South Wales the benefit of past experience so that we can learn from those models. As the bill deals with the life of individuals, we must ensure that safe and effective legislative frameworks are in place to protect those who may be vulnerable or those who have only a matter of weeks or days to live. It is about allowing people to die with dignity and on their own terms. Capacity and autonomy are the fundamental pillars of the legislation, and I acknowledge the comprehensive nature of the safeguards in place to ensure that the process is not used outside of its intended purpose.

It is particularly important to highlight the issue of capacity. There is concern among many that sick loved ones may be pressured into requesting voluntary assisted dying for a variety of reasons. That is certainly a legitimate argument; however, it fails to consider the practical framework of the legislation itself, as well as the integrity of our medical professionals who already make decisions about capacity every day. Yet, at present, there is no single legislative source or guide for determining capacity. Medical professionals must draw upon their own experiences and training, as well as source guidelines from the Department of Health and other peak bodies, such

as the Australian Medical Association. The bill provides a single legislative framework that streamlines the process and, again, ensures that appropriate safeguards are in place.

Division 3, section 6 of the bill defines decision-making capacity and sets out criteria for medical professionals to assess a person's capacity. That is a fundamental protection for individuals in regard to interpretation, and it must be commended and recognised. Many have spoken in this debate about palliative care in New South Wales, and I acknowledge the incredible work that our palliative care nurses, doctors and staff perform every day. Those men and women are the unsung heroes of our community, and we must commend their commitment to protecting and supporting those in need.

I recently visited Calvary Health Care in Kogarah to announce a funding injection to improve its palliative care facilities. That will ensure that residents of the St George and Sutherland shires have access to world-class facilities and medical assistance. That was part of a \$5.5 million investment in end-of-life care across New South Wales, with 34 palliative care facilities benefitting from that funding. New South Wales provides some of the best support and facilities in palliative care that are seen in Australia and throughout the world. I have also heard many argue that voluntary assisted dying is not necessary with improved palliative care; however, that point falls short of the reality that many terminally ill patients face. Palliative care can address physical pain, but it cannot remove the immense suffering that many patients experience when knowing that their life is about to end, often in a humiliating and horrific way.

Despite the \$700 million investment into St George Hospital and the record funding provided to hospitals across the State, palliative care is not suitable for every patient and it cannot support the lives and livelihoods of every person. I do not suggest that palliative care is not necessary; I suggest that individuals deserve the autonomy and freedom of choice to choose their fate when palliative care is not enough. Importantly, section 28 of the bill states that a coordinating practitioner must advise their patient of palliative care and treatment options available to assist them, if they are eligible for voluntary assisted dying. I acknowledge the Premier's address to the House on the bill and welcome his commitment to increase palliative care funding. That is in addition to the \$220 million the New South Wales Government already spends on palliative care services every year. That increased investment is paramount in supporting our elderly and vulnerable but, again, we must provide options and assistance to those when palliative care no longer can.

As a Catholic, I also understand the importance of showing empathy and compassion to one another. I respect all viewpoints in the debate. That is why we must put the power into the hands of individuals and let them lead their own lives as they see fit. Drawing back to the core concept of individual liberty, it is important that we all understand the eligibility criteria associated with voluntary assisted dying. Section 16 of the bill outlines a strict eligibility criteria that is centred on the need for a person to act voluntarily, and not under pressure or duress. Section 10 outlines that a healthcare worker is not to initiate discussion about voluntary assisted dying. Further to that, medical professionals can conscientiously object to providing assistance, which gives them the right to choose, as outlined in express provisions found in section 9 of the bill.

Those safeguards are significant and cannot be understated. The premise of the bill and the values it upholds ensures that the individual rights of patients and medical professionals are protected and supported. As a Liberal, I agree above all else with enshrining the able rights and freedoms of every person in the State. As a Catholic, I understand and respect all religious beliefs about the need to uphold life above all else. Over the years I have met with the team from Dying with Dignity and heard directly about those seeking voluntary assisted dying. Their stories are humbling and truly shed light on why the bill is needed—to provide a choice for individuals in their darkest hours.

I have heard from locals about the pain and suffering felt by their loved ones experiencing terminal illnesses. Stories from people like Sylvia in Blakehurst, whose husband passed away from a very rare form of lung cancer, or Courtney from Lugarno, whose father passed away following his battle with pancreatic cancer. These individuals were crying out for access to voluntary assisted dying because the mental, emotional and physical pain was too much to bear. These stories still resonate strongly with me to this day, and I cannot imagine the pain felt by the patients, their loved ones and their families. I have also met with the mover of the bill, the member for Sydney, to discuss my immediate concerns with this bill that focus around capacity and built-in safeguards. I will continue to work closely with the member for Sydney in this space and look towards seeking amendments to this bill at a later date.

While noting that a similar bill was put before the House in 2017, I recognise the significance of this current bill in reflecting the views held by a broad range of stakeholder groups. This bill has been drafted in direct consultation with the NSW Nurses and Midwives' Association, the Paramedics Association, the Pharmaceutical Society of Australia, the Law Society of New South Wales, the New South Wales branch of the Services Union, the NSW Ombudsman and aged-care providers. Given the refinements to safeguards, changing public opinion and thorough stakeholder consultation, I firmly support this current bill.

While opinions on this bill differ, there has been a common thread throughout this debate about the need to protect the sanctity of human existence. I believe, as does the majority of my community, that this bill balances the value of life and the autonomy and the freedom of the people of New South Wales. Now is the time for action and reform. We must bring New South Wales in line with the rest of our nation and provide individuals with the ability to put their life in their own hands.

Mr TIM CRAKANTHORP (Newcastle) (12:11): One day when he was just 58, my dad—a very active and fit man—went out for a run. Just a few hundred metres from home, right out the front of the ambulance station, he had a heart attack and died. I was 23, off having a lot of fun being a 23-year-old, with parties, camping trips and a few protests of course. But when you receive that news, your whole world just stops. As part of the variety of emotions you experience when you are grieving, I was furious—not just furious that my 58-year-old father could suddenly drop dead but furious with myself that I was off having a great time when it happened. I was furious that I did not get the chance to say goodbye. At the time, I felt really hard done by. That was me being a selfish young person. I thought it was cruel that I could not tell my dad that I loved him just one more time. My view has changed.

For my mum, my brothers and me, that experience hurt—still does—but now I have a bit of age, a bit of wisdom, a bit more life experience. I now understand what cruelty actually is. Since that time, I have seen people dear to me die slowly and painfully. That is what has brought me to the Chamber. That is why I am co-sponsoring this bill to legalise voluntary assisted dying. This legislation will give terminally ill people the ability to end their lives before the pain and anguish becomes too great. The legislation will allow this to occur with both dignity and due diligence. It will allow people to face an inevitable outcome on their own terms. Informally, for the better part of 12 months, debate has waged in public and private about this bill. It has been flagged as controversial and as an ethical quandary, but it is not the first time the Fifty-Seventh Parliament has been down a road like this one.

In 2019 we stood in this horseshoe and voted for abortion law reform—a very overdue correction and an archaic and misogynistic part of the Crimes Act that had dubbed this form of reproductive health care a criminal act. At their core, the two issues are the same. They boil down to just one thing: choice. As it stands in New South Wales right now, within the bounds of the law a terminally ill person, despite knowing when the end is near, can do nothing to speed up that process. Even with the best that palliative care can offer, sometimes physical pain cannot be stopped. Sometimes all the medication in the world cannot stop someone vomiting blood or the loss of bladder control or the complete degradation of muscles. Even with the best that palliative care can offer, sometimes you cannot stop someone feeling upset about what their body has become. You cannot always stop someone feeling a lack of dignity at the end.

Sometimes palliative care is not enough. Sometimes it is. For people who can have their pain managed, who are at peace with the process and who are content until the time comes, palliative care is an option that remains—an option; a choice for those who wish to utilise it. Right now, legally, it is palliative care only. That is not a choice. There was not a choice available to my Uncle Chris when he was taken by bowel cancer in 2007. There was not a choice available to my Aunt Lorraine, who passed away from lung cancer in 1979. There was not a choice available to Paul O'Grady—a name that many members in both places would be familiar with and someone I considered a friend. Paul joined the New South Wales Legislative Council in 1988. In 1995 he was granted leave by the Labor Party to introduce what would have been this State's first bill related to assisted dying, which would have provided protection for medical practitioners who assisted terminally ill people to end their lives.

At the time, Paul was HIV-positive and he knew what was in his future. Before he had the chance to introduce the bill, however, his health saw him leave Parliament. Paul resigned in early 1996 and appeared on television to announce not only that he had AIDS but also that he wanted to end his life before the virus did. He called it "a question of basic human rights". "It is about the right of individuals to choose for themselves the quality of life they want and when they no longer have that quality of life," he said. As a parliamentarian, Paul was tenacious, and that did not cease after he left this building.

At just 52 kilograms and extremely unwell, it looked to his family, friends and colleagues that the end was near. How wrong we all were. Between that time and when he died almost nine years to the day after leaving Parliament, I received lots of phone calls from him to say that he was back in hospital, more so after a cancer diagnosis in 2011. I would visit him, often wondering whether it would be the last time. This went on for years. Paul was a bit of a phoenix, rising from the ashes, but ultimately the end did come. By the end, Paul was nothing but skin and bone, and he spent the end of his life writhing in agony.

I visited him in his final days, but I was one of the few people who could. For some of his friends and family, it was too much. They could not bear to see his body that way or watch him experience that pain. There was no peace for anyone in that. Paul would be proud of every single member who is supporting this bill. I am too. I acknowledge the member for Sydney for leading this debate, as well as the 26 other members who have

co-sponsored this bill with me from both places. These co-sponsors came from right across the political spectrum—Labor; Liberal; The Nationals; the Animal Justice Party; the Shooters, Fishers and Farmers Party; The Greens; and Independents. That is because this is not a political issue. That was made very clear in the 2019 data from Vote Compass, which found that more than three-quarters of almost 156,000 survey respondents agreed with the statement that "terminally ill patients should be able to end their own lives with medical assistance". Only 11 per cent disagreed, while the remaining stayed neutral or did not respond.

Now, if you break that down by political alignment, despite being the smallest cohort of supporters, 71 per cent of Coalition voters were in agreeance. In Newcastle these numbers rose higher: 82 per cent of the city's respondents agreed with the statement. The community support for this legislation cannot be clearer and as members of this place, we have been elected to represent our community's views. For every constituent who contacted me expressing views against voluntary assisted dying, another 14 contacted me to say they supported it. I have no doubt similar interactions were recorded right across the State. Yet, there are members of Parliament who will stand in this Chamber and say they need more time to consult. What have they been doing for the past 12 months? That is nothing more than an excuse to delay, to obfuscate and to let their personal view dictate their actions despite it being so clear what the people of New South Wales think of this. Led by Dying with Dignity NSW and Go Gentle, thousands of people have given their voices to this cause and over 100,000 have signed a petition. [*Extension of time*]

I thank all who have come forward to tell their story, who have remembered the horrible time their loved ones have faced or who have spoken with spectacular courage of what they will face when they die. A leader in that space is Abbey Egan, from Islington in Newcastle. In March 2017 Abbey's partner, Jayde Britton, was diagnosed with stage 4 cervical cancer. The cancer spread rapidly through her body and she died in October of the next year at just 32 years of age. Jayde died only three weeks after taking the suggestion from a doctor that it may be time to stop treatment and enjoy the time she had left. Except that time was anything but enjoyable. Abbey describes Jayde's last days as hell on earth. One morning in that last week Jayde woke and said that she was ready to go. It took another six days, which included hallucinations as her body shut down. As Abbey describes it:

She was moaning and she was trying to crawl out of her bed and take her clothes off. She was confused and distressed about where she was and what was happening.

One of her vertebrae had cracked due to some tumours that had grown near her abdomen, so we actually had to get into the bed with her to roll her over so she didn't get bed sores, and it was hell on earth—she would scream blue murder.

She was in so much pain. She stopped eating and drinking—you go into starvation mode with that, your bowels can become impacted, and she got to the point where she was vomiting her own faeces.

I challenge anyone who opposes voluntary assisted dying to look Abbey Egan in the face and say that Jayde's life had to end in that way. When someone passes away, whether through illness or misadventure or simply age, we often say things like "at least it was quick" or "at least they died doing what they loved" or "at least everyone could say goodbye". In my 52 years I have learned a lot about death. I have learned that when you lose someone that you love, those statements are cold comfort. I am now approaching the age my father was when he died and I would be lying if I said I had not spent time thinking about my own mortality.

I think about what I want for the end of my life and what options I want for my friends and family. That is exactly what I, and the people of Newcastle, want: options. The availability of voluntary assisted dying would have done nothing for my dad, but my experience then, as a 23-year-old, taught me that a "good" death is relative. It means something different to everyone. Even though we did not get the chance to say goodbye, was it good because Dad went quickly? Even though Jayde Britton died in pain, was it good because her friends and family got to say goodbye? Dad's death was sudden; Jayde's was not. Even with the knowledge of what was coming, Jayde had all control taken away from her. Jayde did not have a choice.

In 2019, when I stood in this Chamber and spoke on choice, I asked the members of Parliament who were voting against abortion law reform if that was the legacy they wanted to leave and if they wanted to be on the wrong side of history. I ask those questions again. Very soon I am going to visit my uncle Ross. He has recently been diagnosed with pancreatic cancer. This could be the last time I see him. It is likely that voluntary assisted dying reform will come too late for him to have the option. I cannot speak for my aunty Lorraine or my uncle Chris as to whether they would have opted for an assisted death had it been available to them, but they never had the choice. That is the crux of this issue: the choice to hang on or the choice to let go; the choice of how you spend the end of your life; choice. Death may be inevitable, but suffering until your final breath should not be.

Mr PETER SIDGREAVES (Camden) (12:25): I make a brief contribution to debate on the Voluntary Assisted Dying Bill 2021. I start by acknowledging the feedback that I received from residents in the Camden electorate. Regardless of their views on this bill, I thank them for taking the time to let me know their views on the bill and on euthanasia more generally. I also acknowledge all members in this place who have spoken on this bill and expressed their views and beliefs, and those of their electorates. In consideration of this bill, I have read

copious amounts of correspondence and discussed the bill with residents of the Camden electorate regardless of their views. I have also surveyed the residents of the Camden electorate and communicated to them through publishing and republishing the survey on social media and emailing the survey to residents.

The survey asked not only the overarching question of whether residents supported voluntary assisted dying, but also other questions specific to some of the provisions in the bill that is before us. To confirm the survey responses were legitimately the views expressed by constituents of the Camden electorate, all responses were validated against a database of enrolled constituents. In total I received 1,567 emails, calls and survey results from residents of the Camden electorate expressing their views on this bill. Sixty-eight per cent of residents supported the bill, 31 per cent opposed the bill and under 1 per cent of residents were undecided. Based on this sample of feedback, it is clear to me that the majority of residents of the Camden electorate are asking me to support this bill.

During the lead-up to the debate on this bill in this place I have personally been deeply conflicted. In truth, I probably still am. I am conflicted because on the one hand I am a Catholic and have been taught to preserve life. I have spoken to some people who have told me to separate my religious beliefs when considering the Voluntary Assisted Dying Bill. That is not as easy as they may suspect, because many of my core values have been developed based on Catholicism and Christianity. In making my decision on whether to support or not support the bill I was determined to make my decision, at least in part, based on my own core values. On the other hand, I believe when someone has a terminal illness and their pain cannot be eased through medication such as morphine and they are in good conscience, should they not have the right to choose? There are some matters in the bill that concern me, and they are matters relating to the right of people with a terminal illness to voluntarily choose.

My first concern is when a person with a terminal illness is coerced into making a decision to voluntarily end their life. I will give two examples of this. The first would be when the person with a terminal illness has a will that nominates their family or carers as beneficiaries. What would stop them from continually whispering in the ear of a person with a terminal illness words to the effect of "It's time for you to go; you've had a great life"? The second example would be a person with a terminal illness who has a family member caring for them and who may have been caring for them over long periods but potentially has had enough. Again, the carer whispers in their ear. My second concern is when a person with a terminal illness does not have a family, carer or support network around them so decides to end their life, where possibly if they had a support network around them they would make a different decision. I personally do not believe the bill, or possibly any bill, could provide safeguards against those concerns. Without going into detail, I have other concerns with the bill that have been raised by other members already and I do not feel it is necessary to outline them again.

I now turn to palliative care and my own experience with it. In 2020 my mother passed away from terminal cancer. I mention that because in the weeks leading up to her passing my mother received what can only be described as outstanding palliative care at North Shore Private Hospital before passing away in peace. I again thank the nurses and doctors who cared for my mother in her dying days. One of the reasons I support the bill is because it provides individuals with choice. However, I make it perfectly clear that voluntary assisted dying does not replace the need for high-quality palliative care. The Government is investing in palliative care, and Camden Hospital is testament to that. That is not to say more could not be done. Ongoing investment would support modern palliative care equipment and practices to ensure high-quality palliative care is available to everyone in the State. Widespread high-quality palliative care is needed so that people have a real choice in their decision to end their life.

Again, I thank everyone in the Camden electorate who provided me with feedback on the bill. I also thank all the doctors and nurses who work to preserve life with their expert knowledge, skills and experience. At the very least, the bill provides that a terminally ill person with the capacity for decision-making can choose the way they end their life. Generally speaking, the safeguards in the bill need improvement, and I expect to see amendments to some of those safeguards that will only lead to an improved bill. Ultimately, I support the bill because the large majority of residents in the Camden electorate who provided me with feedback on the bill asked me to support it. My strong view is that it would not be right to reach out and consult with my community only to vote against their wishes. I commend the bill to the House.

Mr PHILIP DONATO (Orange) (12:32): I contribute to the debate on the Voluntary Assisted Dying Bill 2021, which was introduced by the member for Sydney. I acknowledge the work the member for Sydney has done on the bill. I know it is an issue he is very passionate about, and he has undertaken a great deal of work with various stakeholders to get the bill to this stage. I also note that 28 members across both Houses are co-sponsoring the bill. That is unusual and unprecedented, and demonstrates the level of support the bill has across both Houses and differing political parties. Not many subjects or topics of conversation invoke the level of emotion and debate that voluntary assisted dying does. It is a topic that stirs conversation and, in some cases, causes debate and divided opinions in communities. There will be those in my community, and indeed in my own family and among friends,

who may be disappointed in my decision to ultimately support the bill, but it is a decision I am comfortable with after much consideration and reflection as I believe it is the right thing to do.

My office has been inundated with correspondence both for and against this legislation; I have no doubt that many other members' offices were too. I thank everyone who contacted my office in Orange to express their views and opinions. I read the hundreds of emails and letters and stories and experiences that were sent through to me. Many who oppose the bill view it as morally unacceptable. Is the bill the thin edge of the wedge? Many believe the value of human life should be preserved above all else. That view is often borne by one's religious, cultural, moral and/or personal beliefs. Many are concerned that voluntary assisted dying goes fundamentally against the natural journey of life. A legitimate view is that more resources and funding should be allocated to palliative care. Those in favour of the bill believe a person who is suffering from intolerable pain and who has been diagnosed with a terminal illness should have the right to freely choose to die with dignity surrounded by loved ones at a time of their choosing. That is usually based on one's heartbreaking personal experiences of having loved ones, friends or family members who regrettably may have died in enduring ongoing pain and prolonged suffering.

The reality is that death is not always peaceful, quick or convenient; it can be cruel, prolonged, painful and distressing. Palliative care is important, and I have been a vocal advocate for it in Orange since I was elected. After many years, I was successful—along with other passionate local community members—in obtaining a dedicated facility at the Orange Health Service. The feedback from my community has been extremely positive. However, more needs to be done for palliative care in our communities, especially in regional areas. Importantly, however, I note that even the best palliative care in some rare cases does have its limitations to adequately address severe pain and suffering that a person may be experiencing. New South Wales is the last State in the nation to legalise voluntary assisted dying. Victoria, Western Australia, Queensland and South Australia have all legalised voluntary assisted dying in recent years, and I have considered the legislation in those States.

Apart from some nuances, the legislation on voluntary assisted dying in interstate jurisdictions is reasonably similar insofar as eligibility criteria is concerned relating to age, residency conditions, terminal diagnoses, mental capacity, suffering from intolerable pain, a decision made freely and voluntarily without duress or influence and, importantly, a conscientious objection available to medical professionals, along with the oversight of a Voluntary Assisted Dying Board and other review provisions. The fact that New South Wales is the last State to consider voluntary assisted dying laws has some benefit as we can learn how existing laws work in practice and in design in those States and improve on them. We can also look through the lens of hindsight at some of the case studies, stories, feedback and experiences in those States.

I turn now to the content of the bill. The bill sets out the detailed principles and objectives of the legislation; eligibility criteria; the steps a person must take; protections for medical professionals and healthcare workers to ensure they can conscientiously object; the rights and responsibilities of institutions and facilities; the eligibility criteria of other persons involved, such as doctors, nurses and witnesses; the composition of the Voluntary Assisted Dying Board; review and appeal options via the Supreme Court; criminal offences; and review requirements.

For a person to be eligible for voluntary assisted dying, the bill provides that the person must be at least 18 years of age, be a citizen of Australia or a permanent resident or have been living in Australia for at least three consecutive years and reside in New South Wales. A person must be diagnosed with at least one disease, illness or medical condition that is advanced and progressive and which, on the balance of probabilities, will cause death within six months or, in the case of a neurodegenerative disease, within 12 months and, as stated in proposed section 16 (1) (d) (iii), be causing:

... suffering to the person that cannot be relieved in a way that the person considers tolerable.

That is a subjective test. The *Macquarie Dictionary* defines the word "tolerable" as "able to be tolerated or endurable". The *Merriam-Webster Dictionary* similarly defines it as "capable of being borne or endured". The *Collins Dictionary* defines it as "you can bear it even though unpleasant or painful". The bill also requires that the person must have the decision-making capacity to make a free and voluntary decision that must not be affected by duress, pressure or undue influence, and that the request must be enduring. Much has been raised by opponents of the bill in relation to elder abuse, and the pressure and influence that may be placed on vulnerable people to go down this path—perhaps prematurely, as a means of convenience—if this bill were to be passed.

It is said that there may be some family members motivated by greed who coerce a person to embark on this course. There are serious criminal sanctions for anyone who may consider placing any pressure, influence or duress on an individual to do this. Those offences are outlined in part 7 of the bill and carry significant periods of imprisonment for those convicted of such offences. Importantly, the bill stipulates that consent can be withdrawn by the person at any time in the process. The bill sets out a step-by-step process that a person must undertake

under the guidance of medical professionals. Each step must be recorded, overseen and approved by the voluntary assisted dying board. There are also review provisions available to the Supreme Court.

Of course, one of the most important aspects of the bill surrounds the availability of conscientious objection to medical professionals contained in section 21 (2) (a). This is an important aspect of the bill. For their own personal reasons many medical professionals will not wish to participate in this process—and that must be maintained and respected. The bill ensures that medical practitioners who for their own legal, moral, ethical or other personal reasons do not wish to participate in this process are appropriately protected. I make this clear: There should be no duress or pressure placed on any medical professional to undertake any part of the process if they do not wish to do so.

When a similar bill to this was last brought before the Parliament in 2017 I conducted an electorate-wide mail-out survey on this issue. The response was overwhelming, with over 80 per cent of the thousands of responses in support of this type of legislation. This is also consistent with the Vote Compass surveys conducted in 2019, where 79 per cent of those surveyed supported voluntary assisted dying in my electorate of Orange. As elected members of Parliament, however, that is one of many issues to consider. We are elected to lead and to turn a critical eye over legislation, and to consider potential unintended consequences and the wider public interest policy considerations. We deal with legislation and bills on a daily basis, but rarely on issues of life and death. It is for that reason we must closely consider the bill. Without doubt, all members have heard heartbreaking stories of relatives, friends or constituents having to stand by helplessly and watch someone they love die when nothing more could be done to ease their enduring pain and suffering. Many of us may have experienced this ourselves. I seek an extension of time. [*Extension of time*]

I thank the House. My father-in-law, when suffering the final stages of lung cancer, was in extreme discomfort, struggling to breathe due to the level of fluid in his lungs. He was drowning in his own fluid and being administered dose after dose of morphine, to the extent where that was the only way to relieve the pain, distress, anxiousness and discomfort he was suffering. Was that dignified? No. It was cruel and it was unbearable. I have read letters and emails by some of those against this legislation that argue this is a part of life's natural journey. I do not necessarily agree with that. Is it any different from turning off a life support machine, or administering more and more morphine to a person knowing that this will no doubt cause the person's premature death? Yes, it is. Under the legislation before the House the person gets to make the choice, not distressed family members, and there is a legal framework and protections in place that oversee the process.

As many members have said, this is a difficult matter. It is one I have sought to deal with on a factual basis, not on my personal ideological view or some left versus right theory but on an objective consideration of the bill, public sentiment, community expectation and what I think most people would want available to them in this most difficult of times. I believe we should allow this choice to terminally ill people who meet the strict criteria outlined in the bill. To those who do not support the bill, I say that is fine, but why deny others who want to have the freedom to make this choice? Only they can make that determination. We should allow that person their right to end unnecessary pain and suffering in a dignified and humane way. It is for those reasons that I support the bill.

Mr RAY WILLIAMS (Castle Hill) (12:43): I make a contribution to debate on the Voluntary Assisted Dying Bill 2021 that is currently before the House. I thank everyone who has made the effort to contact my office regarding this bill and give the reasons why they either support or do not support it. I respect the opinion of each and every person in regard to this matter. I state from the outset that I cannot support the bill, as it goes against every fibre in my body, and every principle and value that I hold dearly in terms of the essence of life itself. I cannot support legislation that, if enabled, would permit a person to assist in killing another. I am quite simply a lover of life and will do everything in my power to savour every moment of my time on earth. On that basis, I do not think I am different from anyone else. We only have one life. I aim to enjoy every moment of mine and to do whatever I can to ensure my loved ones, my friends and my community have every opportunity they can to enjoy their lives to the fullest.

As a father I protect and nurture my family, my children and grandchildren, but as a representative of my community I stand proudly as a member of this New South Wales Government that has committed billions of dollars supporting the rebuilding of our health facilities right across New South Wales. These state-of-the-art hospitals, which are the best health facilities found anywhere in the world, are filled with highly qualified doctors, clinicians, nurses and paramedics who commit themselves each and every day to help save lives, and protect and preserve life. No greater example of that can be seen than in their commitment to help preserve life over the past two years, when dealing with one of the most contagious and deadly viruses ever experienced during the current COVID pandemic. Whilst dealing with an extremely deadly and highly contagious virus, these people turned up each and every day to help save and preserve lives despite the fact they too could fall victim to the pandemic. They are all to be highly commended.

As the former Minister for Disability Services in New South Wales, I transitioned the very first State in this country to a full NDIS. I stand proud of that achievement and the difference it has made to the lives of over 100,000 people with disability in New South Wales. The fundamental basis of the NDIS was to provide the funding and supports to people with disability so that they too could lead the best possible life. The NDIS has already made, and will continue to make, a profound difference to the lives of those people with disability, now and well into the future.

I will not be going into statistics or reading from literature from places around the world, nor quoting professionals with varied medical or religious backgrounds. Rather, I will draw on my own personal life experiences in having spent much time with many people who have been diagnosed and sadly passed away with terminal incurable diseases. They were people who I spent time with in the final moments of their life. I respect the many comments raised in this debate regarding the personal experiences of those people who have spent time with others suffering incurable diseases, as I have. I place on the record that no-one wants nor expects people to suffer in any way in their greatest hour of need. I firmly believe that should be the basis of any decision made in regard to support for people contemplating ending their life prematurely. To be fair, many still do, but perhaps not in a way many of us realise.

I applaud the Premier's comments regarding his commitment on behalf of our Government to invest in better quality palliative care, which I believe is fundamental to easing the stress, mental health and burden of the suffering people experience when diagnosed with a terminal disease. As we know, people suffer in various ways, but not all suffering is pain related. The fact is that the wonders of modern medical science and continued advancements in specific treatments ensure pain can be and is controlled. In most cases, pain is entirely eliminated in people experiencing severe incurable diseases, especially during the time closer to the end of their lives.

There is no doubt in my mind and in those of many others that there exists an immediate perception of pain-related suffering when a person is first diagnosed with an incurable disease, such as severe cancer, emphysema or motor neurone disease. It is a perfectly natural reaction that exists within us all. But the fact is that, in most cases, pain will not be experienced at the end of life in any of the diseases I have mentioned. I have personal experiences with several people in these instances, including members of my own family, that attest to this. No-one expects to contract these diseases or that they will be contracted by our loved ones, but the fact is that these diseases do not discriminate. Every family will be touched by serious disease in some way. However, advancements in early diagnosis of serious disease offer the best pathway to positive treatment.

There is no doubt that when a diagnosis of serious incurable disease is made it is a devastating experience, and there is no question that people who receive such a diagnosis will immediately feel their world is collapsing around them. I can only imagine the depths of deep despair people will sink into, and the fact is some people will just not be able to come to terms with such a diagnosis on their own. It will be the case that, even with the love and support of those closest to them, people diagnosed with a serious incurable disease will require much more qualified support, and they deserve it and need it as soon as is practicable following diagnosis. For many, it will be gut-wrenching news and only people who receive that type of diagnosis can attest to those feelings. Sadly, the people around them can only sympathise and offer love and support, but the impacts on a person's mental health and the feeling of hopelessness are immeasurable and sometimes inconsolable.

This is where advancements and funding for desperately improved and necessary high-quality palliative care must be delivered. It must also be available to everyone, regardless of status. As we age, sadly people around us, including our families, will contract serious and incurable diseases—it is a fact of life. But in all the cases I have experienced not one person wanted to end their life prematurely—I emphasise that point. They all wanted to savour every minute of life they could, surrounded by loved ones, the very best of medical care and modern medicine that eliminated pain. Those whom I have had the honour of being beside at the end of life passed away peacefully, painlessly and with dignity.

My father was diagnosed with incurable liver cancer in 1998. He had been feeling under the weather for the best part of 12 months but continued to work hard, as he always did, training horses—his great love. Multiple tests at the time did not detect the disease. Once diagnosed, my father remained at home, enjoying the very best of my mother's home cooking for the next three to four months, receiving medication and regular visits from nurses until finally in the last few hours he was taken to hospital where he died peacefully, with me at his side. He did not experience pain and loved the fact that so many of his friends and family were able to visit him in the months leading up to his death.

My mother passed away with emphysema six years later. She was short of breath and on oxygen, receiving morphine in the very later stages, which calmed her and her breathing. She too stayed at home until the last few days, spending valued time with the love and attention of her children and grandchildren. She also did not want to leave us any sooner than she had to. My best friend at high school was Ian Smith. He was a great mate and we

spent many years camping and canoeing on the Hawkesbury-Nepean River, among other exciting adventures. He was the bravest guy I ever met. [*Extension of time*]

He risked his own life at the age of 15. He dived into the water and saved one of our other mates—incredible bravery. He passed away in 2006 from a severe brain tumour. He accepted his fate like only a brave and courageous person would and never complained. He was never in pain and passed away peacefully. My wonderful office manager, Greta Hayes, whom I have spoken about previously in *Hansard*, contracted motor neurone disease. She was the loveliest person God ever put breath into and I loved her like a sister. She ensured that she saw her first grandchild, Jensen, born before she sadly passed away in 2019. Greta never, ever wanted to end her life early. She, like all the people I have spoken about, wanted to live as long as she could surrounded by her loving and adoring partner, Phillip, her children and family.

These are only a small number of the people I have had the honour to spend time with during their final moments of life. But there is a recurring theme amongst them all: They never asked nor even insinuated that they wanted to have their lives ended prematurely—quite the opposite. Every one of them savoured every moment, every second, of their life and wanted to live on. It is fair to say that these people did decline in their appearance, they were frail and lost weight, but their looks should not be the reason we automatically assume that they are suffering and should not remain living. I believe when people are faced with the most devastating news that they are terminally ill they receive the support they require through palliative care to ensure they do not suffer in any way, physically or mentally.

While I certainly do not believe that support may be easy, the simple fact is in every case I have spoken about the love, care and compassion, combined with appropriate medication and health advice, were fundamental in ensuring those people knew that their lives were valuable and valued by the people around them. They were safe in the knowledge that they did not impose a burden on their families and others, and that they were not depriving others by their choice of living their life completely to the end, as they should. Only through increased support for appropriate and improved palliative care will this enhanced care and support be achievable. I extend my heartfelt sympathies and condolences to anyone now or in the future who may be diagnosed with a terminal or incurable disease, but those people must be safe in the knowledge that their life is precious and that it should be lived completely.

Ms PRUE CAR (Londonderry) (12:56): I make a contribution to debate on the Voluntary Assisted Dying Bill 2021. I quote the words of Sharon, who lives in Jordan Springs in my electorate. She said:

My best friend died from cancer, not peacefully in her bed, like the common fairytale that is used to soften the reality, but drugged to the hilt because of fear and pain. Why do we have to suffer so? I remember her as I have described above. All my good memories were stolen in her last hours. It is not fair to the dying, it is not fair to the living, everybody suffers. Let us say our goodbyes with dignity and love, not voiceless and to the sound of a respirator.

I will attempt to explain my position on this important legislation to my constituents in the electorate of Londonderry. I make a pretty brief contribution to what I think may be the most significant piece of legislation that certainly I have seen come before this place and that we may see in this Parliament because of the gravity of the issue we are talking about. The contributions by many members have revealed the emotion that it brings out in all of us because we are confronting our own mortality and the mortality of those we love when we debate and vote on this very significant legislation.

I believe the bill is well overdue. As I have said publicly to my community, I am proud to support the Voluntary Assisted Dying Bill 2021. I thank the members of the community I represent who contacted me about this issue, those who asked me to support the bill and those who asked me not to support the bill. Like every decision that I have taken in a job that has been entrusted to me by the people of Londonderry, I have taken this one very seriously. The purpose of my contribution today is to explain my decision to my community. Like other members in this place who have spoken before me and those who will speak after me, I too have personal experience that I bring to this issue—personal experience of loss, of incurable illness, of palliative care, and of the rupturing impact that those illnesses have on families and generations.

My partner is a nurse and frontline worker who has lost both of his parents. He has palliated hundreds and hundreds of patients; he has seen it on the front line. But I support the bill not because of my own personal experiences or those of my family, as significant as they are to the formation of my views; the reason I support the bill, and I support it strongly, is because of my community. On a matter on which my political party has afforded me a conscience vote, I cannot, hand on heart, say that I had a chance to give just one person in my community the freedom to choose dignity in death and yet I did not. From my privileged position in the Parliament of New South Wales, I cannot, hand on heart, say that I had a chance to change the law—to allow even one person in the community that I represent the choice of a dignified ending—but I did not. I cannot say that I had the opportunity to give people the freedom of a better quality of death and yet I did not.

Like many members in this place, my own views about the world have been informed by my upbringing. Many members have spoken about their religious upbringing; in my case, I was brought up a Catholic. That has helped to inform many of my personal views and my approach to the world—an approach to the world that shows compassion for others. I cannot think of anything more compassionate than this. I have heard hundreds of stories from members of my community who have watched their loved ones suffer at the end of their life. The people who choose voluntary assisted dying should have the freedom to choose dignity in death. I do not mean to simplify this very emotive and difficult issue but, in contemplating it, I keep coming back to one word in the title of the bill—voluntary. Nothing in this piece of legislation will make anyone have to go through assisted dying; it will just give people the choice. People will have the freedom to choose. That is why I am comfortable supporting the bill.

We all agree that we need more support and funding for palliative care. I do not think palliative care funding and voluntary assisted dying are mutually exclusive. Not one member of the Chamber would think we do not need more support and pain relief for people at the end of their life, and voluntary assisted dying does not mean that we cannot increase funding for palliative care. Of course we should increase funding for palliative care. No-one will die because of the legislation; people will have the choice to die in their own way, free from pain, because of this important, landmark piece of law. I am comfortable that the bill has the appropriate safeguards to prevent coercion. The bill will only apply to people who are already at the very end of their life. If the legislation passes, the people who have the choice to access voluntary assisted dying are already at the very end stages of their lives.

I thank the member for Sydney for introducing the bill to the Parliament and also all the people who have advocated for this before us—people like Andrew Denton, who has advocated for it in the public space for many years. I note with considerable regret that New South Wales is the last State to enact voluntary assisted dying legislation, which does not make me happy. But I hope the Parliament passes this important bill so that people in my community, and in all our communities, have the choice of assisted dying if they want it. We will not make anyone take this option. It is a choice; it is voluntary. When my time is done here in this incredible position as a representative of the people of my electorate, if I have in some way helped one person to choose a dignified death, a better quality death, I will be comfortable knowing that. I cannot think of anything more compassionate than that. I am very proud of my position on the bill, and I hope it passes. I hope the people of New South Wales have freedom of choice and compassion and dignity in death.

Mr DAVID LAYZELL (Upper Hunter) (13:05): I make a contribution to debate on the Voluntary Assisted Dying Bill 2021. I state from the outset that I will not support voluntary assisted dying in New South Wales. However, it is a truly great thing that we can have strong debate on the issue in the manner that we have seen over the past month. I have listened intently to the wisdom brought forth from those who support and who oppose the bill. I thank every person in my electorate of Upper Hunter who has contacted me or my office to express their views. I have discussed the issue at length with many members of my community. I have received emails from people far and wide. I have listened to experts in the field and I have spoken with medical practitioners. I have listened to podcasts, read academic literature and kept an open mind as the leaflets came in from both sides.

It is obvious to me that the views are very varied across my electorate, and I can see merit in the reasoning that has been given to me from both sides. That is why I have struggled so deeply to make a decision on the bill. I thank the people who spent much time working on the bill for their conviction. I thank the co-sponsors, who crossed party lines to display an admirable level of cooperation. I believe in the strength of the team. On the field we trust the wingers to find the overlap, we trust the forwards to drive forward and we trust the halfback to set up the play. But today on this issue it is not about a team; it is about an individual vote. On this issue it is not about the advice of colleagues and friends; it is about seeking those answers within. It is about assessing the issue in our minds, our hearts and our souls.

I speak to the many people in my electorate who ask me to support differing views. Yes, I am your elected representative and, while it is not possible for me to follow everyone's advice, I owe you my judgement and my full deliberation. Most of all, I owe it to you to stay true to myself. So as I cast my vote, I do not stand as part of a team; I stand alone. I cannot in all faith support the bill. Many factors have come together in assessing such a complicated bill. I am not medically trained nor legally minded so, as a simple man, I have boiled my decision down to three key principles: the concept of suffering, the concept of burden and my belief in the future of our society. I start first with the issue of suffering. I have heard many stories from people who have seen great suffering, people who have described the suffering of loved ones as patients and the families who have supported them. This thinking resonates strongly with the public at large. We are human beings and naturally we do not like to see anyone suffer. We would do anything we can to avoid it.

I think about how I would feel to see my own parents, my family or my loved ones lying on a hospital bed in a state of pain. I know the last thing that I would want is to see them suffer. There is no doubt that the end of

life can be ugly, emotional and painful in many ways. The question I have always asked, when we speak of suffering, is this: Is it about the patient, or is it about the people who have to watch? How much are we motivated by fear, and can this bill address the tragic feeling of loss experienced by those who have watched a loved one at the end of life? I came to this conclusion: No, I do not believe it can. Yet it is on this basis that many people have asked me to support this bill.

The second key principle on which I base my objection to the bill relates to a sense of burden. There is undoubtedly a sense of burden when people feel that they have been diagnosed with a terminal illness. There is a sense of fear that comes with knowing that a potentially painful end is near. Is this really a reason to support assisted suicide? I can imagine the sense of burden if I was the one in the hospital bed. The last thing I would want is to have my daughters watch me as I decline into the end of life, as I experience unnatural bodily functions and grimace in pain or embarrassment. I have asked myself, is this a good enough reason to assist with suicide? Even if it was, it has to be counterbalanced with the burden we place on doctors who are charged with the administration of this final act.

We are asking doctors, who carry a duty of care as their basic charter, to perform acts that deliberately kill another human being. Whether it is merciful or not, it is a heavy burden society would ask of them. The third principle on which I object to this bill is my view of a future society. The decision we make in this place is pivotal to determining the future of our society. What type of society do we want to see in the future? What type of palliative care do we want to see in the future? I fear that passing this bill will place pressure on a patient to choose assisted suicide in order to give their family peace and relieve them from potential suffering. I fear that family members with spurious motives, such as inheritance or inconvenience, will place pressure on patients to choose an assisted suicide.

I respect the work that the co-sponsors have put into the bill. It is obvious to me that the restrictions that will be in place to try to prevent the misuse of the bill's provisions will be watered down over time. More vulnerable groups will be included in the bill over the years as we normalise this suicide process. That is not the society I wish to see in the future. My wish is for a society that continues to focus on the range of palliative care treatments available at the end of life—in particular, for those in regional New South Wales who want to spend their last days at home but who are bound by distance to the nearest hospital. At home and in regional hospitals, palliative care and support has to be an ongoing focus of our society.

We have a long way to go. That is why this bill poses an important decision. I understand that suffering is very real, and it is certainly not my wish to allow prolonged suffering. I remain very concerned about the burden people feel at the end of their life, the difficulty families face and the burden we place on our doctors. It is not a human right that someone is able to ask the healthcare system to assist with their suicide. No matter how strong the process is, we should never allow a government to legalise the killing of its citizens. For those reasons, I do not support the bill.

Ms YASMIN CATLEY (Swansea) (13:13): I voice my support for the Voluntary Assisted Dying Bill 2021. I thank the member for Sydney for his advocacy on this important issue and for his hard work in developing the bill. I also acknowledge the ongoing work of the Hon. Trevor Khan in the other place, who has advocated for and supported legislation on voluntary assisted dying in the New South Wales Parliament for a very long time. Dying is one of the few things that is certain in life; however, how it takes place differs for each and every person. For terminally ill people, dying can be a prolonged experience and involve a great amount of suffering and pain. It is my view that the absence of legislation that permits voluntary assisted dying in New South Wales can only worsen the experience for terminally ill people and their loved ones by preventing them from having a choice and a dignified death.

Forming my view on voluntary assisted dying is not something that I have done lightheartedly. I have always—and will always—valued and considered the differing views amongst the people that I represent in the Swansea electorate when making my decision. I would like to share with the House some of their stories and experiences. Meredith from Summerland Point informed me that her mother died from heart failure earlier this year and spent the final stages of her life in palliative care. She said the care was great and she very much thanked the wonderful people who helped support her mother, but her mother experienced a significant amount of pain and pleaded with the doctors to end her suffering by accelerating her death. Meredith also told me that her mother had begged her and her brother to put an end to her suffering. Knowing that there was nothing that could be done to end her mother's pain and suffering was extremely heartbreaking for Meredith and her siblings. She believes that if voluntary assisted dying was legal at the time that her mother was enduring her illness, she would not have undergone the extent of suffering that she did.

Peggy Walker from Swansea told me of her brother, who passed away three years ago from cancer. He too spent his final moments in palliative care. Peggy told me that the pain her brother had to put up with during the final stages of his life was, in her words, horrific. She believes that palliative care is just a process that hospitals

follow when there is no other option and that voluntary assisted dying should be legalised to relieve the suffering of terminally ill people. Sharon of Marks Point has also gone through the trauma of watching a terminally ill loved one suffer tremendously; last year Sharon nursed her father while he slowly died from cancer. She told me that this was a distressing and heartbreaking time as she had to endure the drawn-out and horrendous death of her father. Sharon's father repeatedly asked her for medical help to die and to put an end to his suffering. To alleviate the suffering of terminally ill people and provide peace of mind to their loved ones, Sharon believes that voluntary assisted dying must be legalised in New South Wales.

Of course, a number of Swansea residents have shared with me their opposition to the bill, and I wish to share their views as well. Rod of Swansea stated that he opposes voluntary assisted dying because he fears that there will be a rise in elder abuse. These are genuine concerns and I respect them. He believes that if an individual is unable to take care of themselves and has reduced decision-making capabilities and/or financial management issues, their vulnerability to being pressured into voluntary assisted dying by a family member or others responsible for their care increases. It is his view that a detailed study into the prevalence of elder abuse is required to combat the issue. Rod believes that it would be recklessly negligent to legalise voluntary assisted dying before putting in place a system to effectively address elder abuse, but I assure Rod that clause 6 of the bill addresses his concerns explicitly. Clause 6 states that the person wishing to have an assisted death must have decision-making capacity and be acting voluntarily, without being subject to pressure.

Anna noted that suicide is an issue across the country and has become more prevalent during the challenges many have faced throughout the pandemic. In addition she also mentioned the importance of providing quality palliative care. Anna believes that a greater focus should be placed on improving mental health and palliative care services over legalising voluntary assisted dying. Anna is right. We need to address the increasing suicide rates and do more for good quality palliative care. We also need to make sure that we provide equality in the palliative care that is delivered right across this State.

Then there is Stephen of Belmont, who also shared with me his opposition to the bill. He, too, raised the importance of providing quality palliative care for terminally ill people and the elderly. Stephen also mentioned that even though he appreciates the attempts at safeguard, such as clause 6—the person wishing to have an assisted death must have decision-making capacity and be acting voluntarily without being subject to pressure—he fears that these are subjective and may not protect the wellbeing of the patient. While Stephen is dubious that clause 6 is subjective, I am confident that this clause and other measures provide the safeguards to protect people who choose to die voluntarily in this State. These are all important points raised by Rod, Anna and Stephen, as are the stories from Meredith, Peggy and Sharon that they shared with me.

While I have only shared with this House just a small sample of views from those who live in the Swansea electorate I have received hundreds of letters, emails and calls. Overwhelmingly, the majority of those have been to encourage me to support this bill. Eighty-two per cent of Swansea residents believe that voluntary assisted dying should be legalised in New South Wales. As the member for Swansea it is important that I acknowledge the views of my local community and represent them in this place. From the conversations I have had with the people of Swansea, as well as health specialists, people of faith and my colleagues, I acknowledge and understand that people have genuine concerns that the bill will impact the safety of vulnerable people. However, I am of the view that this bill that we are debating today will provide and regulate access to voluntary assisted dying to terminally ill people in a way that ensures that vulnerable people are protected, and that respects individual religious beliefs. Furthermore, it will give those who are terminally ill a choice.

Of specific concern is whether the bill will be able to prevent vulnerable people, who are not experiencing pain, from successfully seeking assistance with their death. I want to address this specific concern by outlining the safeguards that are included to specifically protect the lives of vulnerable people. I have already mentioned clause 6 and clause 16. The requirements for those seeking voluntary assisted dying are that they must be an adult, an Australian citizen or a permanent Australian resident or have been a resident in New South Wales for at least 12 months; they must have been diagnosed with at least one disease, illness or condition that is advanced, progressive and will cause death on the balance of probabilities within six months, or is causing suffering to the person that cannot be relieved in a way that the person considers tolerable; and, in clause 16 (2), those who live with a disability or mental health impairment as defined in other legislation will not be sufficient qualification. *[Extension of time]*

Furthermore, in clause 20 (1), the person is not obliged to continue after making the first request and, in clause 26, the request must be referred to another medical practitioner for opinion on disease, illness or medical condition. In stating these safeguards, it is very apparent to me that the member for Sydney and the co-authors of this bill have gone to great lengths to guarantee that the safety and wellbeing of vulnerable people will not be jeopardised in any way, shape or form. It is for these reasons that I have confidence in supporting the Voluntary Assisted Dying Bill 2021.

A number of people have argued that palliative care is the best option for terminally ill people. I highly value the important work of palliative care and have stood alongside local advocates pleading for the New South Wales Government to enable adequate access to palliative care for people right across this State. In saying this, quality palliative care is not always accessible to all. Modern treatment options, such as the intrathecal care, a drug-delivery option that provides pain relief similar to an epidural, as well as blocking nerves, which involves specialists injecting a numbing substance into a group of nerves, are very expensive treatments and they are not available statewide.

I urge the Perrottet Government to put more funding into palliative care to enable greater access and equality of access. But that does not take away from the fact that voluntary assisted dying should not be a choice as well. My own family, just like many families across New South Wales, has experienced watching the end of life and the suffering of family members. While they were being provided wonderful care by nurses and doctors in palliative care—I take this opportunity to thank them, those men and women who do such an amazing job in what can only be described as very emotional circumstances—they would have liked to have had a choice to end their lives in a more dignified way.

I want to finish with the words of Lynn, who is a constituent who lives in the Swansea electorate. Lynn is retired registered nurse. I met her at the Pelican markets just several weeks ago. Lynn asked me to support voluntary assisted dying. She told me of a number of her personal experiences, but she has seen a lot in her long career as a nurse. Lynn has worked to save lives, to protect lives for all of her working life. Yet she has formed a strong view that there is a place and there must be a place in our system for voluntary assisted dying. She has witnessed firsthand horrific suffering and, in her words, unnecessary suffering. Lynn wants to see legislation in this State that provides for people to have a dignified death. She wants to give people a choice. I share Lynn's view. New South Wales must not fall behind the eight ball when it comes to legalising voluntary assisted dying. I encourage all members of this House to listen to the concerns of the community and to support the bill.

Debate interrupted.

MODERN SLAVERY AMENDMENT BILL 2021

Amendments

The DEPUTY SPEAKER: I report receipt of a message from the Legislative Council dated 19 November 2021, agreeing to the Legislative Assembly's amendments Nos 1 to 8.

ENERGY LEGISLATION AMENDMENT BILL 2021

Amendments

The DEPUTY SPEAKER: I report receipt of a message from the Legislative Council dated 19 November 2021, informing the Assembly that the Legislative Council has agreed to the amendments proposed by the Legislative Assembly to amendments Nos 2 and 3 of the Legislative Council.

I foreshadow that the next session, which will be from two o'clock, will be back in the Legislative Assembly Chamber, but members will receive formal notification of that from the Clerk. I will now leave the chair. The House will resume at 2.00 p.m.

Announcements

LEGISLATIVE ASSEMBLY CHAMBER BROADCAST

The SPEAKER: Pursuant to the earlier resolution, the House has now reconvened in the traditional Chamber.

BRITISH CONSUL GENERAL LOUISE CANTILLON

The SPEAKER: I was delighted to host for lunch the Consul General of the United Kingdom, Ms Louise Cantillon, along with the Deputy Consul General of the United Kingdom, Jonathan Cook, together with colleagues and business representatives. I thank them for attending today. As she arrived in Sydney earlier this year, I wish the Consul General the best for the rest of her time here.

*Bills***CIVIL LIABILITY AMENDMENT (CHILD ABUSE) BILL 2021****PAYROLL TAX AMENDMENT (PAYROLL TAX WAIVER) BILL 2021****CHILDREN'S GUARDIAN AMENDMENT (CHILD SAFE SCHEME) BILL 2021****Assent**

The SPEAKER: I report receipt of messages from the Governor notifying Her Excellency's assent to the bills.

*Documents***INSPECTOR OF THE LAW ENFORCEMENT CONDUCT COMMISSION****Reports**

The SPEAKER: In accordance with section 142 of the Law Enforcement Conduct Commission Act 2016, I table the report of the Inspector of the Law Enforcement Conduct Commission entitled *Annual Report 2020- 2021 Law Enforcement (Controlled Operations) Act 1997*, dated November 2021. I order that the report be printed.

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

Ms KATE WASHINGTON (Port Stephens) (14:02): I am a proud co-sponsor of the Voluntary Assisted Dying Bill 2021, and I am pleased to make a contribution to the important debate today. It is not my intention to address in detail the specific provisions of the bill. For that, I refer anyone interested to the comprehensive and thoroughly excellent second reading speech of the member for Sydney, Alex Greenwich. In the short time I have, I prefer to give voice to those for whom voluntary assisted dying will make a very real difference, and I will address some of the factors that have influenced my position on the bill.

I will start by sharing the thoughts of a courageous constituent, friend and beautiful human, whose experience is at the heart of today's debate. Gail Armstrong was diagnosed with breast cancer 19 years ago and was successfully treated. Seven years later, she was diagnosed with a different type of breast cancer that resulted in a bilateral mastectomy. She thought she had beaten it. Then seven years ago she received the worst diagnosis of all—metastatic breast cancer in her bones. In the face of advice that her diagnosis was untreatable and not survivable, she has been fighting to stay alive. She now has bone cancer throughout her body. This year she had surgery to relieve crippling back pain and, most recently, to remove a tumour on her brain. I thank Gail for authorising me to share her thoughts today. She has said:

I am very aware that I will suffer unbearable pain if my cancers run their normal course and they grow into my spinal cord. This type of pain can not necessarily be relieved with pain medication. I have resigned myself to the expectation that I may be forced to end my own life, earlier than would be necessary, while I am still competent enough to do so. I will have to do this alone without a loved one by my side and without assistance of any kind (especially no medical expertise). I think it is cruel that I will be forced to this, and unfair to my survivors that I will then be regarded as a suicide death.

Gail fears that palliative care may not be sufficient to free her from pain. She says:

This is not a battle between palliative care and voluntary assisted dying, both should be available to enable a qualified choice for someone who is facing a painful and inevitable death. I want my death to be civilized and at the time and location of my choice, and not isolated and alone.

I want to be relieved of this constant worry, on top of everything else I'm facing. I just want the comfort and security of knowing that I can be assisted to have a dignified end-of-life.

I cannot mention Gail without also mentioning her loving husband, Graham, who has been by her side every step of her painful journey. I am reminded of a comment by Cicely Saunders, the founder of the hospice movement, which led to the specialty of palliative care. Cicely said, "The way we die lives on in the memory of those who survive." The bill is for Gail and Graham, for people suffering from a terminal illness and their loved ones. Throughout this process, many people have shared with me their stories of losing loved ones in harrowing and haunting situations. A common refrain has been that we do not treat animals this badly. Then I heard from Mark Dowden, a local Port Stephens vet, who spoke with some authority on this issue. As a veterinarian of 37 years' experience, Mark routinely and humanely administers euthanasia at the appropriate time of an animal's

life. He had heard his clients say that the death of their animal was more humane than the way a loved one had passed, which he had rationalised as being due to heightened emotions, until he saw it for himself. Mark says:

My father experienced the worst death of any living creature that has ever been in my presence. For the first week as he gradually became weaker, he experienced dreadful pain from his back that was barely dulled by the drugs he was given. He experienced dreadful unrelenting nausea, partly from the renal failure but also from the pain relief drugs.

He experienced dreadful hallucinations, partly from the effects of the build-up of various toxins from the renal failure and partly due to the effects of some of the drugs he was given. This was interspersed with periods of lucidity where he would repeatedly ask if he was dead yet, or why wasn't he dead yet, and to beg me to give him a needle to end his life or to shoot him in the head.

These terrible episodes only stopped when he finally slipped into permanent unconsciousness in the last two days or so. My whole family was distressed and traumatised by the manner of my father's passing. As you could imagine, this scene would be very confronting for anyone to observe, but particularly so for me, who has spent a lifetime providing humane treatment for animals at the end of their life and yet could not do this for my own father.

I thank Mark for allowing me to share his family's story today. For this bill, every member of Parliament is granted a conscience vote. It has caused me to reflect deeply on what that means. In my view, it does not mean voting only in accordance with our own personal views. We should be informed by the conscience of our communities and, importantly, evidence. So I have consulted widely. I have read a lot and I have been grateful for the advice from many experts. There has been a lot of misinformation promulgated both in this place and elsewhere about the bill, some of which I address now.

The facts are these: The legislation before us today is based on the same models that have already been introduced in Victoria, Western Australia, Tasmania and South Australia. The Victorian model has been in operation since 2019, and its reporting mechanisms provide evidence that voluntary assisted dying can be safely regulated and that the safeguards are indeed safe. The Victorian experience shows us that, in 2020-2021, 331 people accessed voluntary assisted dying. Importantly, of those 331 people, 80 per cent were receiving palliative care. For greater context, the 331 people who accessed voluntary assisted dying in Victoria were amongst 40,900 Victorians who died in that same period. That means that just 0.8 per cent of those who died in Victoria in that period accessed voluntary assisted dying. To point out the obvious, that also means that 99.2 per cent did not.

So what does all that mean? In the area of palliative care, it shows that it works alongside voluntary assisted dying; it is not one or the other. But we must ensure that there is an adequately resourced and integrated palliative care system to provide that support, particularly in regional New South Wales. In my community of Port Stephens, we have been beating the drum for years for better resourcing for palliative care. Our calls have largely been ignored. When the Premier spoke of the need to properly resource palliative care during his contribution to this debate, it was welcome, of course, but also frustrating that it was being used as an excuse to delay this significant reform. We can do both, and we must do both. I will hold the Premier to account for his commitment to properly fund palliative care to ensure that there is equity of access to those fundamental services in Port Stephens and right across regional New South Wales.

When it comes to the number of people facing the end of their life, the evidence shows that only a tiny proportion are accessing voluntary assisted dying where it is already legalised. Indeed, it shows more than 99 per cent of people who die do not access voluntary assisted dying. Dr Peter Saul, a senior intensive care specialist in Newcastle, quite rightly believes that the vast majority of people who face end-of-life decisions also deserve mention in the debate we are having today. Dr Saul does not want our focus on voluntary assisted dying to make us lose sight of the bigger picture. He wants the conversation to continue about how we ensure all people facing end-of-life decisions have increased control, care and compassion. Dr Saul holds the view that "Voluntary assisted dying laws will make a world of difference, and empower people to make choices they didn't have before." But he also asks the important question: "How do we extend choice and dignity to those that can't or won't access the legislation?"

According to Dr Saul, a well-resourced and integrated palliative care system is part of the solution, alongside other simpler policy changes around advanced care directives and guardianship. As Dr Saul says, "A good death doesn't happen by accident." It is important that the conversation about choice, control and dignity in death for the vast majority of people continues. As a regional MP, I also put on the record my concern about access to health care generally and the need for additional resourcing to support the implementation of voluntary assisted dying. [*Extension of time*]

Under the bill, a terminally ill person seeking voluntary assisted dying needs the advice of two independent authorised doctors. Getting in to see a GP in my area is already hard, sometimes impossible. If there is a need to refer to a specialist, it would put impossible barriers in place because we have so few. If voluntary assisted dying becomes law in New South Wales and it is to deliver on its promise of offering safe access to a dignified end, the Government must adequately resource training for health professionals and health care generally in rural and

regional New South Wales. When we come to vote on this bill, all members in this place will be voting with their values and beliefs. But we would not be in this position if it were not for our communities electing us to represent their views and fight for their interests.

For me, it was critically important to understand my community's views on this issue. I conducted a lengthy survey, which revealed 87 per cent of people in Port Stephens who responded to the poll supported the introduction of voluntary assisted dying laws in New South Wales. I read the numerous messages I received in support of the change, as well as those who opposed it. I genuinely thank every person who took the time to contact me and share their views respectfully with me. From that process, I am humbled to be able to confidently say that my support for the bill is in accordance with my conscience, in accordance with the evidence and in accordance with the views of my community. I will end where I started—back to the heart of today's debate and the voices of those who should matter. Gail Armstrong, my constituent and friend, says:

If the proposed legislation is put in place ... I would not have to use it, but the comfort I would get from the knowledge that I had the means would be immeasurable.

So that we can give people like Gail, who want to live, peace of mind until they no longer can, I support the introduction and legalisation of voluntary assisted dying laws in New South Wales and hope that the majority of my colleagues do too. I commend the bill to the House.

Mr MATT KEAN (Hornsby—Treasurer, and Minister for Energy and Environment) (14:14): I speak in debate on the Voluntary Assisted Dying Bill 2021. I appreciate that everyone in this Chamber is approaching this debate with a heavy heart and good intent. We are all trying to balance difficult equities: our consciences, personal experiences, faiths, and obligations as legislators to sensibly and delicately codify one of the most challenging circumstances any person or their family has to navigate. It reflects well on the Parliament that both sides of the debate have largely recognised those sensitivities.

I am grateful to the Premier for his leadership in allowing this legislation to be considered, knowing he genuinely and passionately opposes it. We should all cherish his open expression in this Chamber of love and compassion for his grandmother and others in her position. I also believe that the member for Sydney has shown, again, his leadership and immense ability as a parliamentarian in sponsoring and developing the bill. He has applied serious thought to the task of applying a legal framework to the most fraught choice imaginable. Importantly, they both avoided the demonisation that often risks poisoning our politics. We should take our cue from their generosity of spirit. I arrived at my position on the bill after a lot of thought about my values, the values of my community and the values of the great traditions of liberal democracy. There are no greater issues of importance than the sanctity, freedom and dignity of human life. The American Declaration of Independence begins by recognising that all people:

... are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.

The dignity of human life is recognised in the preamble of the Universal Declaration of Human Rights. It states:

Everyone has the right to life, liberty and security of person.

The bill forces us to decide how we best recognise the sanctity and dignity of human life. Is it by protecting life in all circumstances because of its fundamental sanctity and importance? Or is it by respecting what makes us special—our free will, intelligence, capacity to reason and values—by allowing people to choose a dignified and peaceful death with their families in circumstances where they are experiencing immense suffering? If it is to recognise a person's free will, can we practically put in place sufficient safeguards to ensure that a decision to seek assistance to pass away is made freely and without corruption? A cornerstone of my inaugural speech was my view that the freedom to pursue our lives unfettered by the State was an essential element to a civil society. This concept of individual sovereignty guides me today.

We see around us the great things that humanity has achieved: a sense of justice, compassion, art and culture, the wonders of science and technology, wit, a capacity for happiness and a capacity to dream of a better world for ourselves and our children and to work to make it happen. Human beings have many beautiful traits. I believe that the best way to recognise and respect those traits is to trust them. A person who is dying faces the most invidious of choices. They will consult their own conscience and beliefs. They will consult their families. They will consult their medical practitioners. They will possibly consult a person of faith. But having done all that and made up their own mind, does it help to effectively ask them to consult government as well? I believe not.

We should remove that constraint from them as much as possible. We should grant them their own wishes. We should afford them their dignity. The sanctity of that decision is solely in the province of them and their families. It is also a mark of respect of the dignity and importance of their life that a person is able to end it in peaceful manner with their family, if that is their choice. I suspect that many people who are suffering seek help

to pass away but today they have to do so in secret, in the dark and away from the people they love, so that they do not imperil them. I believe we respect the dignity of human life by allowing people to decide to die with their families in peace if they so choose, rather than forcing them to do so alone. The reality is that voluntary assisted dying laws have now passed other parliaments around the country. I also believe that we respect the dignity of human life by allowing people to die in their homes rather than in faraway cities and hospitals, away from their families.

In the circumstances where a person could reasonably want to end their life, the decision to do so should be for them to make. In coming to that conclusion, I also acknowledge the public's views. There are differing views on the issue. Some of those beliefs are held deeply and passionately. However, I do think we are at a point where the bulk of public opinion supports voluntary assisted dying. As a believer in democracy, the public's views on this issue have strengthened my views that now is the time to pass this bill. In saying this, I also believe assisting a person to end their life is a grave thing. Its gravity needs to be respected and no person should be pressured to make that decision. I believe the bill provides sufficiently robust protections to ensure that a person can exercise their free will genuinely and safely. The bill requires the risk of dying to be real and imminent. It demands that the prospect of relief from suffering must be marginal. It provides guardrails against coercion or pressure. It guarantees healthcare professionals and workers the right to conscientiously object to involvement, and it provides for procedural prudence.

There is nothing cavalier about the motivation for this bill, or its design. I do understand, however, that there will be those who sincerely oppose it regardless. I have absorbed what they had to say and understand their decision. I have listened carefully to those who spoke to the experiences of a family member accessing palliative care. No-one spoke with more candour than the Premier. Whilst he and I will fall on differing sides in this vote, where we do unite is the importance of palliative care. We can and should do more. After all, the choice to pursue palliative care is also a personal one. We must honour that preference too.

I also reflect briefly on the role that matters of faith play in this debate and I again draw on my maiden speech. I said I will always personally seek to separate Church and State. But I also spoke of my rejection of religious intolerance. I am the Christian son of devoted Catholics who believe strongly in God and service. I fundamentally share those beliefs and my faith is hugely important to me and to who I am. I understand the intrinsic attachment to one's religion. It inspires and enriches people on both sides of this debate. I refuse to judge anyone for their motivations here. Anyone attempting to inject rancour into this debate by reflecting on someone's faith is on the wrong path. If we favour this bill due to our belief in individual choice and conscience, that should extend to respect for another person's relationship with God.

We are collectively wrestling with our capacity to legislate for matters of life and death. Those are very hard choices, but that cannot be an excuse for compromising our core beliefs. In fact, more than ever, we should lean on those tenets we hold dear. For me, that is an enduring attachment to personal liberty. It infuses me as an individual and as a legislator. I believe this Parliament has the capacity to gift to every individual in this State the freedom to make their own decision about how to live or how to die. That is why I am voting for this bill.

Mr ROY BUTLER (Barwon) (14:24): Some bills that come before this place cause strong emotional and value-driven responses from people. As local members we should embrace the opportunity to deal with difficult issues because by doing so problems that have been pushed to the side for too long are resolved. It is courage and integrity from elected representatives that leads to better policy decisions. Kicking something down the road for another Parliament to deal with is not why we are here. To that end, I thank the member for Sydney for introducing the Voluntary Assisted Dying Bill. When I was given notice of the bill, I reiterated to communities in my electorate that my perspective is not important; it is understanding what most of the people in my electorate want me to do.

I spoke to people and used print media, social media and radio to ask them what they wanted me to do. Over 80 per cent of people who responded wanted me to support a bill that allowed people to have more choice at end of life, especially where pain and suffering could not be alleviated through medicine or palliation. I have listened to some contributions to this debate, and I can understand why members have spoken about palliative care. For me, palliative care and voluntary assisted dying are two different things, and need to be dealt with as separate issues. I welcome the Premier's comments regarding increased resources for palliative care, especially in regional New South Wales where options can be few and far between. We must never allow a lack of palliative care to be a factor in a person's decision to consider voluntary assisted dying. That commitment needs to be more than words from the New South Wales Government.

A significant investment is required in palliative care, especially in regional and remote New South Wales, to allow people to have a choice. We as a Parliament will have failed miserably if people go down the path of voluntary assisted dying because of a lack of palliative care. Health services in general are in deficit in regional and remote New South Wales because of staffing difficulties and services being centralised; therefore, those

services are being removed from smaller communities. It requires a significant rethink and allocation of resources, especially now that the Federal Government is targeting regional New South Wales for new Australians post-COVID. The work-from-home revolution, coupled with housing affordability, has seen a major shift from metropolitan areas to the regions. Again, baseline health services need to be dealt with, as I have spoken about many times in this place and with the Minister.

But I believe that is a separate issue to voluntary assisted dying. As with palliation, a lack of medical services should not be a factor in a person's decision to access voluntary assisted dying. If that occurs this Government and this Parliament have totally failed the people of New South Wales. There would have been a couple of deal-breakers in the bill that, as a representative, I needed to see. A big one is choice, not just for the person seeking voluntary assisted dying but for doctors and health providers. That is in the bill. If a person, doctor or health facility, such as a faith-based hospital, want nothing to do with voluntary assisted dying, they do not have to. Another is two physicians concurring that voluntary assisted dying is an appropriate pathway for a terminally ill person, with informed consent and without coercion. It must be agreed that the person seeking voluntary assisted dying has six months or less to live because of physical illness, or 12 months or less to live because of a neurodegenerative illness.

That is good, but it would be preferable to involve the patient's treating physician and a treating specialist. If those physicians are not available to participate, for whatever reason, it should not deny or create barriers to accessing voluntary assisted dying for a terminally ill person. Given that doctors involved in voluntary assisted dying are not opposed to voluntary assisted dying, it could create a perception that no-one is championing the alternatives. Perhaps there should be an options advocate who would make sure that all options have been fully explored prior to a decision being made. We shall see what amendments are proposed. While some people will deny it, voluntary assisted dying happens every day; we just do not call it that. I remember in 2003 when my dad, also named Royal, was told, "Roy, I am just giving you some morphine for the pain," despite being deeply unconscious and taking a breath every 10 to 15 seconds, it was a clear choice that Dad had made in consultation with hospital staff and family.

As a 73-year-old Totally and Permanently Incapacitated Veteran of the Korean War suffering from multiple complex health issues, I respected his decision. How is it my place to say he should not have that choice? The nurses administering the medication were in an awkward position; the treating doctors were also somewhat compromised. What they did was humane, in line with the wishes of my dad and it was the right thing to do. But they did it without the protection, structure or checks and balances that the bill seeks to provide. Many people have told me their own stories of voluntary assisted dying masquerading as pain management or, worse yet, of watching a loved one in agony, without sufficient relief, die a painful and protracted death—not one the terminally ill person wanted, nor one they wanted their family to see and remember.

One thing we do not speak about or see in the media much is terminally ill people who take their own life. That can rarely happen surrounded by the love and support of family. When I worked on the NSW Police Force, often in the daily sitrep there were heart-wrenching stories of a terminally ill person who slipped down the paddock with a rifle, knowingly took excess medications or found some other way to take their own life. That is traumatic for everyone. It is traumatic for the terminally ill person dying alone, the family that discover the body of their loved one and the emergency services personnel who have to attend yet another confronting and psychologically scarring scene. I contribute to the debate on the bill so that people in my electorate understand the process and rationale behind the way I will vote. I acknowledge that around 20 per cent of people—some who felt very strongly—do not want me to support the bill. I hope that the explanation I provided goes some way to addressing the concerns they outlined to me.

There are many choices in life that we get to make as individuals. We choose whether or not to get married, have children, travel, eat meat, and follow a religion, and whether to believe in modern medicine or a higher power. The richness of our society is born out of our individual ability to choose. However, there is no life without death. No matter how we live our lives and no matter the choices we make that shape our existence, that very existence will come to the same end for all of us. That is one of the two unifying elements of everyone's life; we are born and one day we will die. For those who wish to have the ability to choose how their end will come, I quote the author of the book *Being Mortal: Medicine and What Matters in the End*:

All we ask is to be allowed to remain the writers of our own story. That story is ever changing. Over the course of our lives, we may encounter unimaginable difficulties. Our concerns and desires may shift. But whatever happens, we want to retain the freedom to shape our lives in ways consistent with our character and loyalties.

The end of that quote is the part that matters. The bill does not impose on those who do not believe in voluntary assisted dying. Should they choose to never consider voluntary assisted dying, it will not be part of their life's journey. However, it does allow choice for people who wish to be in control and to choose right at the very end.

Ms ELENi PETINOS (Miranda) (14:32): I contribute to the debate on the Voluntary Assisted Dying Bill 2021. I understand that this is a highly emotive issue and many of my constituents have deeply held views on it. I truly appreciate the time that my constituents have taken to reach out and share their various views and experiences with me. The bill proposes allowing a person to intentionally end their life without legal consequence. That is a matter which weighs heavily upon me and which was carefully considered. To me, life is precious and there is dignity in humanity and the human experience. While I respect all views in this debate, from my perspective, the matter at hand has been oversimplified. The bill cannot simply be seen through a lens of having the compassion to allow someone to end their life.

While I am a person of religious faith, I note that it is our responsibility as legislators to pay attention to the detail of the bill from a considered and objective perspective, and to understand the true consequences of any bill and protect the most vulnerable people in our communities. Life is sacred. There cannot be anything more compassionate than wanting to protect a person's right to life, to seek to protect vulnerable people from the deficiencies in this legislation, and to provide dignity in death and remove suffering through palliative care. I turn now to the risk to vulnerable people. People with serious terminal medical conditions by definition are vulnerable. Vulnerable people are open to coercion, and when they are coerced there are serious legal ramifications. Correspondence from Calvary Health Care, an organisation that services my constituency with specialist palliative and comprehensive care, states:

We cannot legislate this Bill for the few who want it without (unintentionally but foreseeably) endangering many vulnerable and marginalised members of society, who typically have poorer access to health care and lower health literacy.

With voluntary assisted dying, there is no room for ramifications as the consequences are final. Once a life is ended, it is gone. No-one can bring that person back. Elder abuse is a concern for many of my constituents and one that I share. One of my constituents, Graham of Jannali, shared a story of the elder abuse he claims to have witnessed in his role as a chaplain to Calvary hospital. He stated that he witnessed "numerous reports of families financially abusing and pressuring aged relatives to gain access to their inheritance".

Another constituent, Pamela of Kareela, wrote to me about her experiences caring for her mother, who sadly passed at the age of 94. She said that while it was a very stressful and emotional experience, being able to give her mother "emotional comfort and peace by just talking to her, passing on the family's concern, singing to her or holding her hand and giving her sips of water and telling her she was loved" was the most important thing that Pamela could do. She was concerned that many patients may feel as though they are too much trouble or feel pressured to "get it over with", and noted that as a society we should "be reassuring the sick, elderly and traumatised that they are not a burden and that we care about them".

People in those circumstances are highly emotional and should not be made to weigh up whether to allow their life to continue. Many are already feeling like a burden on their loved ones and on our medical system, or even feeling selfish for continuing their treatment when they know they will die at some point in the future regardless of what happens. When someone is suffering it is our duty to provide care, not harm. Death is not a compassionate solution. Suffering does not mean that life is not worth living; it means that we as a society should band together to support and protect those who are suffering.

Another area of concern for me is the threshold and the process to end a person's life. The legal criterion 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. But many medical professionals have said it is almost impossible to accurately predict a patient's life expectancy. Under the bill, the medical practitioners do not have to be the treating doctors of a patient or know the patient. They do not have to have any special knowledge of the patient's illness or speak to the patient's treating doctors. In my opinion, that leaves room for a lot of error and guesswork. Therefore, I find it very difficult to support a law of this gravity based on an estimate.

The FAQs on the bill that have been circulated by the member for Sydney refer to the provisions of the bill being 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 are eligibility criteria 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 thing to concluding that the suffering is beyond any meaningful medical help. The term suffering is not defined, and I believe the terms are generally too broad. I cannot be comfortable with the threshold for ending someone's life being so vague.

If we make this choice then it is important that we acknowledge the path that will follow, as has unfolded in history both domestically and internationally. Assisted dying laws like the one we are currently debating began as a solution for those who were suffering from an incurable terminal illness. However, in countries such as

Canada and Belgium, the scope has expanded to include people who are not terminal. In the Netherlands, those suffering psychiatric disorders such as dementia as well as certain disabled newborns could be given drugs to end their lives.

There is also a shift happening in our own backyard. When Victoria legalised its Voluntary Assisted Dying Bill 2017 it was frequently argued that the legislation was "the safest and most conservative in the world". The legislation came into effect in 2019 and, less than two years later, there are already calls being made for the removal of safeguards. In my opinion, this is a dangerous slope to go down and we are naive if we do not observe and learn from history. While this bill has safeguards, history tells that they are not concrete and are subject to amendments in the future. This is not how we protect vulnerable people in our community and is not a future that we should want for our community. If this bill is passed, there is no going back. As many members have said in this Chamber through the course of this debate, my preferred way of supporting those with terminal illness is care, being palliative care. Terminating the life of a patient does not solve suffering. As expressed by Dr Natasha Moore, a senior fellow at the Centre for Public Christianity:

... illness and dying involve suffering, and we don't know how to eliminate it entirely.

Assisted dying legislation takes one kind of death and aims to make it easier. It's a deeply sympathetic goal. It also opens the door to new kinds of suffering and abuse, unintended but not unforeseeable.

So, the question cannot be: how do we eliminate suffering? The law can't do that. The question must be: what kind of society are we? What are our bedrock values? And who do they advantage—or disadvantage—the most?

We must do better as a government to assist those suffering from a terminal illness, but termination of life is not what I believe the compassionate answer to be. No member in this place wants to see another human being suffer unnecessarily. However, I cannot support this bill when there are other ways of solving the issue. Quite clearly the solution, and what we as members should be focused on, is better investment in palliative care services. This bill, if legislated, will have far-reaching consequences for our community and public policy. Once we open this door, we cannot close it. I believe we, as a society, set out to help those in need, not hurt. We do not set out to take away hope and take away life. That is not compassion. I cannot in good conscience support assisted dying.

Ms TRISH DOYLE (Blue Mountains) (14:42): As a co-sponsor of the Voluntary Assisted Dying Bill 2021 I make a contribution to debate on this significant reform to be. People's lives and deaths are powerful and personal, and that is the essence of this bill. For the record, today I share with the House some of these stories of people's lives and deaths. Kim of Winmalee, in the Blue Mountains, wrote to me:

Today my 86-year-old grandfather drove his car into a river. He suffered kidney, bowel and renal failure. He hadn't been able to stand on his own for years and has slowly lost his dignity, but not his mind. He long lobbied for the right to choose his end. Please, please, please save another family this heartache ... Please support this Bill and allow people to die with dignity when they choose.

I share my friend Coralie's story as reported in an article in *The Sydney Morning Herald* in November 2017, which reads:

The tragedy occurred half a lifetime ago, but for Coralie Richmond the memory remains acute.

Called to her parents' home in the Blue Mountains suburb of Lawson by her distraught mother one day in 1981, Richmond found her father Geoffrey on the floor, bleeding.

The 72-year-old had been enduring great pain as a consequence of asbestosis he had developed from exposure to the deadly fibres while building houses.

That morning—the day after a doctor instructed him to take a series of X-rays to Westmead hospital—Geoffrey had put a shotgun to his temple and pulled the trigger.

"I think he said, 'I'm so ill, I'm in so much pain, I have to do something about it'," says Coralie Richmond about her father.

"I had to ring the ambulance then I had to ring the police because a gun had been discharged," Richmond recalls. "The police asked, 'Is the gunman still around?' I told them, 'Look, it was my father, he's tried to take his own life'."

Richmond's father spent about a week in Westmead Hospital before he died.

A Christian and member of the Salvation Army, Richmond is a long-time advocate for voluntary assisted dying laws, including legislation due for debate in the NSW Parliament next week.

She can't say for sure, but Richmond believes her father would have been likely to take a more peaceful path had such laws have been in place, avoiding the trauma experienced by her and her family—

and felt to this day. Allow me the indulgence of reiterating my plea to the Parliament on a similar bill from 2017:

This bill strikes at the heart of so many in our community. There is nothing more fundamental than a person's right to treatment, palliative care and support when dealing with a terminal or life-changing illness. Previously in this place, I have spoken about the need for greater investment in palliative care services, particularly in rural and regional areas of this State, and this is something I remain committed to. However, it is easy for opponents of the Voluntary Assisted Dying Bill 2017 to see the bill as providing an alternative to skilled and well-funded palliative care, when this is so clearly not the case. This kind of polarising argument denies the

fears, needs and concerns of many people facing a terminal illness or suffering unbearable pain in the last months and weeks of their lives.

I am saying that we need both well-funded and well-resourced palliative care as well as other end-of-life options for people whose needs cannot be met by palliative care alone. What this bill provides is choice for those suffering unbearably, with no hope of recovery, to have access to a medically assisted, quick, peaceful and dignified death. As has been well documented in countries where such legislation exists, a relatively small number of people will choose voluntary assisted dying. Yet this important legislation provides reassurance for those suffering that should it become too great, they can control when they wish to end their own lives, surrounded by those who love them.

I acknowledge the personal struggles of people living with terminal illness and those involved in the care of the terminally ill, including family members and carers, palliative care doctors and nurses, non-government agencies and support services. It is currently illegal to assist people facing unbearable pain to end their own suffering. This not only places dying people in an unenviable situation but also places their families and others involved in their care in the same situation. Should a dying person wish to end their pain and suffering, they may be forced to end their life prematurely and alone so as not to legally implicate their loved ones. Surely this is not the way that an advanced society such as ours should treat people at the end of their lives.

I acknowledge that this legislation raises mixed emotions; however, I believe what must remain at the centre of this debate are the rights and dignity of those suffering. I assert that voluntary assisted dying is a dignified and reasonable choice for competent people to make when their medical condition results in untreatable and incurable suffering and pain. Further, when they have already lost more than we can imagine, having this choice can be of great psychological benefit. Even if they never take this option, knowing it is possible can provide enormous relief. I urge members to become educated on the issue and familiar with the experience of the countries where assisted dying legislation exists. Please listen to those directly affected. ...

Another constituent and a very dear friend of mine, Maurice Brady, died in January this year, after nearly two decades battling heart failure. End-stage heart failure is said to be one of the scenarios in which voluntary assisted dying should be available. In Maurice's case this was not an option, and he struggled on until the end finally came.

Maurice did not complain. I have spoken about Maurice today because of my dear friend and former staffer, Suzie, and the help she has provided me in preparing today's speech. In 2017, I also said:

Blue Mountains advocate Anne Gabrielides suffers from motor neurone disease. With her husband, Paul, at her side, she sought my support for this legislation to ensure end-of-life choices for terminally ill people. Anne appealed to me:

Of all people, you understand the importance of your voice in convincing, negotiating with and inspiring your audience.

Similarly, my job up until a year ago was to convince, negotiate and inspire parents of deaf children so they could teach their children how to listen, learn and realise their potential.

Our voices, yours and mine, convey many years of learning and experience and now mine has gone.

My voice is not the only thing I've lost, but I am not going to take your time or mine complaining about the things I have lost, because they're gone and will never return.

I have accepted the fact that this disease is going to win the war but I will win some battles along the way.

But I want to win the last battle and die with dignity on my terms when I am good and ready.

In January 2018 I attended the funeral of Anne Gabrielides with a number of members in this place, not long after she said this to me. She did not get her dying wish. Today, for Anne and her family, I honour her vibrant life, rather than focus on her death, and I reiterate my plea: let us legislate for this reform. I turn briefly to some of the concerns and objections to voluntary assisted dying that people have raised with me, and for the sake of brevity I will note those major concerns. [*Extension of time*]

Some of these concerns include people's worries about coercion and elder abuse, and we have heard those arguments put in this place. People have raised concerns about safeguards and whether the stringent measures are enough. People have raised concerns about the fact that palliative care could offer what is needed and that the bill does not. I believe these issues have been comprehensively and adequately addressed previously by a number of members and I need not repeat them. I put on the record that many people contacted my office and respectfully, diplomatically and with heart put some of their concerns to me.

This issue is not abstract for me. It is not just a bill; it is deeply personal. My nanna, Jean, is almost 96 years old. She has always been a rock—actually a gem—in my life. She has lived a long and fantastic life. I adore her stories of adventure, love, family and travel. She suffers from many ailments now and she is tired. She lives alone and independently with little home care help. Nanna's mobility has decreased to the point that some days she can barely move. For someone who was agile, fit and spritely, and always fiercely independent, life is now difficult for her and for me to see her like that. She is not long for this world. When we talked recently about her death she quietly expressed a desire to go with dignity on her own terms, and she deserves that. My world will be turned upside down when she shuffles off this mortal coil, but I do not want her to endure hurt and anxiety any more. I love you, Nanna. I do not want to see you feel so vulnerable and suffering against your will. I want for you what you wish: to go gently at a time of your choosing.

I thank Alex Greenwich, the member for Sydney, who has doggedly pushed for this critical bill, for his tireless, consultative and inclusive work. I thank Dying with Dignity NSW, which has worked with me in my

community for many years. In particular, I thank Shayne Higson, Kiki Paul, Penny Hackett, Richard Mills and all the remarkable volunteers we have seen today, yesterday and in the preceding weeks and years. I thank Go Gentle Australia and acknowledge all the people whose lives and deaths are included in the raw, real, powerful booklet entitled *State of Suffering: Testimonies of the damage done in the absence of a Voluntary Assisted Dying law*. I thank Andrew Denton for his important, informative podcasts. I thank the many beautiful people who work in palliative care, 90 per cent of whom said to me, "We have to have this bill." I thank every person who contacted me to express their heartfelt plea one way or another.

When a person arrives at the stage of their life when their bodies have failed them and they have lost control of everything, the least we can do is provide them with choice and control in deciding when enough is enough. On behalf of Anne Gabrielides, Maurice Brady, Coralie Richmond, my old great warrior womyn Margaret Jones and my darling Nanna, I call on this Parliament to support choice for people when they are dying. When death is imminent, choosing how to die is critical. I commend the bill to the House.

Mr ANTHONY ROBERTS (Lane Cove—Minister for Counter Terrorism and Corrections) (14:56): I speak against the Voluntary Assisted Dying Bill 2021. Once again, I defend the basic dignity and value of human life, a principle about which there should be no debate. Yet we are here again. I think all members would agree that there is an inherent dignity to human life. We all rejoice in the birth of a child, the growth to adulthood and the wisdom that comes with old age. We are devastated at the loss of life too early, and we grieve with parents who lose children. We believe that by virtue of being human, people have dignity. For that reason, we criminalise the taking of life. We rightly and justly spend significant amounts of money, in both the public and private spheres, helping prevent the loss of life by suicide of those who have lost hope or a sense of worth.

No right-minded person would argue that human beings—women, men and children—are not to be afforded the dignity that comes from being one of the worldwide human family. If humans have dignity, they have value. We recognise the value of human life by ensuring that each person has what they need to flourish. That is why we strive to work with our First Nations sisters and brothers to find a way forward to a respectful and full union of all in the Australian community, because all are inherently valuable. We recognise the value of each person by contributing to international aid for those who are starving and for those who are fleeing oppression.

We recognise that each life is valuable by providing the care and support that all people need at every stage of their lives. Yet we are presented with proposed laws that encourage us to believe in some cases human life has lost any value and that it is acceptable to encourage people to believe their lives have ceased to have meaning and value. That belief rejects the notion of human dignity because it suggests that human dignity is limited and that in some cases it is nullified. That belief, which is enshrined in the bill, also involves a devastating and irreversible paradox. We are proposing to allow the view that life has lost value and dignity in the case of terminally ill patients with limited life expectancy, yet we deny the right to other people who believe life has lost value to end their lives because we disagree with them.

Recently I was contacted by one of my constituents who suffers from severe mental illness and frequently wishes to end his life. Does their suffering constitute a loss of human dignity? Do we believe that that life has become valueless? If that individual believes that their life has lost value, why are we privileging the few over the many? The reality is that this legislation, quite apart from violating accepted notions of the value of life and of human dignity, is fundamentally misconceived in its attempt to quantify the value of human life. As I have noted, the bill suggests that at a certain point life becomes valueless, but where does values analysis cease? What about the case of seriously mentally ill people who have capacity to make rational decisions but whose suffering is intolerable? Are their lives valueless? If so, why do we do so much to reduce the incidence of suicide?

What about vulnerable, disabled children and young adults? Are their lives lacking in value? What will protect those members of our community from developments to the legislation that allow for assisted dying? It is no doubt true that a significantly greater investment of funds and training could assist in a broader provision of palliative care, which could help to relieve the suffering of those who have reached the end of their lives, often in distressing circumstances. By providing that care, real opportunities are provided to the dying person to make peace with the reality of what is happening to them and to farewell loved ones without a legally-imposed time limit. But the premise of the bill is that the lives of the dying no longer have value. That is a very dangerous precedent to set because it opens the door to assigning categories of value to personal characteristics.

Throughout history no civil society has accepted or permitted any actions that could lead to the destruction of human life. The past 18 months have provided a pertinent example of that principle in action. The COVID-19 virus presented a very real threat to some of the most vulnerable members of society: our elderly and our immunocompromised. In response to those threats we took the appropriate actions to mitigate the risk: the implementation of public health orders that enforced social distancing, the closure of non-essential businesses and the halting of all forms of travel. Those orders were successful in limiting the spread of COVID-19 and they kept the death toll as low as possible. However, the orders came with additional complications. Mental health issues

increased rapidly, the educational outcomes of our children were clearly impacted and our economy was devastated. Nevertheless we accepted those complications because we all understood that it was our duty to protect the sanctity of human life above all else. That is why I am utterly baffled that we are having this debate.

We have spent the past 18 months asking the citizens of New South Wales for nothing but sacrifice—for young people to sacrifice their education, for workers and small business owners to sacrifice their income and for families to sacrifice their time with one another—all to save the lives of the vulnerable. Why are we now debating whether those lives were indeed worth saving? Why are we questioning whether the sanctity of life that we all fought so hard to protect is now worth defending? I stand here not only as someone who believes in the sanctity of human life, but also as a legislator who, over the past 18 years, has reviewed and voted on the hundreds of bills that have come before me in that time. After having read the bill, I reflected on those 18 years quite closely. I must admit, only a few bills would rival this one in terms of how dangerous it is in its intent.

I remind the House of the importance of intent—a word used often when debating legislation, but one that has been conveniently discarded in this debate in particular. Euthanasia and assisted suicide have only one intention, and that is to kill. This particular bill has only one intention, and that is to kill, to take life. There is no intention to ease suffering, there is no intention to prevent abuse and there is no intention to protect our most vulnerable. The bill has been designed to promote and provide only one option. I will elaborate on some of the many and potentially dangerous flaws the bill presents. One astonishing flaw in the bill is its complete disregard for the impact that mental illness has on the decision-making capacity of an individual. Treatable conditions such as depression, which is a known contributor to suicide, present no barrier for those trying to access lethal drugs.

Additionally, there is no requirement for patients to undergo an assessment by a psychiatrist or physiologist. A review of the legalisation on euthanasia in the Northern Territory, where the legislation required an assessment, found that, of the four patients who accessed the lethal drugs in 1997, three suffered from undetected mental health conditions. Detecting mental health conditions in terminally ill patients presents a challenge, but the solution is not to completely eliminate mental illness as a factor in the equation. An attempt to legalise euthanasia without mental health provisions is objectively reckless. A number of further flaws present themselves when we examine how the bill attempts to construct the process for accessing lethal drugs. The bill allows for doctors to suggest euthanasia and assisted suicide to patients as a treatment. The inclusion of that provision would be unprecedented.

Jurisdictions such as Victoria where euthanasia and assisted suicide have been legalised have at least recognised the power imbalance between a doctor and a patient and have prohibited doctors from suggesting euthanasia and assisted suicide as a treatment. The power imbalance presented by allowing the suggestion of euthanasia and assisted suicide as an end-of-life option is further compounded with the knowledge that the bill provides no requirements for the consulting practitioner to specialise in the terminal illness that a patient is suffering from. Further, under the bill there is no requirement for coordinating or consulting practitioners to physically examine their patients. All medical consultations may be conducted via videoconference, including the final request for euthanasia and assisted suicide. *[Extension of time]*

I need not expand on how dangerous it will be to allow for doctors who are not specialists in a patient's illness to effectively sign that person's death warrant over Zoom, all within a time frame as short as five days. Perhaps the most sickening and frightening proposals in the bill are the implementation of a statute of limitations of two years for those who are found to have breached the legislation, and the provision of protections for those who believe they were acting within the law. The sponsors of the bill have lost sight of the fact that carrying out euthanasia or assisted suicide in breach of the legislation is in fact homicide. They have drafted the bill to protect those who might abuse it, not those who seek to access it.

It is truly disappointing that I have to remind the House of the value of homicide legislation. People inside and outside this place who support legalising euthanasia and assisted suicide must see from a purely objective analysis of the bill that it lacks even the most basic safeguards for some of our most vulnerable. I am mystified as to why the sponsors of the bill have intentionally watered down the legislation in the full knowledge that in 2017 the Parliament wholly rejected a stronger version of the bill for its lack of necessary safeguards. I, along with many other members of my community, stand firmly against the Voluntary Assisted Dying Bill and any attempt to violate the sanctity of human life or to quantify its value.

Mr GARETH WARD (Kiama) (15:08): I contribute to debate on the Voluntary Assisted Dying Bill 2021. Conscience votes have provided for some of the most interesting debates during my time in this place. They provide a window into the calculus of issues and unvarnished values that each member holds when deciding which way to vote on some of the most controversial topics that have been discussed in the Parliament. This debate has elicited quotes from Edmond Burke to John Stuart Mill; questions have been posed about the value of human life and of liberty, wisdom and virtue. We have heard from Christians, atheists and everyone in between. What has

made this debate so fascinating is that it is literally a debate about life and death. From the moment we come into the world, all that we have is time.

Prior to question time in this place we stand to respect former members who have passed away. Every member who is debating this bill today will one day have their names read out as a journey on earth comes to an end. For all my decisions as a local representative I consider two matters before coming to a conclusion: first, the views of the constituency that I have the honour to represent; second, fidelity to my own values when applied to the text of the legislation before the House. I will now deal with both matters in turn before raising some questions I have for the mover of the bill and foreshadowing some amendments.

In this debate, dealing with the first matter was simple. I undertook an electorate-wide survey. In doing so I said at the outset I would vote according to the wishes of my electorate, and 88 per cent of respondents indicated their support for this Voluntary Assisted Dying Bill. Along with this, I also had the incredible privilege of hearing stories from those who had felt so strongly about this issue. They had encountered personal emotional stories and they shared them with me. I read all of them and they touched me deeply. I thank all of those who allowed me a window into their lives. I will therefore will be supporting the bill, which represents the fifth attempt to introduce rights for the terminally ill in our State. However, in no way do I disrespect the views of those who wanted me to oppose this bill. In fact, I would say to those opposed that I could not in good conscience simply support any bill on such a serious matter as ending someone's life.

The reason I support this bill is that it has the most conservative approach to the introduction of voluntary assisted dying in Australia and I do not wish to invite weaker models that do not have the right protections and safeguards. Should this bill pass, it will have more safeguards than legislation of this type in any other State. It may interest members of the House to know that as part of my studies in my master of laws, I selected voluntary assisted dying as my research topic. I am therefore a rarity in this place in that I actually know what I am talking about.

To answer my second consideration, of fidelity to my values, this should be obvious. I am a liberal in the mould of John Stuart Mill. While I may not agree with the choices that others make, it is the option of a choice that I deem to be an indelible and inalienable right of each individual when it comes to matters concerning one's own life. This is not a matter for the State. The role of the Government should be limited to regulating this freedom to ensure the choice of an individual is unfettered by pressure or duress and that the choice of each individual is exercised voluntarily and is enduring after being furnished with all treatment options, as well as the likely outcomes. These are all elements of this bill.

Interestingly, those who seek eligibility do not always choose to end their own life. Since the Victorian scheme began, 581 people have been assessed as eligible but less than half—only 224 people—have made the decision to die at a time of their choosing. This fact is a reflection on the want and willingness to live, the improvement and quality of modern palliative care and support, the love of family and friends and the comfort of knowing that if suffering is too much, the option is always there. For all of those reasons, not everyone will choose this path; in fact, a vast and overwhelming majority will not. But who am I to tell another that I know their body, their condition and their circumstances better than they do? How can I insist that someone should be kept alive longer only to die an agonising death? Why is it that opponents of the bill argue that this proposal is an affront to the sanctity of human life when the very absence of this choice leaves a terminally ill person in suffering with nothing other than an agonising and undignified wait for the inevitable?

I deeply respect those colleagues who have genuine concerns with this bill. For the most part, those opposed have worn their hearts on their sleeves with care and compassion. I know that, in the main, those opposed have consistently opposed these moves and their opposition to assisted dying laws stems from many places. That includes members who believe this is simply a matter that the Government has no right or role to regulate. The Premier and the member for Albury were two examples of members who expressed genuine and considered concerns. To those genuine members, I thank you for your contribution, your compassion, your care and the respect you have extended to those with different views. However, I have been, frankly, stunned by the handful of so-called conservatives whose ideological inconsistencies resemble a weathervane during a typhoon. In the past two years this small group of ideologically extremist fringe-dwellers have exposed themselves as utter frauds. In the last two years this small group of the grand panjandrum have been autocrats about birth and libertarians in life and are now authoritarians about terminal illness and death.

It seems these Fabian, fraudulent and fringe-dwelling conservatives campaign with an invisible hand while governing with a clammy one. It was only months ago that those fringe conservative members were frothing at the mouth over the prospect of coercion when it came to COVID vaccinations. Their clarion cry was that people should have a right to decide what they do with their own bodies. But where are those values now? In fact, some of the opponents of this bill have been downright dishonest. They have deliberately referred to it as a euthanasia bill. I would never support a euthanasia bill; that would be State-sanctioned murder. While there are many models

to end the life of a person who is suffering terminal illness, and while it is true that euthanasia is one such model, the subject of this bill is not euthanasia.

At the heart of this bill is choice at every step. It is the patient who must raise the option of voluntary assisted dying. It is the patient who must undergo and pass two separate assessments. It is the patient who must make the final request and it is the patient who can discontinue the process at any time. The medical definition of euthanasia is a process where a decision is made for someone, not by someone. Euthanasia, by medical definition, involves the absence of choice by a patient. Voluntary assisted dying has at its heart the presence of a clear and unambiguous choice by an individual about their own circumstances. For instance, sick animals are euthanised to prevent their pain and suffering. This is not the standard we should ever reserve for human beings—although I am sure the irony is not lost on many that we reserve a greater degree of dignity for terminally ill animals than we do for humanity.

The other dishonest argument I have heard is that this is not the right bill and that the safeguards as outlined are not sufficient. Setting aside that this bill has more safeguards than similar legislation anywhere else in Australia, the reason this argument is dishonest is that no-one who has advanced it has done so alongside amendments to address their alleged concerns. If those members were so serious about their views on the paucity of safeguards, why not bring forward the changes they believe are needed? They are as much a part of this process as anybody else. They can move amendments. Why is it that some members have suddenly abrogated their roles as legislators and thrown it all in the too-hard basket? This argument is not only disappointing; it is also oleaginous, weak and pathetic. Those members are simply playing politics by seeking to opportunistically walk both sides of the street.

For those members, this debate is all about constituency management. I have no doubt they will tell people in their electorates who are in favour of voluntary assisted dying that they support the concept—just not this bill. Those same members will tell those opposed that they voted against the bill. In short, those members are what is wrong with politics. They embody the stereotype of a spineless and slick politician. I trust that if those people were speaking to a convention of cannibals, they would happily hand over a missionary. Let me assure those members: Your community is not as silly as you may think they are. Even the blind can see your hypocrisy.

The other fraudulent argument is the comparison of voluntary assisted dying with capital punishment. The people electing for voluntary assisted dying are not criminals, but they currently could be, and so could those supporting a person who presently wants to end their own life because of pain and suffering caused by a terminal illness. Because assisting suicide is a criminal offence in New South Wales, it is more likely that those who have a terminal illness and who are wanting to end their own lives will do so in an unpleasant and undignified manner, in solitude, in isolation and alone. I believe our civic maturity is well beyond this.

For a person to be eligible for voluntary assisted dying, this bill makes clear that they must have a terminal illness that is advanced and progressive and that will cause death; the request must be voluntary, free of pressure or duress and must be enduring; and the person making the request must not merely be in pain but must be suffering. How can these provisions be characterised in the same way as capital punishment? This argument should be resigned to the loony bin and those who are advancing it do themselves absolutely no credit. In the light of all the safeguards, I ask those advancing this argument: Did you read the wrong bill? Or perhaps a better question is did you read the bill at all?

This bill is not about giving sick people the opportunity to end their life. This bill is about allowing someone with a terminal illness, who will die in agony and gross discomfort, the opportunity to avoid an end to their life that affords no dignity. One of the most hurtful arguments I have had to contend with during this debate is that a yes vote is unchristian. While I have genuine and great respect for religious leaders of all faiths, my own observation is that the overwhelming majority of believers do not share the views of religious leadership on this topic. As a quiet Anglican, I know that many Christians share my view that while we may not want voluntary assisted dying for ourselves, it is not our place to say what others should do. If a person's faith prevents them—as mine would prevent me—from using assistance to die, it is entirely a matter for them. My faith, based on my understanding of the life and works of Christ, tells me that I will have to account for the choices that I make. The teaching of Christ is all about refusing to accept conventional religious wisdom, which would be easy but thoughtless, and instead steadfastly making one's own moral choices. [*Extension of time*]

Jesus chose to die rather than compromise this point. Like his gift to Jesus, God has given his children the gift of choice. There are no reductionist solutions to human ethics. Each choice is challenging. I am responsible for my choices. You are responsible for yours, even if I disagree with what you decide. I am unlikely to accept as loving the sort of god that demands that we suffer unnecessarily. While we cannot always avoid all suffering, I find it incompatible with my conception of God that a patient be effectively tortured by being kept alive with no hope of anything but pain and deterioration. I believe that God's will is decisive. If you agree, I cannot then understand how God's decisive will can consistently approve of medical intervention to sustain life against a

natural end, but not approve intervention so that a patient can find death when they no longer want to be kept alive by medical intervention. The God I believe in is nothing if not consistent; a good God must be, by definition.

I seek clarity from the member for Sydney on some important matters of definition. Should the bill pass into law, those definitions are important and the intention of lawmakers should be clear. I invite the member for Sydney to address three matters in his speech in reply. Before I turn to those questions, I thank the member for Sydney, the member for Lake Macquarie and all the co-sponsors for introducing the bill to the Parliament. In the time I have been in this place, I have made few new and genuine friends. I hope I do not damage the reputations of the member for Sydney and the member for Lake Macquarie by including them in that category.

Firstly, I ask the member for Sydney to expressly define what is meant by the terms "advanced" and "progressive". Based on a reading of debates on similar bills in other States, I assume that advanced and progressive mean that the person's condition must be deteriorating, and that deterioration must be at an advanced stage. Applying the ordinary meaning of the term "advanced" suggests the condition must have significantly progressed along its expected trajectory. When read together with its partner term "progressive", the two terms imply a declining trajectory. The challenge is understanding the threshold because both criteria are ultimately a question of degree. Both criteria require deterioration that will cause death within six to 12 months so in spite of the lack of an expressed definition, it is likely that any confusion caused by those terms will be limited.

Given the seriousness of the debate, I draw that concern to the attention of the House in the hope that the understanding of members can be put beyond doubt. The second question relates to the definition of "suffering". I note that other jurisdictions have defined "suffering" and I invite the member for Sydney to offer a definition to put that matter beyond doubt. My final question involves the use of the legal term "the balance of probabilities". During its debate, the Parliament of Western Australia discussed its understanding of the application of the standard of proof by equating it to the same standard as the Victorian model. However, the New South Wales bill has no such guidance on how that standard is to be interpreted in the context of its application by a medical practitioner; nor does the bill offer any clarity as to why other standards such as "expected time of death" or "reasonably foreseeable" were not chosen instead. That is not a criticism; it is simply a comment for clarity and completeness. I ask the member for Sydney to provide clarity on that standard and to consider a reference to standards used in other States to put that matter beyond doubt.

I wish to foreshadow an amendment to withdraw section 10 (5), which relates to profession-specific prohibitions on initiating discussions around voluntary assisted dying by a disability care worker and possible disciplinary action. That provision is redundant because the New South Wales Government no longer provides disability services. Because all funding and services are managed in accordance with the National Disability Insurance Scheme, all matters concerning disciplinary action can only be resolved through the NDIS Quality and Safeguards Commission. Questions concerning prohibitions and possible disciplinary action are therefore matters for the Commonwealth. I also do not believe the reference to the Disability Inclusion Act is relevant, given that the statutory purpose of that Act is regulatory and aspirational in nature and is not connected with funding, and any withholding of funding would be punitive for people with disabilities.

I also foreshadow an amendment to apply one time bar to all conditions as part of the eligibility criteria, rather than the current dichotomy that exists. The introduction of voluntary assisted dying is not the reason I stood for Parliament. I came to be a voice for my community on a range of matters, and that was never a factor in my thinking. As my community's representative in Parliament, I have always kept my promises. I made clear that I would follow the wishes of my community by establishing a democratic process where anyone could have their say. I will discharge that duty in this place knowing that is what my community wishes me to do. The bill does not degrade the sanctity of human life; it is an affirmation of choice and control. Those that do not share that view never need to access the provisions of the bill. I say to those opposed: Just as I respect your beliefs, please respect the rights of others to theirs. This is as much a debate on the detail of the bill in front of us as it is a judgement about our faith in our fellow citizens. My vote in favour of the bill is not about me making a choice; it is about allowing you to have yours.

Mr JOHN BARILARO (Monaro) (15:23): I contribute to debate on the significant Voluntary Assisted Dying Bill 2021, which has been spoken about and debated for a long time. I acknowledge and congratulate the member for Sydney. Alex Greenwich has done a wonderful job to lead the whole team of co-sponsors. Again, I acknowledge the respectful debate conducted in the House over the past couple of weeks. Everybody is entitled to a view and opinion and to stand at the lectern to debate it in a respectful way. It is a conscience vote that touches on everything society believes in and what society expects its members to debate in a respectful way.

Dying has dominated the national consciousness since the start of the COVID-19 pandemic. In a country where modern medicine continues to accelerate life expectancy and quality of life, COVID-19 upended, transfixed and instead centred the spotlight on the precariousness of life. Collectively, we were reminded of life's fragility. We also became aware of the intense emotional pain caused by family separation, the prospect of dying alone, the

inability to say final goodbyes and the coldness of virtual funerals. Despite the incredible lengths our medical professionals went to, dying in the pandemic was drastically dehumanised. Hospital wards were almost entirely empty of persons visiting loved ones, staff were swathed in personal protective equipment and patients who passed away never touched their loved ones again. The new conditions of dying were far from the patient-centred model we extol. In short, we questioned what it means to have a good death.

Today in New South Wales assisted dying is prohibited by the Crimes Act. Anyone who assists a person to end their life is liable to prosecution and will face lengthy imprisonment. It is a law that causes thousands of dying people to attempt to take their own lives alone, to safeguard their relatives, or worse, it turns compassionate friends and family into criminals. It is often said that we have one life, but perhaps it is time to reflect that we have but one death. If a person is given a terminal diagnosis, the legal right to an assisted death will give them the comfort and reassurance to have control and choice in their suffering. The benefits of the bill for dying people and their families are immeasurable. What price can we put on people's suffering and henceforth their ability to end it?

For all the enormity of this moment, there is also a level of pragmatism. The bill will bring New South Wales into line with our neighbouring States. It is hard to imagine desperate people would not travel across borders to access medical treatment if they could not find it here. It is also a bill based on tried-and-tested laws from overseas. In my electorate of Monaro, more than 80 per cent of the population overwhelmingly supported assisted dying in a recent survey. Importantly, I have also received support from religious people and those of faith. I am not surprised by that because the sole aim of the bill is to increase compassion, reduce unbearable suffering and accept death as an extension to spiritual life. The bill is an attempt to drag our assisted dying legislation out of the last century and into the present day.

The main provisions of the bill allow someone who is 18 years and over to access voluntary assisted dying. The person must be assessed as having decision-making capacity, who is acting without duress. They must be terminally ill, with death expected within six months, or 12 months for those with a neurodegenerative disease. Their condition must cause intolerable suffering. The doctor will assess the person to make sure they fit the criteria and must refer them to other specialists, such as oncologists or psychologists. If they are eligible, the person must sign a written declaration in front of two witnesses, requesting voluntary assisted dying. A voluntary assisted dying board will consider applications for the prescribed substances, and can refuse to provide them if it suspects the criteria is not met. An independent witness must be present while a health practitioner administers the drugs, and must certify that it was voluntary. The patient can withdraw at any time.

How does the bill relate to palliative care? As some of my colleagues have raised, there is no question that palliative care should be the central component to our end-of-life stage. To that point, it is important to acknowledge and redress the current gap in palliative care infrastructure throughout all of our communities. It is worth repeating that all of us who support the bill are passionate about achieving the best possible palliative care across the State. However, unlike some of my colleagues who oppose the bill, I do not believe voluntary assisted dying is mutually exclusive to palliative care. Simply, the comprehensive provision of high-quality palliative care and the introduction of assisted dying are compatible; they are not in competition with each other. In other words, they work well together when they exist together.

Palliative care is defined by a number of features, including the relief from pain and other physical symptoms; the ability to honour religious and cultural beliefs explicitly, for both the dying person and family caregivers; having a choice over the place and time of medical treatment, and ensuring that all available treatments are considered; and having a caring group of family members and friends around for emotional support. These are just some of the factors that are viewed as a hallmark of excellent end-of-life care. The right to an assisted death, where and when the patient chooses and surrounded by loved ones, is an essential and complementary part of this definition of high-quality palliative care. In places where legalisation for assisted dying has been accompanied by a significant investment in palliative care services, patient-centred choices have flourished. Something we all aspire to is a self-determined, dignified end of life.

Some members know that this is my last contribution to a debate on the floor of this House. As such, I reflect on the ways in which we all in this building try to improve the lives of our communities, particularly the lives of vulnerable people. With much purpose, we hammer in systems that will help and protect, but there is a gap in our legislation when vulnerable people and their medical professionals are left to face the realities of pain and suffering that cannot be controlled. It is not enough to bury our heads in the sand and pretend that our current palliative care options are sufficient for a select group of people. We know it is not. We also know that some of those people are taking their own life, and those around them are denied the safe and compassionate system to facilitate loved ones in their last weeks, days and moments. The current law is unsafe and results in untold suffering. The conditions of a good death and enabling every person to experience them anywhere in the State

under any set of circumstances are the foundations of a deeply compassionate and dignified modern society. Today I proudly stand in support of the bill.

Ms TANIA MIHAILUK (Bankstown) (15:31): I make a contribution to debate on the Voluntary Assisted Dying Bill 2021. I note from the outset that I do not support the bill. 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, and
- (c) establish the Voluntary Assisted Dying Board and provide for the appointment of members and functions of the Board.

I note that this is the first occasion we have had to debate the bill in this House. The Legislative Council debated a similar bill in 2017, which did not get passed. I make it clear, looking at the numbers and listening to the contributions to the debate in this House, that it is very likely the bill will be passed. I reserve my right to move amendments to the bill. When a bill of such significance as the Voluntary Assisted Dying Bill is debated in this House, it is important that the members of this House are not denied the opportunity of improving the bill through making amendments. I wholeheartedly reject any notion that a member should be deprived of the opportunity of moving amendments. I also reject the idea that if members wish to make amendments, that those amendments be hostile. I believe that each of us should have the right and the opportunity to improve a bill should that opportunity arise.

I respect the member for Sydney and all the co-sponsors of the bill. They are well within their rights to introduce the bill. I do not necessarily agree with the timing, given we have a community that is still relatively restricted. The Parliament is shut to the public and a number of organisations, including religious organisations, are still dealing with the effects of having their places of worship, their institutions and their facilities restricted by the lockdown. They are certainly feeling battered and bruised from 20 months of lockdowns. A number of groups—and indeed, religious groups—and organisations have come to me. I am the co-chair of the Parliamentary Friends of Religious Freedom. The point was raised that it has been very difficult to participate in such a broad campaign at this stage when they are still in the process of bringing back their flock of parishioners to their places of worship in a safe way due to current restrictions.

However, we cannot always control when legislation is brought into Parliament and we have to deal with bills as they arise. I am glad that members have been given extra time so each of us has an opportunity to make a contribution to this debate. I respect that members cannot be told how to vote on the bill, and that every member of each party can exercise a conscience vote. Whilst I respect there are varied views in my community, the vast majority of people in my community who have contacted me oppose the proposed voluntary assisted dying law. But I respect that a number of constituents in my community have contacted my office in support of the law. I say to those constituents that I understand why they support such a law and I respect their position. I hope they respect mine because I am exercising my right to a conscience vote and that I cannot, in any way, support the bill.

I understand the argument that has been put forward by many members in this House that voluntary assisted dying is considered to be a choice. The argument that I have heard from members today and throughout the past two weeks is that it is a choice and we should be empowering choice. I say to this House that with choice comes consequences. There will always be consequences. As a first developed country, we value our rights. We value the idea that we should choose and control every aspect of our life, and the notion that we should choose and control our death sounds appealing to many. The idea of choice for many is about being a master of their own fate. But life does not work that way. As I said earlier, for those choices there will always be consequences.

We see that when we think about suicide. Each of us has been impacted one way or another by people who have taken their own life and we see the consequences when that happens. That is why it is difficult for me to sanction and legalise voluntary assisted dying because I value every life, irrespective of the quality of that life. I grew up with parents who arrived in Australia stateless; they came here as refugees. My mother lost three of her siblings to a famine forced on by Stalinism. My mother lost her father to a terminal illness when she was young. I saw in my mother's family a very strong belief in living and fighting for life. I have seen that in my father's family too. My father had dementia and passed away a few years ago, but he still fought with every last breath of his life. My older brother suffers from a severe disability and has a compromised life. Despite that, he has always valued living. That background, coupled with the fact that I am a person of faith, helps form my view. I acknowledge I am a person of faith; I cannot deny that. It is clearly part of how I think and believe, but it does not cover every part of how I have come to my view.

I am a mother of three children. I teach my children that life is always worth living; you fight to live. My children have different life experiences to their friends. Our family members have had illnesses. One of my sons watched one of his best friend's father pass away from motor neurone disease. Each of my children has had their own experience. I have always taught them that life is worth fighting for, which is why it is incredibly difficult for me to consider enacting such laws. I have listened to members' speeches and I respect their views and their

arguments about choice. But we need to be conscious of the consequences and we must think about improving this legislation through a series of amendments. There is no doubt that this legislation will require further safeguards. A 2017 review of legislation in the upper House revealed vast differences between that legislation and the Voluntary Assisted Dying Bill 2021 that need to be addressed. I value the opportunity to be given time to make appropriate amendments. [*Extension of time*]

Many people in my community have contacted me about this bill. A number have raised concerns and have been shocked that the bill is being considered at this time. Some people who support the bill have said that they would like it introduced irrespective of the COVID restrictions we are experiencing at the moment. I acknowledge one lady in particular, Jackie from Chester Hill, who watched her mother suffer from a terminal illness. She contacted me to ask me to support the bill. I hope she understands why I cannot support it, but I respect her right to want its introduction. I also acknowledge Pauline from Chester Hill who asked me not to support this bill and Joseph from Bass Hill who asked me to oppose it.

A number of doctors in my electorate have written to me opposing the legislation. I will not name them but I was surprised by the number who were opposed to it. They provided various reasons for opposing it and acknowledged some of the work done by the Australian Medical Association and praised the value of palliative care. Elder abuse was another issue raised by doctors and by members of my community. These are some of the concerns that have been raised by members in my community who believe that this legislation could lead to elder abuse. I have been inundated with letters from constituents asking why the Parliament was not more focused on palliative care. I note that the Premier in his contribution to the debate acknowledged that not enough had been done in palliative care—a heartening acknowledgement that more needed to be done. He admitted that he might not have done enough as Treasurer but that he intended to do more as Premier. We must address that issue and ensure that more is invested in palliative care services. Many doctors, nurses and medical professionals are in a profession that focuses on improving and saving people's lives.

The Leader of the Opposition indicated that he was opposed to this legislation and I thank him for the position he has taken. However, all members of the Labor Party have the right to exercise a conscience vote and to move amendments or to co-sponsor the bill. Members are well within their rights to co-sponsor the bill as a number of them have been passionate about this cause for many years. It is a difficult debate and all members want to participate in it respectfully. We must respect others' views in particular when moving amendments next week. I remind all members that with choice comes consequences. I am concerned about what that means for our society. We must ensure that as many safeguards as possible are included in the legislation. We must take into account what it means for young people as voluntary assisted dying laws will be taught in schools. Any legislation that is passed in this House has consequences not just for members but also for students in both primary and high schools, and questions will be asked. We need appropriate answers for questions that will be asked about voluntary assisted dying and an understanding that it will occur only in very rare circumstances. I oppose the bill.

Mr NATHANIEL SMITH (Wollondilly) (15:46): I contribute to debate on the Voluntary Assisted Dying Bill 2021—a euphemistic bill that raises issues about life and death. My values are well known in this place and throughout my electorate. They have evolved over many years and were heavily influenced by my parents, my Catholic faith and my wife. Unlike most members in this House, as a candidate during the last election, I stood on a platform to oppose any bill legislating euthanasia. To break an election promise would require compelling reasons. At the very least, it would require an electorate that understood and agreed with my need to amend the social contract I created with them at the last election. As many proponents of this bill have requested, I have approached this matter with an open heart and mind. I have spoken widely to constituents, people of faith, colleagues, community leaders, party members and friends, and, of course, my family. I have listened. I have contemplated. I have prayed. I oppose this bill for the reasons that I will outline.

There are technical elements in the bill that concern me. I also do not believe there is an overwhelming swell of support for the concept of assisted dying—certainly not enough to excuse breaking an election pledge. The key hurdle that this bill needs to overcome are my values. It will surprise few that it was always likely to fail on that front. I simply cannot reconcile myself with supporting legislation that would permit the killing of another person in the circumstances in which this bill would provide. It is not who I am and I do not believe it is the person that my electorate voted to put in this place to represent them.

I concede that my electorate office has received hundreds of letters and emails expressing an opinion on the bill. An overwhelming number expressed support and urged me to break my election pledge. However, on closer inspection and when discounting multiple letters or emails from the same individual, as well as those who live outside my Wollondilly electorate, the numbers between those supporting and those opposing the bill were finely balanced—a difference of four or five, which surprised me. There has been an avalanche of media stories spruiking the strong community support for assisted dying. But as I said, from my experience, the reality has been very different. I cannot help but congratulate the member for Sydney on deploying what seems an effective media

machine to push this bill. The disparity between what the media has portrayed and what the reality is has certainly made me stop and ponder.

The issue seems to be building a sense of inevitability and urgency. That is consistent with the many pro-bill emails I have read with their repetitive messages of, "Do it now", "Don't delay any longer", "Everyone else allows it. We must allow it too", and "Just do it." The question that pops into my head is, what is the rush? When the upper House announced last month that it would conduct an inquiry into the bill, hysterical claims were made that an inquiry would delay the passage of the bill. Really? The word "delay" is used to describe a process of careful consideration and community consultation. I remind members of the subject matter. We are considering a bill that seeks to legalise a process of state-sanctioned death. I would have thought that it is something that collectively we would not decide lightly and certainly not without full community consultation.

I accept that community awareness of this issue is quite high, but awareness does not equate to engagement. We have just emerged from a lockdown and we are dealing with a pandemic. Most people are focused on rebuilding their lives. They do not have time to become fully informed on this issue or to become actively opposed to it. That is borne out in polling I have seen. In it, more than one-third of voters say economic recovery is their priority. Supporting the elderly and aged care was identified by a further 16 per cent of voters surveyed, and health services by 15 per cent of voters surveyed. Just 4 per cent identified assisted dying as a priority. Is the reason for the urgency to ram the bill through the Parliament before people have had time to absorb the devil in the detail? To date, the bill has had a privileged path through this House. Any other non-Government bill would have taken months to be where this bill is now. This bill would have been introduced, debated and decided within a matter of a few weeks.

The bill is an affront to our western democratic values and traditions that can be traced to our historic links with English history and legal doctrines. They are what made our State and country strong, stable and safe. Australian courts have been protective of this right to life against harm to oneself or to another. The 1992 Australian High Court decision that would become known as "Marion's case" was a watershed moment. While it did not touch specifically on euthanasia or assisted suicide, its findings are incredibly relevant. The case facts concerned an application for court permission to sterilise a 14-year-old disabled girl. Sir Gerard Brennan, who would later become Chief Justice, wrote in his decision:

The law will protect equally the dignity of the hale and hearty and the dignity of the weak and lame; of the frail baby and of the frail aged; of the intellectually able and of the intellectually disabled.

...

... the interest of society in the physical integrity of its members precludes the law from giving effect to a consent to the doing of grievous harm ...

The bill only achieves its stated aim of alleviating pain by causing harm and death. It is clearly incompatible with the existing body of law and legal principles. It is alien to norms and societal values. Should it become law, it will override centuries of doctrine that form the core of modern society. It is not just long-established legal doctrines that will be brushed away. Medical professionals are trained to heal and preserve life, not to end it. The Hippocratic oath contains the statement:

I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing.

The last phrase is often shortened to, "First, do no harm." Voluntary assisted dying causes the greatest possible harm; it kills the patient. It goes against everything doctors stand for. We should not expect doctors to use their skills to end the life of their patients. We do not want doctors to start acting like accountants and conducting a cost-benefit analysis on a patient's diagnosis. I now turn to the details of the bill. Much of the bill is premised on the evidently unfounded and dangerous assumption that just because a box is ticked, the statement next to the box represents the actual truth. [*Extension of time*]

It mistakes the fact that two assessing medical practitioners profess that they are satisfied that the patient meets all the eligibility criteria with the separate factual question of whether that is actually true. One of the eligibility criteria in the bill—perhaps the key one—is that a person is:

... diagnosed with at least 1 disease, illness or medical condition that—

(i) is advanced, progressive and will cause death ...

Doctors are humans, arguably super humans, but nevertheless not infallible. There is an extensive body of evidence relevant to the existence and extent of misdiagnosis. In jurisdictions that permit assisted suicide or euthanasia it is very rare for any post-mortem confirmation, say an autopsy, of the diagnosis of the disease, illness or medical condition which qualified the person for access to assisted dying. But we can get some idea from the medical literature and the evidence of experts on the frequency of such errors.

According to evidence given by Dr Stephen Child, chair of the New Zealand Medical Association, to the New Zealand parliamentary inquiry into the practice of euthanasia, "On diagnosis, 10 to 15 per cent of autopsies show that the diagnosis was incorrect. Three per cent of diagnoses of cancer are incorrect." Dr Child concluded that the scope for error was too large when weighed against the outcome, which is of course the irreversible decision to end one's life. Those findings are not out of the ordinary, and a September 2020 article reported that, "In Australia, an estimated 140,000 cases of diagnostic error occur each year," and that, "Overconfidence in incorrect diagnoses was a key factor." Once we bring legalised assisted suicide and euthanasia into the picture, as the bill would do, there is the real, inevitable and unavoidable probability that a false positive diagnosis of cancer or any other terminal disease, illness or medical condition will lead to a person dying prematurely and unnecessarily.

Even Andrew Denton, a critic of mine and proponent of euthanasia, conceded, "There is no guarantee ever that doctors are going to be 100 per cent right." Euthanasia is sometimes referred to as "mercy killing", but there is nothing merciful about it. A 2020 review of 216 autopsies conducted after executions in US states by lethal injection found signs of pulmonary oedema, which is a feeling of suffocation or drowning, in 84 per cent of cases. The findings were similar across the States and, notably, across the different drug protocols used. The conclusion is that lethal injections are neither rapid nor painless. It is also not a humane response to suffering. St John Paul II wrote in *Evangelium vitae*, known as the Gospel of Life in English:

Even when not motivated by a selfish refusal to be burdened with the life of someone who is suffering, euthanasia must be called a false mercy, and indeed a disturbing "perversion" of mercy. True "compassion" leads to sharing another's pain; it does not kill the person whose suffering we cannot bear. Moreover, the act of euthanasia appears all the more perverse if it is carried out by those, like relatives, who are supposed to treat a family member with patience and love, or by those, such as doctors, who by virtue of their specific profession are supposed to care for the sick person even in the most painful terminal stages.

That last point is a concern to me as it goes to the heart of what might motivate some supporters of euthanasia. Dr Brian Pollard, who set up the first palliative care unit in New South Wales, says that in all his years of looking after dying people he never had a request for voluntary assisted dying from a patient. He said that the requests came from family members who, he says, seemed to be saying, "Could you please put him or her out of our misery?" It seems that many people's views are shaped by their experiences of watching a loved one die, not from the perspective of the one that actually died.

We should put more of our efforts into government funding of better palliative care. That is what suffering people most want, along with the compassion and care of loved ones. One special moment of this debate was the Premier's speech to the House last Friday. It was raw, personal, compassionate and human. It was the Dominic Perrottet I have known and admired for most of my life. The public saw a side of him they rarely see. Having held portfolios like Treasury, our Premier has had few opportunities to reveal his true self. His admissions were, to quote fictional character Sir Humphrey Appleby, "courageous".

Politicians rarely acknowledge failings, particularly in the areas of health. This leader—our leader—did. It was a significant and historic moment for New South Wales. His confession of failing has led to a renewed and energised commitment to do better and to deliver the world's best palliative care system. This bill, should it become law, puts that vision in jeopardy. Any argument to the contrary is misguided and just plain wrong. New South Wales is the premier State. We are leaders, not followers. Let us lead in building and delivering the best palliative care system in the world. Let us provide hope, not a cheap and expedient exit for our loved ones. That is what civilised societies seek to achieve and what compassionate societies do. I urge members to vote with me and reject this bill.

Ms JENNY AITCHISON (Maitland) (16:00): I speak in debate on the Voluntary Assisted Dying Bill 2021. Over the years I have been moved by the people who reached out to me about voluntary assisted dying. Their stories have detailed very personal narratives about the final and what can only be described as heroic moments, days, weeks, months and even years of their loved ones' lives. Others have exposed their own fears and anxieties about what their own end of life could be like. The grief, the sense of powerlessness and the suffering experienced by these people when watching the loss of a loved one or when facing their own mortality has made them determined not to let others endure similar experiences. They have been determined to share the insights that they have gained and to offer hope for a better way. These stories, the depth of emotion expressed and the raw honesty have been moving and compelling.

It has been hard to sit within the difficult and complex issues that those stories raise, but as a representative of my community I have been honoured to do so. I thank every person who has shared their story or their views with me, which is why I am honoured to be a co-sponsor of the bill. That is not to say that everyone who has shared their views or their story shares the same opinions on this legislation. However, the overwhelming majority of people who contacted me think that we can do better helping our fellow humans through their end of life and into death.

In 2017 I undertook a survey of my community that indicated over 90 per cent support for a change in legislation to allow voluntary assisted dying. Of the 8.5 per cent who did not support a change, the majority saw a vote for voluntary dying as a vote against more funding for palliative care. That is a false dichotomy. When I heard the words of the Premier earlier in this debate when he spoke about palliative care, it was clear to me how important it is that we have this debate. The Premier said:

... 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.

He went on to say:

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.

We should not have to have a debate on voluntary assisted dying to get a commitment for adequate funding for palliative care, but we need to go far beyond that. We need to ensure that people have the appropriate supports however they face death. Wherever members are on this issue, we all share the common belief that people should live with dignity to the very end. I make a commitment to this House and my community that whatever the outcome of this debate, I will hold the Premier accountable for his promise to properly fund palliative care, and to ensure that everyone in this State has the right to live with dignity to the very end and that this is their reality. More than that, I want to ensure that everyone in this State lives with dignity.

Earlier today I spoke to Dr Peter Saul, an amazing intensive care specialist and medical ethicist. Dr Saul has been a long-time hero of mine. Ten years ago I listened to his TEDx talk calling on us to "occupy death", which has had a profound impact on me and my relationship with death. Dr Saul hit the nail on the head when he spoke of the need for a new approach to advanced care planning that respects the end of life and the dignity of life for people facing their own mortality. When I spoke to Dr Saul this morning, he spoke about the ethical statement of the Royal Commission into Aged Care Quality and Safety in its *Final Report - Volume 3A: The new system*. It states:

Self-determination is having autonomy, control and choice over your own life. It is closely connected with dignity. Choice and control, and involvement in decision-making, promotes dignity. It is hard to maintain dignity when there is an inability to be involved in decisions about your own life. However, being able to make decisions and choices has been shown to improve quality of life and health outcomes, and may help maintain cognitive function. Having a sense of control can make the transition to old age easier.

In essence, elderly people and those facing death should be able to make bad decisions about their own health. There is dignity in risk, and it is legitimate to make decisions such as choosing to refuse medical care or seeking assistance to end your life when the suffering becomes too great. Dr Saul said that when we unpack dignity, it is about respect for the individual and their choices and our universal wish to be treated as an individual and not as a number or a case. He added that there is no real freedom of choice if we can only make what others perceive to be good choices. Dr Saul told me that this legislation will work very well for about 0.5 per cent of people who will have access to voluntary assisted dying. Another small percentage will have access to palliative care which, if we are to believe the Premier, will be more easily available and better funded. However, many others will not have access to either voluntary assisted dying or palliative care because they will not know that they are in a terminal stage of their lives and will not be encouraged to make the choices that will make that end easier.

We need to ensure that this bill is not the end of the discussion and not just about providing more funding for palliative care, although that is very important. We should be committed to ensuring that more people are able to have dignity both in their lives and in their deaths. It should not be about empowering the 0.5 per cent; it should be about empowering all of us to manage our health choices. This conversation should not just be happening on a dementia ward or when frailty is coming; it also should be happening when people are young, vibrant and still engaged with life.

Many years ago I was diagnosed with the breast cancer gene. I am pleased I got that information because when I experienced cancer in 2017, my diagnosis was early, my treatment was less severe than many other cancer patients have to suffer and I was able to get back to normal life much more quickly. However, I remember going through a stage of grief and experiencing a sense of loss when I first found out I was a previvor. It was a watershed moment in my life that brought me face to face with my own mortality as a 38-year-old mother of two young children.

I thought about never growing old with my husband, never seeing my children grow up and never being able to achieve my potential as a human. It was a sobering and exhausting "what if" moment that stretched to a couple of years. I have been so lucky because finding out that I had that gene, with all the pain and worry that it caused, and that I had an increased risk of dying earlier still gave me choices. It gave me control and dignity. My choice to have risk-reducing surgeries, medication after I had cancer and later more surgery to reduce the risks were choices that enabled me to have control over what was happening with my body and my life.

None of those choices, to have or to avoid certain treatments, were without risk. I chose not to have radiation therapy because I did not want the side effects and I chose not to take tamoxifen because I would have experienced blood clots. As I said, I am lucky I was able to make choices for and against specific treatments. I have made choices along my health journey, and my journey in life, which have allowed me to live my life with dignity. Knowing that there is legislation that may one day enable me to make choices to help me face my own death with dignity helps to affirm the choices that help me to live a life every day that is full and rich.

People on the other side of this debate talk about hope as if they have a monopoly on it—as if there is no hope on this side. They talk about killing, attacks on doctors and missed diagnoses. But for those of us who wish for dignity in death, we cherish each moment of this life. We also live in hope. Every moment of my life since I had that real engagement with my own mortality has been sweeter, more cherished and more valued because I had the choice. I chose life. By facing my own mortality—and by making the choices I have made on the continuity of care on the continuum of my life—I have been given the gifts of hope, agency and peace. It makes me grateful for every single day I have lived since then. It empowers me. I ask for a brief extension of time. *[Extension of time]*

According to Dr Saul, not one of our local hospitals has a mandated plan or policy for asking people their wishes about their death—what their plans are, who can make decisions about their care and what they want when they lose capacity to do so. It seems that members are talking about a very small percentage of people who will be able to access voluntary assisted dying as a result of this bill, but we are not talking about the tens of thousands of people who die every year without the opportunity to make full decisions about how they pass—or even those decisions that could extend their life. When I had both my children, I had a birth plan. Far beyond music or lighting, this was about options I would prefer for medical intervention if things went wrong: drugs that I might need to take for pain relief and the impact they might have on my child, and what my preferences were about care for me and our baby after he was born.

Did my first birth go to plan? No, but at least going into it I felt a sense of safety and security. I knew that my partner and my medical practitioners were on the same page as me. I knew they were supporting me and our baby, and that whatever happened we would deal with it. The second time, when the same thing happened, we had a plan. We had reviewed the old one in light of what happened the first time and we were much more in control. It made me feel safer to have that plan. It helped me to know that my partner and my medical care team were with me all the way. It took what could have been the most traumatic medical experience in my life and made it just another part of my life journey.

Why, then, at the other end of life's journey do we not insist, or even recommend, that people have a plan in place? To even access palliative care you have to opt in for it. You have to know you need it. You have to talk to your doctor—and, most importantly, they have to talk to you. Too many times we hear that a specialist has not given their patient the hard information they need to make informed decisions. Even worse, sometimes they do not have the resources or access to services that will make that part of their plan go easier. There is no point to having more funding for palliative care if we do not remove the stigma, the shame and the fear of talking about death so that people can actually plan for it. That is why I wanted to talk about this today as not just a moment at the end of our lives but as part of our lives and affirming of our lives.

I thank some very special people who have worked to help all of us have this conversation. I thank Go Gentle and Andrew Denton, and Dying with Dignity, particularly Penny Hackett. However, I further thank all of those people who participated in such respectful and life-affirming actions to bring us all to this place. I have enjoyed our conversations, however brief, for the real and lived experience they have shared that has turned them into reluctant but effective advocates. Many of them have been through such terrible times of intense and personal grief but have turned that into action, into purpose and now, hopefully, into change. That is important. It honours both those who have passed and those who have sat with them in their suffering—and who have tried to stop it happening to others. As I have said, those people have also started a conversation we had to have, a difficult conversation that many of us are too afraid to start about what happens at the end—and what makes us value this precious gift of life.

Today I have listened to other members in this debate speak of not having enough time to talk about amendments, of not understanding the bill or of unintended consequences. I pay special tribute to the member for Sydney. Given the generosity around the briefings and the many experts he has brought to this place or had speak with us on Zoom, there should be no questions from any member about the intent of this legislation or, more importantly, its effect. I thank Maitland's local palliative care senior staff specialist, Dr Gareth Watts, and all my local doctors for all they do to make those final periods of life the best they can be. I thank the volunteers for Palliative Care NSW in Maitland. I am a patron of the group, which has been operating since 1990. I know how hard those volunteers work, particularly coordinator Judith Robinson.

I also thank Friends of Palliative Care in Maitland, Singleton, Cessnock and Dungog, which raise much-needed funds for local people facing their end of life. I thank "Spud" Murphy and his family, along with the Hunter-Central Coast Cancer Council, for their work in bringing this issue to a head a few years ago. Finally, I thank Dr Saul for his long-term advocacy on these issues and his wise counsel, not just to me but to all of those who face these darkest days. I thank him for the care and comfort I know he brings.

We must continue to have these conversations about death and ensure that we can all face it without regret and without fear, but instead with true dignity, true joy and respect for the lives people live. I thank all the medical and aged-care practitioners and ancillary staff who spend each and every day at work facing the people many of us are too scared to face. They help the rest of us through that final time we must all face in the end. Their compassion, their care and their consideration make those days brighter and safer, and take away our fears. I thank them all for the work they do each and every day. I commend the bill to the House.

Ms JODIE HARRISON (Charlestown) (16:15): I contribute to debate on the Voluntary Assisted Dying Bill 2021. Death and dying is not something many of us are comfortable with. Many of us struggle with discussions with loved ones when they are terminally ill. The loss of a loved one is a terrible thing. I recall the last few hours of my father's life when he was dying from vascular disease and kidney failure in hospital. I had to ask my father whether he wanted to be resuscitated if his heart stopped. He said no. It was one of the hardest—and certainly the most upsetting—conversations in my life. Death is often hard. It is hard for the dying, and it is hard for their loved ones and friends who are left behind.

I believe it is my role as a parliamentarian to make people's lives better, from the initial moments to the final stages of their lives. My focus is not on making it easier for people to die. My focus is on making it easier for people to live a good life that they enjoy. There is no doubt that terminally ill people deserve better palliative care, and no doubt the announcement by the Premier that he wants New South Wales to have the best palliative care system in the world will make a difference to the last months of many. But there are some for whom it will not and cannot make a difference. There is suffering that cannot be alleviated by palliative care. As Andrew Denton from Go Gentle states, "Think of the things which make you, you, and then take them away one by one." This is the suffering this bill addresses.

We encourage children to make their own choices from a young age. We should give that right to the dying. This bill, which I am pleased to co-sponsor, establishes a safe framework for a terminally ill person who is dying and suffering to choose the timing and circumstances of their death. I think, overall, it strikes the right balance between ensuring that it will not be misused and ensuring that it is accessible for those who need it. I will not use the limited time I have to go into the provisions of the bill. Other members who have preceded me in this debate, particularly the member for Sydney, have done that more than adequately. I thank the member for Sydney for the incredible amount of work he has done to bring this bill to the Parliament and to this point, and for enabling each of us in this place to have a full understanding of it.

I have had hundreds of people in my electorate contact me regarding this bill. Some do not support voluntary assisted dying. I respect their view, and I thank them for engaging in this very difficult and emotional topic. I also note the Vote Compass poll, undertaken a couple of years ago, of more than 1,900 people in my electorate. It indicated that 82 per cent of people in my electorate agree that terminally ill people should be able to end their own lives with medical assistance. In fact, some 60 per cent strongly agreed. The vast majority of people who have written to me support voluntary assisted dying and want the Parliament to pass the bill as soon as possible. I give voice to some of them here today. Julie from Eleebana wrote:

I watched my partner battling terminal brain cancer some years ago, but the image of his suffering and distress in the last three months of his life will always be with me. Once all hope is lost, the pain and suffering become intolerable, despite the best attempts of palliative care workers.

Louise from Warners Bay wrote:

My precious father died an excruciating death over 19 days at the Waratah Hospice. He pleaded with us to help him. We pleaded with the doctors and staff to help him to no avail. The best they could do was pain relief and nil by mouth causing him to basically die of starvation. This goes on daily and I want a choice to die peacefully and with dignity when my time comes.

Wendy from Warners Bay wrote:

Having worked as a nurse for many years I well understand there are illnesses and conditions where a managed death is much more preferable than suffering. There are worse things than death.

Whether you choose the option or not is so very personal but the choice is what's important.

She went on:

I feel that it's important to have this option available as I know there are circumstances where I would choose this for myself and have seen many instances where it's a choice others would make if available despite the availability of symptom management and treatments.

Marcia from Warners Bay wrote:

My sister suffered from progressive supranuclear palsy, an incurable condition which results in a deterioration of all physical function but no effect on mental acuity or function. From diagnosis she and we knew that she had 7 years, at best, of continual loss of mobility, speech, swallowing, etc, in full knowledge of what was occurring, followed by death.

Please allow people with similar incurable conditions the choice to die with dignity.

Rebecca from Kotara was among many who wrote twice to me. In 2005 her mother died suffering with lung cancer. In 2020 her sister, who was also her best friend, died suffering a slow, lingering, painful death also with lung cancer. In 2018 at 66 years of age Rebecca was diagnosed with stage 4 bowel cancer. Rebecca has had three surgeries, including a colostomy, three cycles of chemotherapy and radiation therapy. Rebecca can no longer do many things she used to be able to do. She shared this with me:

In late 2018, I lost a beautiful son to suicide. He was 37 and chose to die rather than live and that breaks my heart. Having watched a mother and sister die from cancer and losing a son to suicide, I know there is a difference between someone who, despite doing everything they could to fight their disease, has come to the end of the journey and someone who chooses to take their own life.

The right to die is about the sanctity of life and what it means to be alive. Giving the terminally ill the right to die gives them another option to choose; in fact it is probably the only thing you get to choose at the end of your life because everything else is out of your control. I wish I did not have cancer; there are many dreams I would like to fulfil; whether I do or not is another matter ... However when the time comes and my only option is to die, I want to die peacefully at a time and place of my choosing.

A few months ago in a shopping centre I listened intently to a woman while she told me her story. Her husband had been terminally ill and suffering immeasurably. He explained to her his well thought out plan to end his suffering, choosing his time and place of death. Knowing the pain he was in and loving him deeply, she supported his plan. He had made his doctor aware of the plan and told his family members, and they all had the opportunity to share loving words and say goodbye to him. He told his friends and loved ones that he had to be alone at the time of his death. He died in the place and at the time of his own choosing, ending the suffering from his terminal illness. In her grief, his wife was interviewed by police in relation to his death. It was his decision and she had taken no part in it apart from supporting his decision and loving him. How can we allow this to be?

I recognise and thank the hundreds of people in my electorate who have shared their views and stories with me. Those stories show that we have to do better dealing with death and dying and indescribable suffering. I would have supported the previous bill that was before the Parliament. Stories like the ones I have shared today have strengthened my resolve to support this bill. There are people dying and suffering immeasurably right now across New South Wales who are desperate for the choice to die in the place they choose, at the time of their choosing. We in this place have the ability to allow them that choice by supporting the bill. I support terminally ill people who are suffering being able to choose voluntary assisted dying. I support the bill.

Mrs MELINDA PAVEY (Oxley—Minister for Water, Property and Housing) (16:25): Via video link: I sat very moved as I listened to speeches and contributions from all sides of the debate on the Voluntary Assisted Dying Bill 2021. I think on the whole there is more that unites us than divides us. When I look at the principles of the bill, every human life has equal value. A person's autonomy, including [inaudible] should be respected. A person has the right to be supported in making informed decisions about their medical treatment and should be given, in a way the person understands, information about the medical treatment options, including [inaudible] and palliative care treatment.

A person approaching the end of life should be provided with high-quality care and treatment, including palliative care. A therapeutic relationship between a person and the person's health practitioner should, wherever possible, be supported and maintained. A person should be encouraged [inaudible] death and dying preferences and values regarding the person's care and treatment [inaudible]. The person should be supported in conversations with the person's health practitioners, family and carers [inaudible] treatment preferences. A person is entitled to choices about the person's care, treatment and [inaudible] irrespective of where a person lives in New South Wales and having regard to the person's culture and language.

This is where I have a challenge with the bill, a challenge with the concept of euthanasia. As a country-based MP and former Parliamentary Secretary for Regional and Rural Health, I know there are stresses around care and about treatment that is not available to all fairly and equitably. As I said in my contribution in the other Chamber many years ago, my view is that palliative care is the secret to this [inaudible] our great palliative practitioners, and I acknowledge the contribution just now from the member for Maitland. I know that they have a great palliative care team there. We have great teams up here on the Mid North Coast, but my concern is if we accept [inaudible] we are accepting a substandard health system that is not [inaudible] and that is dying with dignity and at peace. Dying is not easy. It is the most harrowing thing a family can go through. But if you have a plan, if you have an advanced medical directive, if you have a good relationship with your legal professional and a patient advocate, all of those things [inaudible] to strive to achieve it that way.

I have looked at the statistics in relation to Victoria since it introduced its legislation. Last year 224 people accessed their provisions to die at the moment of their choosing. That is about [inaudible] per cent or 50,000 or so Victorians who die annually. But my concern was that [inaudible] per cent of those people lived outside metropolitan Melbourne. It goes to my point that that is an overrepresentation of country people who are not getting the care they should and that they deserve. I know that this will go [inaudible] support that is very firm within my community and I very sadly acknowledge Jenny Sproule, who was a very good leader in this community and who was at the [inaudible] to support this bill.

I acknowledge the conversation I had today with Paul Norris, who recently lost his beautiful young wife, Karen, who was also a nurse. We had quite an emotional conversation today. While he wants me to support the bill, he can understand my fear around care. The big conversation our community needs to have is what we need to do to fix palliative care. I have said it before and I will say it again: I call on the Australian Medical Association and the Royal Australasian College of Surgeons to appreciate and understand their lack of coverage of specialties in regional New South Wales, in particular, and to do more for our nation, which has one of the highest rates of doctors per capita. Those doctors are not fairly distributed. In a lot of conversations I have had with people who want to give others the chance to die without pain, they say that the issue could be addressed by better and more timely access to medical care at the time of passing.

I have spoken to others in my community whose family members and loved ones never had the opportunity to have a passing that was pain free. Dying will never be [inaudible]. I do not think you can choose your moment of passing. People have said, "We have gone to be with mum and dad, but it has taken them so long." Sometimes that is [inaudible], it is so huge, but it cannot be timed to a perfect point. These debates do not give us the opportunity to talk genuinely about the many topics that we must discuss as a society. A much higher proportion of the sick and elderly are now living longer. We must have conversations about the medical issues that confront us. I am particularly troubled by the provision in the bill that relates to a medical specialist or a GP agreeing to a request for euthanasia and assessing the patient's right to choose their moment of passing. I believe that requires specialist conversations.

I am also troubled [inaudible]. I have seen community members go to a doctor who was giving vaccinations very freely. Whilst having read [inaudible] the strong provisions around that, part of my concern is that no two people are the same and the right advice may not be given to patients and their families. I acknowledge the contribution from the Premier and I appreciate his honesty and integrity to suggest that he may have failed. I think we have all failed. I think the medical profession has failed. We need more gerontologists and palliative care specialists.

I acknowledge the work and what I have learnt over many years from [inaudible] a former medical specialist. It is those type of people, along with nurse practitioners and palliative care nurses, who should be able to give people those [inaudible]. I thank everybody for their contributions and their stories, their heart and their soul as we have this free vote. Although I always vote with my conscience, we are free of our party affiliations to vote how we wish on this bill. I acknowledge the people who made contributions. I also thank those who reached out to me for understanding where I am coming from and for acknowledging what we need to do [inaudible] within regional New South Wales.

Ms JULIA FINN (Granville) (16:33): I make a contribution to debate on the Voluntary Assisted Dying Bill. I oppose the bill. This subject is a complicated issue and I fully respect the reasons given by those who wish to assist people cease their suffering why they support the bill. I oppose the bill for two reasons. Firstly, the State should never sanction its citizens being killed. Life is precious and human life even more so. Secondly, I do not believe that we are ready to pursue voluntary assisted dying—having exhausted all other options for relieving the suffering of the terminally ill and the elderly in our society with the technology available to us—because we have not done and do not always do as much as possible to minimise suffering. We absolutely do not. The World Health Organization defines palliative care as:

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

I note the Australian and New Zealand Society for Palliative Medicine is opposed to assisted dying. I note also that when high-quality palliative care is available, demand for or interest in assisted suicide is significantly reduced. Palliative care is underfunded and not widely available. There is a massive divide between access to palliative care outpatient services and specialist inpatient services between metropolitan and rural New South Wales. Palliative care nurses make up just 1 per cent of the New South Wales nursing workforce. There are only 1,047 palliative care nurses and only 91 palliative care physicians in New South Wales. Added to that, the rural health inquiry has shown us just how bad access and outcomes to all health and hospital services are in rural New South Wales. I appreciate the considered contribution from the member for Oxley on that matter.

My own local hospital, Westmead, is the largest public hospital in Australia and yet it does not have a dedicated palliative care ward. I acknowledge the work of the Westmead Push for Palliative Care group and thank them for their hard work. Without that ward available to my local community, I find it very hard to consider supporting the bill. While there has been a recent commitment to reinstate the ward, for over a decade there has been a belief that a major teaching hospital is not an appropriate location for a palliative care ward, despite there being much more to learn and much to improve in the holistic treatment of complex cases and patients with complex comorbidities.

Other members have raised concerns about the capacity for abuse of the provisions contained within the bill. While I like to think the best of people, elder abuse exists and it is horrific. The 2016 Legislative Council report on elder abuse estimated that 5 per cent of older Australians are victims of elder abuse. But the World Health Organization has found that, in middle- and high-income countries like Australia, it can be as high as 14 per cent. Strong safeguards are required and hopefully they will never be needed, but the best safeguard is to not sanction voluntary assisted dying.

Even where there is no abuse, caring for the sick and elderly can be exhausting and demoralising. Seeing that exhaustion can often make the person receiving care feel guilt, a lack of autonomy and a belief that they are a burden. A loss of autonomy is often cited well ahead of unbearable pain among the people who have sought assisted suicide in Oregon, where that data is collected. Oregon legalised assisted dying 24 years ago and it is one of the few jurisdictions that collects detailed statistics on the reasons for those requests. So what are the reasons? The top five reasons include losing autonomy, being less able to engage in activities that make life enjoyable, loss of dignity, being a burden on family and caregivers and losing control of bodily functions. Those reasons are all horrible and of course I understand why anyone would want to avoid them. But, notably, unbearable physical pain is not one of them. Considering those reasons, I cannot ignore the findings of the Australia's royal commission into aged care.

The inquiry uncovered the grotesque indignities suffered by unfortunate older Australians who were failed by the aged-care system, who just happened to be living in the wrong place at the wrong time or who were placed at the wrong aged-care facility—they are certainly not all terrible, but some are. They are chronically underfunded and the staff are overworked. The royal commission found that government funding for aged care was insufficient, insecure and subject to the fiscal priorities of the government of the day without sufficient regard to whether that funding is adequate to deliver high-quality, safe care. For residents of aged-care facilities in Australia, the outcome of failed aged-care services worsens when considering the five most common reasons that people access assisted dying in Oregon: losing autonomy, being less able to engage in activities that make life enjoyable, losing their dignity, a feeling of being a burden on family and caregivers and losing control of bodily functions.

It is not just people in aged care who are at risk. We have seen the evidence that was provided to the disability royal commission that shows that time and again people with disability are subject to widespread abuse at far higher rates than the wider population. Further, the United Nations Special Rapporteur on the Rights of Persons with Disabilities has expressed extreme concern over the lack of protocols to ensure that people with disabilities are provided with viable alternatives to euthanasia. He reported that, "Persons with disabilities in institutions were being pressured to seek medical assistance in dying."

I grew up in country New South Wales and I know many people who think that we treat our pets and our stock better than we treat other humans, because we do not allow assisted dying. We put down animals who are clearly suffering, especially when they are clearly dying. I have considered this very carefully and I acknowledge that they have a point. But an animal that is our pet or our stock is entirely reliant upon us to make decisions about them at all stages of their lives, including the last stage. They cannot seek medical care; we do that for them. They cannot diagnose the cause of their illness or injury; we do that for them. A sick or injured animal will express pain and may curl up into a ball until they feel better or die. They probably do not like or trust the vet that restores them to health. We will often notice their symptoms of serious illness long after a human suffering the same cancer or terminal illness would have reported symptoms. We know when they are dying and whether their suffering will precede their return to health or their death.

With this monopoly on the knowledge about our pets and stock, we are obliged to prevent their unnecessary suffering by euthanising them. It is an obligation of ownership; it is not a right. The human experience is entirely different. I will now discuss some of my specific concerns about the bill. It has been carefully drafted, but there are problems I hope will be addressed by amendments should this bill pass. I do not believe allowing access to euthanasia should be subject to an age limit as young as 18. I note the previous bill introduced by the Hon. Trevor Khan in the other place had an age limit of 25. Under this bill doctors can suggest assisted dying to their patients. If we go down this path it should be only on request. It should be illegal to make such a suggestion to a patient. A doctor does not need to specialise in the area of a patient's illness, nor do they need to physically

examine the patient, to approve medically assisted dying. It is essential that a relevant specialist be involved and a physical examination carried out.

Mental illness is not a barrier to accessing assisted dying under this bill and it should be. Given the prevalence in other jurisdictions of people seeking assisted dying for reasons other than pain and suffering—reasons that hint at depression, such as feeling a loss of autonomy and being a burden on family and caregivers—we must preclude those suffering from depression and other mental illnesses from accessing it. Conscientious objection to providing assisted dying should be better protected for individual doctors and nurses, as well as for hospitals and aged-care facilities. Data should be gathered on the illnesses suffered and the reasons given for accessing assisted dying. I have been in contact with many people in my electorate about this issue. The majority I have spoken to are opposed to the bill, but it is not overwhelming and certainly polling would indicate the opposite. Many cite the teachings of their faith in opposition. I have spoken to people who describe themselves as agnostic or not religious, who oppose the bill. I have spoken also to Catholics and Muslims who support these reforms.

Many criticise members of Parliament for not putting aside their faith in making these decisions, as we represent communities of all faiths and none. However I believe in this case it is possible to do so and still come to the conclusion that this bill should not be supported. I appreciate the efforts of the member for Sydney and all co-sponsors of the bill in bringing it to the House. I know it comes from a place of compassion and deep concern for those who are suffering from a terminal illness. Those of us who oppose this bill do not lack compassion or concern to address the suffering of others.

We do not do enough to alleviate suffering, nor do we do enough to alleviate the more commonly cited reasons for wanting to access assisted dying, such as a loss of autonomy, not being able to engage in pleasurable activities and concern that a person has become a burden. Not enough people have access to high-quality palliative care. We have a huge obligation and an opportunity to alleviate the suffering that causes people to seek assisted dying. Let us do that before we even consider allowing people to access assisted dying who may not have had access to the care and support they deserve. I oppose the bill.

Mr PAUL TOOLE (Bathurst—Deputy Premier, Minister for Regional Transport and Roads, and Minister for Regional New South Wales) (16:43): I contribute to debate on the Voluntary Assisted Dying Bill 2021. I thank fellow members of this Chamber for their thoughtful and respectful contributions to this debate. These types of conscience debates can be challenging for many members of Parliament as we go beyond the standard party or geographical lines and focus on what is the right and proper thing to do according to our own values. Like others in this place, I have sought viewpoints from people within my electorate. I respect the opinions presented by both sides of the debate. I have read every letter and survey that has been returned to my office.

I have heard from constituents who are suffering from terminal illnesses and those who have watched an elderly relative unable to walk to the bathroom and unable to eat for weeks, until their body shuts down. Another constituent writes of the need to have choice about their circumstances in both life and death, especially when there is no cure and only pain. In regional areas many of us are accustomed to treating sick and injured animals, whether they be native, domestic or livestock. Tough decisions have to be made to euthanise animals. We have often heard it said that while we can offer this respite for animals, we take a different approach to human suffering. It is a view that resonates among many. One couple wrote to me saying, "Horses and cows have more rights than humans." The bill we are debating seeks to address some of these concerns.

Many people come to this debate guided by a range of personal circumstances, religious beliefs, the views of loved ones and extended family members, and their own view of what end-of-life decisions should look like. Whatever decision they reach and no matter what path they take to get there, none of those views is wrong. Others raise concerns that older people who feel like a burden to their families could seek to use the laws. Some say it is rushed and others say the time has well and truly arrived. I am the first to acknowledge that no matter how any of us vote on this bill there will be always be people who fundamentally oppose it one way or the other. I respect and acknowledge all those views.

If this debate was simple laws would have been introduced years ago. It is often pointed out that New South Wales is the last remaining State to legislate for voluntary assisted dying. That is hardly a barometer. Every State and Territory has taken a different approach. There is an argument that it might be preferable to have adopted a uniform national law to reduce the risk of doctor-shopping or border-hopping in a bid to utilise laws in another State. We are elected by the people of New South Wales and we have to make a decision in this place based on the interests of New South Wales, irrespective of what any other jurisdiction has done to this point. Victoria passed its voluntary euthanasia laws in 2017, and they took effect from June 2019. In the following 18-month period, whilst almost 700 people sought a first assessment, only 276 people ultimately administered medication.

Advocates of voluntary assisted dying are already saying the Victorian laws still make it too difficult to access programs. As many as 30 per cent of people who legally qualify for and seek access to the medication die before they get it. It should be noted that the Victorian law requires either the coordinating or consulting practitioner to be a specialist. Anyone who has had to make an appointment to see a specialist knows how difficult that can be, especially in regional areas. The bill before us seeks to address that by allowing general practitioners with a minimum of 10 years' experience to take on that role. Two years on there are already calls in Victoria to amend those laws and that raises the question: In seeking to legislate for voluntary assisted dying do we unduly complicate a system that already quietly enables people to slip away at the end? That includes important and informed decisions already made on a daily basis such as turning off ventilators or withdrawing food or drink.

Members in this place have raised the importance of improved funding for palliative care. There is no doubt we can always do more in that area, but equally there will always be circumstances where no matter what level of palliative care is rendered there will be many patients for whom suffering has become too much. That was highlighted by another constituent who notes, "Some people are beyond the help of palliative care." The question then arises: Is there any pain-free manner of dying? We cannot pretend that every death, even if assisted, will be a painless passing.

No law can remove pain or suffering—if only our laws could. Death is painful for so many, whether it be physical, mental or emotional. It will impact on people in so many different ways. The manner of death will not change, but the choice on how to manage it may well change. Another important element of this bill is the requirement for a person to have the requisite capacity to make a decision on voluntary assisted dying. It means that dementia sufferers and those with other degenerative illnesses who lose the ability to make decisions for themselves would be ineligible to access this new law.

The NSW Law Reform Commission, in its 2018 review of the Guardianship Act, proposed a new Assisted Decision-Making Act that would provide a formal framework for both supported decision-making and, as a last resort, substitute decision-making. There is a strong argument that as the population lives longer and ages many more people would benefit from this type of legislation. But ultimately this debate and this vote comes down to the legislation before us. As legislators, we take our responsibility of lawmaking seriously. The bill proposes a total of 17 steps for a person to be eligible for voluntary assisted dying in New South Wales. I have heard opponents argue the fact that there are so many boxes to tick only highlights the inherent dangers. But that is countered by the relatively small number of people in Victoria who have accessed the laws there. Indeed, the proponents of this bill acknowledge it intentionally has a narrow scope.

As legislators we must focus on the proposed bill and that is different from the generic concept of voluntary assisted dying. There is broad support for the concept. What is crucial here is how we go about achieving it because this will be the law in New South Wales. We need to avoid the Victorian situation where two years down the track there are already calls for amendments to the law from supporters of voluntary assisted dying. Even as I stand in this House today, the bill before us is now already subject to more than 50 amendments. There are many factors to consider that are being presented by the speakers in this House when voting on this important bill. I thank the House for its time.

Mr NICK LALICH (Cabramatta) (16:51): I make a contribution to debate on the Voluntary Assisted Dying Bill 2021. The bill aims to establish regulatory procedures that would enable individuals within New South Wales with a terminal illness to access the means to voluntarily end their lives and, if required, with the assistance of others. I quote from a submission to the Standing Committee on Law and Justice by the Australian Care Alliance:

This bill makes legal the act of prescribing a Schedule 4 or schedule 8 poison in sufficient dose to cause the death of a person with the intention that the person either has the lethal poison administered to him or her or self-administers it. Part 9 of the bill makes it clear beyond doubt that acts done in accordance with the bill are immune from any criminal liability, effectively providing exceptions to the criminal law on murder and on aiding, abetting, inciting or counselling another person to commit suicide or assisted suicide. How will the scheme established by the bill avoid wrongful death? How will such a scheme guarantee a humane, rapid and peaceful death? This cannot be guaranteed.

This legislation has been the focal point of much contention for some time. My office has received a large number of inquiries from concerned constituents regarding this bill and what it would mean if it is successfully passed through this Parliament. Make no mistake: I have heard both sides of the debate, as have the good residents of this State. However, I stand firmly with my community in my fervently opposing the inception of this legislation. As elected representatives of this House, we have a responsibility to discuss and debate matters of great importance and significance—often those matters are near and dear to the hearts of many people throughout the State. The legislation before us today is but one potential solution to an unfortunate problem so many must face as a means to end the suffering for those who see no viable alternative solution.

Throughout life we will all be faced with difficult decisions to make. However, what we are discussing here today is the value of human life and whether we should provide the appropriate regulation to allow us to choose who lives and who dies. We in this House have continued, and should continue, to place the protection of human life and its worth above all else. Our laws condemn the killing of any person, regardless of the circumstances, and introducing new laws that could circumvent that is not just a misstep, it is an outright wrong. A law that fails to protect people who are vulnerable will always be a bad law. I stand firmly with my community in the belief that we should not be using assisted dying as an alternative to the provision of first-class health care to the most vulnerable throughout our State. We should be doing far more to offer viable alternatives to those who are suffering the most. Assisted suicide should never be the go-to option.

As a civilised society we must never be tempted by a way out. We must meet these problems in a humane and civilised way. Euthanasia is not the answer. I am sure many people have seen the flow-on effects and ramifications since the inception of similar legislation in other jurisdictions. This is simply the beginning of what is yet to come. Other jurisdictions have seen euthanasia expanded to include new-born children, disabled individuals, elderly individuals with dementia, and so on. As soon as we choose to introduce and accept legislation that no longer values human life over death, it is a slippery slope towards where we could end up. My fear is that, if this legislation is passed, over time the community could become desensitised to the practice of euthanasia and compliance with the legislation would be less closely monitored. We see this happening right now in Canada, Belgium and the Netherlands where the parliaments are debating the easing of restrictions and expanding the access and the conditions of euthanasia.

Some say that all the States of Australia have legislated in favour of euthanasia and that New South Wales should fall in line: If the other States want to jump off the cliff, should we do the same? I think not. When the Victorian legislation took effect in June 2019, Premier Andrews predicted 12 people would die under the new law in the first year, which he called a conservative model. This was followed by 100 to 150 annually in subsequent years. The number far exceeded his expectations. Between June 2019 and December 2020, 224 people died of euthanasia in Victoria, according to the Voluntary Assisted Dying Review Board. I now quote from Professor Theo Boer's article, *Assisted Dying: Don't Go There*:

In 2001 The Netherlands was the first country ... to legalize euthanasia and ... assisted suicides ... safeguards were put in place to show who should qualify and doctors acting in accordance with these safeguards would not be prosecuted ... For five years after the law became effective, such physician-induced deaths remained level - and even fell in some years. In 2007 I wrote that 'there doesn't need to be a slippery slope when it comes to euthanasia. A good euthanasia law, in combination with the euthanasia review procedure, provides the warrants for a stable and relatively low number of euthanasia.' Most of my colleagues drew the same conclusion.

But we were wrong - terribly wrong, in fact. In hindsight, the stabilization in the numbers was just a temporary pause. Beginning in 2008, the numbers of these deaths show an increase of 15% annually, year after year. The annual report of the committees for 2012 recorded 4,188 cases in 2012 (compared with 1,882 in 2002). 2013 saw a continuation of this trend and I expect the 6,000 line to be crossed this year or the next. Euthanasia is on the way to become a 'default' mode of dying for cancer patients.

Health Canada's second annual report on *Medical Assistance in Dying* gives the total number of medically assisted deaths since the legislation came into effect in June 2016 as 21,589. In Belgium from 2002 to 2019, over 22,000 people have been officially euthanised. As a compassionate and caring society we have a moral and medical obligation to tend to and care for the terminally ill. We have a duty to the doctors, nurses and relatives who tend and care for the ill. In my opinion, euthanasia is not the way to address the issue. We can best meet that obligation through palliative care. Our wonderful doctors, nurses and medical practitioners give their all in their endeavour to reduce the pain and suffering of the terminally ill.

Over the years I have known a number of individuals who have unfortunately been through some rather harrowing ordeals, with medical complications and medical prognoses that painted a very grim picture of their future. If the bill had been enacted long ago, those individuals would have been offered suicide as an alternative to what the doctors foretold would come on the horizon. If they had taken up that offer, they would have missed out on many more productive years and experiences with their friends, family and loved ones because the prognoses from medical professionals did not quite pan out as projected. I seek an extension of time. [*Extension of time*]

Speaking of harrowing experiences, I will speak of my own harrowing experience 3½ years ago. As most members in the House know, I was diagnosed with throat cancer. I underwent seven weeks of radiation and seven weeks of chemo. It was terrible. The first four weeks were great. I thought, "If it keeps up like this, Christmas is going to be nothing." But on the fourth or fifth week when the train hits you, you do not want to get out of bed or do anything. Your brain starts to think, "It is better to be dead than go through this." Honestly, you do think that way. But then you look at your family and grandchildren and you think, "No way. I am not going to let this thing beat me. I am going to keep going."

The problem was that the radiation to my throat caused fluid in my ears, which blocked my ears. For six months I could not hear a person talking to me if they were further than a metre away. When I went to the doctor,

I had to take my partner because I could not hear what the nurses were saying or asking me. I was not sure that I was hearing correctly. My partner had to accompany me for 13 weeks. For six months I did not drive a car. I hardly ever went out because I thought that if I went to the park for a walk, somebody could come up behind me and bash me on the head with a bat and I would not even hear them coming. The worst thing about the whole problem was that I went deaf.

I thought, "I will get through the cancer," but my doctor said, "Nick, you may not be going deaf from glue ear"—that is what they used to call what kids get. I asked her why and she said, "We've known people to go through radiation and it kills the nerves in their ears so they go deaf." I said, "What? Forever?" and she said, "Yes, for the rest of their lives." I said, "I would rather be dead than be deaf for the rest of my life and never hear what my grandkids, partner and friends say to me." You go through that and think you want to die, but all that goes away in time. I had grommets put in my ears that allowed the fluid to drain, which reduced my hearing problem. But 2½ years later my hearing dropped again. I do not know why and my doctors do not know why. They think it took time for the nerves in my ears to die. I lost about 25 per cent of my hearing, and I wear hearing aids now. It is not great wearing hearing aids, as people who have them know. Things do not sound the same.

When people say they want to be euthanised, I can tell you that a couple of times throughout my experience I thought the same thing. At night you would wake up because you were thinking. Your mind always goes back to it, but you try to think positive. Your mind lapses into the thought that you would rather be dead than go through that. Phlegm was coming out of my throat and, no lie, I would go through two boxes of tissues a day. You think, "This is not a good thing to go through." But, in time, it went away. Even now, 3½ to nearly 4 years later, I still suffer from sore throats from the radiation. But that is a part of life. I am alive and that is the main thing.

If I had taken the option of asking for euthanasia, I probably would have gone and missed all the great people in this place. There are great people on both sides of the House. When I was in great pain, I got letters and phone calls saying, "Nick, stick in there." I even received a postcard from Gladys saying, "Nick, we need you back in the Parliament. We miss you, so come back." We are Liberal and Labor and we oppose one another, but it shows that when it comes down to the nitty-gritty of the human condition, we care for one another. We really do. It does not matter whether we are Liberal or Labor. I thank all the members of the House for the effort they put in to make me happier when I had a great problem. When you are in great pain it is easy to say, "Bugger this, I'm getting out of here." I would not take morphine because I thought it would not work and I would become accustomed to it. My partner's father took 40 milligrams of morphine when he had lung cancer. I was only offered one milligram and I would not take it. I suffered the pain.

I will move on. The name of the bill is a misnomer. The "Voluntary Assisted Dying Bill" is a sugar-coated name for State-sponsored suicide. Make no mistake, if you support the bill you are legalising a person to kill themselves or, if they wish, ask someone else to help them kill themselves. We, as a community, have always had an overarching will and drive to protect the most vulnerable and keep them safe from harm. The fact we are here today debating legislation that aims to provide people with the means to end life is something I cannot and will not support.

Ms LIESL TESCH (Gosford) (17:05): I contribute to debate on the Voluntary Assisted Dying Bill 2021. The bill is about choice. We need to make it clear that at no point under this legislation is anybody in New South Wales being forced into voluntary assisted dying. I support the right of a person with an advanced progressive medical condition that will cause death and who is already suffering to have an additional compassionate choice about the way they choose to die. That person should be, and always will be, at the centre of this discussion. I sincerely thank every one of the many thousands who live in my electorate and beyond who have contacted me, spoken with me and met with me, or have followed up with letters in local newspapers to express their views or concerns about the bill. They are carers, doctors, nurses, family members, people of faith and people with no religious beliefs.

The gravity of this change in New South Wales is reflected in the volume of correspondence I have received. I am honoured to be in this place to see this important legislation debated in the New South Wales Parliament. The introduction of voluntary assisted dying is a major social policy shift, with significant implications for the health system, health and medical professionals, and the wider community. Let us also hope that, like in other States, discussing this legislation highlights and directs more funding towards palliative care, especially in regional and rural communities.

I particularly thank the Central Coast group called Dying with Dignity NSW for its dedication and hard work over 25 years in raising community awareness about end-of-life issues, including the need for voluntary assisted dying laws. Through persistent lobbying and educational and social activities undertaken by a committed group of volunteers, Central Coast communities convinced politicians and aspiring politicians from all major parties that to represent them on the Central Coast they must support the rights of the terminally ill and support voluntary assisted dying law reform. All five of us in this place support the bill.

In a survey of over 155,000 people in New South Wales, 81 per cent agreed that "terminally ill patients should be able to end their own lives with medical assistance". On the Central Coast, that includes 73 per cent of Catholic people and 83 per cent of Anglican people who believe, as a demonstration of love and compassion, those with terminal illnesses should have the option of a pain-free and dignified death through legal voluntary assisted dying. It is about saying goodbye to your loved ones with dignity and in a timely manner that you can control, with thorough professional oversight and clear professional boundaries. It is about saying goodbye before you are struggling for breath, before you have bedsores down to the bone, before you starve to death because you cannot swallow, before you drown in your own saliva, or before you become incontinent. It is about choosing to die in a manner that allows you to deal with the pain and agony of a terminal illness or neurological degenerative disease before it turns into something that you cannot control and can no longer live with.

Many members have spoken about the increased risk to people with disabilities. In his speech, the Premier implied that people with disabilities are more vulnerable than able-bodied people in regard to assisted dying. Like his comments on palliative care and inequitable access to quality health care and community-based care across New South Wales, especially in our regions, this is not about killing people with disabilities. It is about our work as a government to improve lives and social structures to support people living with diverse abilities in our State. If the Premier wants to improve the lives of people with disabilities today, bring it on! Let us improve the quality of compassionate care in New South Wales rather than make scaremongering comments in this place.

People with disabilities also have a choice. The bill is not about killing us; it is about quality health service while we live. Like able-bodied people, if we choose voluntary assisted dying, we choose it. We are a diverse population and our abilities differ between individuals, as do the supports we require in our everyday lives. If communication is difficult we use experts and techniques during our life to improve communication. Tonight I share the story of my friend Peter Beard, who lived with multiple system atrophy, a neurological disorder for which there is no cure.

Peter taught me a lot about living life to the max, as he took on the challenge of competing in the world championships in Halifax, Canada, just months before his death in 2014. It was Peter's dream, and the spinnaker at the front of his boat had "Reason to live" written across it. Whilst he could not talk, Peter had great decision-making capacity, which is a challenge. Peter could not talk but we knew what he was feeling through communication. He could only cry when he was thrilled or when he beat us in that eighth race—he was a beautiful human being. People around Peter also communicated with him effectively despite his non-verbal capacity. He could steer a boat with a joystick with his chin. We cannot take pity on people and determine that they cannot make a choice. I can tell members now that they would not have wanted to be in Peter's way. Peter died not long after Halifax. As we can only imagine, life was far from easy in those final months. This legislation would have given Peter, in the sunset of his life, time to make a choice before losing all control.

Safeguards are in place in this legislation. There are experts in language and physical disability care and other diverse supports for people with disabilities that enable us to live our best lives. Since the introduction of the National Disability Insurance Scheme our choices are increasing and our support is strengthening, as is our right to choose to die with dignity. The bill will enable people, with or without disability, to act voluntarily and without any pressure or duress. Pressure or duress includes coercion, intimidation, threats and undue influence. I commend the member for Sydney for including penalties to make it an offence to attempt to coerce others to go through with assisted dying, including possible imprisonment. Whilst people in this Parliament may make judgements about people with disabilities, I assure members that no-one will kill us and many people with disabilities will appreciate assisted dying within the framework of this legislation.

The bill is designed to provide choice to those who communicate that they would like to end their life due to a neurological or terminal illness. People with disabilities can also have a terminal illness and should have the choice to end their lives within this dignified framework. In Belgium renowned Paralympian Marieke Vervoort was diagnosed at age 14 with an incurable degenerative disease of the muscles and spine which caused severe pain, paralysis in her legs and made it difficult for her to sleep. She signed her euthanasia papers in 2008, made her wishes public in the lead-up to the Rio Paralympics and died by euthanasia in October 2019—11 years later.

It is interesting that in drafting this legislation New South Wales has selected six months for those with terminal illnesses and 12 months for those with neurological-related disorders as opposed to the Netherlands, Belgium and Canada, which have much longer time lines or no time line at all. End of life has no time line. The non-terminally ill in those countries can also apply. A number of doctors and professors to whom I have spoken in the lead-up to this legislation have emphasised the difficulty of associating terminal illness with a time line. A terminal illness is a sensitive period with an unknown time line of potential illness, pain and possibly rapid deterioration. People with disabilities are often born with a terminal illness.

This is not a slippery slope that some of my parliamentary colleagues have spoken about; this is a logical sequential progression that may occur if our society demands it. Just like updating other forms of legislation, we

as legislators need to move with the times—in society and for the people around us. That is what is occurring today. I am honoured to have an opportunity to vote according to my conscience. I agree that we have much more work to do to support palliative care across our State. I thank the team at Elsie's Retreat for the work that they do. I also thank all the staff at Gosford Hospital for their work in delivering and supporting palliative care beds on the coast. Palliative care can never alleviate all the suffering of all of the people. Clive Deverall, the founder of Palliative Care WA states, "Even in good time, if perfect modern palliative care was available for each and every patient, we would still have the nightmares." [*Extension of time*]

The introduction of assisted dying will offer a process of support for those who have previously chosen suicide due to their terminal illness or neurological condition. Lawrie Daniel, aged 50, took his own life after 10 years of living with multiple sclerosis-related savagely fast degeneration and neuropathic pain that never let up. Having that choice is much better than coming home to a letter from your husband, who was living with MS, saying:

Dear Rebecca [and the kids], If you are reading this it is probably because I've made an attempt at voluntary euthanasia and I sincerely hope I have been successful.

It is not the best choice to live with a debilitating disability or degenerative disease until the very end. Given the evidence and information from other locations, it will take approximately three to four weeks to implement the bureaucratic process to enable people to participate in this choice. It is about choice up to the very end. Quite a few people who make the decision to opt for assisted death will die without consuming prescribed medication. Since the Act came into force in Victoria in 2019, 581 people were assessed, 405 received permits, and only 224 people died from prescribed medication. People make the choice according to their own personal time lines. The majority of people receive and consume their medication within three to four weeks and others wait for more than 12 weeks for their chosen time, with or without their families beside them.

In May this year it was standing room only at the Central Coast Leagues Club when the member for Sydney and Shayne Higson visited to talk to supporters about voluntary assisted dying law reform—the twenty-fifth anniversary of our group—and to recognise the contribution of long-time coordinator Dr Beverly Symons. She was presented with a certificate and a celebration. I am pleased to say that I was part of the fantastic group that supports this legislation. I acknowledge also Joy Shannon's family. Joy was the former secretary of the Central Coast group who died last month. What a disappointment that she did not see this legislation through, but she made an effort to push us to get here. There was a tangible feeling of optimism in the room that day.

We all bring our own unique personal experiences and perspectives on this issue, which is what makes our Parliament effective. In recent years I experienced the passing of both my mum and dad, which further emphasises the importance of voluntary assisted dying legislation, with all the appropriate safety precautions, as an important choice for people at the end of their lives. My mum, who died of breast cancer and associated bone cancer, would be proud that I am in this place today. Before she passed we spoke about this on a number of occasions. She would be happy to see this legislation go through the New South Wales Parliament, as would all those who shared their stories with us. I thank all those families who shared their stories and personal experiences with their loved ones.

Voluntary assisted dying is about choice and about exerting control over one's circumstances, which is why legislation was enacted in all other Australian States and it is why we must strive for it in New South Wales. I thank everyone in this Parliament who has been involved in spirited, and at times entertaining, debate and those involved in drafting the amendments to increase the rigour of the bill. We are grateful for the dedication of all those across New South Wales and Australia who have been working to make this bill the most robust and safe framework possible for the people of our State, given the national and global experiences. I particularly thank the member for Sydney for his collaborative leadership on what Parliament should and can be.

I thank Shayne Higson and Penny Hackett from Dying with Dignity NSW for their passionate commitment to seeing this come to fruition in the New South Wales Parliament. I thank Andrew Denton for the journey he has travelled, for enabling so many of us to share that journey, and for the voice he has given to families who have seen their loved ones suffer. It is unbearable to watch loved ones suffering pain in the sunset days of their lives. I thank Christians Supporting Choice for Voluntary Assisted Dying, Go Gentle Australia and the 29 Voluntary Assisted Dying Alliance member organisations, which include key national healthcare and professional bodies. In particular, I thank the NSW Nurses and Midwives' Association, the Council on the Ageing, Doctors for Assisted Dying Choice, ACON, Cancer Voices NSW and all those who have lobbied for this change.

This is not mandatory. It is a voluntary choice about the precious last moments alive in this body in this lifetime, allowing control, comfort, solitude and peace. This legislation will not see any more people die. It will give those who choose this path a more dignified death. I am pleased to co-sponsor the NSW Voluntary Assisted Dying Bill 2021 tabled by the member for Sydney. It has my unqualified support.

Mr ANOULACK CHANTHIVONG (Macquarie Fields) (17:19): I make a contribution to the Voluntary Assisted Dying Bill 2021 debate. From the outset, I state that I am not here to encourage my colleagues to vote any particular way, nor will I be debating their points. I simply make my own personal comments for the record. I acknowledge and respect all of my colleagues' contributions and wish them well in their deliberations, on what is a very deeply personal issue. For me, the Voluntary Assisted Dying Bill 2021 is not a policy change but a major paradigm shift in our societal norms and values, institutional behaviours, and how we define and value life for its most vulnerable.

This is a significant shift, one that I find very uncomfortable and one that I believe is not something that powers of State should not be permitting. I do not discount for a minute the level of physical, emotional or psychological pain an individual has to endure. However, I would have thought then that it is our familial, communal and/or societal obligation to ease that pain with everything at our disposal—from new age modern medicine to traditional personal care and contact. In the words of former US President and Nobel Peace Prize Laureate, Jimmy Carter:

We must adjust to changing times and still hold to unchanging principles.

Life is very precious; every moment is of value and every minute is of worth, not only for the individual diagnosed with a major medical condition, but to those around that person, who care deeply and wish to share every moment until the end. Our presence is not only for ourselves, but also for those around us. Life should not be valued according to the good times and of great health. When people are at their most vulnerable, as a society we should offer compassion and care to ease the pain and suffering. This does not need to involve the legalisation of assisting to end someone else's life. The existence and definition and value of life should not equate to the physical vitality of that life. There is much dignity in humanity, even towards the end of our life. I do not believe for a minute that such dignity is only valid up to a certain point conditional on your health status. This is a very utilitarian approach and a misguided way to measure the value of someone's life.

Age will inevitably get all of us. At some point our health deteriorates, individuals become less mobile and fewer words are exchanged, but human interaction is more than just a conversation. There is much intrinsic value in the warm sense of touch, to hear the sound of breath and to physically see the body of someone who has brought many joyful and happy times to our life. The creation of a legislative framework that allows assistance to end life as a way to end the pain to me seems to erase the entire historical value of that life. This seems to be a very uneven equation. The paradigm shift to permit the ending of life also has a flow-on effect on our future societal thinking and values. I believe that once permission is granted to allow assisted dying, over time, the debate will incrementally expand towards who else is entitled to make this decision; what type of other medical conditions should be included and inevitably the decision will become more normalised as part of the solution to end pain.

We should also not disregard the profound emotional and/or psychological impact this framework might have on those doing the assisting to end life. To diminish this point is to not see the wider impact of what this bill permits. As society, we should be seeking to answer the question on how we better manage pain, not how we end it sooner. I am not sure where the end line is for voluntary assisted dying and where this might lead us. The uncertainty and the unknown of structural societal changes emanating from this bill are of great concern to me. It also concerns me that there has been an assumption that the decision to seek assistance to die is totally voluntary in every instance. As an economist, I would say that we should be careful not to make any significant assumption that tends to fit into our perspective or our desired outcome. Our bias, whether that be conscious or unconscious, can colour our judgement. Whilst we can regulate and legislate as many safeguards as we like, what we cannot do is to apply this to a person's most inner thoughts, emotions and decision-making path based on the interactions they may have had or the information they may have come across.

Influence is not always overt—it can be very subtle—but it can be very significant in stimulating a person's feeling of guilt and/or being an ongoing burden to one's family, friends and the public at large. All MPs would have received numerous publications and information under the title of "Dying with Dignity". I have to admit, I am a little troubled about the use of a three word slogan to summarise such a complex ethical debate. I would also say that this slogan to me implies that you cannot actually live with dignity even in your most vulnerable state.

There is also a much deeper philosophical and ethical definition of what is dignity, who determines its boundaries, who is entitled to it and under what conditions. In living with dignity, we must remember that palliative care and advances in palliative medicine are not constants. There can and there should be continued ongoing investment to improve our public health palliative care system to better manage pain and suffering, not only for the individual, but for all those involved in caring for that person. On this front, I acknowledge and respect former Labor Deputy Premier John Watkins and the former Liberal Premier Mike Baird's public comments and thoughtful arguments about the need to improve our palliative care system and to increase the level of access, especially for those on the lower income scale.

I have read rolling public commentary on the central point about individual choice and the right to make this choice. We seem to have come to a point where individualism triumphs over collective value in every instance. As an economist, I cannot help but think that this triumphant individualism is also linked to decades of entrenched and repeated narrative on the supremacy of neo-liberalism individual economic choice, which has now spilled over into the ethical domain. Utilitarian health economics used to rationalise the decision to seek assistance to end one's life is not an intellectual discipline that sits well with me. If this bill represents progress, I am not sure I am filled with comfort that we are better off as a society where ending your life is primarily an individual consideration with limited societal impact, rather than a collective obligation and responsibility for care.

The recent pandemic has shown and exacerbated the fault lines in our society based on geography, income, employment and social class. Too many of our citizens can be grouped or have fallen into the bottom two sections of Maslow's hierarchy of needs pyramid—that is physiological and safety and security needs. In my view, it is our objective to invert Maslow's hierarchy of needs pyramid so as many of our citizens can be grouped into the top tiers where people are comfortable and secure in their immediate physical needs for themselves and their families.

The agenda setting of this bill, which has attracted so many parliamentary, public and media resources, indicates to me a level of disconnect between our public institutions and our public need. Further, it indicates to me the preoccupation for those with institutional access to focus on Maslow's top two tiers of need—esteem and self-actualisation. Having obtained a level of comfort in one's own physiological, security and safety needs, literally and figuratively, one is able to allocate resources to the topic of voluntary assisted dying rather than the more immediate physical and economic needs of the many who are camped at the base of Maslow's needs pyramid.

I am not here to question the good intentions of the people behind this bill, but it reinforces to me the different priorities between the different social and economic groups in our society. Pursuing and pouring significant resources into a voluntary assisted dying framework very much reflects a selective post-modernist, post-materialist socio-cultural aspect in agenda setting and rules determination. One could even argue that this is an extension of identity politics, where a niche aspect of a person's being is magnified for public focus and the advocacy being driven by a section of societal class. Should this bill be passed, I suspect that there will be another niche moral issue to pursue before too long. Significant resources have already been invested, but I have always questioned the level of demand for voluntary assisted dying. A legalised framework for assisted dying and actually making that decision are two very different things. I suppose we will find out soon enough should the Parliament pass the bill.

In 1983, American sociologists Paul Di Maggio and Walter Powell published a paper entitled *The Iron Cage Revisited: Institutional Isomorphism and Collective Rationality in Organisational Fields*. It is one of the most cited papers in organisational research to this day. In the most simple of terms, the authors argue that three main types of institutional change exist: coercive, mimetic and normative. It has been proposed that the New South Wales Parliament should pass the bill because it would put us in line with other parliaments around Australia and in other parts of the world. We should therefore follow a mimetic process and copy other parliaments on voluntary assisted dying because we perceive their model on this issue to be more legitimate or successful. I ask for a short extension of time. [*Extension of time*]

I do not subscribe or agree to the hypothesis that a parliament that has passed assisted dying legislation is more legitimate or successful. Further, no empirical evidence supports that hypothesis. Therefore, the New South Wales Parliament has no justification to undergo a mimetic process and imitate others in passing assisted dying legislation. Having an opposing stance on voluntary assisted dying does not make the New South Wales Parliament inferior to other parliaments. In fact, I claim it is to the contrary. Passing the bill because others have done it is, in the words of former US President John Fitzgerald Kennedy, to "enjoy the comfort of opinion without the discomfort of thought".

I cannot support the bill. It represents a paradigm shift that goes beyond my Overton window of acceptability not only as a member of Parliament but as a member of society. Society is made up of individuals but we are also very much interdependent on each other for company, comfort, care and compassion at every stage and in every state of our life. We should never assume that legislation, however well intended and however well written, captures all the safeguards required to prevent incorrect decision-making. Parliament is a powerful institution that makes laws that reflect our values and ethical standards. We must be careful where we tread and what we decide to normalise as an acceptable standard. I will finish with much wiser words from ancient Greek historian Thucydides, who said, "Of all the manifestations of power, restraint impresses men most." Just because we can does not mean we should. I thank the House.

Mr PAUL SCULLY (Wollongong) (17:31): Voluntary assisted dying is not a new issue for debate. In legislatures and courtrooms around the world over the past few years the matter has been examined from many angles. It is also not a new issue for this Parliament. The matter was the subject of lengthy debate in the Legislative

Council in 2017. It is also not a new issue for me. Since prior to my election to the Legislative Assembly I have been considering the issue of voluntary assisted dying. The first time was when I was chief of staff to Federal Minister for Ageing the Hon. Justine Elliot. At the time, the Minister was lobbied regularly about the matter, with many advocating for Federal Government intervention to either allow or stop voluntary assisted dying laws being introduced. Like today, there was passionate advocacy, and well-developed and considered arguments on each side of the debate.

Subsequently the matter was raised with me during my by-election campaign. It was not a central issue of active debate during the campaign, but it was a policy issue that was on the minds of many people who wanted to know my views. Again, I listened to passionate and considered perspectives from both sides of the debate. Since my election, it has been raised with me regularly—in the context of the 2017 debate, as other States considered the matter, and as a matter of policy interest from individuals looking for clarity as to whether it was something likely to be considered by the New South Wales Parliament in the near future. It has also been raised with me in high volume over recent weeks and months. I have carefully read and considered the views in emails and letters I have received on the matter.

As I said, this is an issue that engenders passionate advocacy from both supporters and opponents. Each side of the debate has strongly held views. There is absolutely nothing wrong with that and, no matter what anyone else's perspective is on the issue, no-one should be criticised for holding strong views. It is an issue that warrants the most thorough of consideration, the testing of ideas and the thoughtful consideration of its implications. People come to their views from a range of perspectives, as members have come or are coming to their own views. Supporters of voluntary assisted dying often have harrowing personal stories of helplessly watching a loved one suffer immense pain and discomfort in their last days, which has informed their personal position—stories of pain and discomfort that, despite the best modern medical treatments, was pain that could not be taken away.

No-one likes to see a loved one suffer in any way, let alone in a way in which there is little to nothing one can do to help. It is harrowing for everyone involved. Supporters often cite that other jurisdictions have introduced laws that allow for voluntary assisted dying. Thirty years ago voluntary assisted dying was only legal in Switzerland. It has now been progressively introduced in a number of jurisdictions throughout the United States and Europe; a number of South American nations have introduced it or are contemplating it; and other Australian States have introduced it, and I note that in some of those States the legislation is yet to come into effect.

I have heard some advocates make the argument that because other jurisdictions have introduced it, it leaves New South Wales alone and that is reason enough for New South Wales to introduce voluntary assisted dying now. I am not convinced that, just because other jurisdictions have done it, that is reason enough in itself for New South Wales to adopt it also. But it does provide us with a number of jurisdictions to examine to see what has worked and what has not and to see what improvements can be made in considering it in New South Wales. I believe that, in the crafting of the bill, consideration has been given to the operation of voluntary assisted dying in other jurisdictions and that the lessons of those jurisdictions have been taken into account in developing the bill we have before us.

While those arguments resonate with me and I have reflected on the experience of my own friends and relatives who have suffered through incredible pain and discomfort in their final days, the argument that has had the most impact on me is the provision of control for people at the end of life. The right of individuals to have a degree of control at the end of their life is important to me. In my view, individuals should have control over their own end-of-life decisions, just as they are afforded control and choice over the medical treatments for their illness. Individuals should have some control over how they live their final days and whether they wish to end their lives if they are terminally ill and if they are suffering intolerably. I do not walk in their shoes so I cannot fully understand their choices, but I do recognise the desire and the ultimate right to have that choice.

Those who oppose the underlying concept of the bill also provide compelling arguments in support of their position. They point out that we have some of the best palliative care in the world available to people and that provides excellent care. I have no doubt that some parts of the State do provide excellent palliative care. I welcome the Premier's commitment to continue to increase support for palliative care and will be carefully watching that he fulfils that promise and that it is available in all parts of the State. As we heard through the inquiry into rural and regional health, your postcode is worryingly starting to dictate the level of health services and care that is available to you. The difference in health services and care throughout New South Wales should not extend to palliative care.

When considering the practical arguments against voluntary assisted dying, those with that view often cite that there is no way that a legislative framework can be put in place with the necessary provisions that will safeguard people or that it will result in older or terminally ill people being subject to pressure and duress from less scrupulous people. In my view, those arguments have merit. It is important in considering the legislative framework that we do consider how it may be subject to abuse or misuse. We can make laws with the best

intentions for people to operate within as we would like them to, but we have to recognise that it is not always the case and, if we are contemplating change, we need to do our best to make sure that there are no unintended consequences or shortcomings. That is particularly important when considering voluntary assisted dying.

Others have presented me with ethical arguments around the sanctity of life; that voluntary assisted dying ends up valuing some lives more than others; or that, once passed, the law can be easily changed to extend to more people or to relax restrictions. With all of those arguments in mind, I have considered the provisions of the Voluntary Assisted Dying Bill 2021. Under the provisions of the bill, to be eligible a patient must be at least 18 years of age, be an Australian citizen, permanent resident or resident for at least the past three years, and live in New South Wales. The proposal is limited in its scope and limited in those who can access it.

A patient must have been diagnosed with at least one disease that is advanced and progressive, and that is likely to cause death within six months or in the case of neurodegenerative disease 12 months. Again, there are clear limits on access. The disease or illness must cause suffering that cannot be tolerably relieved and the patient must have the decision-making capacity to make the necessary decision for voluntary assisted dying. The process is voluntary and patients can at any stage withdraw. Patients will be asked multiple times during the process whether they wish to continue. The inclusion of an opt-out provision is an important protection for everyone involved. A doctor can refuse the request to provide voluntary assisted dying because they have a conscientious objection to the process or are unwilling or unable to perform the duties required of the coordinating practitioner.

This too is an important provision. The bill proposes new offences for pressuring someone into making an application for voluntary assisted dying, including seven years' imprisonment for inducing another person to request voluntary assisted dying. These measures are intended to combine with the other safeguards that are built into the process. Administering a prescribed substance to another person outside the provisions of the bill will incur a maximum penalty of life in prison. Penalties also exist for advertising a substance as a voluntary assisted dying substance, for failing to return any unused substance and for privacy protection. Taken together these safeguards, limits and tough penalties in the bill are proposed to be part of the overall protection of individuals and are absolutely necessary to include. For me, they are minimum conditions.

I have seen a number of family and friends suffer and die from cancer. I mentioned a number of them in my first speech in this place. Those who have suffered have been older relatives as well as good, smart young women who were taken far too early. I cannot say with absolute certainty that had the option of voluntary assisted dying been available to them they would have taken it up. Each had very different medical and family situations, as well as different treatments, lives, views, attitudes and beliefs. However, I believe that each one of them would have appreciated the option to make their own decision. Ultimately, that is what the bill is about—the option of having a choice. It is so that option is available, whether it is exercised or not, that I will support the bill.

I note that the bill may be subject to substantial changes by way of amendments in this place and, should it pass this place, in the other place. If this occurs, I will consider the proposed amendments on their merit and vote according to my conscience. My ultimate conclusion on the bill differs from the conclusion that others have drawn. My position may disappoint some friends, family and constituents, but I assure them all that my position is not one that I have not determined lightly. [*Extension of time*]

As I said at the outset, I have considered this matter in various roles and from various perspectives over a long time. I admit that my position has evolved. However, I consider that my support for the bill reflects the overwhelming views of my constituents in the Wollongong electorate. While reflecting those views is a consideration that all members should apply to the important issues that we deal with in this place, it is not the sole determining factor for my position on this case. In exercising a conscience vote on any matter that comes before the House, I feel that one has to be true to one's own beliefs, views, opinions and values as well as being mindful of the public view. In supporting the bill I strongly believe I have achieved this.

Despite the power vested in each of us as legislators, unfortunately we cannot legislate away the terminal illnesses that will bring pain and suffering to the people we love. However, as lawmakers we can remove the barriers to individual choice over end-of-life decisions and do so in a sympathetic way with protections from abuse enshrined in law. I consider this bill to achieve those objectives but I note that, while voluntary assisted dying should be a choice, it should not be allowed to become the only choice. It is for the reasons that I have outlined in my contribution to this debate that I support the bill.

Ms JANELLE SAFFIN (Lismore) (17:42): Before he died, local Lismore man Anthony Simes asked me if I would honour his wishes and vote for a bill like the Voluntary Assisted Dying Bill. I pledged to him that I would because I had thought it through over a long period. I said to him that, on balance, I would vote for it. I wanted to see the bill first but I said I would vote to make sure that we changed the law. Do I do so with 100 per cent certainty? No, which is frequently the case in this place, but I do so knowing it is the right thing to do. No bill is ever perfect but this bill is the best it can be. It permits and prohibits where it needs to. I thank the

introducer of the bill, the member for Sydney, and its co-sponsors for the amount of work they have done on the bill.

People need to be able to hasten their end if their physical suffering is unbearable. The bill will allow them to do that with safeguards in place. I remember when suicide was a crime, and it still is to some degree. Across Australia if somebody tried to commit suicide and they did not succeed, they could be charged with a crime. Under criminal law in New South Wales, euthanasia and physician-assisted suicide carry heavy penalties. Even the survivor of a suicide pact would not be found guilty of murder or manslaughter but may be found guilty of aiding or abetting suicide or attempted suicide. That is an incredibly challenging situation for anyone to be in. Members have been written to by people both for and against voluntary assisted dying. I try my best to answer all of them respectfully. Members received a letter on behalf of 100 doctors from Dr Andrew Refshauge and Dr Peter Baume. Both are good men, known to this place and to me. They wrote:

At present, doctors work in a legal grey area when it comes to caring for dying patients. A clear, regulated framework will provide certainty and protection for both patients and practitioners.

That is the case and that is what the bill will do, because things are happening now. The bill will provide a clear regulatory framework. They went on:

Participation is entirely voluntary for everyone involved, with the right to conscientious objection protected. A voluntary assisted dying law will also allow our patients to have more open conversations with us about the end of their lives and the choices available to them. In the absence of a law, we know that some terminally ill patients resort to lonely, often violent suicides to end their suffering.

They further wrote:

Please give terminally ill people in NSW the choice that Australians in every other state now have, and allow us, as medical practitioners, the ability to provide humane options to those with significant suffering at the end of their lives.

That is what the bill does. It is about giving New South Wales citizens what is essentially a basic human right, even though it is the right to end their life at a certain point in time. People in my electorate of Lismore were gauged on their views and 79 per cent said that they would support voluntary assisted dying legislation. That is a significant number. But it is not just about numbers; it is also about doing the right thing. Sometimes poll numbers can be high but members do not necessarily follow through. In this case, I choose to vote for the bill. Yesterday members would have read a rather good op-ed in *The Sydney Morning Herald* by 95-year-old Ed Rafferty, who I do not know. He did not have a go at anyone. He talked about what the Premier and the Leader of the Opposition thought, and basically said they were young'uns. He said they should get some perspective. It was a really interesting read. He wrote:

Is palliative care the answer? There is only one person who has the right to make that decision.

He was obviously talking about a person's right to choose, not the right of members to make that decision here. He finished by writing:

Twenty years ago I was 75. Then, I did not sense the urgency of death. Now I do and I say to our politicians: Recognise your ignorance and defer to old age. Not to the sagacity of old age but to its reality.

It was an interesting op-ed coming from someone aged 95. A lot of the people who will benefit from the bill are those who are suffering and they want to end their life by their choice. In addition to conversations I have had, in a short letter in response to people who have contacted me on this issue I wrote:

Thank you for writing to me on such a profound and challenging human issue. I respect your feelings and view on this and asking me as your representative to vote against the Voluntary Assisted Dying Bill that will be before our State Parliament. Yes I recognise that like all major societal changes if this proceeds it will bring a few challenges. That is the way of human nature. The draft bill that is being circulated has factored in a lot of such challenges. I can assure you that no faith based hospitals will be forced to be involved. That is very clear. As your representative I would like to say that I can carry out what you request but I have to weigh up the issues of all people in the Lismore Electorate and consider what is needed, and that is the bill.

I commend the bill to the House.

Ms SOPHIE COTSIS (Canterbury) (17:49): I contribute to the incredibly important and challenging debate on the Voluntary Assisted Dying Bill 2021. From the outset, I state that I oppose this bill. I acknowledge the diversity of opinions on this matter and acknowledge that many of these views are based on deeply personal and lived experiences. I have firsthand experience of being a cancer patient in a cancer ward, surrounded by many people who were about to die—terminally ill men and women, some very young. I learnt a lot about humanity. I learnt a lot about the human spirit. I had to experience my trial on this earth. It is something I do not wish on anyone.

I say up-front that I have been guided by my community on this bill. However, at the same time, as my community knows, I am guided by my conscience, my heart and the expert advice. I acknowledge those who have brought this bill forward and the many people who have been out there arguing their points of view. I am also brought here by my faith, which I take seriously, and my own experience. It is a fine balance to strike and a very

difficult thing to do. I acknowledge all the residents of my electorate who put forward their views on voluntary assisted dying. I understand that everyone has an opinion inextricably connected to their personal beliefs, their faith, their culture, their medical expertise and their experiences. I recognise and respect the beliefs and experiences that these views are based on. I put on the record that some 80 per cent of people who have contacted me are opposed to this bill.

I have great sympathy and compassion for people suffering near the end of their life. That is why our State has an urgent, desperate need to provide better palliative care. We heard this during the rural and regional health inquiry, in my own community and in multicultural communities. We are in desperate need of palliative care. The real issue at hand is about how we care for the dying. This is linked not just to end-of-life care but also to how health care is delivered and shared. A healthy society is one that fights death and what brings it about, such as poverty, illness, fear, loneliness, depression, division. A healthy society focuses on equal access to services, early intervention and preventative health. Unfortunately, this is sorely lacking in my community.

It is vital that New South Wales is able to provide dedicated, well-resourced and high-quality palliative care. I believe this is the solution to alleviating suffering for terminally ill patients. Palliative care provides relief from pain and other distressing symptoms. It integrates the psychosocial spiritual elements 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. It is a holistic approach to help patients who have an illness that cannot be cured.

My family experienced this very good palliative care and I want all families in a similar situation to experience it also. This is why I am so passionate about this very important matter. For the benefit of the House, I will read from diary notes I kept in January 2015. My mother-in-law, Maria, passed away at that time. We loved her very much. She gave us great joy and loved us unconditionally. She had two grandchildren—my son, George, and daughter, Cassandra—and those two kids were the pride and joy of her life. I have spoken a lot more about her in this Chamber. In my diary notes I wrote:

Today is January 13th 2015 and my beautiful mother-in-law is hanging on and not giving up as she is in much pain.

I acknowledge the health professionals at Prince of Wales, which is where she was. I wrote:

The nurses, doctors, palliative care specialists, social workers, receptionists so professional, caring, compassionate experts and ensured they did everything they could, with dignity and respect.

These are some notes I took at the time. They continue:

Been off life support since Friday 9th. Arthur and I have been together, sleeping at the hospital on the floor on a tough mattress—six days in and out. Mum's sleeping had been tough. Sounds were waking us; we were waking at every moment. On Saturday morning, she awoke. I wrote:

I spoke with my petherá—
my mother-in-law—

my friend, my admirer, my big supporter, a wonderful woman who was always in my corner.

I told her se agapó—

I love you—

she opened her eyes and we stared at each other like it was forever, smiled with that beautiful smile she always had, always happy despite her pains and discomfort despite her Ponous—

her pain. She went through a lot of pain. She would tell me for many months that she could not bear it anymore. My diary continues:

... she would describe what it was like taking over a dozen pills a day, the despair to lose your appetite to not have the energy anymore. She described it wasn't a life—

but she still wanted to be there with her grandchildren. It continues:

Maria, beautiful Maria, fell ill around early November. I popped in one Friday afternoon ...

She was comforting me when I should have been comforting her.

It took two months. She was diagnosed with bladder cancer and it just all went downhill. My diary continues:

That Saturday morning, I'll never, ever forget. I asked Arthur to continue speaking with her until I brought the kids, and when they arrived she felt the energy of the little people in the room, sparkly, laughing, calling out yiayia's name. She had with all her might, her energy, her reserves as she was dying with loved ones around her—

and with the excellent palliative care that we need to make sure everyone gets. She yelled out my son George's name. It is something I will never forget. According to Palliative Care Australia the option of palliative sedation is also available, which permits an individual full autonomy to ensure that painful suffering is eliminated. Medical advances have revolutionised end-of-life care, especially advances such as ketamine, methadone, coeliac and splanchnic blocks, and intrathecal drug therapy. People die in pain and without dignity only when palliative care services are not adequately funded and resourced. Currently in New South Wales we are confronted with a palliative care crisis. Our focus should be on improving palliative care services in New South Wales.

I was part of setting up the upper House inquiry into elder abuse a few years ago. It only scratched the surface of the silent epidemic of elder abuse that affects so many people. I saw what family members can do and it was just abhorrent. We have come some way, and I acknowledge the Parliament for instituting the Ageing and Disability Commissioner and giving independence to that role. Currently New South Wales has approximately one palliative medicine physician 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. This must be a priority of government. I acknowledge that in the Premier's contribution he told the truth that he failed to deliver effective palliative care services as Treasurer. He said he would do better, and I take his word for it. I will hold him accountable, particularly when it comes to Canterbury Hospital. I have been side by side with my community, calling for better palliative care services. [*Extension of time*]

Five years ago the Government took the palliative care unit and beds from Canterbury Hospital. They were replaced with a single clinical nurse consultant and a visiting service from a single doctor a couple of times a week, but our population is growing exponentially with the hospital's strategic plan estimating a population increase of 39 per cent by 2031. My constituents have spoken. They want improved palliative care, particularly at Canterbury Hospital. The only way that will happen is by providing adequate funding for its redevelopment. Again I call on the Government to provide funding to redevelop Canterbury Hospital to include renal dialysis, to ensure that there are cancer treatments and, more importantly, to provide the best palliative care to the most socio-economically disadvantaged community. We have some of the poorest communities with some of the poorest health outcomes. When it comes to end-of-life care needs, the reality is that my community does not have choice because it does not have access to equal health care.

My electorate is characterised by a diverse population and many from disadvantaged and poor backgrounds. Coupled with this is the massive development that has no social infrastructure to support it. Eighty per cent of the community is made up of people from different faiths and nationalities. We speak 150 languages. Twenty per cent of the community is aged 60 or older. We have close to 10 nursing homes. Many people are being cared for at home by the next generation in their families. We urgently need support in our community. If I was to consider this bill when we do not have equal access to palliative care I would be abrogating my responsibility to the community. I understand why the bill was introduced, but we do not have equal access to palliative care. With the aging population and massive population growth, we need a specialist palliative care unit at Canterbury Hospital. To give people in my community the option of an assisted death without the option of palliative care would be irresponsible.

During the recent lockdown Canterbury Hospital went through its most difficult period. Staff were pushed to their limits. Nurses, cleaners, doctors and specialists worked incredibly hard to control the spread of COVID-19. I acknowledge all of them. The intensive care unit overflowed with patients and eventually critical COVID-19 cases had to be transferred to other hospitals. The lockdown further reiterated the need for an urgent redevelopment. Our 60 senior doctors wrote to the Government, highlighting the deplorable conditions at the hospital.

The letter has come as a shock to many, but not our community because we have endured those conditions. But we love the staff at the hospital. It is clear that the Government needs to focus on improving our health infrastructure and facilities, particularly palliative care in my electorate. We cannot go that extra mile unless we have access to palliative care. I appreciate that there will be numerous amendments to the bill and I will listen very intently to all of them. I appreciate that my party has allowed its members to make a conscience vote. I once again thank everybody who has contributed to this debate, my community and the experts on all sides.

Debate interrupted.

GAMING MACHINE TAX AMENDMENT (PROMOTIONAL PRIZES) BILL 2021
PUBLIC SPACES (UNATTENDED PROPERTY) BILL 2021
SERVICE NSW (ONE-STOP ACCESS TO GOVERNMENT SERVICES) AMENDMENT (COVID-19
INFORMATION PRIVACY) BILL 2021

Returned

The DEPUTY SPEAKER: I report receipt of a message from the Legislative Council returning the bills without amendment.

Private Members' Statements

KURNELL PUBLIC SCHOOL

Mr MARK SPEAKMAN (Cronulla—Attorney General, and Minister for Prevention of Domestic and Sexual Violence) (18:04): It is very special to celebrate a centenary but, like many things in 2021, COVID-19 impacted Kurnell Public School's plans to celebrate its 100th birthday. Instead, teachers, support staff, students and parents turned their focus to making the best of remote learning. They had done it all before in 2020 and the Kurnell staff were able to put last year's feedback from parents to good effect to fine-tune how they delivered learning at home this year. When lockdown began, the Kurnell teachers and support staff got on with the job and went above and beyond to engage with both students and parents.

Here are just a few of the initiatives the staff arranged to support students and families to help everyone stay connected: Devices were loaned to families who needed them to get students online; classes were regularly Zoomed so students could see their teachers and classmates; teachers were online to provide extra support, answer questions or clarify work with parents as well as students; support teachers rang every family to check in and see how they were coping with online learning and followed up with counselling and support as required; individual packs were made up for students with special or specific learning needs and delivered to homes; and care packages were delivered to every family with a special message.

When families said it was all too much and they needed time to focus on family or their own work, the school dialled up the fun, especially on Fridays. Weekly cooking classes were a big hit and some of the lovingly prepared food was packaged and delivered in a COVID-safe way to neighbours living alone. The classes started out being run by Miss Cassie but by the end of lockdown the classes were known as "Cooking with the Captains" and fronted by school captains Hugh and Ruby. With everyone back at school and able to reflect on the challenging months of lockdown I was encouraged to receive this feedback from the school's P&C:

During COVID, our school community at Kurnell was simply amazing. It was hard for many, and we were tested in our capacity as parents, staff members, volunteers, families, and communities.

Our P&C was severely curtailed with no fundraising or interaction able to continue as it normally would, and meetings being shifted to a digital format. However, Kurnell is a place where people help each other; and during COVID, this was evident in spades.

The school has consistently tried hard to keep students engaged and learning throughout and tried to avoid the heavy burden on already struggling parents. Parents helped each other with the struggles we were having with home-schooling, missing work and all of the strains that came with the recent pandemic restrictions.

In all, it has been a tough but rewarding time to be involved with the Kurnell Public School community throughout lockdown.

Those lovely words highlight that Kurnell Public School is much more than a school but a wonderful supportive community. I acknowledge the commitment and care shown by principal Jo Graham and her entire team at Kurnell Public School during this period. The staff see the school as the hub of the Kurnell community and Jo has shared with me how the dynamic, caring and supportive school culture enabled staff to collaborate, learn new skills and help each other during remote learning. Jo said:

These relationships enabled staff to support each other, and connect with parents and students so we could provide the best possible learning experiences remotely for our students.

We constantly thanked our families and reassured them that they were doing a great job and that wellbeing, and their relationships were a priority. We assured them we were here for them and would pick up the pieces and fill the gaps when students returned. The message was just do your best or what you can, we've got this!

The positive feedback we received was evidence of how well we all pulled together as a school and a community. A few new enrolments from other sectors of education also gave us an indication that what we had done was appreciated and valued.

I'm so proud of how my staff, students, families, and community pulled together to not just get through a challenging time but to also see so many positive outcomes as a result.

The 216 students, 23 staff and the many parents and friends of Kurnell Public School have displayed resilience and determination to push through together during the lockdown. This was a difficult time for all of them, but they have come out the other side a better school for it. It was disappointing that the school's centenary festivities

had to be postponed this year, but I look forward to celebrating 100 years of local education in Kurnell with them in 2022. They have so much to celebrate as a school.

AFFORDABLE QUALITY HOUSING

Ms JANELLE SAFFIN (Lismore) (18:09): I speak again to advocate for more Government action to address the housing crisis. The Government said it would address housing in the budget; there has been some money in the past two budgets but it has made no discernible change. The Government should accept that it must do more to ensure that the citizens of New South Wales, including in my electorate of Lismore, have safe and secure housing. When people do not have safe and secure housing, everything else can be in turmoil. The statistics do not need repeating in the House. Recently, when funding was announced for domestic violence and for more housing, I wrote a letter to the Premier outlining the statistics across the electorate of Lismore and asking whether the refuge in Murwillumbah could be reopened.

Tonight I will talk about the work of the Regional Housing Taskforce, which I welcome. I thank Garry Fielding, who headed that up, for the early consultation he provided me via Zoom. He listened to everybody with an open mind. That was reflected in his findings, which contained the statistics we all know: There is a dearth of social and affordable housing, and rents are escalating. He also looked at whether there are any blockages in terms of planning and he said, "Not particularly so." But there were some issues. One of the issues that everybody put to him was the notion of "use it or lose it" for development approvals that, as part of that approval, must provide social and affordable housing—that housing may be lost if it is not taken up early. Garry Fielding articulated eight principles in the report. Number five stated:

Consider social and affordable housing as essential social and economic infrastructure.

That is important because it provides safe and secure housing, and it meets people's emotional and other needs. Providing housing also supports jobs and the economy, and that was put to the task force. The report contained five recommendations: support measures to bring forward a supply of development-ready land; increase the availability of affordable and diverse housing across regional New South Wales; provide more certainty about where, when and what types of homes will be built, including by supporting local and subregional strategies and local Aboriginal land councils and also by deploying the Planning Delivery Unit to regional New South Wales to support regional councils; investigate planning levers to facilitate the delivery of housing that meets short-term needs; and improve monitoring of housing and policy outcomes and demand indicators so that we have benchmarks. When social and affordable housing comes from the Government under the Social and Affordable Housing Fund, there is no specific allocation for the regions, and that needs to change. The task force came up with five "further considerations", which I found interesting. The first consideration stated:

Work with the Federal Government to push for significant Commonwealth level reforms to boost the provision of social and affordable housing—

and we know that needs to happen. The State Government must do that, and it must tell members in this place what it is doing because the State Government has a responsibility to step up. The Federal Government must step up as well, but the State must drive it. The considerations continue:

Review State level funding social and affordable housing—

and that is to renew and expand social and affordable housing stock in the regions.

Consider the Taskforce's findings in future iterations of Housing 2041—

and make sure there are targeted actions, which I put to the task force. The two other considerations were about programs to build skills and initiatives. I am doing all that I can, as are all of the other members in this place, but we need more support from the Government. I have approached Landcom, and it is coming to visit my electorate and the electorate of the member for Tweed to see what it can do to help. That was also included in the report from the task force.

PARLIAMENTARY ALLIANCE TO MAKE AMAZON PAY

Ms JENNY AITCHISON (Maitland) (18:14): The Parliamentary Alliance to Make Amazon Pay [PAMAP] brings together legislators from around the world to share ideas, legislative activity and coordinated action to make Amazon pay. I am proud to have joined PAMAP to help drive political action for workers, the environment and tax justice. The Transport Workers Union, the Australian Workers' Union, the Shop, Distributive and Allied Employees Association and several other Australian unions are members of the Make Amazon Pay coalition. The coalition of workers, activists and citizens around the world seek to make Amazon pay its workers, its environmental costs and its taxes. Amazon continues to wreak devastating effects on the transport industry through the Amazon effect of cost cutting and exploitative competition, and through the unregulated Amazon Flex delivery platform that undercuts good, safe and secure jobs in the industry.

In the next stage of the Make Amazon Pay campaign, parliamentarians have been asked to join the Parliamentary Alliance to Make Amazon Pay. I look forward to hearing more about the movement at a briefing next Tuesday. As someone who has worked in the transport industry for nearly two decades before entering Parliament, and for nearly three decades in the retail industry, I support those workers. It is really important to harness the technology of online shopping to support local businesses, workers and communities. Those big multinational companies act in ways that are really sad. This is an opportunity to support local businesses. Companies like Birdsnest in Cooma and other small businesses have pivoted online in the pandemic to bring much-needed economic activity and business to their community.

The use of online platforms can provide much-needed work in areas where there would be no economic activity without it, yet we see employers undercutting small businesses, paying incorrect wages and doing the wrong thing. We must address the maintenance of dignified work in our community. The Parliamentary Alliance to Make Amazon Pay will connect parliamentarians around the world in the work towards social, environmental and tax justice against corporate monopolies; organise transnational meetings between interested parliamentarians to coordinate legislative and other actions; and provide a global political voice challenging Amazon alongside the movements that are on the front line of the struggle.

Amazon has dodged and dismissed its debts to workers, societies and the planet for too long by playing one jurisdiction against the other. We must stand against large multinational corporations that do not support workers in our regions, particularly in New South Wales, where we have small communities that rely on local retailers and workers to support them. My local businesses sponsor community sport, events and services, yet they must compete on an uneven playing field with a multinational company that does not provide support to our regional communities—that makes me sick. I hope that all members of the House will join the alliance and work together to ensure the economic prosperity and development of all businesses in our communities, and to pursue the health, safety and economic prosperity of people who live and work in our communities.

PUBLIC SECTOR EMPLOYEES

Ms SOPHIE COTSIS (Canterbury) (18:18): I speak on the recent NSW Public Service Commission Report entitled *The State of the NSW Public Sector Report 2021*. The outcome of the report is bleak and it affects thousands of people across our electorates, including in Canterbury. The appalling results of the report highlighted the everyday hardships of our public sector workers. The report showed that they are overworked, perpetually exhausted, overstressed and unsupported by their workplace. They experience dramatic bullying and harassment.

Despite many in the sector working from home for the majority of this year, there was still an incredibly high number of workers reporting having witnessed or experienced sexual harassment, bullying, discrimination and racism in their workplace—that is the New South Wales public service. Of the 52,564 workers in the health sector who answered the commission's survey, 7 per cent said that they have experienced sexual harassment in the workplace in the past year. That is 3,679 people in the New South Wales health sector who have experienced sexual harassment. Twenty per cent of workers say that they have experienced bullying in the workplace in the New South Wales health sector. That is 10,512 people.

During the COVID lockdown health staff across the State were pushed to the brink. I acknowledge all of them. I make special mention of health workers at Canterbury Hospital who worked around the clock to keep our community safe. Cleaners worked overtime to control the spread of COVID-19. The intensive care unit overflowed with patients, and staff felt the burden of the pandemic on their shoulders when our community was considered an area of concern every single day. One worker in the Sydney Local Health District reached out to me to speak about the bullying she faced at work. She told me that her workplace did not completely follow COVID-safe practices and, when she spoke up about it, she was bullied and harassed into silence. Is this how we thank our frontline workers for protecting us during the lockdown?

Throughout the public sector as a whole, one in 10 reported experiencing discrimination in the workplace. That is 17,980 workers. Additionally, 4 per cent reported experiencing racism in the workplace. That is 7,192 people who reported in the survey that they have experienced racism in the New South Wales public sector. As the shadow Minister for Work, Health and Safety and Industrial Relations, which includes workers compensation, I am appalled that the Government has allowed this to happen to public sector workers. The public sector should be the gold standard. The statistics on negative workplace behaviours in 2021 are only marginally lower than 2020, despite the State having been in lockdown for over four months. Clearly the months spent in lockdown have failed to lower the proportion of workers who have experienced sexual harassment or bullying at work.

It is unacceptable that these negative workplace behaviours occur. Workers do not have confidence in the grievance-handling process in their workplace. Across the public sector 22 per cent of workers, 39,556 people, stated that the grievance handling at their work was unfavourable. Public sector workers do not have adequate

protection to stop them experiencing bullying and harassment, and there is inadequate handling of these behaviours when they occur. Clearly there is a lack of training on how to properly deal with grievances and a lack of input to external departments to assure grievances are properly handled. In the education cluster of this report, less than half of the respondents said that they could keep their stress levels at an acceptable level, and 7 per cent of staff at secondary schools reported that they had experienced sexual harassment this year.

We know how hard our teachers work and they have been clearly pushed to the limits during the pandemic. We now have the statistics to support this. They scramble to support our students and still provide an enriched learning environment despite not being in a physical classroom. I have spoken to a local secondary school teacher who was diagnosed with cancer. During her chemotherapy and subsequent recovery she experienced significant bullying. The handling of her grievance was mismanaged and did not result in a just outcome. We will continue to fight and support that local teacher. The New South Wales public sector should set the gold standard for workplace behaviour. There was an article in *The Sydney Morning Herald* by Anna Patty, who raised a number of these concerns. I acknowledge the Secretary of the Public Service Association, Stewart Little, for his work. The New South Wales Government needs to improve in this space.

AUSTRALIAN MUSIC

Mr DAVID HARRIS (Wyang) (18:23): Ausmusic T-shirt Day is back to celebrate and support Aussie music. The industry has been doing it tough since the start of the pandemic. The day is run by music charity, Support Act. The Central Coast is a hive of music talent that has been doing it tough during the COVID period. Many of them have used the time to write new material. I will talk about some of our up-and-coming young stars, along with some of the established stars. Lucy Parle is just 18 years of age. She is a gifted storyteller and rising star. Her distinctive sound sits at the intersection of folk, pop, indie and alternative country.

Lucy took out first place in the International Songwriting Competition [ISC], winning the teen category with her song *Back Up*. The ISC is the world's largest songwriting competition, with over 26,000 artists entering in 2020. The judges included Coldplay, Dua Lipa and Tom Waits. Lucy was in good company, with many other great category-winning Australian artists including Birds of Tokyo. Recognised as a stand-out performer in Triple J's Unearthed High 2020, Lucy inked a record deal with boutique Australian indie label Double Drummer Music in early 2021. She continues to go from strength to strength.

Ella Powell is a 17-year-old country pop artist based on the Central Coast. She took out the people's choice award at the Tamworth Country Music Festival in 2019 and began to pursue her career as a country pop artist. At only 17 years of age, Ella has had a great amount of success in her early years. In 2020 her sold-out single launch concert, which I attended, preceded the release of her debut single. It has been streamed in dozens of countries and on radio stations nationwide. Ella's new single is *Paper Town*, which will be released on 29 November. I have preregistered for the download of that song. Both Lucy and Ella have been employed at different charity events in my electorate.

Chelsea Berman is also from the Central Coast and started performing at the age of eight. From the beginning her determination to become a professional singer-songwriter was apparent. At the tender age of 22 she has now grown into an accomplished recording artist, who regularly performs at Tamworth and around the State. Chelsea is a wonderful young lady and a star of the future. As well as those young people, we have established country music stars who live on the Central Coast. A name that people will recognise immediately is Gina Jeffreys, who is a multi award-winning country music queen. Together with her partner, Gina continues to perform and write while training the next generation through songwriting and performance lessons. Gina regularly appears and talks about her life and experiences to empower women. Gina is a fantastic person to have living on the Central Coast. She does an incredible job.

Kasey Chambers is a name that people will recognise. Brooke McClymont of the McClymont Sisters lives on the Central Coast. Adam Eckersley is a singer, guitarist and songwriter who now lives on the Central Coast. There is Adam Harvey and RedHook, which is a four-piece rock band whose members grew up in Gosford and Toukley, with two of the members still living on the Central Coast. Short Stack is an Australian punk rock band that started out in Budgewoi, the northern part of the Central Coast. Brendon Boney is a First Nations artist living in Ettalong Beach. He has worked with the Bangarra Dance Theatre, the Sydney Theatre Company and Belvoir Street Theatre, to name a few.

Tessa Thames is a First Nations artist and married to Brendon Boney. They live at Ettalong Beach, but Tessa grew up at Umina—as I did. Chris Neal is an Australian musician, songwriter, record producer, and television and film composer. Aston is a singer-songwriter from Glenning Valley. Her first release as an artist, *Next Level*, was featured in the film *Hobbs and Shaw*. There is so much talent on the Central Coast. I look forward to seeing these young artists go from strength to strength.

*Community Recognition Notices***KAY LYON**

Mr MARK COURE (Oatley)—Speaker, I rise today to acknowledge local Lugarno resident, Kay Lyon, who has presented an outstanding art exhibition at NSW Parliament House. The presentation is entitled "The Effect on a Butterfly" and it showcases the natural beauty and unique make-up of the Georges River. It is a metaphoric example of the fragility of our natural environment as she utilises her artistic brilliance to capture the history of the region. Kay has lived in the region her whole life and she is a proud resident of Lugarno which sits perfectly along the Georges River. She is a true advocate for preserving the beauty of our region. Using her camera, pen and paper, she has spent the last few years recording images throughout our local community capturing wildlife, mangroves and magnificent reflections of the water. Kay is a very well-known and magnificent artist with pieces in the Hazelhurst Regional Gallery, Beatty Gallery and Kudos Gallery. Her pieces have also found their home in a number of private exhibitions across Australia and the United Kingdom. Well done again on this fantastic achievement.

OATLEY PUBLIC SCHOOL

Mr MARK COURE (Oatley)—Speaker, I rise to acknowledge the outstanding team at Oatley Public School who have been successful in receiving \$40,000 thanks to the NSW Government's Community Building Partnership program for 2021. This funding is an incredible result for the school and the funding will go directly towards building a permanent shade structure over the playground. This infrastructure boost will allow students to access the playground in wet weather conditions while providing relief from the heat in summer. The Community Building Partnership grant program funds important infrastructure and equipment upgrades to community organisations across NSW. Most importantly, it demonstrates the NSW Government's commitment to increasing the quality and availability of school infrastructure for local residents across the State. I wish to thank Principal of Oatley Public School, Debbie Hunter, P&C President, Lachlan Derwent, as well as P&C Grants Officer, Alison Katona, for continually championing improvements at the school. I look forward to seeing this fantastic permanent shade structure built in the near future.

SECOND ANNIVERSARY OF THE CHRISTCHURCH MASSACRE

Mr MARK COURE (Oatley)—Speaker, it was humbling to attend the Second Anniversary of the Christchurch Massacre in 2021, to commemorate and acknowledge the 51 lives that were lost during this tragedy. I wish to thank my Parliamentary colleagues and all members of our community who came together to mourn and pay their respects. I also want to acknowledge the Australian National Imams Council for hosting the event and for allowing us to join in unity and reflection.

March 15, 2019 was a day of tragedy and the impacts of this devastating attack were felt right across the world. Commemorative events like these are so important because they allow us to come together in harmony while pausing to reflect on the dire need to reject acts of terror and bond in unity. The Australian National Imams Council is an outstanding advocate for the Australian Muslim community and I sincerely applaud their efforts in supporting local Muslim organisations and communities across the nation. Together we will continue to build an inclusive society that enshrines individual, religious and cultural freedom.

MARINA TSIKLAS

Mr MARK COURE (Oatley)—Speaker, I rise to recognise Marina Tsiklas from Mater Dei Blakehurst for her outstanding achievement in being awarded the Most Valuable Player Trophy for the Under 13 Girls Division as part of Interschools Tennis NSW Age Teams Challenge. It was a pleasure to head over to the school to congratulate Marina in front of her teachers and peers at their school assembly. This is an incredible achievement and it showcases not just her ability but her commitment to the sport of tennis. With a number of public, private and catholic schools competing from right around the State, this is no easy feat. I have no doubt that Marina is on her way to bigger and better things in the future and I wish her all the best on each and every step of her journey. All of the staff, teachers and students at Mater Dei Blakehurst are right behind Marina and the entire school community wishes to see her succeed as a tennis superstar in years to come. Well done Marina.

BRYAN FISHPOOL

Mr GARETH WARD (Kiama)—Today the NSW Parliament acknowledges the service to the people of the Kiama Electorate of Mr Bryan Fishpool who joined me in Parliament this week to acknowledge and celebrate 10 years of service as a member of my Kiama Electorate Office Team. I first met Bryan when I joined Berry Apex. I was impressed with Bryan's genuine commitment to serving our community and bringing about positive results through altruistic service. Prior to joining my team, Bryan was a frontline police officer with most of his service being in regional NSW. He retired from the NSW police after being injured in the line of duty during the

2000 Sydney Olympics in pursuit of an offender. Given his former police and charitable service, Bryan is perfectly placed to be on the frontline of our electorate office team and works well with our constituency on all manner of issues and inquiries. Bryan is at his best during our mobile electorate office visits that sees us travel around the electorate to every town and village. Bryan also loves working with local sporting clubs with sport being a lifelong interest and passion. My thanks to Bryan for your outstanding service to our community.

MR BEN BLACKBURN

Mr GARETH WARD (Kiama)—Today our Parliament acknowledges 10 years of service of Mr Ben Blackburn as a member of my Kiama Electorate Office Team. I first met Ben in 2008 when he was working for Bravehearts with which I have had a long association. Ben worked on my first campaign in the lead-up to the 2011 State Election. Ben has a genuine passion and interest in politics but particularly social policy issues where he is a great source of advice and guidance. Ben was the first person I employed after winning the election in 2011 and since that time Ben has proven himself to be an invaluable member of our team. Ben has managed everything from a very difficult and every-changing diary, parliamentary responsibilities including my role as chair of the Parliamentary Friends of the European Union and constituent engagement. However, Ben truly excels in organising events he is personally passionate about such as the Kiama Electorate Community Awards, the Kiama Electorate Young Leaders Forum and media events when we have been successful in securing grants for community groups. On behalf of our community, I thank Ben for his dedication and commitment to the people of the Kiama Electorate.

CHRIS HAYES

Mrs HELEN DALTON (Murray)—Madam/Mister Speaker, today I would like to recognise Chris Hayes for his service to the Deniliquin Swimming Club and the broader swimming community. For several decades, Chris has helped to develop a long list of strong swimmers and fellow coaches within the region. In recognition of this contribution, he was awarded an Order of Australia Medal. His ability as a technical official and referee has seen him officiate at a local, regional, national and international competitions, including the World Cup, Commonwealth Youth Games, and the Trans-Tasman Championships. His skill in officiating has also been highly regarded by both Swimming NSW and Swimming Australia. I thank Chris for his services to the local swimming community. His contributions do not go unnoticed and his work has been and will continue to be valued for many years to come.

DENILIQUN BOAT CLUB LIFE MEMBERS

Mrs HELEN DALTON (Murray)—Madam/Mister Speaker, today I would like to recognise and congratulate Lee Mann and Julie Lowe who have been awarded life membership at the Deniliquin Boat Club - the first women to be bestowed such an honour. Alongside Lee and Julie, Craig Lowe and Bruce Scott were also awarded life memberships. Lee has been a devoted member of the Club for more than 40 years, including a committee member and a consistent helping hand to the ski school. Julie and her husband Craig have been members of the Club for 23 years, contributing significantly to the Club and its committee over two decades. Bruce has fulfilled many roles within the Club, from member to committee member and most recently the Club's treasurer. He has been described by fellow members as the reason the Club is where it is today. The efforts and commitment of Lee, Julie, Craig and Bruce are to be commended and celebrated. I thank them for their service to the Club and on their achievement of life membership.

QUEENWOOD DEBATING GRAND FINALISTS

Ms FELICITY WILSON (North Shore)—Speaker I wish to recognise all four Queenwood debating teams who have recently competed in the Archdale Debating Competition. The teams of 8A, Juniors and Year 10 all debated brilliantly in the Semi-Finals and made it through to the Grand Final on Tuesday 23rd of November. The Archdale Debating Competition was established in the early 1970s in honour of Miss Betty Archdale, a strong advocate of educational opportunities for girls. The teams from Queenwood have done an exceptional job in their debating. They have seized this opportunity to really shine and benefit from an extra-curricular activity that has grown amongst so many all-girls schools across the state. I congratulate the Queenwood girls on this huge achievement of taking the floor and displaying exceptional debating skills, and I recognise their dedication to their teams. I wish them the best of luck in the Grand Finals and thank their teachers and Deputy Principal Belinda Moore, who has been attending the debates.

REDLANDS STEAM SUSTAINABILITY COMPETITION

Ms FELICITY WILSON (North Shore)—Speaker Redlands Secondary School Year 7 students have been busy in the classroom creating and designing their own eco-friendly sustainable cities using Minecraft during STEAM classes. STEAM is an approach to learning that uses Science, Technology, Engineering, Arts, and Mathematics, and it teaches students to be critical thinkers and innovative in their works. Creating eco-friendly

sustainable cities using Minecraft demonstrates the real-world education that will prepare these students for different growth fields. I commend the hard work and the innovative real-life ideas of eco-friendly sustainable cities, and I'm excited to see these young people make these cities a reality one day. The STEAM project was a collaborative effort between Year 7 and a group of Year 12 students who guided and supported their peers in this exciting demonstration of learning. Congratulations to 7 Roseby White for taking out the overall winner of the Best Sustainable World and 7 McDouall Blue for winning the People's Choice Award. Thank you to the teachers for encouraging students to participate in such an incredible project and giving them the skills and foundations to excel in this area of study.

FUNDING FOR CREATIVE ARTS AT BEAUTY POINT PUBLIC SCHOOL

Ms FELICITY WILSON (North Shore)—Speaker I congratulate Beauty Point Public School P&C Association for their successful application in the Community Building Partnership grants program 2021. The P&C Association has secured funding for acoustic insulation treatment to the school hall. This funding will assist with installing acoustic ceiling and wall panels to existing hall infrastructure and installing acoustic fabric curtains around the audio-visual system. This will benefit the diverse range of creative arts and events the space is used for. These improvements to the school hall will allow for better multipurpose usage by students and the school community. The Creative Arts program at Beauty Point Public School is a fantastic program mandatory for all students from Kindergarten to Year 6. The program helps to enrich students' studies of Drama, Visual Arts, Music and Dance, where they focus on appreciating, composing, listening, making, and performing. Well done to P&C President Lauren Adlam and the rest of the association for securing these well-deserved funds for the students of Beauty Point Public School.

MIDDLE HARBOUR 16' SKIFF SAILING CLUB SECURES FUNDING FOR A NEW RESCUE BOAT

Ms FELICITY WILSON (North Shore)—Speaker I congratulate Middle Harbour 16' Skiff Sailing Club for their success in receiving funding in the 2021 Community Building Partnership grants program. This funding will allow the club to purchase a new rescue boat to support the increase in both junior and senior sailors. Middle Harbour 16' Skiff Sailing Club is a club that thrives on community and participation. The club has a rich history and has had members sailing for over 100 years. Sailing is such a special part of our community here in the North Shore, especially with the Middle Harbour 16' Skiff Sailing Club positioned right on the shore of Sydney Harbour, attracting both experienced and rookie sailors to take part in skiff sailing. Congratulations to President Peter Tinworth and the club for their successful application. The well-deserved funding through CBP2021 will directly benefit the safety of members. It is excellent to see a large increase in participation in the Club's sailing program following the more challenging times of COVID-19.

HINDI DIVAS – IABBV-HINDI SCHOOL

Ms JULIA FINN (Granville)—On 12 September I was delighted to attend the annual Hindi Divas celebration. Like many events this year it was held virtually. Indo-Aust Bal Bharathi Vidyalaya Hindi School [IABBV-Hindi School] was founded in June 1987 as one of the first structured Hindi-language institutions in Sydney. A group of new migrant mothers from India wanted to ensure their children could engage with family members in India through the knowledge of language and culture. The study of Hindi is not the only school activity. Sport, music, drama, dance and cultural exchange are all part of the school curriculum. India's national Hindi Divas falls on 14 September every year to commemorate the adoption of Hindi as the official language of India by the Indian Constituent Assembly on 14 September 1949. Hindi Day is the celebration of not only Hindi but everything that is Indian. Participation in Hindi Day is a part of building a cultural bridge and fostering greater understanding between Australia and India. Thank you to Mrs Mala Mehta OAM, President/Honorary Founder/Hindi Teacher for her kind invitation to attend, their work over 34 years in teaching Hindi and I wish IABBV Hindi School success for the future.

TOONGABBIE CHRISTIAN COLLEGE 40 YEARS

Mr MARK TAYLOR (Seven Hills)—I would like to acknowledge Toongabbie Christian College for recently celebrating 40 years of educating local students across the Parramatta and Cumberland areas. The College has students from across the Seven Hills electorate, in places like Toongabbie, Constitution Hill, Seven Hills, Old Toongabbie, Pendle Hill and Wentworthville. It was terrific to see the students and teachers be able to celebrate this anniversary back in the classroom when face to face learning resumed. Toongabbie Christian College has done a great job for many years in local outreach and supporting the local community through initiatives such as St Vincent De Paul Society vans at Parramatta Park and funding for local charities. I would like to recognise the school principal, Dr Johan Griesel, and all the teaching staff who make the Toongabbie Christian

College the terrific community that it is. I look forward to meeting with teachers and students again in the near future to hear about all the fantastic things they have been doing.

VARDYS ROAD PUBLIC SCHOOL UPGRADE AT KINGS LANGLEY

Mr MARK TAYLOR (Seven Hills)—I would like to recognise the Parents and Carers [P&C] committee at Vardys Road Public School for the great work they do in supporting the school community and making it a better place for all families and children. It was terrific to hear that the P&C had been awarded with \$117,000, through the community building partnerships grant program, to put towards a noise reduction wall to reduce traffic noise from the main road and artificial turf to enhance the usability of the outdoor learning and games area. These upgrades will benefit the learning of the students at Vardys Road and reduce the level of distraction when in the classroom. The new artificial turf will provide upgraded outdoor spaces to use during breaks, and be good modern learning spaces too. I am happy to have supported this worthy grant for Vardys Road Public School students across Kings Langley, Seven Hills and Lalor Park. I would like to thank Sarah Tolhurst for the great effort she put in to securing this grant and looking for the best opportunities for the Vardys Road Public School community to enhance its play spaces.

ST PAUL THE APOSTLE CHURCH WINSTON HILLS UPGRADE

Mr MARK TAYLOR (Seven Hills)—I would like to recognise St Paul the Apostle Church in Winston Hills, who recently secured \$16,000 through the Community Building Partnership program for 2021. St Paul the Apostle in Winston Hills is a terrific community with a large Catholic primary school and church serving residents of Winston Hills, Northmead and Old Toongabbie. The Community Building Partnership grant will be used by the church parish to install new air-conditioning systems which will provide heating and ventilation to the multi-purpose Centre facilities that are used by Church parishioners, the school community and social groups. I would like to thank the Catholic Diocese of Parramatta for supporting St Paul the Apostle in the application process, in particular Geoff Officer. I look forward to meeting with the school once again to discuss what they have been doing during recent times, and viewing the completion of the project.

COLEMAN GREIG VIRTUAL CHALLENGE 2021 AT WESTMEAD HOSPITAL

Mr MARK TAYLOR (Seven Hills)—I take this time today and acknowledge the participation of Westmead Hospital staff in the Coleman Greig 2021 Virtual challenge fundraising event. The Coleman Greig Challenge is held annually to raise funds for newborn babies at Westmead Hospital's Neonatal Intensive Care Unit and children with special needs at St. Gabriels School, Castle Hill. St Gabriels School has students from the Seven Hills electorate who attend. The challenge is organised and run by the fantastic team at the Westmead Hospital Foundation, located in the electorate of Seven Hills. The funds raised through this year's challenge will go towards upgrading the Panda Warmers in Westmead Hospital's Neonatal Intensive Care Unit which play a vital role in monitoring the heart rate and oxygen levels for the newborns. Individuals participating in the challenge are given the option to run, walk or cycle from the 12th to the 19th of November while raising funds from friends and family. I thank the many Seven Hills electorate residents that work at Westmead Hospital and are partaking in this challenge. I thank the organisers from the Westmead Hospital Foundation for their hard work and dedication to such an inspiring cause.

LIVERPOOL CITY LITTLE ATHLETICS

Ms MELANIE GIBBONS (Holsworthy)—Mr Speaker, I would like to acknowledge Liverpool City Little Athletics and am excited to see the Club kicking off their Summer 2021/22 season soon. Liverpool City Little Athletics encourages young athletes of all levels to achieve their personal best each week. Little Athletics is made up of various track and field events. The Club has a strong focus on family, fun and fitness, and is a great way for local families to get involved in the sporting community. It's also great for young people as they're able to develop basic motor skills of running, jumping and throwing. The Club caters for children aged between 4 and 17, and their weekly competition is held on Friday nights. After what has been such a challenging year for young people, especially for this Club as their home ground was used to host a COVID-19 Testing Clinic, it's fantastic to see the Club getting back into the swing of this and I look forward to hearing of their achievements.

MOOREBANK BASEBALL SOFTBALL CLUB

Ms MELANIE GIBBONS (Holsworthy)—Mr Speaker, I would like to acknowledge Moorebank Baseball Softball Club and wish them the best of luck in their upcoming season. Moorebank Baseball Softball is a prominent Club in the local sporting community and has been running for over 40 years. The Club allows both juniors and seniors to join and play in the Macarthur competition, and they have many teams already registered to play this season. The season will commence on 1 December and run for 12 weeks. The Club caters to players of all skill levels and encourages local residents to get involved. It's a great way to meet new friends and develop skills and keep active. This is also a great opportunity for local families to use their Active Kids Vouchers and

register their children in a team sport – especially as community sport was stopped during the COVID-19 lockdown. Once again, I wish the Club and all the teams the best of luck this season and am looking forward to seeing how they go.

KENTHURST ROTARY CLUB

Mr RAY WILLIAMS (Castle Hill)—I would like to take this opportunity to recognise the Kenthurst Rotary Club, situated within my Electorate of Castle Hill. The Kenthurst Rotary Club are bouncing back after the sad passing of the 'Mayor of Kenthurst', John Benyon, who was their President for many decades. The club owns and maintains the 'John Benyon Park', which remains a key recreational area for the Kenthurst community, and to that end I was recently delighted to be able to secure \$15,000 worth of funding to install a children's playground for the park. This was a part of the NSW Government's \$400,000 commitment to my Electorate of Castle Hill as a part of the NSW Community Building Partnerships. The club continues to host their Australia Day and ANZAC Day ceremonies, as well as being a key part the annual Orange Blossom Festival. I would like to thank all involved with the club, and especially Michael O'Connor, Victoria Burakowski, Chris Redman, Chris Gaskin, Kathy Bray, Paul Rapp, Tony Goode, Phil Bishop, Peter Bray and Todd Melrose.

ADAM HANSEN

Mr PETER SIDGREAVES (Camden)—I congratulate Adam Hansen from my electorate who was named Aboriginal and Torres Strait Islander Student of the Year at the 2021 annual NSW Training Awards. Adam has made Camden proud and will go on to represent NSW at a national level. Adam has been delivering Aboriginal cultural competency workshops for more than 10 years and has worked with high schools to encourage Aboriginal participation in education. Adam has now gone on to study at TAFE NSW to become a teacher and further inspire our local community. I send my best wishes to Adam at the national level and in all the many future endeavours I am sure he will undertake.

BERT EVANS APPRENTICE SCHOLARSHIP RECIPIENTS 2021

Mr PETER SIDGREAVES (Camden)—I congratulate Rory Abbey, Cameron Doyle, Dylan Friend and Riley Whatman on being awarded a Bert Evans Apprentice Scholarship for 2021. The scholarship supports apprentices who are experiencing financial or personal hardship, demonstrate high aptitude for vocational education and who are committed to their on and off the job training. I commend these recipients for choosing an apprenticeship which will in future allow them to make a valuable contribution to our community. I wish all these recipients every success with the remainder of their apprenticeship.

CAMDEN SOUTH PUBLIC SCHOOL 60TH YEAR ANNIVERSARY

Mr PETER SIDGREAVES (Camden)—I speak today about one of my local schools, Camden South Public School, who recently celebrated their 60th year anniversary. Camden South Public School is situated in the outskirts of Camden, neighbouring the tranquil Nepean River. Established in 1961, the school is committed to providing educational experiences that encourage diversity and harmony. Since opening, the school housed only a few hundred students, today, the Camden South has grown to cater for around 700 students. Camden South is a wonderful school within our local community of which I am extremely proud. Principal Nikkie Reddie and all of her staff are doing an amazing job and am delighted to wish them a wonderful 60 year anniversary.

SYDNEY MARKETS FRESH AWARDS 2021

Mr PETER SIDGREAVES (Camden)—I congratulate local business, Eden Flower Studio in Gregory Hills who won the Sydney Markets Fresh Award, announced virtually earlier this month. The Awards recognise the top florists, greengrocers, providers, wholesalers and content creators across NSW. Eden Flower Studios received the award for Merchandising and Branding in the floristry category. Local business in Narellan, Bunch it with Country was a finalist in the same category. I acknowledge the hard work and commitment of the co-owner of Eden Flowers Studio, Shari Tindle and the team which lead to their award and wish them the very most continued success in future.

KATHRYN BOWDEN

Mr GARETH WARD (Kiama)—I congratulate Gerringong local resident Kathryn Bowden on becoming a global author and illustrator with her first children's book called *Its Showtime – Holstein Day*. Since releasing the book – about a Holstein dairy cow named Nancy – many copies have been shipped overseas to Canada, America, Britain and New Zealand as well as throughout Australia. The book follows Nancy's journey from the farm gate to the show ring, documenting all the steps along the way and highlighting the passion and care that farmers demonstrate towards their cattle. Kathryn has written about what she knows having grown up on a farm in Gerringong, as her parents, the Cullens, are 7th generation dairy farmers. While in high school she showed dairy cattle locally and nationally. She was also the Kiama Showgirl in 2013. This book is the first in a four part

series with the next book about a Jersey cow due to come out early next year. Congratulations and well done Kathryn Bowden.

ALI DAY

Mr GARETH WARD (Kiama)—Kiama's Ali Day has won the Coolangatta Gold ironman crown for the seventh time. He led for the entire 41.8 km (taking 3 hours and 52 minutes) and finished 5 minutes ahead of second place. Earlier this year, Ali took out the Nutri-Grain Ironman and Australian Ironman crown. His older brother Blair came eleventh in the same race. Both brothers, sons of Ross and Kim Day learnt their skills locally at the amazing Kiama Surf Life Saving Club.

MOORLAND P&C ASSOCIATION

Mrs LESLIE WILLIAMS (Port Macquarie)—I rise to recognise the Moorland Parent and Citizens Association for recently receiving a Community Building Partnership [CBP] grant to install a roof cover over the playground sandpit. Described as a leader and role model for rural education in NSW the Moorland Public School is simply a delight to visit and see firsthand the amazing strides in student outcomes the school is achieving since opening its doors to the community in 1882 with Principal Annie McKinnon at the helm. Today Principal Lyn Schneider leads the school which is going from strength to strength with nineteen students enrolled and an increase predicted for 2022. Like all schools, Moorland is supported by their hardworking and committed P&C Association who have been a driving force in improving educational equipment and facilities through local fundraising. Today, I congratulate the Moorland P&C President Racheal Buttsworth and Secretary/Treasurer Annette Payne for their successful application for a \$15,000 CBP grant from the NSW Government to construct a roof covering for the children's sandpit protecting students from the elements. I thank the Moorland Public School for their commitment to our student's education.

ASVO WINEMAKER OF THE YEAR

Mrs LESLIE WILLIAMS (Port Macquarie)—It is with much excitement that today I inform the House of the winner of the Australian Society of Viticulture and Oenology [ASVO] Winemaker of the Year Award Alex Cassegrain for his exceptional work and research in trialling winemaking techniques for salvaging smoke tainted grapes. Cassegrain Wines are a local family business known internationally for their high quality winemaking practices which continue to set a benchmark for Australian wines through a traditional French method of production passed down from generation to generation since 1643. Alex Cassegrain couldn't be more deserving of this accolade. Growing up on the Cassegrain vineyard, near the Hastings River, Alex with his father John and brother Philippe continue producing outstanding wines while focussing on innovation and technology from a French heritage perspective. During the 2019 summer bushfires that effected acres of vineyards, Alex saw an opportunity to create a solution to salvage smoke affected grapes. This involved understanding the organoleptic and chemical effects of smoke taint, and developing treatment options during and after fermentation. Congratulations Alex on your achievements through experimentation to better safeguard the viticultural regions from bushfire impacts.

SALVATION ARMY CHRISTMAS APPEAL

Mrs LESLIE WILLIAMS (Port Macquarie)—As the festive season approaches, I acknowledge the Salvation Army's annual Christmas Appeal which raises valuable funds for families in financial need. We all know the COVID-19 pandemic has created much stress and anxiety for individuals and families all over the world, with many doing it tough as a result of reduced work hours and rising costs of living. It is during these difficult times that the Salvos are there with open arms, offering assistance and guidance to those experiencing hardship. This year the Salvation Army has set a national fundraising target of \$20 million with anticipated calls for support expected to increase during this Christmas season and beyond. Salvation Army Captain Peter Gott is leading the charge for this year's Christmas Appeal in the Hastings and is calling on the community to dig deep and help someone less fortunate by donating items of non-perishable food, gift cards and toys to the Port Macquarie Salvos. Peter is spreading the message that Christmas offers us time to reflect and connect with one another and celebrate the joy of community. Please give generously this Christmas.

VALE JAMES HANNAH

Mrs LESLIE WILLIAMS (Port Macquarie)—Today I rise to pay my respects to the Hannah family and acknowledge the loss of a musical genius and a man devoted to the local arts industry on the Mid North Coast, James Peter McKillop Hannah who passed away on 6th November. Remembered as a remarkable man who tirelessly volunteered his time and energy to promote cultural development in the field of music and the arts, James was an integral part of organisations such as The Players Theatre, Sinfonia Mid North Coast and Laurieton Voices U3A Choir. Born in Scotland in 1933, James was the youngest of five children and commenced pursuit in the arts industry through the Royal Scottish Academy of Music before serving in the British Army. Relocating to

Australia, James moved to Port Macquarie in 1993 and continued his passion and love for music. In 2015, James was recognised with an Order of Australia Medal [OAM] for his longstanding commitment and service to community music in our region. James was also an avid bridge player and a member of all three local clubs. James's musical talents will forever be remembered in our hearts.

COLO VALE PUBLIC SCHOOL

Mr NATHANIEL SMITH (Wollondilly)—Colo Vale Public School have put themselves on the map, one of just 300 schools, scout groups and Australian Air Force Cadets that were selected in 2020 to record findings of wattle seeds that have travelled in space. In 2020, Colo Vale Public students in year 5 & 6 environmental committee sent a submission entitled 'From Little Things, Big Things Grow' to the One Giant Leap Australia Foundation. As part of a scientific initiative that is the first of its kind in Australia, they then sent six wattle seeds into space on December 7, 2020. The seeds spent 7 months hanging out in space, and were returned to Australia in August. Another six seeds meanwhile remained at the Commonwealth Scientific and Industrial Research Organisation [CSIRO] in Canberra. Students will compare the 'earth' seedlings to the space seeds, monitoring them in a portable greenhouse in the school's eco garden. Although the initial participating students will be moving on to high school, they were happy to pass the exciting project on to this year's environmental committee, knowing the seeds will be well looked after. What fantastic work from Colo Vale Public School; congratulations!

COUNTRY DOGS DAY OUT

Mr NATHANIEL SMITH (Wollondilly)—Southern Highlands dog owners are celebrating the launch of a new book of photographed country pooches on their porches with a fun 'Country Dogs Day Out' on Saturday November 20. Dirty Jane's in Bowral is inviting locals to come around tomorrow bringing furry friends dressed to the Ca-nines, with the opportunity to win prizes and awards. The day will also include children's activities and delicious food stalls, making it a great family day out. Of course, attendees will also have to opportunity to meet Suzanne Stevenson, author of Country Dogs on Doorsteps and purchase a signed copy of her new book. The event will support the work of the Friends of Wingecarribee Animal Shelter with fifty percent of ticket sales being donated to them. Great work Dirty Janes team for putting on this event bringing locals together for some light-hearted family fun.

PINK RIBBON MOTORCYCLE RIDE

Mr NATHANIEL SMITH (Wollondilly)—The annual Pink Ribbon Motorcycle Ride Sydney took place over the weekend, the route passing through Razorback and Picton in Wollondilly, turning the town pink, and raising money and awareness for breast cancer. The annual event was initiated in 2001, and since that time they have raised an incredible 2 million dollars for the fight against breast cancer. Participants pay an entry fee and encourage family and friends to sponsor them and donate, then enjoy a day on the open rode with hundreds of other motorcycle enthusiast. This year they had over 200 motorcyclists participate, and together raised over \$20,000 for the Westmead Breast Cancer Institute, where the money will help people suffering with this terrible disease. And of course, 200 men and women decked out in hot pink, riding together through the towns cannot help but raise a whole lot of awareness too. Thanks you to the event organisers, donors, and participants, including Picton local Charlie Rees, others from Wollondilly, and the wider Sydney community.

SARA BERKI

Mr NATHANIEL SMITH (Wollondilly)—I would like to send my congratulations and encouragement to Mittagong local musician Sara Berki, whose new album is set to drop in the next couple months. Heartline, Ms Berki's five track EP, is much anticipated, and has involved collaboration with Australian singer songwriter Shane Nicholson as well as the bass guitarist for Troy Cassar-Daley's band. Ms Berki's love of music began in primary school, when her year 2 teacher took the time to teach her to play guitar during lunch break and recess, sparking a passion that has not faded with time. A young Sara begged her parents to buy her a guitar and has not looked back since. Ms Berki's talent is being recognised around Australia and she was recently a finalist in Groundwater Kix Start competition, run by the KIX Radio Network. Ms Berki is kicking goals already, but at 24 years old I am sure her best is yet to come. I wish her the best of luck on her album release and every success in the future.

WHITE RIBBON FUNDRAISER

Ms SONIA HORNER (Wallsend)—Get your motor running, head out on the highway. After a week of rain and some very strong winds, the weather gods finally smiled and the Newcastle motorcycle fraternity turned out in numbers to take part in the 2021 White Ribbon Ride. There were over 70 bikes and over 100 people who turned out. The group raised just short of \$4300 on the day, well over their goal of \$3000. This is a remarkable outcome due to the uncertainty around whether the event would even go ahead due to COVID. Thank you to Fox Mowing and Gardening, who were major sponsors, the Harley Owners Group, Newcastle Chapter, who were

the ride partners and John Buck from Smart Artist Photography, who did all the photography on the day. Well done to Derek van Braam who was the major organiser, Megan van Braam, who helped sort out the ride and managed the days check ins. Thank you to Jessica van Braam, Kyle van Braam and Annalise Simpson who helped run and sort out issues on the day. I look forward to being part of the day in 2022.

JIMMY BARNES

Ms SONIA HORNER (Wallsend)—When we look back on how we spent the months of COVID-19 lockdown during 2021, one question always come up. What did you binge watch? Many of us watched series on Netflix or one of the streaming services, looking for something to comfort us during a nervous time for many. For many Australian artists, the lockdown meant tough times without venues to play in. During the lockdown, many artists took to social media as a means to be able to stay connected with their fans. For many, one legend of Australian Music went above and beyond for his fans. Jimmy Barnes, and the entire Barnes family put on daily concerts, cooking exhibitions and daily updates for his fans. Today is Ausmusic T-Shirt Day which celebrates all the amazing people involved in the Australian music industry. It's a day to get behind #ausmusicshirtday with Support Act to raise funds for artists and music workers who are experiencing financial hardship, ill health, injury or mental health issues. This is an issue Jimmy is passionate about. On behalf of everyone who was kept entertained by your daily concerts and updates, thank you Jimmy and family.

CALLAGHAN COLLEGE WARATAH CAMPUS

Ms SONIA HORNER (Wallsend)—The annual NSW Education Minister's and Secretary's Awards for Excellence acknowledges the achievements and outstanding efforts of students, educators, parents and schools. Callaghan College was a recipient of the Secretary's School Achievement Award for its Faculty Leadership Improvement Project [FLIP] initiative, which ran across its three campuses. The award is presented to schools that successfully create a sustainable learning environment through a whole-of-school project. The schools must have a significant improvement in learning outcomes and opportunities, and excellence in student learning. Through the FLIP initiative, each of the remarkable College Instructional Leaders have shown the value of efficiently leading for impact. They each effectively led targeted projects to address areas of need in their faculty, and have built the capacity of their teams through distributed leadership, as well as developing a high level skillset themselves. Most importantly, the College Instructional Leaders have positively impacted the learning culture at each of their campuses. Well done to Waratah Campus Instructional Leaders Allison Blight, Amy Worth, Bart Simpson, Brent Scrivener, Georgie Gallagher, Eunice Hsu, Jeffrey Bull, Jessica Rose, Judy Brown, Lindsay Morrow, Louise Payne, Michael Derry, Nicole Avar, Sheena Roberts, Tristan Densham, Wendy Davis and Yvette McShane.

PROFESSOR VEENA SAHAJWALLA

Ms SONIA HORNER (Wallsend)—Congratulations to Professor Veena Sahajwalla on being named the 2022 NSW Australian of the Year. A materials scientist, engineer and inventor, Professor Veena Sahajwalla pioneers research into waste, turning it into a new generation of green materials and products. She does this as the Founding Director of the Centre for Sustainable Materials Research and Technology at the University of New South Wales. Veena is most well known for her invention of Polymer Injection Technology, or 'Green Steel', including work at Molycop's electric steel-making furnace at Waratah. In 2018, she launched the first of many MICROfactories. She leads two national research and industrial transformation hubs, the ARC Microrecycling Research Hub and the National Environmental Science Program Sustainable Communities and Waste Hub. Veena collaborates with leading universities and institutions, plus industry and community groups, to develop and apply new recycling science into real-world environmental and economic benefits. She's been instrumental in raising the profile of STEM in Australia and enhancing public understanding of its importance. Congratulations Veena on this award and thank you for doing the extraordinary things that you do.

BYRON BAY PUBLIC SCHOOL

Ms TAMARA SMITH (Ballina)—Today I recognise the generosity and kindness of students at Byron Bay Public School, who recently raised money for the Indigenous Literacy Foundation through a book swap organised by Teacher Librarian Mrs O'Connor. Almost 2000 books were donated by families, indicating the wonderful generosity of the Byron Bay Public School community. Students could choose a book from the collection and 'swap' it for a gold coin. The book swap encouraged the wonderful benefits of reading and the students raised just under \$1000 to directly support Indigenous children. The Great Book Swap is an initiative organised by the Indigenous Literacy Foundation and celebrates reading as well as raising money to improve educational outcomes in remote Aboriginal communities. The program also encourages participating students to learn more about Aboriginal and Torres Strait Islander culture and languages. The Indigenous Literacy Foundation is working towards equity of opportunity for Indigenous students aiming to give children and families in remote Indigenous communities with books and other resources, providing the opportunity to acquire one of life's greatest

skills and joys: the ability to read. I thank Mrs O'Connor and the Byron Bay Public School for supporting this wonderful project.

TONY GILDING

Ms TAMARA SMITH (Ballina)—Today I recognise an incredible man and environmentalist Tony Gilding, and his contribution to wildlife conservation and tourism in the Northern Rivers. Over the last 14 years Tony has put his heart and soul into building up the iconic Macadamia Castle at Newrybar. Under Tony's stewardship the Castle has become synonymous with environmental protection, wildlife preservation, and tourism excellence. Tony's many achievements include, instituting a conservation and education programme at the Castle, championing local businesses through the Sourdough Business Group, protecting orangutans in Borneo, and co-founding the Northern Rivers Wildlife Hospital.

Tony was instrumental in stopping the expansion of sand mining in Lennox Head and established at the Castle sustainable business practices through composting and recycling, and forward thinking infrastructure like EV charging stations. I thank Tony personally for all of the support and encouragement that he has given me as the Member for Ballina. I wish him and his partner Paula, and their son Fraser all the very best as they move into the next phase of life beyond the Macadamia Castle.

TRINITY COLLEGE HSC STUDENTS

Ms TAMARA SMITH (Ballina)—Today I recognise the camaraderie and support shown to local student Connor Meldrum by his Trinity College peers during the lead-up to their 2021 HSC exams. Connor was injured in a cliff fall at Byron Bay in 2019 and has endured two brain operations and numerous setbacks, but was confident he could sit the exams. Showing unbelievable courage and determination in learning how to talk, walk and read again, Connor also had to overcome the setback to his studies and absences for surgery and was very sadly denied the opportunity to sit his HSC exams. His fellow students went to extraordinary lengths to support Connor to be able to sit the HSC exams—despite themselves having struggled through two years of disruption and isolation caused by the COVID-19 pandemic. Not only did the Trinity Year 12 class of 2021 stay engaged with their studies and do their personal best, they set up a petition, collecting thousands of signatures appealing for Connor to be able to complete his HSC with his peers. They were not successful but their efforts "meant everything" to Connor and our community and I applaud their loyalty and team spirit.

COLLEEN KEYS

Mr MARK SPEAKMAN (Cronulla—Attorney General, and Minister for Prevention of Domestic and Sexual Violence)—I commend Kurnell Public School's much-loved librarian Colleen Keys on her wonderful contribution to the education of local students. Colleen started at Kurnell Public in 1983 and her love of reading and sharing this with thousands of students over the years has inspired a love of books and reading in many local boys and girls. Every year she is passionate about the Premier's Reading Challenge and inspiring students to get involved and enjoy reading. During the lockdown period, Colleen kept on encouraging students to read by accessing online books and libraries. Colleen is also committed to helping students know about their local environment and encourages them to enter the annual ANSTO Shorebirds competition. Having been at the school almost 40 years, Colleen is finding she taught the parents of some of the current students. She has had an incredible influence on the lives of two generations of the Kurnell community. Colleen's contribution to education spans a remarkable 55 years, having started her teaching career at Peakhurst West Public School in 1966. I acknowledge Colleen Keys' dedication to students, staff, families and the local community in Kurnell over almost four decades and thank her for her service.

MOUNT KURING-GAI PUBLIC SCHOOL

Mr MATT KEAN (Hornsby—Treasurer, and Minister for Energy and Environment)—Today I would like to acknowledge the students and teachers at Mount Kuring-gai Public School who took part in 2021 Children's Week. Children were invited to create videos to share with their local communities on how they connect with friends and family, particularly during this challenging time. The students at Mount Kuring-gai put together a wonderful video which told us all the ways and people who have supported them during lockdown. Many spoke of the support they received from family, the technology that allowed them to connect with their teachers and friends and for one it was the Panther's win which helped get him through. I would like to congratulate all the students involved in getting this video together for Children's week. Since students have returned to Mount Kuring-gai they have held a fundraiser mufti day for Dyslexia Awareness Month raising \$163 and the Year 6 students held their mini fete for students to participate and win prizes. I would like to thank and acknowledge the Principal Mrs Greta Hughes, along with teachers and support staff of Mount Kuring-gai Public School who make each day at school amazing no matter what the challenges we face.

GLOUCESTER AND MUSWELLBROOK TREE PLANTERS

Mr DAVID LAYZELL (Upper Hunter)—The expression is 'many hands make light work' – on this occasion, I acknowledge the volunteers behind those hands repairing the landscape across the Upper Hunter Electorate. I thank the Gloucester Environment Group for its work with the Koala Ways program. The group with support for MidCoast Council and Local Land Services [LLS] is creating green 'safe spaces' for the protection of indigenous wildlife. A grant from the LLS will allow the group to continue its work which has so far planted over 850 trees and understorey plants since 2018. Koala mapping by the council during 2017 identified a significant koala hotspot near Gloucester, with the environment group initiating the habitat improvement project trialling the planting of koala feed trees. The efforts of the Lake Liddell Recreation Area Trust to revegetate former grazing land near Muswellbrook also deserves public acknowledgement. Every two years a major tree planting is undertaken and this year staff from AGL, operator of the nearby Liddell and Bayswater power stations, used their volunteer day to assist the trust. I thank all who have volunteered their hands and time for these and countless other Landcare projects across the electorate to restore the landscape.

JESSE CADALBERT

Mr DAVID LAYZELL (Upper Hunter)—I would like to take this opportunity to congratulate Jesse Cadalbert who has signed with the Newcastle Knights SG Ball Cup side. SG Ball Cup is an under 18's competition involving sides from predominantly NSW based NRL sides and several NSW Cup teams. Jesse began his junior career with the Scone Thoroughbreds playing 12 years with the Thoroughbreds. I wish Jesse all the best on his football career and I wish him every success for his future endeavours.

SYLVANIA SOLVERS

Ms ELENi PETINOS (Miranda)—I acknowledge Sylvania High School's Sylvania Solvers, who have received a Highly Commended award for their submission during ANSTO's National Science Week Hackathon. Using ANSTO's hackathon resources, Sylvania High School ran online design thinking collaborations for all students in Years 7 to 10 culminating in a Virtual Science Expo shared with our community. Members of the public then voted for the most innovative solution to a wicked problem on the future of food. The Sylvania Solvers worked as a collaborative team and designed an app to address the challenges of household food waste. The students produced a 2 minute video show-casing their design app called 'Waste Not' and received a Highly Commended award from ANSTO. I congratulate the Sylvania Solvers consisting of Year 8 students Katia Kouravelou, Madeline Jacobs, Tayla Buttarro-Curtis, Madeline Davis and Kyra Mihailou for this excellent achievement. I also recognise Deputy Principal Dana Quick for her involvement in Sylvania High School's National Science Week activities and for organising a two-day ANSTO Hackathon for students in Year 9 and 10. With science and technology at the forefront of future careers, it is pleasing that Sylvania High School embraced ANSTO's Hackathon and that the Sylvania Solvers excelled.

CR TOM CROUCHER

Ms ELENi PETINOS (Miranda)—I acknowledge Sutherland Shire Council's outstanding Deputy Mayor, Councillor Tom Croucher, who is retiring from public life at the upcoming election. Tom has had an incredible career of service to our local community. Alongside his role at Council, Tom remains highly active in junior cricket where he coaches his grandson's team, and is a longstanding member of Sylvania Anglican Church which he attends with his beautiful wife Jennifer. Before entering local government, Tom worked as a high school maths teacher and a software developer. As a Sutherland Shire resident since birth, Tom has a deep connection to the community which he serves. Since his election in 2012, Tom has been a fierce advocate for local residents and takes great pride in his involvement with the Sutherland Shire Disability Film Festival, the Aboriginal Advisory Committee, the Access Committee and Traffic Committee. Tom is an absolute gentleman that has brought a tremendous amount of passion and knowledge to his time at Council and I know that he will continue to contribute to our community in his future roles. I thank Tom for his extraordinary dedication to our community and for his work to enrich Sutherland Shire.

CAMERON SIMPSON

Ms ELENi PETINOS (Miranda)—I acknowledge Cameron Simpson of GyMEA on being awarded Elouera Surf Life Saving Club's ("Elouera") Patrol Person of the Year for the 2020/2021 season. As Deputy Executive Director and Captain of Elouera Patrol 7, Cameron has been instrumental in ensuring the safety and protection of local beachgoers. Through his leadership and dedication, Cameron is surrounded by an incredible team who are a strong patrol at the core of the Club. His leadership was evident during a major CPR rescue where members of Patrol 7 were involved in delivering critical first aid to two people while continuing to keep the beach safe for our community. It is no surprise that Patrol 7 was also named Patrol of the Year. It is undeniable that Cameron is a selfless and community minded individual. He gives freely of his time to assist and support our

community by training nippers in first aid and advanced resuscitation on the weekends, along with assisting in the development of Elouera's COVID-19 policy. Additionally, Cameron further protects our community through his paid employment as a fire fighter. I thank Cameron for his ongoing service to our community and extend my best wishes for the surf patrol season.

ST MARY'S CATHOLIC PRIMARY SCHOOL GEORGES HALL

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 Monica Palmer and her staff at St Mary's Catholic Primary School Georges Hall for their terrific work in assisting their school community throughout the Pandemic. Despite most students learning from home, St Mary's Catholic Primary School Georges Hall 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 St Mary's Catholic Primary School Georges Hall 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 Monica Palmer, teachers, staff, parents, students and indeed the whole St Mary's Catholic Primary School Georges Hall community for their exceptional efforts in navigating through these most challenging times.

VILLAWOOD EAST 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 Ms Kerry Marshall and her staff at Villawood East Public School for their terrific work in assisting their school community throughout the Pandemic. Despite most students learning from home, Villawood East 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 Villawood East 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 Ms Kerry Marshall, teachers, staff, parents, students and indeed the whole Villawood East Public School community for their exceptional efforts in navigating through these most challenging times.

WATTAWA HEIGHTS 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 Mr Nhu Morris and his staff at Wattawa Heights Public School for their terrific work in assisting their school community throughout the Pandemic. Despite most students learning from home, Wattawa Heights 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 Wattawa Heights 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 Nhu Morris, teachers, staff, parents, students and indeed the whole Wattawa Heights Public School community for their exceptional efforts in navigating through these most challenging times.

ST FELIX CATHOLIC 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 Fran Bonanno and her staff at St Felix Catholic Primary School for their terrific work in assisting their school community throughout the Pandemic. Despite most students learning from home, St Felix Catholic 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 St Felix Catholic 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 Fran Bonanno, teachers, staff, parents, students and indeed the whole St Felix Catholic Primary School community for their exceptional efforts in navigating through these most challenging times.

ASSOCIAZIONE ISOLE EOLIE – CONFRATERNITA SAN BARTOLOMEO APOSTOLO

Mr GUY ZANGARI (Fairfield)—I recently had the great pleasure of meeting with members of the Associazione Isole Eolie Confraternita San Bartolomeo Apostolo to discuss various issues in relation to the association and the impact of COVID-19. The gathering was hosted by Mr Vittorio and Mrs Francesca Locantro and took place in their family-run business Locantro Fine Foods in Leichhardt. Other members in attendance were Mr Sam Iacono, Mr Angelo Lo Schiavo, Ms Frances Palomara as well as other members who made me feel very welcome. The Association Isole Eolie advised of the postponement of many events throughout 2020 and 2021 due to Public Health restrictions on gatherings, including the Association's 50th anniversary celebrations which were intended to take place in 2020. This event has been postponed to a later date and will coincide with the launch of the Association's commemorative book, to which I was honoured to contribute. I look forward to celebrating this event with the Members of the Associazione Isole Eolie Confraternita San Bartolomeo Apostolo and I thank them for supporting the Aeolian Island community over the last 50 years.

OUR LADY OF THE ROSARY PARISH FAIRFIELD

Mr GUY ZANGARI (Fairfield)—I commend the efforts of the Our Lady of the Rosary [OLR] Parish Fairfield community for their efforts to keep parishioners and their families connected throughout the 2021 lockdown. With Mass and gatherings not able to be held due to health restrictions, OLR Parish moved to online spiritual guidance with Mass being held via Facebook live stream. In addition, parishioners were encouraged to participate in a variety of webinars to maintain their spirituality in this challenging time. These included Singles for Christ online conference and the Relationship Refresh webinar as well as many other parenting support and advisory information webinars. OLR Parish also recognised the need for some fun during this time and offered online colouring competitions, poetry competitions, youth movies and Trivia Nights on Fridays. The return to Mass being held in the parish church is welcomed by the members of the OLR Parish community. I extend my sincere appreciation to the OLR Parish Fairfield community for the care and dedication to parishioners during lockdown and rejoice with them at the return to church services.

ALANNA KENNEDY

Mr GUY ZANGARI (Fairfield)—I wish to commend the efforts of Westfields Sports High School's, Ms Alanna Kennedy, who recently played her 100th game for the Commonwealth Bank Matildas. From a young age Alanna was destined for success, being the only girl on an all-boys team as a child and beginning her professional football career by the age of fifteen. In 2016 Alanna made her Olympic debut in Rio where she played every minute of Australia's four matches. Alanna is one of Australia's most recognised professional female football players and I commend her stellar performance throughout her career. I congratulate Alanna on this great milestone and I wish her the best of luck in her future endeavours.

IRAQI AUSTRALIAN CHRISTIAN ASSOCIATION – HEALTH IS WEALTH SEMINAR

Mr GUY ZANGARI (Fairfield)—I commend the efforts of the Iraqi Australian Christian Association [IACA] for their efforts in servicing the community throughout the COVID-19 pandemic. Dr Ramzi Barnouti and the team at IACA supported the Public Health guidelines promoting social distancing, hygiene and vaccination. As part of their support for the community during this challenging time, the IACA began the Health is Wealth socio-educational program for the Arabic-speaking community in March 2020, joining with MRC-Western Sydney to deliver a seminar "On the Road to COVID Vaccination". The IACA also recognised the psychological impacts of COVID-19 on families and held a seminar on 7th November 2021 entitled "Effects of Electronic Screen Use on Children and Adolescents", with guest speaker Dr Dina Mahmood. This seminar was extremely useful given the increase in the amount of time children and adolescents used screens, due to the stay at home orders when online learning and interaction with their peers replaced face-to-face communication. I thank Dr Ramzi Barnouti and the IACA for their commitment to the community throughout the pandemic and for their continuing service to the Arabic-speaking community in Fairfield.

JOPUKA PRODUCTIONS

Mr DAVID HARRIS (Wyang)—Congratulations Jopuka Productions on turning 5 recently. Jopuka Productions is based in the Tuggerah Business Park and is an independent youth-arts company, which was established in 2016, providing independent performing arts training and development of emerging artists, aged 16-30 years from all across the Central Coast. Jopuka Productions has also recently partnered with The Red Tree Theatre to create a selection of new Australian youth theatre works. Red Tree Theatre, created by Elderslee Foundation has 10 years of history supporting a diverse range of community projects around the Central Coast, and have opened their own performance space. Well done Jopuka Productions on all your accomplishments. Happy Holidays and I wish you all the best in 2022.

MR & MRS BOWERS' 60TH WEDDING ANNIVERSARY

Mr LEE EVANS (Heathcote)—I take this opportunity to congratulate Mr John and Mrs Elaine Bowers as they celebrate their 60th wedding anniversary on 25 November 2021. Reaching 60 years of marriage is an impressive milestone. I hope they have a wonderful day commemorating this special occasion with their closest family and friends. I extend my best wishes for a happy diamond anniversary to Mr and Mrs Bowers and hope they have many more happy years together full of happiness and good health.

KELSEY BENNETT

Mrs SHELLEY HANCOCK (South Coast—Minister for Local Government)—Milton's Kelsey Bennett has done the Shoalhaven, NSW and Australia proud despite being just short of a victory in the final round of the Women's Amateur Asia Pacific Golf Championship last weekend. A Mollymook Junior golf prodigy, her golfing career took off with competitions regional, state and Australia wide, her strong play on International fairways produced there top six finishes in South east Asia in 2019 and from there she is now taking on the world. Kelsey is an outstanding Ambassador for the Shoalhaven, her comment 'believing in myself to know I can do it – I just need to keep trusting my swing and practising hard' is something all budding young female athletes can take on board in their quest for success. Today, I pass on my sincere congratulations to Kelsey on her achievements to date, I know we all wish her the best for the future and we'll be keenly watching as she heads to three international ranking amateur events in January, one of which is to be held in Wollongong.

MAITLAND COMMUNITY MEN'S SHED GRANT

Ms JENNY AITCHISON (Maitland)—Today I congratulate the Maitland Community Men's Shed who were recently awarded a grant under the 2021 Community Building Partnership Program. The Shed received \$15,506 for their Outdoor Community Area Upgrade. These funds will allow the group to replace the existing shade cover and other items to increase both the functionality of the space, and the overall amenity to encourage social connections between members. There are now over 1000 Men's Sheds across our country, and Sheds function across the globe from Ireland to Kenya. The Maitland Men's Shed is situated in East Maitland and has grown since its inception in 2007, with the current facility officially opening on 7 May 2010. The Shed was created to provide a place for retired men of Maitland to continue to use their skills while in companionship with other men, for the benefit of our community. This community also focuses on advancing the health and wellbeing of members. The Shed is also accessible by young men within our community as part of valuable mentoring programs. I commend the community outreach and valuable work of the Maitland Community Men's Shed and congratulate them on the awarding of this grant.

NATIONAL AGRICULTURE DAY

Ms JENNY AITCHISON (Maitland)—November 19 marks National Agriculture Day. The organisers for 2021 have focused on a critical message for us all whether we live in regional, rural or metropolitan areas. They ask us to celebrate the fact that "we are all a part of the same cycle, all moving in the same direction". This year on Agriculture Day I ask the people of Maitland to reflect on what they share in common with those living and working in our rural areas. No matter where we live, we all want to create a better future. A better future for ourselves, our families, our friends and our community. We all want to create better and more diverse opportunities for our own development and that of others. We all want to work towards improving our environment, utilising our resources more efficiently and effectively, and finding new shared ways of creating meaning. We share a single world, and National Agriculture Day asks us to be mindful of the choices we make together for one another, and our shared futures yet to unfold.

YOUTH EXPRESS AWARD

Ms JENNY AITCHISON (Maitland)—At the recent 2021 Hunter Business Awards, Youth Express were recognised and awarded for their Excellence in Community Enterprise for their work finding and facilitating education and employment pathways for at-risk youth in our community. Youth Express have supported young people in the Hunter through a range of programs since 1993. They provide programs for young people to build confidence and skills while also linking them with organisations that recognise their potential as individuals and as future contributors within their organisations. The President of Business Hunter, Mr Tony Rhodes, stated that the award winners should be credited for the advances they have made this year. I wish to add my own particular thanks to Youth Express for continuing to strive during the difficulties of 2021 and the impacts of the pandemic. They remained resolutely focused on their declared aims and worked to place their clients at the centre of their efforts. I congratulate Julie Eldridge and her team upon winning this award, and for being recognised in delivering excellence in their work for the youth of Maitland.

HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT AWARD

Ms JENNY AITCHISON (Maitland)—Today I congratulate the COVID 19 Response Team within the Hunter New England Local Health District upon receiving the President's Award at the recent 2021 Hunter Business Awards. The President of Business Hunter, Mr Tony Rhodes, has stated that 2021 was a year to acknowledge community organisations and the impact that their work has upon local businesses. This President's Award is in recognition of the vital work that the COVID 19 Response Team perform each and every day during this pandemic. I join with Business Hunter in congratulating the COVID 19 Response Team on this recognition of their tireless work for all sectors of our community. I also wish to take this opportunity to thank Liz Grist, Lauren Cruz and the many other hard working staff of the COVID 19 Response Team, and the staff of Hunter New England Health in general, for their endless intensive efforts, their generous help and constant support for the people of Maitland during the course of this pandemic.

#RURALPOSITIVE

Dr JOE MCGIRR (Wagga Wagga)—There has been drought, bushfires, floods, mice and COVID-19, yet through it all our rural health workforce has worked to look after us. During November, the #RuralPositive campaign - a new initiative facilitated by the NSW Rural Doctors Network - is encouraging members of the community to say thank you to the rural health workforce for their amazing efforts over the last few years. As Rural Doctors Network chair, Dr John Kramer, has said, the rural health workforce had been working tirelessly during very challenging times and it is important to recognise and acknowledge their contribution to remote, rural and regional communities. This campaign is a great way to bring people together to say thank you to all rural health professionals whether it be nurses, allied health practitioners, doctors, midwives, Aboriginal health practitioners, practice managers, media receptionists, carers, health administrators, pharmacists and paramedics. Anyone can thank a rural health professional through the #RuralPositive dedicated website. Community members are also encouraged to share their positive stories of thanks on social media and thank their local clinician or health worker next time they pay a visit. I would certainly like to give a huge shoutout to our dedicated rural health workforce.

S & P DOMINELLO FLOWER GROWERS – SYDNEY MARKETS 2021 FRESH AWARDS

Ms LIESL TESCH (Gosford)—I wish to commend and congratulate Central Coast business owners, Sam and Phil Dominello, from S & P Dominello Flower Growers, who have won the Sydney Markets 2021 Fresh Award for Flower Grower of the Year. S & P Flower Growers are a family-run business who have operated on the Central Coast, in Peats Ridge, for 36 years, growing the most exquisite and high-quality flowers. They have been selling their flowers out of Sydney Markets over this period and have gained a reputation for being an industry leader. The Dominello family have a rich history of farming and trace their ancestry back to Southern Italy, which is where Sam and Phil's parents emigrated from in 1933 to start a new life in Australia. This award embodies the sacrifice, hard work and passion the Dominello family have committed and demonstrated towards ensuring their business sells only the finest flowers that are second to none in NSW. Congratulations again and cheers for many more years of success!

AUSTRALIAN REPTILE PARK

Ms LIESL TESCH (Gosford)—A big shout out to the Australian Reptile Park's Pay Discover Forward for providing kids in need and their families with the opportunity for a fun day out at the park. Inviting NSW residents to donate their unused Discover NSW vouchers to the 'pay it forward scheme' so you can convert them into double passes to be given to charities such as Ronald McDonald House, Make-A-Wish Australia, Kids with Cancer Foundation, Central Coast Kids in Need and Barnardos opens the door to wonders and joy for so many disadvantaged kids. This wonderful initiative has resulted in the Australian Reptile Park gifting \$500,000 to its charity partners to date. And they didn't stop there – every person who donates their Discover NSW voucher also gets a \$25 discount voucher for the park. What a priceless gift you are giving to kids and their families when they need it most – no wonder you dominated the recent Central Coast Business Awards! Congratulations to park Director Tim Faulkner for being awarded Outstanding Business Leader, Amanda Woodbine for Outstanding Young Business Leader and Zac Bower for Employee of the Year and the park for Excellence in Business. What an awesome team!

NAUGHTY NOODLE FUN HAUS

Ms LIESL TESCH (Gosford)—Congratulations to Naughty Noodle Fun Haus for being finalists and receiving a special commendation for 'Innovation' and community contributions at the recent Business NSW 2021 Central Coast NSW Business Awards! Your passion for utilising arts and culture to bring about social change for social equity and ongoing authentic inclusion is inspiring, transformative and just plain fun! I love how you bring colour and joy, laughter and light and energy to everything you do and with everyone who engages with your

organisation. A special big bright thanks to co-founders Glitta Supernova and Juan Iocco for their tireless energy and generous acknowledgement of "all our awesome audiences, brave partners, amazing supporters and very special volunteers" whose hearts are as big as their vision for our community.

HEALTH ON THE STREETS TEAM

Ms LIESL TESCH (Gosford)—Heartfelt thanks and recognition to the dedicated Health on the Streets [HoTS] team from Coast and Country Primary Care for tirelessly working to better the lives of homeless people on the coast. The care and concern you display for those you support goes a long way to building the trust rough sleepers need to feel to take advantage of the health and housing support you provide. Thanks for your outstanding work, this is what community is all about.

MATTHEW HINGERTY

Mr ADAM CROUCH (Terrigal)—Mister Speaker, I would like to acknowledge Matthew Hingerty, a constituent of mine, for his very well-deserved appointment as Deputy Chair and Deputy CEO of Star Scientific. Star Scientific is a global company with a goal of delivering safe, affordable energy with zero emissions. The Central Coast region is very proud to be the home of Star Scientific's research facility. In May this year I was delighted to visit the facility alongside Matt Kean in his position as Energy Minister. The Government has also previously announced that the Central Coast will be a key target for the development of hydrogen hubs and this creates a fantastic opportunity for Star Scientific and Matt Hingerty. Matt Hingerty's passion for the hydrogen economy and experience in Government will support moving towards a clean energy future using Star Scientific's Hydrogen Energy Release Optimiser or 'HERO' technology, which converts hydrogen into heat without combustion. Congratulations to Matt and I look forward to seeing his contribution to Star Scientific in collaboration with Andrew Horvath and the rest of the team, as they work toward green hydrogen as the energy choice of the future!

CHARLES WRESSSELL

Mr ADAM CROUCH (Terrigal)—Mister Speaker, recently the Erina Community Men's Shed had their AGM and saw two esteemed members resign from the executive committee. I want to acknowledge in the Parliament today the Med's Shed's President Charles Wressell and Secretary Bob Miller. Both have both decided to stand down after a combined 16 years of service. In 2013 Charles and other members of the Erina Community Baptist Church had the idea to start a Men's Shed which they officially opened in 2014. The Shed has come a long way since then under Charles' very capable leadership. Projects he has overseen in his presidency include: expanding the original shed, building a second shed for metal and woodworking, creating a remembrance garden area with murals depicting the efforts of veterans, and most recently the construction of an accessible toilet which will be finalised in the coming weeks. Charles' dedication has helped to create a place where men in the community can seek social support and learn new skills. I wish Charles the best of luck in his relocation to Victoria and I look forward to working with incoming President Jim Phillips and Secretary Ian Genders.

NEVILLE BOYCE

Mr ADAM CROUCH (Terrigal)—Mister Speaker, on the 19th of December, Neville Boyce OAM will be celebrating his 90th Birthday. Neville is a Charter Member of Gosford North Rotary Club on the Central Coast and was part of a small community group that worked to form the club in 1972. Neville has held a range of positions during his membership at the Club including President, Vice President and Treasurer. In addition to his dedication to the Rotary, signified by 100 per cent meeting attendance for the majority of the last 50-years, Neville has held various roles in health administration. In 1963 he was appointed Secretary at Gosford Hospital and shortly after became CEO, a position he held for 29 years. During this time Gosford Hospital's 65 beds and approximately 100 staff grew to 800 beds across numerous Central Coast sites and more than 3,000 staff members. After his retirement from Central Coast Area Health Neville frequently travelled to Norfolk Island Hospital assisting with administration and in 2006 Neville was honoured with an OAM for his service to public health. I would like to acknowledge Neville's extensive contribution to the community and wish him a very Happy 90th Birthday celebration.

BOB MILLER

Mr ADAM CROUCH (Terrigal)—Mister Speaker, recently the Erina Community Men's Shed had their AGM and saw two esteemed members resign from the executive committee. I want to acknowledge in the Parliament today the Med's Shed's President Charles Wressell and Secretary Bob Miller. Both have both decided to stand down after a combined 16 years of service. In 2013 Bob and other members of the Erina Community Baptist Church had the idea to start a Men's Shed which was officially opened in 2014. The shed has expanded over the course of Bob's involvement with a number of significant projects. Bob will continue his great work with the Shed as a safety officer and mentoring the new committee members to ensure the standards and culture

continue as the shed grows. I wish Bob the best in all his future endeavours and I also want to thank him for his friendship and support to me. Mister Speaker, I also look forward to working with the incoming President Jim Phillips and Secretary Ian Genders.

RFS NATIONAL EMERGENCY MEDALS

Mr DUGALD SAUNDERS (Dubbo)—Speaker... thirty-eight volunteers and staff from the Orana region have been recognised for their efforts during the 2019-20 fire season, with Governor-General David Hurley presenting them with National Emergency Medals. The medal is awarded to those who protected lives or property, and who supported the emergency response for a minimum of five days between September 2019 and February 2020. NSW RFS Commissioner Rob Rodgers praised the members from Bodangora, Boothenda, Burrabadine, Dubbo, Eulomogo, Eschol, Minore and Orana Support, as well as the Orana District staff, State Training Academy and Area Western Command. Congratulations to Michael Lyons, Robert Conran, David Nicholson, Donna-Maree Hawke, Colleen Wornes, Michael Parris, Colby Boland, Michael Bewley, Vincent Harland, Jodie Bruce, Gordon Cowen, Leslie Ney, Deborah Robinson, Paul Vaughan, Barry Whalan, Brett McCarthy, Murdoch Clarke, Paul Woodhead, Michael Augee, Susan Brown, Margaret Johnston, Dennis Mackenzie, Houda Pilcher, Peter Roy Pilon, Eliza Darcy, Bronwyn Waters, Mark Pickford, Timothy Butcher, Alex Picker, Patrick Goodwin, Lachlan Sutherland, Timothy Heslop, Zac Van Dam, Corinne Ilievski, Peter Carter, Guy Sadler, Paul Whiteley, and Cameron Bird. Congrats, and thank you for your service.

**The House adjourned pursuant to resolution at 18:29 until
Tuesday, 23 November 2021 at 12:00**